

Location-Based Provisions

This section includes location-specific supplemental benefit information for employees who live in:

- Alabama
- California/Hawaii
- Connecticut, Maine, Massachusetts, or Rhode Island (including Vermont effective February 1, 2011)
- New Hampshire (through January 31, 2011. Refer to other sections of this Stryker Benefits Summary for UHC coverage effective February 1, 2011 and thereafter)
- Vermont (through January 31, 2011. Refer to the Connecticut section for BCBSMA coverage effective February 1, 2011 and thereafter)
 - Stryker Biotech
 - Non-Stryker Biotech

Supplemental benefit information is also included in this section for employees who participate in the International Plan.

Alabama

The Stryker Corporation Welfare Benefits Plan provides medical, prescription drug, dental and vision benefits for you and your eligible dependents. The plan offers valuable financial protection against the high cost of illness and injury, and also provides certain preventive care benefits to help keep you well.

Healthcare Benefits

If you live or work in Alabama, Stryker offers you one medical option—the Blue Cross and Blue Shield (BCBS) of Alabama PPO. If you select the Blue Cross Blue Shield of Alabama PPO option, your prescription drug benefits are provided through Blue Cross and Blue Shield of Alabama and not through the UnitedHealthcare prescription plan.

Important

The information contained in this supplemental summary plan description is intended to “supplement” the information contained elsewhere in the Stryker Benefits Summary. Except where indicated in this section, the description of the terms and conditions regarding medical coverage set out in this Stryker Benefits Summary will apply.

This section of the Stryker Benefits Summary (a supplemental summary plan description, together with the Certificate for Group Health Benefits issued by Blue Cross and Blue Shield of Alabama, describes the benefits offered under Blue Cross and Blue Shield of Alabama PPO option. As its name implies, the information contained in this Supplemental Summary Plan Description is intended to “supplement” the information contained elsewhere in the Stryker Benefits Summary. Except where indicated below, the description of the terms and conditions regarding medical coverage set out in the Stryker Benefits Summary will apply.

Eligibility

Employees

You are eligible to enroll in the Blue Cross and Blue Shield of Alabama PPO option if you are a full-time or part-time employee of Stryker who lives or works in Alabama and you are regularly scheduled to work at least 30 hours a week. Newly hired employees who meet this requirement become eligible on the first day of the month following their date of hire. Employees who are rehired after a break in service become eligible on the first of the month following their date of rehire.

Dependents

Eligible dependents include:

- Your legal spouse of the opposite sex
- Your unmarried child under age 18
- Your unmarried child age 18 to age 25 who is dependent upon you for over one-half of his or her support
- An incapacitated child who is not able to support himself and who depends on you for support, if the incapacity occurred before age 18 (or before age 25 if the child was dependent upon you for over one-half of his or her support)

The term “child” means:

- A natural child
- A legally adopted child
- A child placed for adoption
- A stepchild residing in your household
- Any other unmarried child for whom you have permanent legal custody and who regularly and permanently resides with you in a parent-child relationship, provided he or she depends solely on you for support

A grandchild is eligible only if he or she is unmarried, under age 19, is chiefly dependent on you for support, resides in your household in a parent-child relationship and is not employed on a regular full-time basis. The grandchild’s parent may not be covered unless the grandchild has been adopted by you and the parent meets all of the conditions to be covered as a dependent.

“Child” also includes a child who is required to be covered under the Stryker Corporation Welfare Benefits Plan by a qualified medical child support order (QMCSO). See *Your Rights and Responsibilities* in this Stryker Benefits Summary for more information regarding QMCSOs.

A newly eligible child or spouse will be covered immediately if you contact your Benefits Representative or the Benefits Service Center and complete necessary paperwork to enroll him or her within 30 days of the birth, marriage or date the child joined the family.

If both you and your spouse work for Stryker, you may not be covered under the plan both as an employee and a dependent nor may you be covered under any other Stryker-sponsored plan if you are enrolled in this plan. Any eligible children of two Stryker employees may be covered as dependents by only one parent.

Note: The dependent eligibility requirements and age limitations discussed here apply only to the Blue Cross and Blue Shield of Alabama PPO option. Other options may have other requirements.

When Coverage Ends

Coverage for you and your dependents under the Stryker Corporation Welfare Benefits Plan ends on the last day of the month in which one of the following events occurs:

- The date you leave Stryker or fail to pay required coverage contributions
- The date you are no longer an eligible employee
- The date you drop coverage due to a status change event
- If you elect to drop healthcare benefits during annual enrollment, on the December 31 following the annual enrollment period

Dependent coverage ends:

- On the date your coverage ends
- On the last day of the calendar month in which your dependent child reaches the plan’s limit (age 18 or age 25) or otherwise ceases to be a dependent

- On the last day of the calendar month in which your dependent stops attending school on a full-time basis (other than for a summer vacation or medical leave)
- In the case of a spouse, the date of divorce

If coverage under the plan ends, you or your dependents may be able to choose COBRA continuation coverage. For more information, see “COBRA: Continuing Healthcare Coverage” in the *Participating in Healthcare Benefits* section of this Stryker Benefits Summary.

Coordination of Benefits

Your Stryker healthcare benefits are coordinated with benefits from:

- Other employers’ medical and dental plans
- Government plans
- Motor vehicle plans when permitted by law

Under the coordination of benefits provision, if Stryker’s plan is secondary, the amount normally payable by the plan may be reduced to take into account payments from other plans. Your Stryker benefits, when combined with another plan’s benefits, will not exceed 100% of your covered medical expenses.

Which Plan Pays First

If the other plan has no coordination of benefits provision, it is considered primary and pays its normal benefits first. If both plans have a coordination of benefits provision, the plan covering the patient as an employee is primary and pays first. When Stryker’s plan is primary, it pays benefits without considering what the secondary plan might pay. The secondary plan then pays its benefits, if any are due. When Stryker’s plan is secondary, it generally will pay the difference between the allowable charges and the primary plan’s payment, up to its normal benefit.

For Dependent Children

When both parents’ plans cover an eligible child, the plan of the parent whose birthday comes first in the calendar year is primary. If both parents have the same birthday, the plan that has covered either parent for the longer period of time is primary. However, if the other plan does not have this birthday rule and, as a result, the plans do not agree on the order of benefits, the rule in the other plan will determine the order of benefits.

If the parents are legally separated or divorced or no longer living together, the following guidelines apply:

- If the parents have joint custody and there is no court decree stating which parent is responsible for healthcare expenses, or if a court decree states that both parents are responsible for healthcare expenses, the birthday rule stated above will apply.
- If a court decree states that one of the parents is responsible for the child’s healthcare expenses and the plan of that parent has actual knowledge of those terms, that plan is primary. If the parent with responsibility has no healthcare coverage for the dependent’s healthcare expenses, but that parent’s spouse does, the parent’s spouse’s plan is primary.
- If there is no court decree stating which parent is responsible for healthcare expenses, benefits will be determined in the following order:
 - First, the plan covering the custodial parent
 - Second, the plan covering the spouse of the custodial parent
 - Third, the plan covering the noncustodial parent
 - Fourth, the plan covering the spouse of the noncustodial parent

The plan that covers a parent as a retired or laid-off employee (or the dependent of a retired or laid-off employee) is secondary to a plan that covers a parent as an active employee (or the dependent of an active employee). However, if the other plan does not have the same rule, this provision will not apply.

If none of the above situations apply, the plan that has covered the patient for the longest period of time is primary.

Coordination with Medicare

This plan coordinates with Medicare based on the reason for Medicare eligibility, as described below.

Age 65

If you are still working for Stryker when you reach age 65:

- You may continue your Stryker coverage as primary, with Medicare secondary.
- You may choose to be covered only by Medicare.

If your spouse is covered under the Stryker Corporation Welfare Benefits Plan, he or she also has these options at age 65 no matter how old you are at that time.

Medicare consists of two parts and you must enroll for each to be covered. Part A hospital insurance is free if you are at least age 65 and eligible for Social Security benefits. There is a monthly charge for Part B, which covers physicians' fees and other medical services. Be sure to contact your local Social Security office for a Medicare application and enrollment information at least three months before your 65th birthday.

End-Stage Renal Disease

If you or a covered dependent is eligible for Medicare due to end-stage renal disease, Stryker's medical plan is primary during at least the first 30 months of dialysis treatment; after this initial period, Stryker's plan is secondary to Medicare.

Disability

A disabled individual becomes eligible for Medicare (regardless of age) if the disability is certified by the Social Security Administration and has lasted at least 24 months. If this applies to you or a covered dependent, and you are still actively employed, Stryker's plan is primary and Medicare is secondary.

Medicare will become primary when any one of the following events occurs:

- The disabled individual declines coverage under Stryker's plan.
- The disabled individual is no longer covered by Stryker's plan.
- The disabled individual has exhausted benefits under Stryker's plan.

COBRA Coverage

Medicare is primary to the Stryker Corporation Welfare Benefits Plan if you or a family member is enrolled for COBRA continuation coverage and:

- You or your spouse is eligible for Medicare based on age.
- You or a family member is eligible for Medicare due to disability.

Effect of Prior Coverage

If coverage for you or a dependent under this plan replaces any prior coverage, either partially or completely, any benefits provided under the prior coverage may reduce benefits payable under this plan. Prior coverage is any health plan sponsored by an employer.

Medical Benefits

For specific information about the medical benefits offered under the Blue Cross and Blue Shield of Alabama PPO option, refer to the "Health Benefits" section of the Certificate of Group Health Benefits.

Notice Regarding Maternity Stays

Stryker's medical plan allows hospital stays of at least 48 hours for a normal delivery and at least 96 hours for cesarean sections. Preauthorization is not required for stays that do not exceed these guidelines.

The law does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother and her newborn earlier than 48 hours (or 96 hours as applicable). Early discharge is permitted only if the mother receives written information on the advantages and disadvantages of early discharge, the mother consents in writing to an early discharge and her attending provider is in agreement.

Notice Regarding Post-Mastectomy Care

If you or a covered dependent receives benefits in connection with a mastectomy, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of the mastectomy, including lymphedema

Coverage will be subject to any applicable deductibles, coinsurance and/or co-payment provisions under the plan.

Prescription Drug Benefits

The Blue Cross and Blue Shield of Alabama PPO option provides benefits for covered prescription drugs, including contraceptives, insulin and diabetic supplies. Specific information is set out in the "Health Benefits" section of the Certificate of Group Health Benefits.

Claim Procedures

Information about filing claims for benefits is set out in the "Claims and Appeals" section of the Certificate of Group Health Benefits. Blue Cross Blue Shield of Alabama is the fiduciary for purposes of deciding claims for benefits under this healthcare option.

Other Information

Subrogation Rights

If your illness or injury is caused by a third party's act or omission, Blue Cross Blue Shield of Alabama may have subrogation rights. For more information, see the "Subrogation" section of the Certificate of Group Health Benefits.

Funding

The Stryker Corporation Welfare Benefits Plan is funded directly by Stryker from its general assets and with employee contributions. Except as provided below, benefits are not insured. Delta Dental and EyeMed perform claim administrative functions only.

Benefits under the Blue Cross Blue Shield of Alabama PPO option are fully insured and disbursements are made pursuant to a contract between Blue Cross Blue Shield of Alabama and Stryker. Information regarding how to contact Blue Cross Blue Shield of Alabama may be found in the Certificate of Group Health Benefits.

Flexible spending accounts are funded by employee contributions made through salary reduction. Flexible spending accounts are not insured. Stryker pays benefits from its general assets. UnitedHealthcare performs claim administrative functions only.

The Adoption Assistance Plan is funded directly by Stryker from its general assets. The plan is not insured.

California and Hawaii

The Stryker Corporation Welfare Benefits Plan provides medical, prescription drug, dental and vision benefits for you and your eligible dependents. The plan offers valuable financial protection against the high cost of illness and injury, and also provides certain preventive care benefits to help keep you well.

Healthcare Benefits

If you live or work in California, Stryker offers two medical options for most ZIP codes. One option is the UnitedHealthcare (UHC) PPO option, as described earlier in this Stryker Benefits Summary. The second option is the Kaiser Permanente HMO option. If you select the HMO, your prescription drug benefits are provided through Kaiser Permanente and not through the UnitedHealthcare prescription plan.

If you live in Hawaii, Stryker offers Kaiser Permanente HMO. Your prescription drug benefits are provided through Kaiser Permanente and not through the UnitedHealthcare prescription plan.

If you are in an area where no network is available, you will be offered the UnitedHealthcare (UHC) Out-of-Area plan.

This section of the Stryker Benefits Summary (a supplemental summary plan description), together with the Evidence of Coverage issued by Kaiser Permanente, describes the benefits offered under the Kaiser Permanente HMO option. As its name implies, the information contained in this supplemental summary plan description is intended to "supplement" the information contained elsewhere in the Stryker Benefits Summary. Except where indicated below, the description of the terms and conditions regarding medical coverage set out in this Stryker Benefits Summary will apply.

Eligibility

Employees

You are eligible to enroll in the Kaiser Permanente HMO option if you are:

- A full-time or part-time employee of Stryker who is regularly scheduled to work at least 20 hours a week, and
- You live or work in the HMO's service area at the time you enroll.

Newly hired employees who meet this requirement become eligible on their date of hire.

Important

The information contained in this supplemental summary plan description is intended to "supplement" the information contained elsewhere in the Stryker Benefits Summary. Except where indicated in this section, the description of the terms and conditions regarding medical coverage set out in this Stryker Benefits Summary will apply.

Employees who are re-hired after a break in service become eligible immediately on their date of rehire. Temporary and seasonal employees, as well as interns, are not eligible.

The applicable service area is described in the “Definitions” section of the Evidence of Coverage. Special rules apply if you live or move outside of the service area after you enroll as described in the “Premiums, Eligibility and Enrollment” section of the Evidence of Coverage.

Dependents

Eligible dependents include:

- Your spouse
- Your domestic partner who meets all of the following group requirements for the immediately preceding 12 months:
 - Is of your same gender
 - Is at least age 18 and mentally competent to enter into a legal contract when the domestic partnership began
 - Is your sole domestic partner in a committed relationship and intends to remain so indefinitely
 - Has not had another domestic partner within the prior 12 months
 - Has not been a party to a divorce or annulment proceeding within the prior 12 months
 - Is not related to you in a way that would prohibit a legal marriage
 - Is not legally married to anyone else, and any prior marriages have been dissolved through death, divorce or nullity
 - Shares a household with you that is the primary residence of both of you (although you may live apart for reasons of education, healthcare, work or military service)
 - Shares joint responsibility with you for each other’s basic living expenses incurred during the domestic partnership
- Your or your spouse’s (or declared same sex domestic partner’s) unmarried children who are under age 26
- Other unmarried dependent persons (but not including foster children) who meet all of the following requirements:
 - They are under age 26
 - They receive all of their support and maintenance from you or your spouse

- They permanently reside with you
- You or your spouse (or declared same sex domestic partner) is the court-appointed guardian (or was before the person reached age 18) or the person’s parent is an enrolled Dependent under your family coverage

Dependents who meet the dependent eligibility requirements except for the age limit may be eligible if they meet all the following requirements:

- They are incapable of self-sustaining employment because of a physically or mentally disabling injury, illness or condition that occurred prior to reaching the age limit for dependents;
- They receive 50% or more of their support and maintenance from you or your spouse; and
- You provide proof of their incapacity and dependency within 60 days after such proof is requested.

For purposes of determining eligibility under the Kaiser HMO option, the term “child” includes your biological child, legally adopted child, a child placed for adoption, a stepchild or a child who is required to be covered under the Stryker Corporation Welfare Benefits Plan by a qualified medical child support order (QMCSO). See *Your Rights and Responsibilities* in this Stryker Benefits Summary for more information regarding QMCSOs.

A newly eligible child or spouse will be covered immediately if you contact your Benefits Representative or the Benefits Service Center and complete necessary paperwork to enroll him or her within 30 days of the date of birth or marriage or the date the child joined the family.

If both you and your spouse work for Stryker, you may not be covered under the plan both as an employee and a dependent nor may you be covered under any other Stryker-sponsored plan if you are enrolled in this plan. Any eligible children of two Stryker employees may be covered as dependents by only one parent.

Note: The dependent eligibility requirements and age limitations discussed here apply only to the Kaiser HMO option. Other options may have other requirements.

When Coverage Ends

Coverage for you and your dependents under the Stryker Corporation’s Welfare Benefits Plan ends on the following dates:

- The date you leave Stryker or fail to pay required coverage contributions
- The date you are no longer an eligible employee

- The date you drop coverage due to a status change event
- If you elect to drop healthcare benefits during annual enrollment, coverage ends on the December 31 following the annual enrollment period

Dependent coverage ends:

- On the date your coverage ends
- On the day prior to their 26th birthday
- On the date your dependent ceases to qualify as a dependent under the plan
- In the case of your spouse, the date of divorce

If coverage under the plan ends, you or your dependents may be able to choose COBRA continuation coverage. For more information, see “COBRA: Continuing Healthcare Coverage” in the *Participating in Healthcare Benefits* section of this Stryker Benefits Summary.

Coordination of Benefits

Your Stryker healthcare benefits are coordinated with benefits from:

- Other employers’ medical and dental plans
- Government plans
- Motor vehicle plans when permitted by law

Under the coordination of benefits provision, if Stryker’s plan is secondary, the amount normally payable by the plan may be reduced to take into account payments from other plans. Your Stryker benefits, when combined with another plan’s benefits, will not exceed 100% of your covered medical expenses.

Which Plan Pays First

If the other plan has no coordination of benefits provision, it is considered primary and pays its normal benefits first. If both plans have a coordination of benefits provision, the plan covering the patient as an employee is primary and pays first. When Stryker’s plan is primary, it pays benefits without considering what the secondary plan might pay. The secondary plan then pays its benefits, if any are due. When Stryker’s plan is secondary, it generally will pay the difference between the allowable charges and the primary plan’s payment, up to its normal benefits.

For Dependent Children

When both parents’ plans cover an eligible child, the plan of the parent whose birthday comes first in the calendar year is primary.

If both parents have the same birthday, the plan that has covered either parent for the longer period of time is primary. However, if the other plan does not have this birthday rule and, as a result, the plans do not agree on the order of benefits, the rule in the other plan will determine the order of benefits.

If the parents are legally separated or divorced, and there is no court decree establishing which parent is financially responsible for providing health coverage for the dependent child, the following guidelines apply:

- If one parent has custody, his or her plan is primary and the other parent’s plan is secondary.
- If the parent with custody remarries, the stepparent’s plan is secondary. If the remarried parent with custody has no healthcare coverage, the stepparent’s plan is primary and the plan of the natural parent without custody is secondary.
- The plan that covers a parent as a retired or laid-off employee (or the dependent of a retired or laid-off employee) is secondary to a plan that covers a parent as an active employee (or the dependent of an active employee). However, if the other plan does not have the same rule, this provision will not apply.

If none of the above situations apply, the plan that has covered the patient for the longest period of time is primary.

Coordination with Medicare

This plan coordinates with Medicare based on the reason for Medicare eligibility, as described below.

Age 65

If you are still working for Stryker when you reach age 65:

- You may continue your Stryker coverage as primary, with Medicare secondary.
- You may choose to be covered only by Medicare.

If your spouse is covered under the Stryker Corporation Welfare Benefits Plan, he or she also has these options at age 65 no matter how old you are at that time. Medicare consists of two parts and you must enroll for each to be covered. Part A hospital insurance is free if you are age 65 and eligible for Social Security benefits. There is a monthly charge for Part B, which covers physicians’ fees and other medical services. Be sure to contact your local Social Security office for a Medicare application and enrollment information at least three months before your 65th birthday.

End-Stage Renal Disease

If you or a covered dependent is eligible for Medicare due to end-stage renal disease, Stryker's medical plan is primary during at least the first 30 months of dialysis treatment; after this initial period, Stryker's plan is secondary to Medicare.

Disability

A disabled individual becomes eligible for Medicare (regardless of age) if the disability is certified by the Social Security Administration and has lasted at least 24 months. If this applies to you or a covered dependent, and you are still actively employed, Stryker's plan is primary and Medicare is secondary. Medicare will become primary when any one of the following events occurs:

- The disabled individual declines coverage under Stryker's plan
- The disabled individual is no longer covered by Stryker's plan
- The disabled individual has exhausted benefits under Stryker's plan

COBRA Coverage

Medicare is primary to the Stryker Corporation Welfare Benefits Plan if you or a family member is enrolled for COBRA continuation coverage and:

- You or your spouse is eligible for Medicare based on age.
- You or a family member is eligible for Medicare due to disability.

Effect of Prior Coverage

If coverage for you or a dependent under this plan replaces any prior coverage, either partially or completely, any benefits provided under the prior coverage may reduce benefits payable under this plan. Prior coverage is any health plan sponsored by an employer.

Medical Benefits

For specific information about the medical benefits offered under the Kaiser Permanente HMO option, refer to the Evidence of Coverage.

Notice Regarding Maternity Stays

Stryker's medical plan allows hospital stays of at least 48 hours for a normal delivery and at least 96 hours for cesarean sections. You are not required to obtain preauthorization for stays that do not exceed these guidelines.

The law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother and her newborn earlier than 48 hours (or 96 hours as applicable). If you are discharged earlier than 48 hours (or 96 hours as applicable), your physician may order a follow-up visit for you and your newborn to take place within 48 hours after discharge.

Notice Regarding Post-Mastectomy Care

If you or a covered dependent receives benefits in connection with a mastectomy, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of the mastectomy, including lymphedema

More information regarding post-mastectomy care is set out in the Benefits section of the Evidence of Coverage.

Prescription Drug Benefits

The Kaiser Permanente HMO option provides benefits for covered prescription drugs, including contraceptives, insulin and diabetic supplies. Specific information is set out in the "Outpatient Prescription Drugs, Supplies and Supplements" section of the Evidence of Coverage.

Claim Procedures

Information about filing claims for benefits is set out in the "Requests for Payment or Services" section of the Evidence of Coverage. Kaiser Permanente is the fiduciary for purposes of deciding claims for benefits under this healthcare option.

Other Information

Continuation of Coverage After COBRA

Under certain circumstances, coverage may be continued after the maximum COBRA coverage period ends. For more information, see the "Continuation of Membership" section of the Evidence of Coverage.

Subrogation Rights

If your illness or injury is caused by a third party's act or omission, the Kaiser Permanente may have subrogation rights. For more information, see the "Exclusions, Limitations, Coordination of Benefits and Reductions" section of the Evidence of Coverage.

Funding

The Stryker Corporation Welfare Benefits Plan is funded directly by Stryker from its general assets and with employee contributions. Except as provided below, benefits are not insured. Delta Dental and EyeMed perform claim administrative functions only.

HMO benefits are fully insured by Kaiser Permanente and disbursements are made pursuant to a contract between Kaiser Permanente and Stryker. Information regarding how to contact Kaiser Permanente may be found in the Evidence of Coverage.

Flexible spending accounts are funded by employee contributions made through salary reduction. Flexible spending accounts are not insured. Stryker pays benefits from its general assets. UnitedHealthcare performs claim administrative functions only.

The Adoption Assistance Plan is funded directly by Stryker from its general assets. The plan is not insured.

Connecticut, Maine, Massachusetts or Rhode Island

(including Vermont effective February 1, 2011)

The Stryker Corporation Welfare Benefits Plan provides medical, prescription drug, dental and vision benefits for you and your eligible dependents. The plan offers valuable financial protection against the high cost of illness and injury, and also provides certain preventive care benefits to help keep you well.

Healthcare Benefits

If you live or work in Connecticut, Maine, Massachusetts, or Rhode Island (or Vermont after February 1, 2011), Stryker offers you two medical options—the Blue Care Elect Preferred PPO option and the HMO Blue New England option. Both options are provided through Blue Cross Blue Shield of Massachusetts. The UnitedHealthcare PPO option is not available. However, your prescription drug benefits are provided through Stryker's prescription drug plan that is administered by UnitedHealthcare/Medco.

This section of the Stryker Benefits Summary (a supplemental summary plan description), together with the applicable Subscriber Certificates issued by Blue Cross and Blue Shield of Massachusetts, describes the benefits offered under both the Blue Care Elect Preferred PPO option and the HMO Blue New England option. As its name implies, the information contained in this supplemental summary plan description is intended to "supplement" the information contained elsewhere in the Stryker Benefits Summary. Except where indicated below, the description of the terms and conditions regarding medical coverage set out in this Stryker Benefits Summary will apply.

Important

The information contained in this supplemental summary plan description is intended to "supplement" the information contained elsewhere in the Stryker Benefits Summary. Except where indicated in this section, the description of the terms and conditions regarding medical coverage set out in this Stryker Benefits Summary will apply.

Eligibility

Employees

You are eligible to enroll in either the Blue Care Elect Preferred PPO option or the HMO Blue New England option if you are a full-time or part-time employee of Stryker who lives or works in Connecticut, Maine, Massachusetts or Rhode Island and you are regularly scheduled to work at least 20 hours a week.

Newly hired employees who meet this requirement become eligible on their date of hire.

Employees who are rehired after a break in service become eligible immediately on their date of rehire.

Dependents

Eligible dependents include:

- Your legal spouse
- Your legal civil union spouse
- Your dependent child under age 26
- An disabled dependent child who is not able to support himself and who depends on you for support, if the incapacity occurred before age 26 and while the child was enrolled for coverage
- In the event of divorce or legal separation, your former spouse who has not remarried and for whom you are required by a judgment to provide health coverage

In addition, your child who would otherwise lose eligibility under the plan because he or she no longer qualifies as your dependent for federal tax purposes will remain eligible for coverage through the earlier of:

- The day before the child's 26 birthday; or
- December 31 of the second tax year following the year in which the child can no longer be claimed as a dependent on your federal income tax return.

The term "child" means:

- A natural child
- A legally adopted child
- A child placed for adoption
- A stepchild residing in your household
- A child of your enrolled dependent child

"Child" also includes a child who is required to be covered under the Stryker Corporation Welfare Benefits Plan by a qualified medical child support order (QMCSO). See *Your Rights and Responsibilities* in this Stryker Benefits Summary for more information regarding QMCSOs.

A newly eligible child or spouse will be covered immediately if you contact your Benefits Representative or the Benefits Service Center and complete necessary paperwork to enroll him or her within 30 days of the date of birth or marriage or the date the child joined the family.

If both you and your spouse work for Stryker, you may not be covered under the plan both as an employee and a dependent nor may you be covered under any other Stryker-sponsored plan if you are enrolled in this plan. Any eligible children of two Stryker employees may be covered as dependents by only one parent.

Note: The dependent eligibility requirements and age limitations discussed here apply only to the Blue Care Elect Preferred PPO and the HMO Blue New England options. Other options may have other requirements.

When Coverage Ends

Coverage for you and your dependents under the Stryker Corporation's Welfare Benefits Plan ends on the following dates:

- The date you leave Stryker or fail to pay required coverage contributions
- The date you are no longer an eligible employee
- The date you drop coverage due to a status change event
- If you elect to drop healthcare benefits during annual enrollment, on the December 31 following the annual enrollment period

Dependent coverage ends:

- The date your coverage ends
- The date your dependent child reaches age 26
- The date your dependent child ceases to qualify as a dependent under the plan
- In the case of a newborn infant of an enrolled dependent, the date that your dependent child loses coverage under the plan
- In the case of a former spouse for whom you are not required to provide health coverage, the date of divorce or legal separation
- In the case of a former spouse for whom you are required by a judgment to provide health coverage, the earlier of the date your former spouse remarries or the date you are no longer required by a judgment to provide health insurance coverage for your former spouse

Notwithstanding the above, coverage of a child continued after coverage would otherwise have ended because the child would have no longer qualified as your dependent for federal tax purposes will end on the earlier of:

- The day before the child's 26 birthday; or
- December 31 of the second tax year following the year in which the child can no longer be claimed as a dependent on your federal income tax return.

Coordination of Benefits

Your Stryker healthcare benefits are coordinated with benefits from:

- Other employers' medical and dental plans
- Government plans
- Motor vehicle plans when permitted by law

Under the coordination of benefits provision, if Stryker's plan is secondary, the amount normally payable by the plan may be reduced to take into account payments from other plans. Your Stryker benefits, when combined with another plan's benefits, will not exceed 100% of your covered medical expenses.

Which Plan Pays First

If the other plan has no coordination of benefits provision, it is considered primary and pays its normal benefits first. If both plans have a coordination of benefits provision, the plan covering the patient as an employee is primary and pays first. When Stryker's plan is primary, it pays benefits without considering what the secondary plan might pay. The secondary plan then pays its benefits, if any are due. When Stryker's plan is secondary, it generally will pay the difference between the allowable charges and the primary plan's payment, up to its normal benefit.

For Dependent Children

When both parents' plans cover an eligible child, the plan of the parent whose birthday comes first in the calendar year is primary. If both parents have the same birthday, the plan that has covered either parent for the longer period of time is primary. However, if the other plan does not have this birthday rule but instead has a rule based upon the gender of the parent, and, if, as a result, the plans do not agree on the order of benefits, the birthday rule will determine the order of benefits.

If the parents are legally separated or divorced, the following guidelines apply:

- If the parents have joint custody and there is no court decree stating which parent is responsible for healthcare expenses, the birthday rule stated above will apply.
- If one parent has custody, his or her plan is primary and the other parent's plan is secondary.
- If the parent with custody remarries, the stepparent's plan is secondary. If the remarried parent with custody has no healthcare coverage, the stepparent's plan is primary and the plan of the natural parent without custody is secondary.
- The plan that covers a parent as a retired or laid-off employee (or the dependent of a retired or laid-off employee) is secondary to a plan that covers a parent as an active employee (or the dependent of an active employee). However, if the other plan does not have the same rule, this provision will not apply.

If none of the above situations apply, the plan that has covered the patient for the longest period of time is primary.

Coordination with Medicare

This plan coordinates with Medicare based on the reason for Medicare eligibility, as described below.

Age 65

If you are still working for Stryker when you reach age 65:

- You may continue your Stryker coverage as primary, with Medicare secondary.
- You may choose to be covered only by Medicare.

If your spouse is covered under the Stryker Corporation Welfare Benefits Plan, he or she also has these options at age 65 no matter how old you are at that time. Medicare consists of two parts and you must enroll for each to be covered. Part A hospital insurance is free if you are age 65 and eligible for Social Security benefits. There is a monthly charge for Part B, which covers physicians' fees and other medical services. Be sure to contact your local Social Security office for a Medicare application and enrollment information at least three months before your 65th birthday.

End-Stage Renal Disease

If you or a covered dependent is eligible for Medicare due to end-stage renal disease, Stryker's medical plan is primary during at least the first 30 months of dialysis treatment; after this initial period, Stryker's plan is secondary to Medicare.

Disability

A disabled individual becomes eligible for Medicare (regardless of age) if the disability is certified by the Social Security Administration and has lasted at least 24 months. If this applies to you or a covered dependent, and you are still actively employed, Stryker's plan is primary and Medicare is secondary. Medicare will become primary when any one of the following events occurs:

- The disabled individual declines coverage under Stryker's plan.
- The disabled individual is no longer covered by Stryker's plan.
- The disabled individual has exhausted benefits under Stryker's plan.

COBRA Coverage

Medicare is primary to the Stryker Corporation Welfare Benefits Plan if you or a family member is enrolled for COBRA continuation coverage and:

- You or your spouse is eligible for Medicare based on age.
- You or a family member is eligible for Medicare due to disability.

Effect of Prior Coverage

If coverage for you or a dependent under this plan replaces any prior coverage, either partially or completely, any benefits provided under the prior coverage may reduce benefits payable under this plan. Prior coverage is any health plan sponsored by an employer.

Medical Benefits

For specific information about the medical benefits offered under the Blue Care Elect Preferred PPO option and the HMO Blue New England options, see the applicable Subscriber Certificate.

Notice Regarding Maternity Stays

Stryker's medical plan allows hospital stays of at least 48 hours for a normal delivery and at least 96 hours for cesarean sections. Preauthorization is not required for stays that do not exceed these guidelines. Any decision to discharge the mother and the newborn earlier than 48 hours (or 96 hours as applicable) shall be made by the attending physician in consultation with the mother. If the mother chooses to be discharged earlier, the plan will provide benefits for one home visit by a physician, registered nurse, nurse midwife or nurse practitioner within 48 hours of discharge. This visit may include parent education, assistance and training in breast or bottle feeding and appropriate tests. Benefits for more visits by a covered healthcare provider will be covered only if deemed clinically necessary.

Notice Regarding Post-Mastectomy Care

If you or a covered dependent receives benefits in connection with a mastectomy, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of the mastectomy, including lymphedema

Coverage will be subject to any applicable deductibles, coinsurance and/or co-payment provisions under the plan.

Prescription Drug Benefits

Your prescription drug benefits are provided through Stryker's prescription drug plan that is administered by UnitedHealthcare. Consult the *Prescription Drug Benefits* section of this Stryker Benefits Summary for more information.

Claim Procedures

Information about filing claims for benefits is set out in the "Filing a Claim and Grievance Program" sections of each of the Subscriber Certificates. Blue Cross Blue Shield of Massachusetts is the fiduciary for purposes of deciding claims for benefits under these healthcare options.

Other Information

Subrogation Rights

If your illness or injury is caused by a third party's act or omission, Blue Cross Blue Shield of Massachusetts may have subrogation rights. For more information, see the "Other Party Liability" sections of each of the Subscriber Certificates.

Funding

The Stryker Corporation Welfare Benefits Plan is funded directly by Stryker from its general assets and with employee contributions. Except as provided below, benefits are not insured. Delta Dental and EyeMed perform claim administrative functions only.

Benefits under the Blue Care Elect Preferred PPO and the HMO Blue New England options are fully insured and disbursements are made pursuant to a contract between Blue Cross Blue Shield of Massachusetts and Stryker. Information regarding how to contact Blue Cross Blue Shield of Massachusetts may be found in the "Member Services" section of the Subscriber Certificates.

Flexible spending accounts are funded by employee contributions made through salary reduction. Flexible spending accounts are not insured. Stryker pays benefits from its general assets. UnitedHealthcare performs claim administrative functions only.

The Adoption Assistance Plan is funded directly by Stryker from its general assets. The plan is not insured.

New Hampshire

(through January 31, 2011 only; see other sections of this Stryker Benefits Summary for UnitedHealthcare coverage effective February 1, 2011)

The Stryker Corporation Welfare Benefits Plan provides medical, prescription drug, dental and vision benefits for you and your eligible dependents. The plan offers valuable financial protection against the high cost of illness and injury, and also provides certain preventive care benefits to help keep you well.

Healthcare Benefits

If you live in New Hampshire, Stryker offers you two medical options—the Preferred Blue PPO option and the Matthew Thornton HMO option. Both options are provided through Anthem Blue Cross and Blue Shield. The UnitedHealthcare PPO option is not available. However, your prescription drug benefits are provided through Stryker's prescription drug plan that is administered by UnitedHealthcare/Medco.

This section of the Stryker Benefits Summary (a supplemental summary plan description), together with the applicable Subscriber Certificates issued by Anthem Blue Cross and Blue Shield (Anthem), describes the benefits offered under both the Anthem Preferred Blue PPO option and the Matthew Thornton HMO option. As its name implies, the information contained in this supplemental summary plan description is intended to “supplement” the information contained elsewhere in the Stryker Benefits Summary. Except where indicated below, the description of the terms and conditions regarding medical coverage set out in this Stryker Benefits Summary will apply.

Important

The information contained in this supplemental summary plan description is intended to “supplement” the information contained elsewhere in the Stryker Benefits Summary. Except where indicated in this section, the description of the terms and conditions regarding medical coverage set out in this Stryker Benefits Summary will apply.

Eligibility

Employees

You are eligible to enroll in either the Preferred Blue PPO option or the Matthew Thornton HMO option if you are a full-time or part-time employee of Stryker who lives in New Hampshire and you are regularly scheduled to work at least 20 hours a week.

Newly hired employees who meet this requirement become eligible on their date of hire. Employees who are rehired after a break in service become eligible immediately on their date of rehire.

Dependents

Eligible dependents include:

- Your legal spouse, if you are not legally separated, including your same-sex spouse resulting from a civil union
- Your same-sex domestic partner who meets all of the requirements for domestic partnership as specified by Stryker
- An unmarried dependent child who meets all of the following requirements:
 - Is less than 26 years of age
 - Is a resident of New Hampshire, or is enrolled at a public or private institution of higher education
 - Is not provided coverage as a participant under any other group or individual health plan or entitled to benefits under Medicare
- An unmarried disabled dependent child of any age who is not able to work or support himself or herself because of a psychiatric disorder, developmental disability or physical disability and who is dependent upon the employee for support (The disability must have occurred before the child reached age 19 or between the ages of 19 and 26 while the child was covered by the plan.)

The term “child” means:

- A covered adult family member's natural child
- A covered adult family member's legally adopted child
- A child who has been placed for adoption with a covered adult family member
- A child for whom a covered adult family member is the legal guardian

- A step-child of a covered adult family member who depends on the employee for more than 50% of his or her support
- A child who is required to be covered under the Stryker Corporation Welfare Benefits Plan by a qualified medical child support order (QMCSO)

Foster children and grandchildren are not eligible for coverage, except as listed below.

A newly eligible child will be covered immediately if you contact your Benefits Representative or the Benefits Service Center and complete necessary paperwork to enroll him or her within 31 days of the birth or date the child joined the family. If you enroll your newborn child more than 31 days, but less than 60 days, after birth, your child's coverage will begin on the first day of the month following the date Anthem BCBS receives the enrollment form.

If your covered dependent child gives birth, your newborn grandchild is eligible for benefits for up to 31 days from his or her date of birth. However, you cannot enroll the child unless you adopt the child or become his or her legal guardian.

If you enroll a new spouse within 31 days of marriage, coverage will begin on the date of marriage.

If both you and your spouse work for Stryker, you may not be covered under the plan both as an employee and a dependent nor may you be covered under any other Stryker-sponsored plan if you are enrolled in this plan. Any eligible children of two Stryker employees may be covered as dependents by only one parent.

Note: The dependent eligibility requirements and age limitations discussed here apply only to the BCBS Preferred Blue PPO and the Matthew Thornton HMO options. Other options may have other requirements.

When Coverage Ends

Coverage for you and your dependents under the Stryker Corporation Welfare Benefits Plan ends on the following dates:

- The date you leave Stryker or fail to pay required coverage contributions
- The date you are no longer an eligible employee
- The date you drop coverage due to a status change event
- If you elect to drop healthcare benefits during annual enrollment, on the December 31 following the annual enrollment period

Dependent coverage ends on the earliest of the following dates:

- The date your coverage ends
- The first day of the calendar month following the date your child marries or otherwise ceases to qualify as your dependent for purposes of eligibility
- The first day of the calendar month of the month following the date of the dissolution of your civil union or termination of your domestic partnership

If you divorced or become legally separated, your former spouse is eligible to remain as a dependent until the earliest of the following events occurs:

- You remarry
- Your former spouse remarries
- You die
- The three-year anniversary of the final decree of divorce or legal separation
- Such earlier time as provided by the final divorce decree or legal separation

If coverage under the plan ends, you or your dependents may be able to elect COBRA continuation coverage. For more information, see "COBRA: Continuing Healthcare Coverage" in the *Participating in Healthcare Benefits* section of this Stryker Benefits Summary.

Note: If you die, or in the case of a divorce or legal separation, your surviving spouse or your divorced or legally separated spouse who is 55 years of age or older may continue coverage until the earliest of:

- The date, following your death, or your divorce or legal separation, that he or she first becomes eligible for coverage under another group health plan
- The date, following your death, or your divorce or legal separation, that he or she enrolls in Medicare, or first becomes eligible for Medicare

Appropriate premium payments must be made.

Coordination of Benefits

If you or your covered dependents have health coverage from more than one source, specific rules apply to determine which plan pays primary and which plan pays secondary. For more information, see the "Other Party Liability" sections of each of the Subscriber Certificates and the Other Party Liability Endorsement to those Certificates.

Effect of Prior Coverage

If coverage for you or a dependent under this plan replaces any prior coverage, either partially or completely, any benefits provided under the prior coverage may reduce benefits payable under this plan. Prior coverage is any health plan sponsored by an employer.

Medical Benefits

For specific information about the medical benefits offered under the Preferred Blue PPO option and the Matthew Thornton HMO option, see the applicable Subscriber Certificate.

Notice Regarding Maternity Stays

Stryker's medical plan allows hospital stays of at least 48 hours for a normal delivery and at least 96 hours for cesarean sections. Any decision to discharge the mother and the newborn earlier than 48 hours (or 96 hours as applicable) shall be made by the attending physician in consultation with the mother. In such cases the health plan shall pay for at least two postpartum visits. During one such visit, the collection of an adequate sample from the newborn for screening for genetic and metabolic diseases shall take place. Postpartum visits shall include a physical assessment of mother and infant which shall include, but not be limited to, infant nutrition and feeding, infant behavior, family interactions, safety and injury prevention, infant and maternal health promotion, and community resources.

Notice Regarding Post-Mastectomy Care

If you or a covered dependent receives benefits in connection with a mastectomy, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of the mastectomy, including lymphedema

Coverage will be subject to any applicable deductibles, coinsurance and/or co-payment provisions and any pre-authorization requirements under the plan.

Prescription Drug Benefits

Your prescription drug benefits are provided through Stryker's prescription drug plan that is administered by UnitedHealthcare/Medco. Consult the *Prescription Drug Benefits* section of this Stryker Benefits Summary for more information.

Claim Procedures

Information about filing claims for benefits is set out in the "Claims and the Member Satisfaction Services and Appeal Procedure" sections of each of the Subscriber Certificates. Anthem Blue Cross and Blue Shield is the fiduciary for purposes of deciding claims for benefits under these healthcare options.

Other Information

Subrogation Rights

If your illness or injury is caused by a third party's act or omission, Anthem Blue Cross and Blue Shield may have subrogation rights. For more information, see the "Other Party Liability" sections of each of the Subscriber Certificates.

Funding

The Stryker Corporation Welfare Benefits Plan is funded directly by Stryker from its general assets and with employee contributions. Except as provided below, benefits are not insured. Delta Dental and EyeMed perform claim administrative functions only.

Benefits under the Preferred Blue PPO and the Matthew Thornton HMO options are fully insured and disbursements are made pursuant to a contract between Anthem and Stryker. Information regarding how to contact Anthem may be found in the Subscriber Certificates.

Flexible spending accounts are funded by employee contributions made through salary reduction. Flexible spending accounts are not insured. Stryker pays benefits from its general assets. UnitedHealthcare performs claim administrative functions only.

The Adoption Assistance Plan is funded directly by Stryker from its general assets. The plan is not insured.

Vermont

(through January 31, 2011 only; see the Supplemental Summary Plan Description for Connecticut for coverage effective February 1, 2011)

The Stryker Corporation Welfare Benefits Plan provides medical, prescription drug, dental and vision benefits for you and your eligible dependents. The plan offers valuable financial protection against the high cost of illness and injury, and also provides certain preventive care benefits to help keep you well.

Stryker Biotech

Healthcare Benefits

If you live in Vermont and are a Stryker Biotech employee, Stryker offers you two medical options—the Preferred Blue PPO option and the Matthew Thornton HMO option. Both options are provided through Anthem Blue Cross and Blue Shield. The UnitedHealthcare PPO option is not available. However, your prescription drug benefits are provided through Stryker's prescription drug plan that is administered by UnitedHealthcare/Medco.

This section of the Stryker Benefits Summary (a supplemental summary plan description), together with the applicable Subscriber Certificates issued by Anthem Blue Cross and Blue Shield (Anthem), describes the benefits offered under both the Anthem Preferred Blue PPO option and the Matthew Thornton HMO option. As its name implies, the information contained in this supplemental summary plan description is intended to “supplement” the information contained elsewhere in the Stryker Benefits Summary. Except where indicated below, the description of the terms and conditions regarding medical coverage set out in this Stryker Benefits Summary will apply.

Important

The information contained in this supplemental summary plan description is intended to “supplement” the information contained elsewhere in the Stryker Benefits Summary. Except where indicated in this section, the description of the terms and conditions regarding medical coverage set out in this Stryker Benefits Summary will apply.

Eligibility

Employees

You are eligible to enroll in either the Preferred Blue PPO option or the Matthew Thornton HMO option if you are a full-time or part-time employee of Stryker Biotech living in Vermont and you are regularly scheduled to work at least 20 hours a week.

Newly hired employees who meet this requirement become eligible on their date of hire. Employees who are rehired after a break in service become eligible immediately on their date of rehire.

Dependents

Eligible dependents include:

- Your legal spouse, if you are not legally separated, including your same-sex spouse resulting from a civil union
- Your same-sex domestic partner who meets all of the requirements for domestic partnership as specified by Stryker
- An unmarried dependent child who meets all of the following requirements;
 - Is less than 26 years of age
 - Is a resident of Vermont, or is enrolled at a public or private institution of higher education
 - Is not provided coverage as a participant under any other group or individual health plan or entitled to benefits under Medicare
- An unmarried disabled dependent child of any age who is not able to work or support himself or herself because of a psychiatric disorder, developmental disability or physical disability and who is dependent upon the employee for support. The disability must have occurred before the child reached age 19 or between the ages of 19 and 26 while the child was covered by the plan.

The term “child” means:

- A covered adult family member's natural child
- A covered adult family member's legally adopted child
- A child who has been placed for adoption with a covered adult family member
- A child for whom a covered adult family member is the legal guardian
- A step-child of a covered adult family member who depends on the employee for more than 50% of his or her support
- A child who is required to be covered under the Stryker Corporation Welfare Benefits Plan by a qualified medical child support order (QMCSO)

Foster children and grandchildren are not eligible for coverage, except as listed below.

A newly eligible child will be covered immediately if you contact your Benefits Representative or the Benefits Service Center and complete necessary paperwork to enroll him or her within 31 days of the birth or date the child joined the family. If you enroll your newborn child more than 31 days, but less than 60 days, after birth, your child's coverage will begin on the first day of the month following the date Anthem BCBS receives the enrollment form.

If your covered dependent child gives birth, your newborn grandchild is eligible for benefits for up to 31 days from his or her date of birth. However, you cannot enroll the child unless you adopt the child or become his or her legal guardian.

If you enroll a new spouse within 31 days of marriage, coverage will begin on the date of marriage.

If both you and your spouse work for Stryker, you may not be covered under the plan both as an employee and a dependent nor may you be covered under any other Stryker-sponsored plan if you are enrolled in this plan. Any eligible children of two Stryker employees may be covered as dependents by only one parent.

Note: The dependent eligibility requirements and age limitations discussed here apply only to the BCBS Preferred Blue PPO and the Matthew Thornton HMO options. Other options may have other requirements.

When Coverage Ends

Coverage for you and your dependents under the Stryker Corporation Welfare Benefits Plan ends on the following dates:

- The date you leave Stryker or fail to pay required coverage contributions
- The date you are no longer an eligible employee
- The date you drop coverage due to a status change event
- If you elect to drop healthcare benefits during annual enrollment, on the December 31 following the annual enrollment period

Dependent coverage ends on the earliest of the following dates:

- The date your coverage ends
- The first day of the calendar month following the date your child marries or otherwise ceases to qualify as your dependent for purposes of eligibility
- The first day of the calendar month of the month following the date of the dissolution of your civil union or termination of your domestic partnership

If you divorced or become legally separated, your former spouse is eligible to remain as a dependent until the earliest of the following events occurs:

- You remarry
- Your former spouse remarries
- You die
- The three-year anniversary of the final decree of divorce or legal separation
- Such earlier time as provided by the final divorce decree or legal separation

If coverage under the plan ends, you or your dependents may be able to elect COBRA continuation coverage. For more information, see "COBRA: Continuing Healthcare Coverage" in the *Participating in Healthcare Benefits* section of this Stryker Benefits Summary.

Note: If you die, or in the case of a divorce or legal separation, your surviving spouse or your divorced or legally separated spouse who is 55 years of age or older may continue coverage until the earliest of:

- The date, following your death, or your divorce or legal separation, that he or she first becomes eligible for coverage under another group health plan
- The date, following your death, or your divorce or legal separation, that he or she enrolls in Medicare, or first becomes eligible for Medicare
- Appropriate premium payments must be made.

Coordination of Benefits

If you or your covered dependents have health coverage from more than one source, specific rules apply to determine which plan pays primary and which plan pays secondary. For more information, see the "Other Party Liability" sections of each of the Subscriber Certificates and the "Other Party Liability Endorsement" to those Certificates.

Effect of Prior Coverage

If coverage for you or a dependent under this plan replaces any prior coverage, either partially or completely, any benefits provided under the prior coverage may reduce benefits payable under this plan. Prior coverage is any health plan sponsored by an employer.

Medical Benefits

For specific information about the medical benefits offered under the Preferred Blue PPO option and the Matthew Thornton HMO option, see the applicable Subscriber Certificate.

Notice Regarding Maternity Stays

Stryker's medical plan allows hospital stays of at least 48 hours for a normal delivery and at least 96 hours for cesarean sections. Any decision to discharge the mother and the newborn earlier than 48 hours (or 96 hours as applicable) shall be made by the attending physician in consultation with the mother. In such cases the health plan shall pay for at least two postpartum visits. During one such visit, the collection of an adequate sample from the newborn for screening for genetic and metabolic diseases shall take place. Postpartum visits shall include a physical assessment of mother and infant which shall include, but not be limited to, infant nutrition and feeding, infant behavior, family interactions, safety and injury prevention, infant and maternal health promotion, and community resources.

Notice Regarding Post-Mastectomy Care

If you or a covered dependent receives benefits in connection with a mastectomy, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of the mastectomy, including lymphedema

Coverage will be subject to any applicable deductibles, coinsurance and/or co-payment provisions and any pre-authorization requirements under the plan

Prescription Drug Benefits

Your prescription drug benefits are provided through Stryker's prescription drug plan that is administered by UnitedHealthcare/Medco. Consult the *Prescription Drug Benefits* section of this Stryker Benefits Summary for more information.

Claim Procedures

Information about filing claims for benefits is set out in the "Claims and the Member Satisfaction Services and Appeal Procedure" sections of each of the Subscriber Certificates. Anthem Blue Cross and Blue Shield is the fiduciary for purposes of deciding claims for benefits under these healthcare options.

Other Information

Subrogation Rights

If your illness or injury is caused by a third party's act or omission, Anthem Blue Cross and Blue Shield may have subrogation rights. For more information, see the "Other Party Liability" sections of each of the Subscriber Certificates.

Funding

The Stryker Corporation Welfare Benefits Plan is funded directly by Stryker from its general assets and with employee contributions. Except as provided below, benefits are not insured. Delta Dental and EyeMed perform claim administrative functions only.

Benefits under the Preferred Blue PPO and the Matthew Thornton HMO options are fully insured and disbursements are made pursuant to a contract between Anthem and Stryker. Information regarding how to contact Anthem may be found in the Subscriber Certificates.

Flexible spending accounts are funded by employee contributions made through salary reduction. Flexible spending accounts are not insured. Stryker pays benefits from its general assets. UnitedHealthcare performs claim administrative functions only.

The Adoption Assistance Plan is funded directly by Stryker from its general assets. The plan is not insured.

Non-Stryker Biotech

Healthcare Benefits

If you live and work in Vermont, and are not a Stryker Biotech employee, Stryker offers you two medical options—the Blue Care Elect Preferred PPO option and the HMO Blue New England option. Both options are provided through Blue Cross Blue Shield of Massachusetts. The UnitedHealthcare PPO option is not available. However, your prescription drug benefits are provided through Stryker's prescription drug plan that is administered by UnitedHealthcare/Medco.

Important

The information contained in this supplemental summary plan description is intended to "supplement" the information contained elsewhere in the Stryker Benefits Summary. Except where indicated in this section, the description of the terms and conditions regarding medical coverage set out in this Stryker Benefits Summary will apply.

This section of the Stryker Benefits Summary (a supplemental summary plan description), together with the applicable Subscriber Certificates issued by Blue Cross and Blue Shield of Massachusetts, describes the benefits offered under both the Blue Care Elect Preferred PPO option and the HMO Blue New England option. As its name implies, the information contained in this supplemental summary plan description is intended to “supplement” the information contained elsewhere in the Stryker Benefits Summary. Except where indicated below, the description of the terms and conditions regarding medical coverage set out in this Stryker Benefits Summary will apply.

Eligibility

Employees

You are eligible to enroll in either the Blue Care Elect Preferred PPO option or the HMO Blue New England option if you are a full-time or part-time employee of Stryker who lives or works in Vermont (other than a Stryker Biotech employee) and you are regularly scheduled to work at least 20 hours a week.

Newly hired employees who meet this requirement become eligible on their date of hire.

Employees who are rehired after a break in service become eligible immediately on their date of rehire.

Dependents

Eligible dependents include:

- Your legal spouse
- Your legal civil union spouse
- Your unmarried dependent child under age 19 who lives with you or your spouse on a regular basis or qualifies as your dependent for federal tax purposes or is the subject of a court order that requires you to provide health insurance coverage
- Your unmarried child age 19 to age 25 who is enrolled as a full-time student at an accredited educational institution (Proof of full-time student status is required.)
- An unmarried disabled dependent child who is not able to support himself and who depends on you for support, if the incapacity occurred before age 19 (or age 25 if the child was a full-time student) and while the child was enrolled for coverage
- In the event of divorce or legal separation, your former spouse who has not remarried and for whom you are required by a judgment to provide health coverage

In addition, your child who would otherwise lose eligibility under the plan because he or she no longer qualifies as your dependent for federal tax purposes will remain eligible for coverage through the earlier of:

- The day before the child’s 26 birthday; or
- December 31 of the second tax year following the year in which the child can no longer be claimed as a dependent on your federal income tax return.

The term “child” means:

- A natural child
- A legally adopted child
- A child placed for adoption
- A stepchild residing in your household
- A child of your enrolled dependent child

“Child” also includes a child who is required to be covered under the Stryker Corporation Welfare Benefits Plan by a qualified medical child support order (QMCSO). See *Your Rights and Responsibilities* section in this Stryker Benefits Summary for more information regarding QMCSOs.

A newly eligible child or spouse will be covered immediately if you contact your Benefits Representative or the Benefits Service Center and complete necessary paperwork to enroll him or her within 30 days of the date of birth or marriage or the date the child joined the family.

If both you and your spouse work for Stryker, you may not be covered under the plan both as an employee and a dependent nor may you be covered under any other Stryker-sponsored plan if you are enrolled in this plan. Any eligible children of two Stryker employees may be covered as dependents by only one parent.

Note: The dependent eligibility requirements and age limitations discussed here apply only to the Blue Care Elect Preferred PPO and the HMO Blue New England options. Other options may have other requirements.

When Coverage Ends

Coverage for you and your dependents under the Stryker Corporation Welfare Benefits Plan ends on the following dates:

- The date you leave Stryker or fail to pay required coverage contributions
- The date you are no longer an eligible employee
- The date you drop coverage due to a status change event
- If you elect to drop healthcare benefits during annual enrollment, on the December 31 following the annual enrollment period

Dependent coverage ends on the earliest of the following dates:

- The date your coverage ends
- The date your dependent child reaches age 19, or age 25 if he or she is a full-time student
- November 1 following the date your dependent stops attending school on a full-time basis or graduates
- The date your dependent child gets married or otherwise ceases to qualify as a dependent under the plan
- In the case of a newborn infant of an enrolled dependent, the date that your dependent child loses coverage under the plan
- In the case of a former spouse for whom you are not required to provide health coverage, the date of divorce or legal separation
- In the case of a former spouse for whom you are required by a judgment to provide health coverage, the earlier of the date your former spouse remarries or the date you are no longer required by a judgment to provide health insurance coverage for your former spouse

Notwithstanding the above, coverage of a child continued after coverage would otherwise have ended because the child would have no longer qualified as your dependent for federal tax purposes will end on the earlier of:

- The day before the child's 26 birthday; or
- December 31 of the second tax year following the year in which the child can no longer be claimed as a dependent on your federal income tax return.

Coordination of Benefits

Your Stryker healthcare benefits are coordinated with benefits from:

- Other employers' medical and dental plans
- Government plans
- Motor vehicle plans when permitted by law

Under the coordination of benefits provision, if Stryker's plan is secondary, the amount normally payable by the plan may be reduced to take into account payments from other plans. Your Stryker benefits, when combined with another plan's benefits, will not exceed 100% of your covered medical expenses.

Which Plan Pays First

If the other plan has no coordination of benefits provision, it is considered primary and pays its normal benefits first. If both plans have a coordination of benefits provision, the plan covering the patient as an employee is primary and pays first. When Stryker's plan is primary, it pays benefits without considering what the secondary plan might pay. The secondary plan then pays its benefits, if any are due. When Stryker's plan is secondary, it generally will pay the difference between the allowable charges and the primary plan's payment, up to its normal benefit.

For Dependent Children

When both parents' plans cover an eligible child, the plan of the parent whose birthday comes first in the calendar year is primary. If both parents have the same birthday, the plan that has covered either parent for the longer period of time is primary. However, if the other plan does not have this birthday rule but instead has a rule based upon the gender of the parent, and, if, as a result, the plans do not agree on the order of benefits, the birthday rule will determine the order of benefits.

If the parents are legally separated or divorced, the following guidelines apply:

- If the parents have joint custody and there is no court decree stating which parent is responsible for healthcare expenses, the birthday rule stated above will apply.
- If one parent has custody, his or her plan is primary and the other parent's plan is secondary.
- If the parent with custody remarries, the stepparent's plan is secondary. If the remarried parent with custody has no healthcare coverage, the stepparent's plan is primary and the plan of the natural parent without custody is secondary.
- The plan that covers a parent as a retired or laid-off employee (or the dependent of a retired or laid-off employee) is secondary to a plan that covers a parent as an active employee (or the dependent of an active employee). However, if the other plan does not have the same rule, this provision will not apply.

If none of the above situations apply, the plan that has covered the patient for the longest period of time is primary.

Coordination with Medicare

This plan coordinates with Medicare based on the reason for Medicare eligibility, as described below.

Age 65

If you are still working for Stryker when you reach age 65:

- You may continue your Stryker coverage as primary, with Medicare secondary.
- You may choose to be covered only by Medicare.

If your spouse is covered under the Stryker Corporation Welfare Benefits Plan, he or she also has these options at age 65 no matter how old you are at that time. Medicare consists of two parts and you must enroll for each to be covered. Part A hospital insurance is free if you are age 65 and eligible for Social Security benefits. There is a monthly charge for Part B, which covers physicians' fees and other medical services. Be sure to contact your local Social Security office for a Medicare application and enrollment information at least three months before your 65th birthday.

End-Stage Renal Disease

If you or a covered dependent is eligible for Medicare due to end-stage renal disease, Stryker's medical plan is primary during at least the first 30 months of dialysis treatment; after this initial period, Stryker's plan is secondary to Medicare.

Disability

A disabled individual becomes eligible for Medicare (regardless of age) if the disability is certified by the Social Security Administration and has lasted at least 24 months. If this applies to you or a covered dependent, and you are still actively employed, Stryker's plan is primary and Medicare is secondary. Medicare will become primary when any one of the following events occurs:

- The disabled individual declines coverage under Stryker's plan.
- The disabled individual is no longer covered by Stryker's plan.
- The disabled individual has exhausted benefits under Stryker's plan.

COBRA Coverage

Medicare is primary to the Stryker Corporation Welfare Benefits Plan if you or a family member is enrolled for COBRA continuation coverage and:

- You or your spouse is eligible for Medicare based on age.
- You or a family member is eligible for Medicare due to disability.

Effect of Prior Coverage

If coverage for you or a dependent under this plan replaces any prior coverage, either partially or completely, any benefits provided under the prior coverage may reduce benefits payable under this plan. Prior coverage is any health plan sponsored by an employer.

Medical Benefits

For specific information about the medical benefits offered under the Blue Care Elect Preferred PPO option and the HMO Blue New England options, see the applicable Subscriber Certificate.

Notice Regarding Maternity Stays

Stryker's medical plan allows hospital stays of at least 48 hours for a normal delivery and at least 96 hours for cesarean sections. Preauthorization is not required for stays that do not exceed these guidelines. Any decision to discharge the mother and the newborn earlier than 48 hours (or 96 hours as applicable) shall be made by the attending physician in consultation with the mother. If the mother chooses to be discharged earlier, the plan will provide benefits for one home visit by a physician, registered nurse, nurse midwife or nurse practitioner within 48 hours of discharge. This visit may include parent education, assistance and training in breast or bottle feeding and appropriate tests. Benefits for more visits by a covered healthcare provider will be covered only if deemed clinically necessary.

Notice Regarding Post-Mastectomy Care

If you or a covered dependent receives benefits in connection with a mastectomy, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of the mastectomy, including lymphedema

Coverage will be subject to any applicable deductibles, coinsurance and/or co-payment provisions under the plan.

Prescription Drug Benefits

Your prescription drug benefits are provided through Stryker's prescription drug plan that is administered by UnitedHealthcare. Consult the *Prescription Drug Benefits* section of this Stryker Benefits Summary for more information.

Claim Procedures

Information about filing claims for benefits is set out in the “Filing a Claim and Grievance Program” sections of each of the Subscriber Certificates. Blue Cross Blue Shield of Massachusetts is the fiduciary for purposes of deciding claims for benefits under these healthcare options.

Other Information

Subrogation Rights

If your illness or injury is caused by a third party’s act or omission, Blue Cross Blue Shield of Massachusetts may have subrogation rights. For more information, see the “Other Party Liability” sections of each of the Subscriber Certificates.

Funding

The Stryker Corporation Welfare Benefits Plan is funded directly by Stryker from its general assets and with employee contributions. Except as provided below, benefits are not insured. Delta Dental and EyeMed perform claim administrative functions only.

Benefits under the Blue Care Elect Preferred PPO and the HMO Blue New England options are fully insured and disbursements are made pursuant to a contract between Blue Cross Blue Shield of Massachusetts and Stryker. Information regarding how to contact Blue Cross Blue Shield of Massachusetts may be found in the “Member Services” section of the Subscriber Certificates.

Flexible spending accounts are funded by employee contributions made through salary reduction. Flexible spending accounts are not insured. Stryker pays benefits from its general assets. UnitedHealthcare performs claim administrative functions only.

The Adoption Assistance Plan is funded directly by Stryker from its general assets. The plan is not insured.

International Plan

The Stryker Corporation Welfare Benefits Plan provides medical, prescription drug, dental and vision benefits for you and your eligible dependents. The plan offers valuable financial protection against the high cost of illness and injury, and also provides certain preventive care benefits to help keep you well.

Healthcare Benefits

If you are on International Assignment and meet the eligibility requirements, Stryker offers you one medical option—the CIGNA International Expatriate Benefits option provided through CIGNA. The UnitedHealthcare PPO plan or other carrier options are not available.

This section of the Stryker Benefits Summary (a supplemental summary plan description), together with the Schedule of Benefits issued by CIGNA, describes the benefits offered under the CIGNA option. As its name implies, the information contained in this supplemental summary plan description is intended to “supplement” the information contained elsewhere in the Stryker Benefits Summary. Except where indicated in this section, the description of the terms and conditions regarding medical coverage set out in this Stryker Benefits Summary will apply.

Important

The information contained in this supplemental summary plan description is intended to “supplement” the information contained elsewhere in the Stryker Benefits Summary. Except where indicated in this section, the description of the terms and conditions regarding medical coverage set out in this Stryker Benefits Summary will apply.

Eligibility

Employees

You are eligible to enroll in the CIGNA option if you are a full-time employee of Stryker who is on International Assignment and meets all other eligibility requirements as outlined in Certificate Rider #CR7M1001-2.

Newly hired employees who meet this requirement become eligible on their date of hire.

Employees who are rehired after a break in service become eligible immediately on their date of rehire.

Dependents

Eligible dependents include:

- Your legal spouse
- Your declared domestic partner who meets all of the following requirements for the immediately preceding 12 months:
 - Is at least age 18 and mentally competent to enter into a legal contract when the domestic partnership began

- Is your sole domestic partner in a committed relationship and intends to remain so indefinitely.
- Has not had another domestic partner within the prior 12 months
- Has not been a party to a divorce or annulment proceeding within the prior 12 months
- Is not related to you in a way that would prohibit a legal marriage
- Is not legally married to anyone else, and any prior marriages have been dissolved through death, divorce or nullity
- Shares a household with you that is the primary residence of both of you (although you may live apart for reasons of education, healthcare, work or military service)
- Shares joint responsibility with you for each other's basic living expenses incurred during the domestic partnership
- Your child under age 26
- A disabled child, who is not able to support himself because of a physical or mental disability that existed before age 26 and who relies primarily on you for support, provided the child has had continuous coverage with Cigna since the child's 26th birthday

The term "child" means:

- A natural child
- A legally adopted child
- A child placed for adoption
- A stepchild

"Child" also includes a child who is required to be covered under the Stryker Corporation Welfare Benefits Plan by a qualified medical child support order (QMCSO). See *Your Rights and Responsibilities* section in this Stryker Benefits Summary for more information regarding QMCSOs.

A newly eligible child or spouse will be covered immediately if you contact your Benefits Representative or the Benefits Service Center and complete the necessary paperwork to enroll him or her within 30 days of the date of birth or marriage or the date the child joined the family.

If both you and your spouse work for Stryker, you may not be covered under the plan both as an employee and a dependent nor may you be covered under any other Stryker-sponsored plan if you are enrolled in this plan. Any eligible children of two Stryker employees may be covered as dependents by only one parent.

Note: The dependent eligibility requirements and age limitations discussed here apply only to the CIGNA option. Other options may have other requirements.

When Coverage Ends

Coverage for you and your dependents under the Stryker Corporation Welfare Benefits Plan ends on the last day of the month in which any of the following take place:

- You leave Stryker or fail to pay required coverage contributions.
- You are no longer an eligible employee.
- You drop coverage due to a status change event.

If you elect to drop healthcare benefits during annual enrollment, coverage ends on the December 31 following the annual enrollment period

Dependent coverage ends:

- On the date your coverage ends
- On the last day of the calendar month in which your dependent child reaches age 26
- On the date your dependent child ceases to qualify as a dependent under the plan
- In the case of a spouse, the date of divorce

If coverage under the plan ends, you or your dependents may be able to choose COBRA continuation coverage. For more information, see "COBRA: Continuing Healthcare Coverage" in the *Participating in Healthcare Benefits* section of this Stryker Benefits Summary.

Coordination of Benefits

Your Stryker healthcare benefits are coordinated with benefits from:

- Other employers' medical and dental plans
- Motor vehicle plans when permitted by law
- Governmental plans

Coordination with Medicare

This plan coordinates with Medicare based on the reason for Medicare eligibility, as described below.

Age 65

If you are still working for Stryker when you reach age 65:

- You may continue your Stryker coverage as primary, with Medicare secondary.
- You may choose to be covered only by Medicare.

If your spouse is covered under the Stryker Corporation Welfare Benefits Plan, he or she also has these options at age 65 no matter how old you are at that time.

Medicare consists of two parts and you must enroll for each to be covered. Part A hospital insurance is free if you are age 65 and eligible for Social Security benefits. There is a monthly charge for Part B, which covers physicians' fees and other medical services. Be sure to contact your local Social Security office for a Medicare application and enrollment information at least three months before your 65th birthday.

End-Stage Renal Disease

If you or a covered dependent is eligible for Medicare due to end-stage renal disease, Stryker's medical plan is primary during at least the first 30 months of dialysis treatment; after this initial period, Stryker's plan is secondary to Medicare.

Disability

A disabled individual becomes eligible for Medicare (regardless of age) if the disability is certified by the Social Security Administration and has lasted at least 24 months. If this applies to you or a covered dependent, and you are still actively employed, Stryker's plan is primary and Medicare is secondary.

Medicare will become primary when any one of the following events occurs:

- The disabled individual declines coverage under Stryker's plan.
- The disabled individual is no longer covered by Stryker's plan.
- The disabled individual has exhausted benefits under Stryker's plan.

COBRA Coverage

Medicare is primary to the Stryker Corporation Welfare Benefits Plan if you or a family member is enrolled for COBRA continuation coverage and:

- You or your spouse is eligible for Medicare based on age.
- You or a family member is eligible for Medicare due to disability.

Effect of Prior Coverage

If coverage for you or a dependent under this plan replaces any prior coverage, either partially or completely, any benefits provided under the prior coverage may reduce benefits payable under this plan. Prior coverage is any health plan sponsored by an employer.

Medical Benefits

For specific information about the medical benefits offered under the CIGNA option, refer to the Summary of Benefits.

Notice Regarding Maternity Stays

Health insurance issuers offering group health insurance coverage generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. The law generally does not prohibit the attending physician from discharging the mother or her newborn earlier than 48 hours (96 hours for cesarean section); if after consultation with the mother it is determined that confinement is no longer necessary. In any case, plans may not require that a provider obtain authorization from the plan for prescribing a length of stay that does not exceed 48 hours (96 hours for cesarean section).

Notice Regarding Post-Mastectomy Care

If you or a covered dependent receives benefits in connection with a mastectomy, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of the mastectomy, including lymphedema

Coverage will be subject to any applicable deductibles, coinsurance and/or co-payment provisions under the plan.

Prescription Drug Benefits

The CIGNA option provides benefits for covered prescription drugs, including contraceptives, insulin and diabetic supplies. Specific information is set out in the “Prescription” section of the Summary of Benefits.

Claim Procedures

Information about filing claims for benefits is set out in the Summary of Benefits. Information regarding appealing a reduction or denial of benefits also is set out in of the Summary of Benefits. CIGNA is the fiduciary for purposes of deciding claims for benefits under this healthcare option.

Other Information

Subrogation Rights

If your illness or injury is caused by a third party’s act or omission, CIGNA may have subrogation rights. For more information, see the Summary of Benefits under the “Conditional Claim Payment” section.

Funding

Benefits under the CIGNA option are fully insured and disbursements are made pursuant to a contract between Connecticut General Life Insurance Company and Stryker. Information regarding how to contact Connecticut General may be found in the Summary of Benefits. Flexible spending accounts are funded by employee contributions made through salary reduction. Flexible spending accounts are not insured. Stryker pays benefits from its general assets. UnitedHealthcare performs claim administrative functions only.

The Adoption Assistance Plan is funded directly by Stryker from its general assets. The plan is not insured.

