

# 2021 benefits at a glance



Find this document and more information about your benefits online, on Stryker's Total Rewards site at [totalrewards.stryker.com](https://totalrewards.stryker.com). Access it at work, at home and on most mobile devices.

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# Your Total Rewards at Stryker

At Stryker, we understand that your health and wellbeing are important. That's why we offer you a comprehensive Total Rewards package, which helps protect your and your family's health and finances so you can focus on life and work.



Medical and prescription drug



International business travel policy



Critical illness insurance



Accident insurance



Hospital indemnity insurance



Dental



Vision



Health Savings Account (HSA)



Flexible Spending Accounts (FSAs)



Wellbeing program



Tobacco cessation program



401(k) plan



Employee Stock Purchase Plan (ESPP)



Basic life and accident insurance



Supplemental life insurance



Short-term and long-term disability insurance



Employee discounts



Tuition reimbursement



Holidays



Vacation/sick time



Bereavement



Parental leave



Military leave



Employee Assistance Program (EAP)



Adoption assistance



Breast milk shipping

Learn more by visiting [totalrewards.stryker.com](https://totalrewards.stryker.com).

## Medical and prescription plans

Plans may vary by ZIP code. Please refer to your Summary Plan Description (SPD) available at [totalrewards.stryker.com/spd](https://totalrewards.stryker.com/spd). For part-time rates, please contact myHR.

Your health matters, which is why our benefits program includes medical plan options with a range of coverage levels and costs designed to meet the diverse needs of our employees. When you enroll in a medical plan, you automatically receive prescription drug benefits through your medical plan provider. It's important to take advantage of all the benefits your medical plan provides, including free in-network preventive care.

### Medical plan—UnitedHealthcare PPO plans

The UnitedHealthcare (UHC) PPO plan options are available to employees in most Stryker locations. If you reside in Alabama, California or Hawaii, alternative medical/prescription drug plans are offered.

#### UnitedHealthcare—Choice Plus Network

800 387 7508

Group number—703997

[myUHC.com](https://myUHC.com)

	UHC Choice PPO and out-of-area monthly full-time employee costs	UHC Value PPO monthly full-time employee costs
Employee only	\$148	\$130
Employee + spouse/domestic partner or Employee + child	\$290	\$251
Employee + children or Employee + family (Employee + spouse/domestic partner + child(ren))	\$454	\$396

Completion of the Tobacco Use Affidavit is required if electing medical coverage. An additional \$50 monthly Tobacco Use Surcharge will be added if you or your covered spouse/domestic partner are tobacco users and have not completed the LifeWorks CareNow Tobacco and Nicotine Cessation program or other physician-directed program.

Plan provision	UHC Choice PPO		UHC Value PPO		Out-of-area
Annual deductible	In-network	Out-of-network (MNRP guidelines apply)	In-network	Out-of-network (MNRP guidelines apply)	Out-of-area (R&C guidelines apply)
Employee only	\$350	\$700	\$750	\$1,500	\$350
Employee + spouse/domestic partner or Employee + child	\$700	\$1,400	\$1,500	\$3,000	\$700
Employee + children or Employee + family	\$1,050	\$2,100	\$2,250	\$4,500	\$1,050

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## Medical plan—UnitedHealthcare PPO plans (continued)

Plan provision	UHC Choice PPO		UHC Value PPO		Out-of-area
Annual out-of-pocket maximum for coinsurance	In-network	Out-of-network (MNRP guidelines apply)	In-network	Out-of-network (MNRP guidelines apply)	Out-of-area (R&C guidelines apply)
Employee only	\$2,950	\$5,900	\$4,250	\$8,500	\$2,950
Employee + spouse/domestic partner or Employee + child	\$5,900	\$11,800	\$8,500	\$17,000	\$5,900
Employee + children or Employee + family	\$6,250	\$12,500	\$9,250	\$18,500	\$6,250

UHC Choice PPO and UHC Value PPO			Out-of-area
	In-network	Out-of-network (MNRP guidelines apply)	Out-of-area (R&C guidelines apply)
	You pay	You pay	You pay
<b>Lifetime maximum</b>	Unlimited		
<b>Primary care</b>			
Office visits	\$25 copay	40% after deductible	20% after deductible
Specialist	\$40 copay	40% after deductible	20% after deductible
<b>Preventive care</b>			
Adult screening/routine physicals	\$0 copay	40% not subject to deductible	\$0 copay
Well baby and child screening	\$0 copay	40% not subject to deductible	\$0 copay
<b>Emergency care</b>			
Medical emergency	\$150 copay; waived if admitted	\$150 copay; waived if admitted	\$150 copay; waived if admitted
Non-emergency	Not covered	Not covered	Not covered
Urgent care/walk-in	\$40 copay	40% after deductible	20% after deductible
<b>Hospital service</b>			
Inpatient/outpatient	Prior authorization required 20% after deductible	Prior authorization required 40% after deductible	Prior authorization required 20% after deductible
<b>Mental health and substance abuse treatment</b>			
Inpatient	Prior authorization required 20% after deductible	Prior authorization required 40% after deductible	Prior authorization required 20% after deductible
Outpatient	\$25 copay	40% after deductible	20% after deductible
<b>Other services</b>			
Lab and X-ray	20% after deductible (Preventive covered at 100%)	40% after deductible	20% after deductible (Preventive covered at 100%)
Ambulance services	20% after deductible	20% after deductible	20% after deductible
Durable medical equipment	20% after deductible	40% after deductible	20% after deductible
Home healthcare	20% after deductible	40% after deductible	20% after deductible
Physical therapy, occupational and speech therapy	20% after deductible	40% after deductible	20% after deductible
Chiropractic treatment	\$40 copay	40% after deductible	20% after deductible
<b>Miscellaneous</b>			
Primary care physician required	No		
Specialists referral required	No		
Dependent children coverage end date	The end of the month in which they turn 26		

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Prescription plan—UnitedHealthcare PPO plans

UnitedHealthcare/OptumRx  
800 387 7508  
Group number—703997  
[myUHC.com](https://myUHC.com)

Copayments				
	Tier 1	Tier 2	Tier 3	Drug formulary required?
Retail—30-day supply	\$10	\$25	\$50	Yes
Mail order—90-day supply	\$25	\$62.50	\$125	Yes



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## Medical plan—UnitedHealthcare HSA plans

The UnitedHealthcare (UHC) HSA plan options are available to employees in most Stryker locations. If you reside in Alabama, California or Hawaii, alternative medical/prescription drug plans are offered.

### UnitedHealthcare—Choice Plus Network

800 387 7508

Group number—703997

[myUHC.com](https://myUHC.com)

	UHC Premium HSA monthly full-time employee costs	UHC Basic HSA monthly full-time employee costs
Employee only	\$111	\$60
Employee + spouse/domestic partner or Employee + child	\$209	\$80
Employee + children or Employee + family (Employee + spouse/domestic partner + child(ren))	\$333	\$110

Completion of the Tobacco Use Affidavit is required if electing medical coverage. An additional \$50 monthly Tobacco Use Surcharge will be added if you or your covered spouse/domestic partner are tobacco users and have not completed the LifeWorks CareNow Tobacco and Nicotine Cessation program or other physician-directed program.

Plan provision	UHC Premium HSA		UHC Basic HSA	
Annual deductible*	In-network	Out-of-network (MNRP guidelines apply)	In-network	Out-of-network (MNRP guidelines apply)
Employee only	\$1,500	\$3,000	\$2,500	\$5,000
All other coverage tiers	\$3,000	\$6,000	\$5,000	\$10,000
Annual out-of-pocket maximum	In-network	Out-of-network (MNRP guidelines apply)	In-network	Out-of-network (MNRP guidelines apply)
Employee only	\$5,000	\$10,000	\$6,450	\$12,900
All other coverage tiers	\$10,000	\$20,000	\$12,900	\$25,800
2021 HSA contribution from Stryker**				
Employee only	\$500		\$250	
All other coverage tiers	\$1,000		\$500	

\* In HSA plans, the total family deductible must be met before the plan covers any expenses. No one family member's expenses are capped at an individual deductible amount.

\*\* The HSA contribution from Stryker is made for both employees new to the HSA plan, and employees who were enrolled in the plan last year. These employees are still eligible to elect and contribute their own funds to the account.

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## Medical plan—UnitedHealthcare HSA plans (continued)

Plan provision	UHC Premium HSA		UHC Basic HSA	
	In-network	Out-of-network (MNRP guidelines apply)	In-network	Out-of-network (MNRP guidelines apply)
	You pay	You pay	You pay	You pay
<b>Lifetime maximum</b>	Unlimited			
<b>Preventive care</b>				
Adult screening/routine physicals	0%	40% not subject to deductible	0%	50% not subject to deductible
Well baby and child screening	0%	40% not subject to deductible	0%	50% not subject to deductible
Lab and preventive testing services (limited to once per calendar year)	0%	40% not subject to deductible	0%	50% not subject to deductible
<b>Primary care</b>				
Office visits	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Specialist	20% after deductible	40% after deductible	30% after deductible	50% after deductible
<b>Emergency care</b>				
Medical emergency	20% after deductible	20% after deductible	30% after deductible	30% after deductible
Non-emergency	Not covered	Not covered	Not covered	Not covered
Urgent care/walk-in	20% after deductible	20% after deductible	30% after deductible	30% after deductible
<b>Hospital services</b>				
Inpatient/outpatient	Prior authorization required 20% after deductible	Prior authorization required 40% after deductible	Prior authorization required 30% after deductible	Prior authorization required 50% after deductible
<b>Mental health and substance abuse treatment</b>				
Inpatient	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Outpatient	20% after deductible	40% after deductible	30% after deductible	50% after deductible
<b>Other services</b>				
Lab and X-ray	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Ambulance services	20% after deductible	20% after deductible	30% after deductible	30% after deductible
Durable medical equipment	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Home healthcare	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Physical therapy, occupational and speech therapy	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Chiropractic treatment	20% after deductible	40% after deductible	30% after deductible	50% after deductible

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# Prescription plan—UnitedHealthcare HSA plans

In the HSA plans, there are no copays for prescriptions drugs. Instead, you pay 100% of the cost for non-preventive prescription drugs, until you meet the HSA plan’s deductible.

**UnitedHealthcare/OptumRx**  
**800 387 7508**  
**Group number—703997**  
[myUHC.com](https://myUHC.com)

Prescription costs and coinsurance		
If your deductible has not been met	If your deductible has been met	
<p>You pay the full cost of your prescription drugs until your medical plan deductible is met.</p> <ul style="list-style-type: none"><li>• Under the Affordable Care Act (ACA), some preventive medications are covered at 100% with no deductible requirement.</li><li>• In addition, Stryker will cover certain Core preventive medications before the deductible is met with only the appropriate coinsurance applied.</li><li>• You can use HSA dollars for these expenses.</li><li>• Prescription costs count toward meeting your medical plan deductible and out-of-pocket maximum.</li></ul> <p>You can learn more about prescription drug coverage under the HSA Plans, and find a copy of the ACA preventive and Core preventive drug lists mentioned above, by visiting the Health section on <a href="https://totalrewards.stryker.com">totalrewards.stryker.com</a>.</p>	You pay the applicable coinsurance amount for your prescription drugs until your out-of-pocket maximum has been reached. The coinsurance amounts are:	
	UHC Premium HSA	UHC Basic HSA
	20%	30%

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## Medical plan—Kaiser Permanente of California

**Kaiser Permanente of California**  
**800 464 4000**  
**Northern group number—17181**  
**Southern group number—118506**  
[kaiserpermanente.org](http://kaiserpermanente.org)

The Kaiser Permanente of California plans are only available to employees who live or work in the state of California.  
 California participants may also select any of the UHC plan offerings.

	Kaiser Permanente of Northern California monthly full-time employee costs	Kaiser Permanente of Southern California monthly full-time employee costs
Employee only	\$172	\$142
Employee + spouse/ domestic partner or Employee + child	\$316	\$250
Employee + children or Employee + family (Employee + spouse/domestic partner + child(ren))	\$497	\$370

Completion of the Tobacco Use Affidavit is required if electing medical coverage. An additional \$50 monthly Tobacco Use Surcharge will be added if you or your covered spouse/domestic partner are tobacco users and have not completed the LifeWorks CareNow Tobacco and Nicotine Cessation program or other physician-directed program.

Plan provision	In-network medical coverage only
<b>Annual deductible</b>	
Employee only	\$250
All other coverage tiers	\$500
<b>Annual out-of-pocket maximum for coinsurance</b>	
Employee only	\$3,000
All other coverage tiers	\$6,000
<b>Lifetime maximum</b>	Unlimited
<b>Primary care—you pay</b>	
Office visits	\$10 copay
Other physician fees	\$10 copay
Specialist	\$10 copay
Routine vision exam	\$10 copay
<b>Preventive care—you pay</b>	
Adult screening/routine physicals	\$0 copay
Well baby and child screening	\$0 copay
<b>Emergency care—you pay</b>	
Medical emergency	10% after deductible
Non-emergency	10% after deductible
Urgent care/walk-in	\$10 copay
<b>Hospital service—you pay</b>	
Inpatient/outpatient	10% after deductible
<b>Mental health and substance abuse treatment—you pay</b>	
Inpatient	10% after deductible
Outpatient	\$10 copay

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Medical plan—Kaiser Permanente of California (continued)

Plan provision	In-network medical coverage only
<b>Other services—you pay</b> Lab and X-ray Ambulance services Durable medical equipment Home health care Physical therapy, occupational and speech therapy Chiropractic treatment	 \$10 copay \$150 copay 20% after deductible 0% \$10 copay Not covered
<b>Miscellaneous</b> Primary care physician required Specialist referral required Dependent children coverage and date	 Yes Yes The end of the month in which they turn 26

Prescription plan—Kaiser Permanente of California

Copayments			
	Generic	Brand name	Drug formulary required?
Retail—30-day supply	\$10	\$30	Yes
Mail order—100-day supply	\$20	\$60	Yes

All care and services must be coordinated by a Kaiser Permanente physician.



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## Medical plan—Blue Cross Blue Shield of Alabama

**Blue Access® Gold for Business BlueCard PPO**  
**Blue Cross Blue Shield of Alabama**  
**800 292 8868**  
**Group number—82059**  
[bcbsal.com](http://bcbsal.com)

Blue Cross Blue Shield of Alabama is only available to employees who reside in Alabama. Alabama participants may also select the UHC PPO or UHC HSA plan offerings.

Benefit payments are based on the amount of the provider's charge that Blue Cross and/or Blue Shield plans recognize for payment of benefits. The allowed amount may vary depending upon the type of provider and where services are received. Some services require a copay, coinsurance, calendar year deductible or deductible for each admission, visit or service.

	Blue Cross Blue Shield of Alabama monthly full-time employee costs
Employee only	\$130
Employee + spouse/domestic partner or Employee + child	\$240
Employee + children or Employee + family (Employee + spouse/domestic partner + child(ren))	\$354

Completion of the Tobacco Use Affidavit is required if electing medical coverage. An additional \$50 monthly Tobacco Use Surcharge will be added if you or your covered spouse/domestic partner are tobacco users and have not completed the LifeWorks CareNow Tobacco and Nicotine Cessation program or other physician-directed program.

Plan provision	In-network	Out-of-network
<b>Annual (calendar year) limits</b>		
<b>Calendar year deductible</b>	\$500 per individual; \$1,000 aggregate amount per family	\$500 per individual; \$1,000 aggregate amount per family
<b>Calendar year out-of-pocket maximum</b>	\$5,000 individual (including calendar year deductible); \$10,000 aggregate amount per family (including calendar year deductible)	There is no out-of-pocket maximum for out-of-network services
<b>Preventive care benefits</b>		
<b>Routine immunizations and preventive services</b>	You pay 0% of the allowed amount; no copay or deductible	Not covered
<b>Inpatient hospital and physician benefits (includes mental health and substance abuse)</b>		
Preadmission certification is required for inpatient admissions (except medical emergency services and maternity); notification within 48 hours for emergencies. Call 800 248 2342 (toll free) for precertification.		
<b>Inpatient hospital</b>	<b>Lower Member Cost Share:</b> You pay 0% of the allowed amount after \$200 per day hospital copay (days 1-5 for each admission) <b>Higher Member Cost Share:</b> You pay 0% of the allowed amount after \$400 per day hospital copay (days 1-5 for each admission)	You pay 20% of the allowed amount after \$800 per admission deductible <b>Note:</b> In Alabama, available only for medical emergency and accidental injury

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## Medical plan—Blue Cross Blue Shield of Alabama (continued)

Plan provision	In-network	Out-of-network
<b>Inpatient hospital and physician benefits (includes mental health and substance abuse)—continued</b>		
Preadmission certification is required for inpatient admissions (except medical emergency services and maternity); notification within 48 hours for emergencies. Call 800 248 2342 (toll free) for precertification.		
<b>Inpatient physician visits and consultations</b>	You pay 0% up to the allowed amount subject to calendar year deductible <b>Mental health and substance abuse services: You pay 0% up to the allowed amount; no copay or deductible</b>	You pay 20% of the allowed amount subject to calendar year deductible; in Alabama, you pay 50% of the allowed amount subject to calendar year deductible <b>Mental health and substance abuse services: You pay 20% of the allowed amount; no copay or deductible</b>
<b>Outpatient hospital benefits (includes mental health and substance abuse)</b>		
<b>Outpatient surgery</b> (including ambulatory surgical centers)	<b>Lower Member Cost Share:</b> You pay 0% of the allowed amount after \$200 hospital copay <b>Higher Member Cost Care:</b> You pay 0% of the allowed amount after \$400 hospital copay	You pay 20% of the allowed amount subject to calendar year deductible; not covered in Alabama
<b>Emergency room</b> (medical emergency)	You pay 0% of the allowed amount after \$200 hospital copay	You pay 0% of the allowed amount after \$200 hospital copay and subject to calendar year deductible <b>Mental health and substance abuse services: You pay 0% of the allowed amount after \$200 hospital copay</b>
<b>Physician benefits (includes mental health and substance abuse)</b>		
	<b>In-network services not subject to \$500 calendar year deductible</b>	
<b>Office visits and consultations</b>	You pay 0% of the allowed amount after \$35 primary care physician copay or \$50 specialist physician copay	You pay 20% of the allowed amount subject to calendar year deductible
<b>Diagnostic lab, X-ray, pathology, dialysis, iv therapy, chemotherapy and radiation therapy</b>	You pay 0% of the allowed amount; no copay or deductible	You pay 20% of the allowed amount subject to calendar year deductible
<b>Note:</b> Precertification is required for certain services		
	<b>In-network services subject to \$500 calendar year deductible</b>	
<b>Maternity care</b>	You pay 0% of the allowed amount subject to calendar year deductible	You pay 20% of the allowed amount subject to calendar year deductible
<b>Note:</b> In Alabama, you pay 50% of the allowed amount for covered out-of-network physician services subject to calendar year deductible		
<b>Benefits for other covered services (includes mental health and substance abuse)</b>		
<b>Ambulance service</b>	You pay 20% of the allowed amount subject to calendar year deductible	You pay 20% of the allowed amount subject to calendar year deductible
<b>Chiropractic services</b> Limited to 15 visits per calendar year	You pay 20% of the allowed amount subject to calendar year deductible	You pay 20% of the allowed amount subject to calendar year deductible; not covered in Alabama
<b>Durable Medical Equipment (DME)</b>	You pay 20% of the allowed amount subject to calendar year deductible	You pay 20% of the allowed amount subject to calendar year deductible; in Alabama, you pay 50% of the allowed amount subject to calendar year deductible

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## Prescription plan—Blue Cross Blue Shield of Alabama

Plan provision	In-network	Out-of-network
<b>Prescription drug benefits (includes mental health and substance abuse)</b>		
<b>Prescription drug card</b> <ul style="list-style-type: none"> <li>Some drugs require prior authorization</li> <li>Prescription drugs other than <b>specialty drugs</b>—90-day supply may be purchased but copay applies for each 30-day supply; some copays combined for diabetic supplies</li> <li>Specialty drugs—up to a 30-day supply</li> <li>Certain specialty drugs can only be dispensed by a participating specialty pharmacy</li> <li>Specialty drugs, or biotech drugs, are generally high cost self-administered drugs</li> <li>View the Standard Prescription Drug Guide at <a href="http://bcbsal.com">bcbsal.com</a></li> </ul>	You pay 0% of the allowed amount after the following copays:  <b>Generic drugs:</b> \$15 copay per prescription  <b>Preferred brand drugs:</b> \$40 copay per prescription  <b>Other brand drugs:</b> \$60 copay per prescription  <b>Specialty drugs:</b> \$100 copay per prescription	Not covered
<b>Mail order pharmacy benefits</b> <ul style="list-style-type: none"> <li>Up to 90-day supply with one copay</li> <li>Mail order drugs are available through PrimeMail® (Enroll online at <a href="http://bcbsal.com">bcbsal.com</a> or call 877 579 7627)</li> <li>Maintenance and non-maintenance drugs can be purchased through mail order pharmacy</li> </ul> <b>Note:</b> If you have less than a 90-day supply, you will pay the same copayment as a 90-day supply when using this mail order program	You pay 0% of the allowed amount after the following copays:  <b>Generic drugs:</b> \$37.50 copay per prescription  <b>Preferred brand drugs:</b> \$100 copay per prescription  <b>Other brand drugs:</b> \$150 copay per prescription  <b>Specialty drugs:</b> not covered	Not covered

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## Medical plan—Hawaii Medical Service Association

**Hawaii Medical Service Association (HMSA)**  
**800 776 4672**  
**Group number—32908-1-4**  
**Stryker Employment Company LLC**  
[hmsa.com](https://hmsa.com)

Hawaii Medical Service Association (HMSA) is only available to employees who reside in the state of Hawaii. Benefits subject to change.

	HMSA monthly full-time employee costs
Employee only	\$28
Employee + spouse/domestic partner or Employee + child	\$279
Employee + children or Employee + family (Employee + spouse/domestic partner + child(ren))	\$434

Completion of the Tobacco Use Affidavit is required if electing medical coverage. An additional \$50 monthly Tobacco Use Surcharge will be added if you or your covered spouse/domestic partner are tobacco users and have not completed the LifeWorks CareNow Tobacco and Nicotine Cessation program or other physician-directed program.

Plan provision	In-network	Out-of-network
<b>Calendar year deductible</b>		
Employee only		\$300
Employee + spouse/domestic partner or Employee + child		\$600
Employee + children or Employee + family (Employee + spouse/domestic partner + child(ren))		\$900
<b>Annual medical out-of-pocket maximum</b>		
Employee only		\$3,000
Employee + spouse/domestic partner or Employee + child		\$6,000
Employee + children or Employee + family (Employee + spouse/domestic partner + child(ren))		\$9,000
<b>Annual prescription out-of-pocket maximum</b>		
Employee only		\$3,600
All other coverage tiers		\$4,200 (\$3,600 per person maximum)

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## Medical plan—Hawaii Medical Service Association (continued)

Plan provision	In-network	Out-of-network
	You pay	You pay
<b>Maximum benefit while insured</b>	Unlimited	
<b>Primary care</b>		
Office visit	\$17 copay after deductible	30% after deductible
Specialist visit	\$17 copay after deductible	30% after deductible
<b>Preventive care*</b>		
Well-child office visits	No charge	30% after deductible
Routine immunizations		
Annual physical		
Well woman exam		
<b>Other practitioner office visit</b>		
Physical and occupational therapist	20% after deductible	30% after deductible
Psychologist	\$17 copay after deductible	30% after deductible
Nurse practitioner	\$17 copay after deductible	30% after deductible
<b>Laboratory, imaging and testing services</b>		
Diagnostic test (inpatient/outpatient)	20% after deductible	30% after deductible
X-ray (inpatient/outpatient)	20% after deductible	30% after deductible
Blood work—inpatient	20% after deductible	30% after deductible
Blood work—outpatient	No charge after deductible	30% after deductible
Imaging (CT/PET scans/MRI) (inpatient/outpatient)	20% after deductible	30% after deductible
<b>Outpatient surgery</b>		
Facility fee (e.g., ambulatory surgery center)	20% after deductible	30% after deductible
Surgeon fee	20% after deductible	30% after deductible
<b>Inpatient hospital services/surgery</b>		
Facility fee (e.g., hospital room)	20% after deductible	30% after deductible
Surgeon fee	20% after deductible	30% after deductible
<b>Emergency services</b>		
Physician services	\$17 copay after deductible	\$17 copay after deductible
Emergency room	20% after deductible	20% after deductible
Emergency medical transportation (ground/air)	20% after deductible	30% after deductible
<b>Outpatient mental/behavioral health</b>		
Physician services	\$17 copay after deductible	30% after deductible
Hospital and facility services	20% after deductible	30% after deductible
<b>Inpatient mental/behavioral health</b>		
Physician services	20% after deductible	30% after deductible
Hospital and facility services	20% after deductible	30% after deductible
<b>Outpatient substance use disorder treatment</b>		
Physician services	\$17 copay after deductible	30% after deductible
Hospital and facility services	20% after deductible	30% after deductible
<b>Inpatient substance use disorder treatment</b>		
Physician services	20% after deductible	30% after deductible
Hospital and facility services	20% after deductible	30% after deductible
<b>Maternity services</b>		
Prenatal and postnatal care	No charge; deductible does not apply	30% after deductible
Delivery (surgery)		30% after deductible
Inpatient services (e.g., hospital room and board)		30% after deductible

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## Medical plan—Hawaii Medical Service Association (continued)

Plan provision	In-network	Out-of-network
<b>Vision services</b>		
Eye exam	\$10 copay	Adult: Reimbursed up to \$40 Child**: Reimbursed up to 50% of eligible charge
Glasses (single/multifocal vision lenses and frames selected within designated group)	\$10 copay for single/multifocal vision lenses; \$15 copay for frames	Adult: Reimbursed up to \$16 for single vision lenses and up to \$12 for frames Child**: Reimbursed up to 50% of eligible charge
Contact lenses	Adult: \$25 copay plus eligible charges in excess of \$130 Child**: Reimbursed up to 50% of eligible charge	Adult: Reimbursed up to \$50 Child**: Reimbursed up to 50% of eligible charge
<b>Miscellaneous</b>		
Rehabilitation services/skilled nursing care	20% after deductible	30% after deductible
Home health care	No charge after deductible	30% after deductible
Durable medical equipment	20% after deductible	30% after deductible
Hospice service	No charge	Not covered

\* Age and frequency limitations may apply.

\*\* Your covered child through age 18.

## Prescription plan—Hawaii Medical Service Association

Plan provision	In-network		Out-of-network	
	Retail— 30-day supply	Mail order— 90-day supply	Retail— 30-day supply	Mail order— 90-day supply
Tier 1	\$7 copay	\$11 copay	\$7 copay then 20% coinsurance	Not covered
Tier 2	\$30 copay	\$65 copay	\$30 copay then 20% coinsurance	Not covered
Tier 3	\$75 copay	\$200 copay	\$75 copay then 20% coinsurance	Not covered
Tier 4	\$100 copay	Not covered	Not covered	Not covered
Tier 5	\$200 copay	Not covered	Not covered	Not covered

For more information about HMSA prescription drug coverage, visit [hmsa.com](https://hmsa.com).

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## Supplemental health benefits

**Transamerica Life Insurance Company**

**800 626 9069**

**Group number—G000042560**

**[totalrewards.stryker.com](https://totalrewards.stryker.com)**

Even with comprehensive coverage from your primary medical plan, you will still have some out-of-pocket expenses if you get critically ill or are seriously injured. Supplemental health insurance offers additional protection to help you pay for these expenses, and are intended to supplement your primary medical plan by providing payments in the event of a significant illness, accident or hospital stay. We offer three supplemental health policies to all regular employees working 20 hours or more:

- Critical illness insurance
- Accident insurance
- Hospital indemnity insurance

You can find more information about supplemental health insurance and how the policies work on the next few pages, or by visiting [totalrewards.stryker.com](https://totalrewards.stryker.com).



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## Critical illness insurance

### Underwritten by Transamerica Life Insurance Company

If you experience a covered illness, critical illness insurance provides a lump-sum benefit payment of up to \$15,000 to help cover out-of-pocket expenses not covered by your medical plan. Benefits will vary by disease or illness, with some ailments paying out a smaller lump-sum. To learn more about how this policy works, including specific benefit payment amounts, go to [totalrewards.stryker.com](https://totalrewards.stryker.com). Covered illnesses include, but are not limited to, the following:

- Heart attack
- Stroke
- Coronary artery bypass surgery
- Major organ transplant
- End stage renal failure
- Alzheimer's Disease
- Second diagnosis of a covered critical illness or cancer

**Note:** Some illnesses are only eligible for a percentage of the benefit payment amount. Please reference your policy brochure for additional details.

Critical illness insurance also includes a wellness benefit, which pays you cash each year you have a screening test for early disease signs, which can lead to earlier intervention, better outcomes and a healthier you. This benefit will pay \$50 per insured person once per calendar year for covered screening tests, including:

- Biopsy
- Blood test for triglycerides
- Chest X-rays
- Fasting blood glucose test
- Colonoscopy
- Mammogram
- Pap test
- Thermography

Limitations and exclusions may apply. [Click here](#) for details.

### Monthly employee costs

Age of employee	Employee	Employee + child(ren) (one-parent family)	Employee + spouse/ domestic partner/Family (two-parent family)
Under 25	\$3.85	\$4.78	\$5.88
25-29	\$4.88	\$5.81	\$7.36
30-34	\$5.86	\$6.79	\$8.98
35-39	\$7.34	\$8.27	\$11.36
40-44	\$10.48	\$11.41	\$16.60
45-49	\$16.70	\$17.63	\$25.43
50-54	\$23.59	\$24.52	\$36.37
55-59	\$33.26	\$34.19	\$50.77
60-64	\$46.01	\$46.94	\$70.40
65+	\$83.27	\$84.20	\$126.17

This is a brief summary of CriticalEvents® critical illness indemnity insurance **underwritten by Transamerica Life Insurance Company**, Cedar Rapids, Iowa. Policy Form Series TMCI1000-0118 and TCCI1000-0118. Forms and numbers may vary. Insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details.

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# Accident insurance

## Underwritten by Transamerica Life Insurance Company

Accident insurance pays you a lump-sum cash benefit to help cover out-of-pocket medical and other expenses, so you can focus on getting well. The amount you receive is dependent on the type of injury as well as the treatment needed. To learn more about how this policy works, including specific benefit payment amounts, go to [totalrewards.stryker.com](https://totalrewards.stryker.com). Accident insurance includes, but is not limited to, benefits for the following:

- Fracture and dislocation
- Hospital confinement
- Emergency room services
- And more

Limitations and exclusions may apply. [Click here](#) for details.

	Monthly employee costs
Employee only	\$7.54
Employee + spouse/domestic partner	\$11.62
Employee + child(ren)	\$10.12
Family	\$14.54

This is a brief summary of AccidentAdvance® accident-only insurance **underwritten by Transamerica Life Insurance Company**, Cedar Rapids, Iowa. Policy Form Series CPACC100 and CCACC200-0118. Forms and numbers may vary. Insurance may not be available in all jurisdictions. Limitations and exclusions apply. Please refer to the policy, certificate and riders for complete details.



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# Hospital indemnity insurance

## Underwritten by Transamerica Life Insurance Company

Spending time in a hospital, especially for an extended stay, can be expensive and cause lasting financial strain. Hospital indemnity insurance is an easy way to get added financial protection to help you pay for medical or ongoing living expenses. With hospital indemnity insurance, you collect a lump sum of \$100 each day you're in the hospital (but not an emergency room, outpatient stay or stay in an observation unit) as the result of a covered accident or sickness. If you are in the hospital for at least 24 continuous hours after admission, as a result of a covered accident or sickness, you can collect a one-time \$1,500 benefit per calendar year. This benefit is payable once per year. You can also collect a lump sum of \$100 per day for each day you spend in intensive care. To learn more about how this insurance works, go to [totalrewards.stryker.com](https://totalrewards.stryker.com). This money can help offset the hospital bill, take care of day-to-day expenses or pay for anything else you need while you are in the hospital. Below are a few examples of how your hospital indemnity insurance could be used (policy amounts may vary):

- Medical expenses, such as deductibles and copays
- Child care
- Travel, food and lodging expenses for family members
- Everyday expenses like utilities and groceries

Limitations and exclusions may apply. [Click here](#) for details.

	Monthly employee costs
Employee only	\$14.87
Employee + spouse/domestic partner	\$31.50
Employee + child(ren)	\$21.79
Family	\$35.65

**This is not major medical insurance and is not a substitute for major medical insurance. It does not qualify as minimum essential health coverage under the federal Affordable Care Act.**

This is a brief summary of Hospital Select® II hospital indemnity insurance policy **underwritten by Transamerica Life Insurance Company**, Cedar Rapids, Iowa. Policy Form Series TMHI1000-0118. Forms and numbers may vary. Insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details.

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## Dental plan

Healthy teeth and gums are important to your overall wellbeing, and the dental plan from Delta Dental can help you maintain your dental health. The plan pays for most preventive and diagnostic care and helps cover the cost of basic and major restorative treatments.

With the Delta Dental PPO Plan, you have the freedom to choose any provider you wish, but you may save more money and receive a higher level of coverage when you see an in-network Delta Dental PPO or Delta Dental Premier dentist.

### Dental plan—Delta Dental

**Delta Dental of Michigan**

**Delta Dental Premier and PPO**

**800 524 0149**

**Group number—5480**

**[deltadentalmi.com](http://deltadentalmi.com)**

	Monthly full-time employee costs
Employee only	\$20
Employee + spouse/domestic partner or Employee + child	\$40
Employee + children or Employee + family (Employee + spouse/domestic partner + child(ren))	\$60

	Annual deductible/benefit maximums
Employee only	\$50
Employee + spouse/domestic partner or Employee + child	\$100
Employee + children or Employee + family (Employee + spouse/domestic partner + child(ren))	\$150
Annual maximum benefit paid per calendar year excluding orthodontics	\$2,000
Lifetime maximum benefit paid for orthodontics	\$2,000

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## Dental plan—Delta Dental (continued)

Covered services	PPO dentist	Premier dentist	Nonparticipating dentist
	You pay	You pay	You pay
<b>Class I benefits</b>			(R&C guidelines apply)
Diagnostic and preventive services (includes exams, cleanings, fluoride, and space maintainers)	0%	0%	0%
Emergency palliative treatment (to temporarily relieve pain)	0%	0%	0%
Sealants (to prevent decay of permanent teeth)	0%	0%	0%
Radiographs/X-rays	0%	0%	0%
Periodontal maintenance (periodontal cleanings)	0%	0%	0%
<b>Class II benefits</b>			
Minor restorative services (includes fillings)	20%	20%	20%
Periodontic services (to treat gum disease)	20%	20%	20%
Endodontic services (includes root canals)	20%	20%	20%
Oral surgery services (extractions and dental surgery)	20%	20%	20%
Relines and repairs (to bridges and dentures)	20%	20%	20%
Other basic services (miscellaneous services)	20%	20%	20%
<b>Class III benefits</b>			
Major restorative services (includes crowns)	50%	50%	50%
Prosthodontic services (includes bridges and dentures)	50%	50%	50%
Implants (endosteal implants to replace missing teeth)	50%	50%	50%
<b>Class IV benefits</b>			
Orthodontic services (includes braces)	50%	50%	50%
Orthodontic age limit (unless medically necessary)	To age 19	To age 19	To age 19

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## Vision plan

Your vision benefits are so much more than an eye exam—they can help you save money and stay healthy. Even if you don't wear glasses or need corrective lenses, your eyesight can change at any time. Some serious health problems can show early signs through your eyes, so it's important to take advantage of your vision plan.

### Vision plan—EyeMed

**EyeMed Vision Care**

**866 939 3633**

**Group number—9706201**

[eyemed.com](http://eyemed.com)

	EyeMed monthly full-time employee costs
Employee only	\$5
Employee + spouse/domestic partner or Employee + child	\$10
Employee + children or Employee + family (Employee + spouse/domestic partner + child(ren))	\$15

	In-network	Out-of-network
<b>Exam with dilation as necessary</b>	\$0 copay	Up to \$35
<b>Frames</b>	\$150 allowance; you pay 80% of balance over \$150	Up to \$45
<b>Standard plastic lenses</b>		
Single vision	\$25 copay	Up to \$40
Bifocal	\$25 copay	Up to \$60
Trifocal	\$25 copay	Up to \$80
Lenticular	\$25 copay	Up to \$80
<b>Contact lenses</b> (in lieu of standard plastic lenses)		
Conventional	\$150 allowance; you pay 85% of balance over \$150	Up to \$105
Disposables	\$150 allowance; you pay balance over \$150	Up to \$105
If medically necessary	Paid in full	Up to \$210

Service frequency	
Exam with dilation	Once every calendar year
Frames	Once every calendar year
Standard plastic lenses or contacts	One set of lenses or contacts every calendar year

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## Flexible Spending Accounts (FSAs)

Save on every day expenses, including health and/or dependent care costs with tax-free money in a Flexible Spending account.

### **UnitedHealthcare**

**800 387 7508**

**Group contract number—703998**

Flexible spending accounts allow employees to contribute to an account through pre-tax deductions from each paycheck. The money accumulated can be used for reimbursement of out-of-pocket health or day care (child and adult) expenses. Please note that the funds you contribute to a flexible spending account are subject to the IRS “use it or lose it” rule, meaning that you forfeit any unused funds at the end of the plan year.

### **Healthcare Flexible Spending Account (HCFSa)**

The minimum annual contribution is \$100 and the maximum is \$2,750. Examples of eligible expenses include but are not limited to the following: copayments, coinsurance amounts, hearing exams, hearing aids, and laser eye surgery.

**You can participate in a HCFSa as long as you are not participating in an HSA.**

### **Day Care (child and adult) Flexible Spending Account (DCFSa)**

The minimum annual contribution is \$100 and the maximum is \$5,000. Examples of eligible expenses include but are not limited to the following: day care center charges for a child or an incapacitated elderly adult, after-school care, baby-sitter charges during the hours when the employee and spouse/domestic partner are working, looking for work, attending school full-time or disabled.

**The DCFSa is available to all benefits-eligible employees.**

**A list of eligible expenses can be found at [myUHC.com](http://myUHC.com) or visit [irs.gov](http://irs.gov) and see [Publication 502](#).**



## Health Savings Account (HSA)

### Optum Bank

800 387 7508

Group number—703997

[myUHC.com](https://myUHC.com)

The Health Savings Account (HSA) is a triple tax-advantaged savings account available to employees enrolled in either the Premium HSA Plan or the Basic HSA Plan. Employees contribute to the account through before-tax deductions from each paycheck (lowering your taxable income). Funds can be withdrawn tax-free to pay for eligible healthcare expenses and money in the account rolls over from year to year. Once you reach a balance of \$2,100, you have the option to invest some of your balance and potentially grow your account with tax-free earnings.

In 2021, Stryker will make a contribution to your HSA upon your enrollment in an HSA and your account being successfully opened at Optum<sup>1,2</sup>. The Stryker contribution amount will vary based on the plan you choose and your coverage tier. See page 6 for details.

There are limits on how much you and Stryker, together, can contribute to your account. The limits for 2021 are:

- \$3,600 annually for individual coverage.
- \$7,200 annually if you cover your spouse/domestic partner or dependents.
- An additional \$1,000 per year as a catch-up contribution, if you are age 55 or older.

<sup>1</sup> Direct temporary employees and interns are not eligible for Stryker HSA funding but are eligible to elect and contribute their own funds to the account.

<sup>2</sup> If you enroll during the Annual Enrollment period, Stryker's contribution will be available in your account by January 31, 2021. If you are a new hire or have a qualifying life event that allows you to enroll in an HSA plan mid-year, your Stryker contribution will be deposited as soon as administratively possible and is typically made after the first payroll following the effective date of your enrollment in a qualifying medical plan.

### Important notes:

**Other coverage:** There are certain restrictions if you have other healthcare coverage or if you are not enrolled in an HSA-compatible plan for the entire calendar year. For example, if you have non-HSA compatible healthcare coverage through your spouse or domestic partner, such as a healthcare flexible spending account, you may be ineligible to participate in an HSA.

### IRS rules for mid-year enrollees:

- Eligible expenses that may be reimbursed using HSA funds on a pre-tax basis include those that occur on or after the first of the month following your enrollment in an HSA-compatible plan, and after your account has been established (funded). The date an HSA is established is determined by state trust law, which in most cases is the date funds are first deposited into the account. This means that although you may be enrolled in an HSA effective the first day of the month following your enrollment in an HSA-compatible plan (for Stryker, this includes the Premium HSA and Basic HSA Plans), you cannot make pre-tax distributions from that account for eligible expenses that are incurred before funds are first deposited into your HSA. For example, if you are hired on April 15, 2021 and enroll in one of the HSA Plans, your HSA will be effective on May 1, 2021; however, you will not be able to reimburse eligible expenses incurred prior to the date the first deposit is made to the account which may be later in the month of May—the date that the HSA is established. As a reminder, if you would like to begin using the funds prior to your first payroll deposit, you can deposit funds outside of your Stryker paycheck. Please contact Optum Bank for additional information.

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## Health Savings Account (HSA) (continued)

- The amount that you can contribute in a calendar year is dependent on whether or not you will remain eligible for an HSA and enrolled in an HSA-compatible plan for the 13-month period that begins on December 1 of the calendar year in which the contribution is made and ends on December 31 of the following calendar year.
  - You are eligible to contribute the full IRS maximum for the current tax year if you are enrolled by December 1 and remain eligible for HSA contributions for the next 13 months. This means you have to remain covered by an HSA-compatible plan for the next 13 months. If you become ineligible during the 13-month period (e.g., enroll in a non HSA-compatible health plan), the pro-rated portion of the contributions that you made for the months that you were not covered by a qualified HSA-compatible plan will become taxable and you may be subject to an additional penalty tax.
  - If you will not be enrolled in an HSA-compatible plan for the 13 months following December 1 of a given year, you will be eligible to contribute to your HSA on a pro-rated basis for the months that you are eligible to contribute within the current tax year. For example, if you are hired on April 15, 2021 and are enrolled in employee-only coverage in one of the HSA Plans, you are eligible to contribute beginning May 1, 2021, which means you are eligible for 8 months if you remain eligible through the remainder of 2021. The maximum you can contribute is calculated by taking the IRS maximum annual contribution for your coverage tier and dividing by 12 (\$3,600 for employee-only coverage ÷ 12 = \$300 per month). Next, multiply the monthly contribution amount by the number of months you are eligible in the tax year (\$300 x 8 = \$2,400). Remember that this pro-rated maximum includes both the Stryker contribution\* and your personal contribution.
  - Eligible individuals enrolling in an HSA-compatible plan between December 2 and December 31 are not eligible to:
    - Make HSA contributions on a tax-advantaged basis for the current tax year.
    - Receive the company contribution for the plan year in which they are hired.

For more information, visit [irs.gov](https://www.irs.gov) and see Publication 969 or contact myHR.

**A list of eligible expenses can be found at [myUHC.com](https://myUHC.com), or visit [irs.gov](https://www.irs.gov) and see [Publication 502](#).**

\* The Stryker contribution amount will vary based on the plan you choose and your coverage. See page 6 for details.

## Wellbeing program

### **Strive**

**855 642 2679**

**[strive.stryker.com](https://strive.stryker.com)**

All full-time and regular part-time employees and their spouses/domestic partners are eligible to participate in the Strive for Wellbeing program, which is designed to help you learn about, create, implement and sustain healthy habits. Strive offers challenges that you can join on-demand throughout the year. Join and complete challenges to earn points and incentives. Visit [strive.stryker.com](https://strive.stryker.com) for more information.

## Tobacco cessation program

### **LifeWorks CareNow Tobacco and Nicotine Cessation program**

**[Enrollment instructions](#) (you must be on the Stryker network to view the enrollment instructions)**

We are committed to promoting the health and wellbeing of our employees and their families. The goal of our healthcare program is not only to make sure you have access to the services you need when you are sick, but also to help you live a healthier life. All full-time and regular part-time employees, spouses/domestic partners and adult dependents are eligible to participate in the tobacco cessation program.

## Employee Assistance Program (EAP)

### **LifeWorks**

**866 785 4572**

**[stryker.lifeworks.com](https://stryker.lifeworks.com)**

**User ID: stryker**

**Password: 4260**

LifeWorks, Stryker's Employee Assistance Program (EAP) provider, offers a range of services to assist you with daily concerns including, but not limited to: stress and depression, home remodeling and repair, living wills, investment/retirement planning, college searches and scholarships, work relationships, childcare options and referrals, single parenting and blended families, elder care options, living with a disability and substance abuse. LifeWorks will deliver practical solutions, information, advice and support to manage the demands of everyday life. This program is confidential and is available at no cost to employees and their families to help manage work and life demands! LifeWorks can also provide free booklets, audiotapes and individualized referrals to community resources.

## Group life insurance

It's important to plan for your family's financial security in case the unexpected happens. That's why Stryker provides basic life insurance and accidental death and dismemberment (AD&D) insurance—at no cost to you, to help protect you and your loved ones.

You must designate your life insurance beneficiaries via [enroll.stryker.com](https://enroll.stryker.com). Your basic life beneficiary designations will also apply to your supplemental life beneficiaries (if applicable). You can view and update your beneficiaries at any time via this site.

### **The Hartford**

**888 563 1124**

**Group number—GL-675443**

### **Basic life and AD&D**

Stryker provides all regular employees working 20 hours or more with basic term life and accidental death and dismemberment (AD&D) insurance, which is paid in full by Stryker. The basic coverage amount for both life and AD&D is equal to one times the employee's annual benefit salary (up to a maximum of \$425,000).

### **Supplemental life insurance**

Full-time employees can purchase supplemental life insurance through payroll deductions on an after-tax basis. The coverage is available from 1 times up to 5 times of the employee's annualized salary, with a maximum of \$1,000,000. The cost of the coverage is based on your age and your income and can be found on the Benefits Enrollment Site ([enroll.stryker.com](https://enroll.stryker.com)). Please visit the Summary Plan Description at [totalrewards.stryker.com/spd](https://totalrewards.stryker.com/spd) for details on Guaranteed Issue amounts.

### **Spouse/domestic partner and dependent life insurance**

Full-time employees may choose to elect life insurance for their spouse/domestic partner and/or child(ren)/domestic partner's child(ren). Coverage is \$10,000 for a spouse/domestic partner (\$1.28 per month) and \$10,000 for each child (\$1.04 per month), regardless of the number of children. The employee will pay the full cost of the life insurance coverage on an after-tax basis. Dependents do not have to be enrolled in Stryker's health plan in order to be eligible for dependent life insurance. The beneficiary is automatically the employee. You do not have to provide evidence of insurability (EOI) to buy life insurance coverage for your child, spouse or domestic partner.

## Short-term and long-term disability

**The Hartford**  
**877 936 6052**

Short-term and long-term disability is provided at no cost to employees. The Hartford's disability professionals will review medical information and make a determination on if the disability claim can be approved. The Hartford should be contacted to report claims as soon as the employee knows they will be unable to work five days or longer.

### **Short-term disability**

**Group number—GRH-071674**

Employees are eligible for 1 day up to 180 days of disability benefits if approved by The Hartford. The maximum length of disability payments is 180 days. Short-term disability is coordinated with state disability benefits if applicable.

### **Long-term disability**

**Group number—GLT-675443**

After the short-term disability benefit is exhausted, full-time employees are eligible for long-term disability benefit with 60% of basic monthly earnings not to exceed a maximum monthly benefit of \$15,000, if approved by The Hartford. When an individual is eligible for Social Security, the benefit will be coordinated with the Social Security benefit and an individual will never receive more than 60% of earnings.

## Adoption assistance

Stryker provides up to \$5,000 in reimbursement for expenses related to an adoption, with a maximum of two claims allowed per lifetime. Please contact myHR for further information or visit the Work/life section of the [Total Rewards site](#).



## Tuition reimbursement plan

Stryker supports reimbursement for educational programs that maintain and improve an employee's skills in their current job or in future work within the company. All regular, full-time employees in good standing are eligible to participate.

In order to be eligible for reimbursement, the Tuition Reimbursement Approval Form must be properly submitted to your manager and your HR department for approval. The maximum reimbursement amount per employee is \$15,000 per year. Reimbursement will be paid according to the following schedule based upon grade achievement:

Grade achieved	Reimbursement %
A (A-/A+), BA, B (B-/B+)	100%
C, CB, (C-/C+)	80%
D or below (D-/D+/F/I)	0%
Pass (required course)	100%
Pass/Fail (not required course)	0%

Stryker will reimburse certain additional costs, including books. The following schedule gives you a general idea of which kinds of fees qualify for reimbursement and which do not. Other fees will be considered on a case-by-case basis.

Reimbursable fees		Non-reimbursable fees	
Academic facilities fee	Lab fee	Activity/athletics fee	School physical fee
Administration fee	Online fee	Application fee	Transcript/record transfer fee
Comprehensive fee	Operational fee	Graduation fee	Transportation fee
Computer technology fee	Orientation fee	Incomplete/withdrawal fee	Tuition deferral fee
Distance learning fee	Resources fee	Insurance/health services fee	Wellness fee
Extension fee	Student services fee	Late registration fee	
Facilities fee	Student union building fee	Parking fee	
General services fee	Technology fee	Professional association fee	
Grad registration fee	University assessment fee	Recreation fee	

IRS regulations require you to be taxed on any tuition reimbursement received in any tax year over \$5,250. Please refer to the Summary Plan Description for additional plan limits.

## 401(k) savings and retirement plan

Stryker is committed to supporting your financial well-being, which is why we provide the Stryker Corporation 401(k) Savings and Retirement Plan helps you prepare for retirement by offering an easy, tax-advantaged way to save for your future financial needs.

### Vanguard

800 523 1188

[vanguard.com](https://vanguard.com)

Plan number—090081

Employees who are at least age 18 are eligible to participate in the 401(k) plan. The plan has an auto enrollment feature, which means 3% of before tax earnings will be deducted as a 401(k) contribution, beginning approximately 30 days after an employee's first paycheck. Contributions will be invested in a Vanguard Target Retirement trust fund that is appropriate for the employee based on a retirement age of 65. Additionally, each March (or a month of the participant's choice) the deferral rate will be increased by 1%, until the deferral rate reaches 15%. Employees may enroll at a higher rate, change the investment allocation, or opt out of the 401(k) at any time after they receive their welcome letter from Vanguard. **Please be sure to enter your beneficiary information on [vanguard.com](https://vanguard.com) or request a beneficiary form from Vanguard by calling them directly.**

### Contributions

Participants may contribute up to 75% of their pay (up to \$19,500 for 2021) through payroll deductions. Participants can choose to make pre-tax contributions, Roth after-tax contributions, or a combination of pre-tax and Roth contributions. Pre-tax contributions will not be subject to federal or state income tax. A roll-in provision is also available for employees. Individuals age 50 and above are eligible for an additional catch-up contribution of \$6,500 in 2021.

### Company matching contributions

Stryker provides a matching contribution on the first 8% of eligible pay contributed by each participant (or 6% if the participant is in a sales representative role), equal to \$.50 for every \$1.00 the participant contributes. Thus, the maximum matching contribution is 4% (or 3% for sales representatives). Any eligible pay contributed by the participant above the applicable limit is not matched.

A portion of the matching contributions will automatically be invested in the Stryker Corporation Stock Fund. Matching contributions are calculated at the end of each plan year. To receive a matching contribution, a participant must be employed on the last day of the plan year and must have at least 1,000 hours of service during the plan year. Matching contributions are credited to the participant's "matching contribution account" in the first quarter of the following year.

### Company discretionary contributions

At the end of each plan year, the company will decide on the amount of its discretionary contribution for that year. **No discretionary contribution is required to be made by the company.** Those employees in a sales representative role are not eligible for the company discretionary contribution.

A participant will share in the discretionary contributions for a plan year if they are employed on the last day of the plan year and have at least 1,000 hours of service during the plan year. A participant's share of the company's discretionary contribution will be a percentage of their eligible compensation while they are a participant during the plan year. Discretionary contributions are credited to the participant's "discretionary contribution account."

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## 401(k) savings and retirement plan (continued)

### Vesting

Participants receive a year of vesting service for each calendar year in which they have been credited with at least 1,000 hours of service, as defined by the Plan. The vesting schedule is as follows:

Years of service	Vesting percentage
< 2 years	0%
2 years	20%
3 years	40%
4 years	60%
5 years	100%

### Investment choices

Each participant will be allowed to select between investment options for all contributions. Contribution levels, as well as investment choices, may be changed at any time.

### Hardship loans and withdrawals

Plan loans are available only for reasons that meet the Internal Revenue Code definitions of financial hardship. In Service withdrawals are available to participants aged 59.5 and over, and for reasons of financial hardship. For additional details, see the Summary Plan Description or contact myHR.

### Additional information

Additional information with regard to rollovers, taxation and catch-up contributions can be found in the 401(k) Summary Plan Description. You can also find more information on the [Total Rewards site](#) in the Money section.

## Employee Stock Purchase Plan (ESPP)

### Computershare

800 639 0119

[www-us.computershare.com/employee](http://www-us.computershare.com/employee)

Employees who are at least age 18 are eligible to participate in the Employee Stock Purchase Plan (ESPP). Employees may purchase Stryker stock at a 5% discount from Fair Market Value through the ESPP. Stryker pays all fees for stock purchases through this plan. Enrollment/Change Periods are the first 15 days of every month. Please refer to the ESPP Explanatory Guide for more information.

For more details visit [totalrewards.stryker.com/spd](http://totalrewards.stryker.com/spd), or visit the Money section of the [Total Rewards site](#).

For questions, contact myHR.

**Need more information?** Contact myHR at [myhr.stryker.com](http://myhr.stryker.com) or 877 795 2002, or visit the Total Rewards site at [totalrewards.stryker.com](http://totalrewards.stryker.com).