

Prescription Drug Benefits

Stryker's healthcare plan provides benefits for covered prescription drugs, including contraceptives, insulin and diabetic supplies. Benefits are paid for covered drugs that are medically necessary for treatment of a sickness or injury that is not job-related. Covered drugs must be prescribed by a licensed physician or dentist and dispensed by a registered pharmacist.

This section of the Benefits Summary describes the plans administered by UnitedHealthcare. If you are enrolled in an HMO or other insured medical plan that includes prescription drug benefits, please refer to your contract or benefit booklet for information regarding your prescription drug coverage.

How Prescription Drug Benefits Work

UnitedHealthcare administers your prescription drug benefits. You may purchase covered prescriptions through the UnitedHealthcare pharmacy:

- At a participating retail pharmacy, including many chain and local pharmacies
- Through the mail from the convenient home delivery service (for long-term maintenance medications)

Benefits for covered prescription drugs are payable whether or not you use a pharmacy in the UnitedHealthcare network, although your out-of-pocket costs are lower when you use participating pharmacies.

If you are enrolled in a UHC PPO plan, your prescription drug copays apply toward your medical in-network, out-of-pocket maximum.

If you are enrolled in the UHC Basic or Premium HSA medical plan, you will pay the full cost of your non-preventive prescriptions until you meet the deductible, just like with the rest of your eligible medical expenses. Prescription costs count toward meeting your plan deductible and out-of-pocket maximum in the UHC HSA medical plans.

Preferred Drug List – For All UHC Plans

The UnitedHealthcare/OptumRx™ program includes a preferred drug list (PDL) called the Advantage PDL. The PDL is a guide to help providers prescribe cost-effective medication. Use of the list is completely voluntary for you and your provider.

How Prescription Drug Coverage Works with the PPO Plans

The PPO plans pay benefits at different levels for Tier-1, Tier-2 and Tier-3 prescription drugs. All prescription drugs covered by the plan are categorized into these three tiers on the prescription drug list (PDL). The tier status of a prescription drug can change periodically based on the Prescription Drug List Management Committee's periodic tiering decisions. When that occurs, you may pay more or less for a prescription drug, depending on its tier assignment. Since the PDL may change periodically, you can visit www.myuhc.com or call UnitedHealthcare at **800 387 7508** for the most current information.

Each tier is assigned a copay, which is the amount you pay when you visit the pharmacy or order your medications through mail order. Your copay will also depend on whether or not you visit the pharmacy or use the mail order service.

Here's how the tier system works:

- Tier-1 is your lowest copay option. For the lowest out-of-pocket expense, you should consider Tier-1 drugs if you and your provider decide they are appropriate for your treatment.
- Tier-2 is your middle copay option. Consider a Tier-2 drug if no Tier-1 drug is available to treat your condition.
- Tier-3 is your highest copay option. The drugs in Tier-3 are usually more costly. Sometimes there are alternatives available in Tier-1 or Tier-2.

For prescription drug products at a retail in-network pharmacy, you are responsible for paying the lowest of the following:

- The applicable copayment and/or coinsurance.
- The network pharmacy’s usual and customary charge for the prescription drug product.
- The prescription drug charge for that prescription drug product.

Your Prescription Drug Benefits – PPO Plans

The following table shows your prescription drug copays and the benefits available to you when you enroll in the PPO.

UnitedHealthcare Network Pharmacy or Home Delivery Service	Non-Network Pharmacy
<ul style="list-style-type: none"> ▪ At a pharmacy, you pay: <ul style="list-style-type: none"> ▫ \$10 copay for a Tier 1 drug ▫ \$25 copay for a Tier 2 drug ▫ \$50 copay for a Tier 3 drug ▪ Through home delivery, you pay: <ul style="list-style-type: none"> ▫ \$25 copay for a Tier 1 drug ▫ \$62.50 copay for a Tier 2 drug ▫ \$125 copay for a Tier 3 drug ▪ No claim forms ▪ Up to a 31-day supply ▪ Home delivery service for up to a 90-day supply; refills by phone or via the Internet 	<ul style="list-style-type: none"> ▪ You pay full cost of covered prescription at time of purchase ▪ Your reimbursement is equal to UnitedHealthcare’s discounted drug cost, minus the appropriate copay in the column to the left ▪ Claim forms required ▪ Up to a 31-day supply

Note: Copays apply to the in-network out-of-pocket maximum only.

How Prescription Drug Coverage Works with the Basic and Premium HSA Plans

If you are enrolled in the UHC Basic or Premium HSA medical plan, you will pay the full cost of your non-preventive prescriptions until you meet the deductible, just like with the rest of your eligible medical expenses. There are no prescription drug copays in the Basic and Premium HSA medical plans. So keep in mind that if you choose one of the HSA medical plans, you will likely pay more at the pharmacy counter if you haven’t met your deductible, but you can use your tax-free HSA funds to pay for your prescription drugs. Prescription costs count toward meeting your plan deductible and out-of-pocket maximum.

Your Prescription Drug Benefits – Basic and Premium HSA Plans

The following table shows your prescription drug benefits available to you when you enroll in the Basic and Premium HSA medical plans.

Important Terms

- **Copay:** The flat dollar amount you are required to pay per prescription.
- **Coinsurance:** The percentage of the cost that you are required to pay per prescription.

Certain prescription drug products or pharmaceutical products for which benefits are described in this Benefits Summary are limited to a certain amount of medication covered per copay or coinsurance or in a specific time period.

Prescription Costs and Coinsurance

If your deductible has not been met

You pay the full cost of your prescription drugs until your plan deductible is met.

- Under the Affordable Care Act (ACA), some preventive medications are covered at 100% with no deductible requirement.
- In addition, Stryker will cover certain Core Preventive Medications for the Basic and Premium HSA plans before the deductible is met with only the appropriate coinsurance applied. For an up-to-date list of Core Preventive Medications, visit www.myuhc.com or call UHC at **800 387 7508**.

If your deductible has been met

You pay the applicable coinsurance amount for your prescription drugs until your out-of-pocket maximum has been reached. The coinsurance amounts are:

- Premium HSA Medical Plan: You pay 20%, after deductible.
- Basic HSA Medical Plan: You pay 30%, after deductible.

Expenses Covered at 100% under All UHC Plans

UnitedHealthcare/OptumRx™ Preventive Care Medications under the Affordable Care Act (ACA)

Certain over-the-counter (OTC) drugs and items that are classified for use in preventive care will be covered at 100% when they are:

- Prescribed by a health care professional
- Age and/or gender appropriate
- Filled at a network pharmacy

All brands of eligible OTC medications are covered by the prescription drug benefit. For an up-to-date list of the covered OTC Preventive Care Medications, visit www.myuhc.com or call UnitedHealthcare at **800 387 7508**.

Contraceptives for Women

Certain OTC contraceptives, prescription hormonal contraceptives, prescription emergency contraceptives, and prescription diaphragms are covered at 100% when they are:

- Prescribed by a health care professional
- Filled at a network pharmacy

Male contraceptives are not covered.

For an up-to-date list of covered OTC contraceptives included in the Preventive Care Medication list, visit www.myuhc.com or call UnitedHealthcare at **800 387 7508**.

Smoking Cessation Products

The prescription drug plan covers smoking cessation medications, which require a prescription by a physician (e.g., Chantix, bupropion). Certain over-the-counter (OTC) smoking cessation products (such as patches, lozenges and gum) are covered by the plan, when accompanied by a written (paper) prescription, covered at 100%. You will be eligible for coverage for up to two 90-day treatment cycles of medication each year.

Some prescription (non-OTC) smoking cessation prescription drugs are covered by the plan, at no cost-share. Examples are Bupropion sustained-release (generic Zyban), Nicotrol Inhaler, Nicotrol Nasal Spray and Chantix Tablet.

For an up-to-date list of covered OTC and prescription drugs included in the Preventive Care Medication list, visit www.myuhc.com or call UnitedHealthcare at **800 387 7508**.

Covered Expenses for All UHC Plans

Generic Drugs

One way that UnitedHealthcare manages costs for both you and Stryker is to use generic drugs when available. Only FDA “A” rated generic equivalent drugs are dispensed through both the network and home delivery pharmacies. “A” rated generics are subject to the same FDA regulations as brand-name drugs and considered to be equal in therapeutic effectiveness and safety when taken as prescribed. The main difference between generic and brand-name drugs is price; generics generally cost substantially less.

Discounts on Medications

Stryker's prescription drug plan does not cover the cost of medications used for weight loss. However, you are able to purchase these medications at a *discounted cost* through UnitedHealthcare's retail pharmacy network and home delivery (mail-order) program. Your cost for these medications will be based on discounted wholesale prices negotiated by UnitedHealthcare. Please note that your cost for medications purchased through the discount program used for weight loss are not applied toward your deductible and out-of-pocket maximum. You will continue to be responsible for the cost of these medications even if you meet your out-of-pocket maximum.

Expenses Not Covered under All UHC Plans

The plan does not cover the following:

- Drugs or medicines lawfully obtainable without a prescription, except for covered OTC preventive care medications and supplements or OTC contraceptives
- Injectable medication and chemotherapy agents administered by a physician or healthcare professional; these medications are generally covered under the medical plan (injectable medications that are commonly self-administered, like insulin, are covered under the prescription plan.)
- Over-the-counter smoking cessation products and smoking cessation medications not prescribed by a physician, or for dependents under age 18, or filled at a non-network pharmacy
- Any drug considered to be experimental or investigational by the Food and Drug Administration (FDA) or medications used for experimental indications and/or dosage regimens considered to be experimental
- Durable medical equipment and prescribed and non-prescribed outpatient supplies other than disposable insulin syringes, insulin pen injectors, needles, insulin pump syringes/ needles, lancets and test strips prescribed with injectable insulin (see the Medical Plan section for durable medical equipment coverage).
- Immunization agents, biological sera, allergens, allergenic extracts (oral or injectable) and blood or blood plasma (These medications are generally covered under the medical plan.)
- Any medication administered and entirely consumed in connection with direct patient care rendered in the home by licensed healthcare professionals (These medications are generally covered under the medical plan.)
- More than a 31-day supply of a covered drug from a retail pharmacy, or more than a 90-day supply of a covered drug from the home delivery program
- Any medication consumed or administered at the place where the prescription is written, including medication taken or administered while the individual is in a licensed hospital, rest home, sanitarium, extended care facility, convalescent hospital, nursing home or similar institution
- Any covered drug in excess of the quantity specified by the physician, or any refill dispensed after one year from the physician's original order
- Any product used for cosmetic purposes without prior approval from UnitedHealthcare
- Any charge for the administration of covered prescription drugs
- Any drug that may be covered under local, state or federal programs, including Workers' Compensation
- Any amounts over the allowable UnitedHealthcare discounted drug cost
- General vitamins, except prenatal vitamins, vitamins with fluoride, vitamins provided at no cost as described under "Preventive Care Medications," and single entity vitamins that require a prescription
- Compounded drugs that contain a certain bulk chemicals. (Compounded drugs that contain at least one ingredient that requires a prescription order or refill are assigned to Tier-3) Compounded drugs that are available as a similar commercially available prescription drug.
- A prescription drug product that contains an active ingredient available in a therapeutically equivalent to another prescription drug product. Such determinations may be made up to six times during a calendar year, and UnitedHealthcare may decide at any time to reinstate benefits for a prescription drug product that was previously excluded under this provision

- A prescription drug product that contains an active ingredient which is a modified version of and therapeutically equivalent to another prescription drug product. Such determinations may be made up to six times during a calendar year, and UnitedHealthcare may decide at any time to reinstate benefits for a prescription drug product that was previously excluded under this provision
- Immunizations are not covered under the prescription drug plan.
- Prescription drugs with an OTC equivalent.
- Dental products, with the exception of prescription fluoride topicals in certain circumstances.
- Certain prescription drug products for which there are therapeutically equivalent alternatives available, unless otherwise required by law or approved by UnitedHealthcare. Such determinations may be made up to six times during a calendar year, and UnitedHealthcare may decide at any time to reinstate benefits for a prescription drug product that was previously excluded under this provision.

Medications may be excluded from coverage under your pharmacy benefit when it works the same or similar as another prescription medication or an over-the counter (OTC) medication. The UnitedHealthcare/OptumRx™ Advantage PDL provides a list of excluded medications. For an up-to-date Advantage PDL, visit www.myuhc.com or call UnitedHealthcare at **800 387 7508**.

How to Apply for an Exception:

If an excluded drug is prescribed for a specific medical condition, you may qualify for an exception. To request an exception, submit a letter to UHC from your doctor stating the medical condition that requires the non-covered drug and the length of projected use. The maximum time for which a letter can justify an exception is 12 months. If your exception is approved, you will be able to purchase your prescription at your local network pharmacy or by mail order by paying the applicable copay or coinsurance amount.

How to Obtain Prescription Drug Benefits

Network Pharmacies

If you use a UnitedHealthcare network retail pharmacy for your covered prescriptions, you pay the appropriate copay (if you are enrolled in the UnitedHealthcare Choice or Value PPO plan), or the coinsurance (if you are enrolled in the UnitedHealthcare Basic or Premium HSA plan and you have met your deductible). When you present your UnitedHealthcare ID card at a network pharmacy, there are no claims to file.

Home Delivery Service

The home delivery service allows you to order up to a 90-day supply of maintenance medication through the mail. Maintenance medications are prescription drugs taken on a regular or long-term basis. Examples include oral contraceptives and blood pressure medication. Covered prescriptions are delivered directly to your home in unmarked, tamper-resistant packages by First Class mail or a national delivery service. For added convenience, you may order refills by phone or via the Internet.

You pay the appropriate copay (if you are enrolled in the UnitedHealthcare Choice or Value PPO plan), or the coinsurance (if you are enrolled in a UnitedHealthcare HSA plan and you have met your deductible).

Non-Network Pharmacies

If you use a pharmacy outside the network, you pay the full cost of the prescription at the time of purchase. You then must submit a claim form and itemized receipt to UnitedHealthcare. Your reimbursement will be equal to UnitedHealthcare's discounted drug costs, minus the appropriate copay or coinsurance. Because you are responsible for the difference between the discounted drug costs and the actual charge for the prescription, as well as your copay or coinsurance, your final cost will typically be more than if you used a network pharmacy.

Prior Authorization

Certain medications must be reviewed and approved by UnitedHealthcare for medical necessity before your prescription is filled. Your doctor or your pharmacist can obtain prior authorization by calling **800 387 7508**. The UnitedHealthcare prior authorization team will obtain information about your diagnosis and your doctor's drug therapy treatment plan, and determine whether the prescription is approved. Generally, prior authorizations are valid for one year.

Examples of drug and therapeutic classes that currently require prior authorization include but are not limited to:

- Avita-Penderm
- Avodart
- Compound medications- any compound over \$50 requires prior authorization.
- Differin-Galderma
- Growth hormones
- Narcotic analgesics
- Regranex
- Retin-A
- Seizure medications (brand)
- Tracleer

This list may change from time to time, as determined by UnitedHealthcare.

Non-Network Pharmacy Prior Authorization

If you do not obtain prior authorization from UnitedHealthcare before you fill a prescription at a non-network pharmacy, you can ask the Plan to consider reimbursement. You will be required to pay for the prescription drug at the pharmacy. You may seek reimbursement from the Plan by submitting a claim form. In such a case, you may be responsible for the full cost of the prescription.

If you submit a claim for a prescription filled at a non-network pharmacy with a prior authorization from UHC, the amount you are reimbursed will be based on the charge at a network pharmacy or the out-of-network reimbursement rate* (for prescriptions from a non-network pharmacy), less the required copayment and/or coinsurance, and any deductible that applies.

* Out-of-Network Reimbursement Rate – the amount the Plan will pay to reimburse you for a prescription drug product that is dispensed at a non-network pharmacy. The out-of-network reimbursement rate for a particular prescription drug product dispensed at a non-network pharmacy includes a dispensing fee and any applicable sales tax.

Clinical Programs

Specialty Pharmacy

Some medications are covered as medical benefits rather than as prescription benefits. Please see “Specialty Pharmacy” in the *Medical Benefits* section for further details.

Step Therapy

Certain prescription drug products or pharmaceutical products for which benefits are described in this Benefits Summary are subject to step therapy requirements. This means that in order to receive benefits for such prescription drug products or pharmaceutical products, you are required to use a different prescription drug product or pharmaceutical product first.

You may determine whether a particular prescription drug product or pharmaceutical product is subject to step therapy requirements at UnitedHealthcare’s web site at www.myuhc.com or by calling Customer Care at **800 387 7508**.

Quantity Level Limits / Quantity Per Duration

Certain prescription drug products or pharmaceutical products for which benefits are described in this Benefits Summary are limited to a certain amount of medication covered per copay or coinsurance or in a specific time period.

Rebates

UnitedHealthcare receives rebates for certain brand-name medications included on the preferred drug list. A portion of these rebate payments are shared with Stryker and are used to offset the cost of Stryker’s health plan. Neither UnitedHealthcare nor Stryker are required to pass on to you, and do not pass on to you, amounts payable under rebate or other discount programs.

Vacation/Travel Overrides

If you are going to be away from home for an extended period of time, you may want to refill your prescription before you leave—even if you have not used up your current supply of medication. In these situations, contact UnitedHealthcare at **800 387 7508** to request special authorization for the prescriptions you need to take with you on your trip. If you prefer, you can ask your pharmacy to call UnitedHealthcare to make the request on your behalf.

Specialty Pharmacy Coupon Adjustment Benefit Plan Protection

When you fill a prescription through UHC's specialty pharmacy, if a manufacturer drug coupon or manufacturer copay card is used, the amount of the coupon or copay card will not apply to your deductible and/or out-of-pocket maximum amounts. Only your actual payment amount (after the manufacturer coupon is applied) will apply to the deductible and out-of-pocket maximum amounts.

Notice of Creditable Coverage

If you are approaching age 65, you will receive information before your 65th birthday about Medicare Part D, the government's prescription drug program, and how it will work with Stryker coverage.

How to Reach UnitedHealthcare

UnitedHealthcare
Stryker Group #: 703997
P.O. Box 740800
Atlanta, GA 30374-0800
800 387 7508

