

Location-Based Provisions

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

- Alabama
- California/Hawaii

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.

This section of the Stryker Benefits Summary, together with other sections of the Stryker Benefits Summary that pertain to the Stryker Corporation Welfare Benefits Plan and the Certificate for Group Health Benefits issued by Blue Cross and Blue Shield of Alabama, constitute the Summary Plan Description for the Blue Cross and Blue Shield of Alabama PPO option. The information contained in this section is intended to supplement the information contained elsewhere in the Stryker Benefits Summary. Except for the provisions described in this section, the description of the terms and conditions regarding medical coverage set out in other sections of the Stryker Benefits Summary will apply.

Important

The information contained in this section is intended to supplement the information contained elsewhere in the Stryker Benefits Summary. Except for the provisions described in this section, the description of the terms and conditions regarding medical coverage set out in other sections of the Stryker Benefits Summary will apply.

For More Information

The Certificate of Group Health Benefits document issued by Blue Cross and Blue Shield of Alabama contains detailed information about plan benefits and how the plan works for your location. If you have questions or want additional information, be sure to refer to the document, available at <http://totalrewards.stryker.com/spd/2010860HealthyBlueMHPSPD.pdf>.

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.

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.

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 Begins

If you enroll when you are first eligible, your coverage under the plan begins on the first day of the month following their date of hire. If you are re-hired after a break in service, coverage begins on the first of the month following your date of rehire.

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

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 qualifying life 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.

Medical Benefits

For specific information about the medical benefits offered under the Blue Cross and Blue Shield of Alabama PPO option, refer to the Certificate of Group Health Benefits document, available at <http://totalrewards.stryker.com/spd/2010860HealthyBlueMHPSPD.pdf>.

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 document, available at <http://totalrewards.stryker.com/spd/2010860HealthyBlueMHPSPD.pdf>.

Claim Procedures

Information about filing claims for benefits is set out in the “Claims and Appeals” section of the Certificate of Group Health Benefits document, available at <http://totalrewards.stryker.com/spd/2010860HealthyBlueMHPSPD.pdf>. 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 document, available at <http://totalrewards.stryker.com/spd/2010860HealthyBlueMHPSPD.pdf>.

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 document, available at <http://totalrewards.stryker.com/spd/2010860HealthyBlueMHPSPD.pdf>.

The Employee Assistance Plan is funded directly by Stryker from its general assets. The plan is not insured. The Ceridian performs administrative functions only.

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, together with other sections of the Stryker Benefits Summary that pertain to the Stryker Corporation Welfare Benefits Plan and the Evidence of Coverage issued by Kaiser Permanente, constitute the Summary Plan Description for the Kaiser Permanente HMO option.

The information contained in this section is intended to supplement the information contained elsewhere in the Stryker Benefits Summary. Except for the provisions described in this section, the description of the terms and conditions regarding medical coverage set out in other sections of the Stryker Benefits Summary will apply.

For More Information

The Evidence of Coverage issued by Kaiser Permanente contains detailed information about plan benefits and how the plan works. If you have questions or want additional information, refer to the Evidence of Coverage for your location as shown here:

- If you live in Northern California, your Evidence of Coverage is available at http://totalrewards.stryker.com/spd/0000398314EOC17181_001_041.007Stryker.pdf.

Important

The information contained in this section is intended to supplement the information contained elsewhere in the Stryker Benefits Summary. Except for the provisions described in this section, the description of the terms and conditions regarding medical coverage set out in other sections of the Stryker Benefits Summary will apply.

- If you live in Southern California, your Evidence of Coverage is available at http://totalrewards.stryker.com/spd/0000398314EOC118506_003_042.007Stryker.pdf.
- If you live in Hawaii, refer to the Member Handbook for Kaiser Hawaii, available at http://totalrewards.stryker.com/spd/KAH0889_HMO_Handbook_final_lores.pdf.

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.

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 for your plan. 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 applicable 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.

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 Begins

If you enroll when you are first eligible, your coverage under the plan begins immediately as of your date of hire. If you are re-hired after a break in service, coverage begins immediately on your date of rehire.

A newly eligible child or spouse will be covered immediately if you contact your Benefits Representative 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.

For a newborn child, coverage is effective from the moment of birth. However, if you do not enroll the newborn child within 30 days, the newborn is covered for only 31 days (including the date of birth).

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, fail to pay required coverage contributions or otherwise become an ineligible employee. (NOTE: In compliance with the Hawaii Prepaid Health Care Act, if you live in Hawaii when you leave Stryker, your coverage ends on the last day of the month in which your employment ends.)
- The date you drop coverage due to a qualifying life 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.

Medical Benefits

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

If you live in California, you may also refer to a Benefit Summary for an overview of your plan's benefits:

- If you live in Northern California, refer to the Benefit Summary for Kaiser Northern California, available at <http://totalrewards.stryker.com/spd/0000398314BenefitSummary17181StrykerCorporation.pdf>.
- If you live in Southern California, refer to the Benefit Summary for Kaiser Southern California, available at <http://totalrewards.stryker.com/spd/0000398314BenefitSummary118506StrykerCorporation.pdf>.

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 for your plan.

Claim Procedures

Information about filing claims for benefits is set out in the "Requests for Payment or Services" section of the Evidence of Coverage for your plan. 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 for your plan.

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 for your plan.

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.

The Employee Assistance Plan is funded directly by Stryker from its general assets. The plan is not insured. The Ceridian performs administrative functions only.

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. The plan also provides life and accidental death and dismemberment (AD&D) insurance at no cost to you. These plans offer you income protection for you and your dependents in the face of unforeseen events.

The following chart summarizes the benefits available to you and includes information on where to look for details.

Benefits at a Glance

Medical Coverage	<ul style="list-style-type: none"> ▪ Comprehensive medical benefits for you and your covered dependents ▪ You must meet a small annual deductible before the plan begins to pay benefits ▪ Preventive care (as outlined in the benefit highlights) is free ▪ Most other services are 100% covered once you meet the annual deductible ▪ Includes coverage for prescription drugs purchased outside the U.S. ▪ You and Stryker share the cost of medical coverage
Prescription Drug Coverage	<ul style="list-style-type: none"> ▪ Applies for prescription drugs purchased in the U.S. only ▪ Prescription drug benefits for you and your covered dependents ▪ You pay a set copayment for prescription drugs purchased through participating retail pharmacies (30-day supply) or mail-order (90-day supply) ▪ Your cost depends on whether the medication is generic or brand-name ▪ You and Stryker share the cost of prescription drug coverage
Dental Coverage	<ul style="list-style-type: none"> ▪ Comprehensive dental benefits for you and your covered dependents ▪ You must meet a small annual deductible before the plan begins to pay benefits ▪ Preventive care (as outlined in the benefit highlights) is free ▪ You pay a portion of the cost for basic and major services once you meet the annual deductible ▪ Orthodontia services are covered at 50%, up to \$1,000 ▪ You and Stryker share the cost of dental coverage

Vision Coverage	<ul style="list-style-type: none"> ▪ Vision benefits for you and your covered dependents ▪ Plan reimburses you for eligible eye care and eye wear expenses, up to certain amounts ▪ You and Stryker share the cost of vision coverage
Life Insurance	<ul style="list-style-type: none"> ▪ Pays benefits to your beneficiary in the even of your death ▪ Coverage of two times your annual basic earnings, up to \$500,000 ▪ Stryker provides this coverage automatically at no cost to you
(AD&D) Insurance	<ul style="list-style-type: none"> ▪ Pays benefits to you for certain injuries or other conditions resulting from an accident, and benefits to your beneficiary in the even of your death ▪ Coverage of two times your annual basic earnings, up to \$500,000 ▪ Stryker provides this coverage automatically at no cost to you

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, together with other sections of the Stryker Benefits Summary that pertain to the Stryker Corporation Welfare Benefits Plan and the Schedule of Benefits issued by Cigna, constitute the Summary Plan Description for the Cigna option. It is intended to supplement the information contained elsewhere in the Stryker Benefits Summary. Except for the provisions described in this section, the description of the terms and conditions regarding medical coverage set out in other sections of the Stryker Benefits Summary will apply.

Important

The information contained in this section is intended to supplement the information contained elsewhere in the Stryker Benefits Summary. Except for the provisions described in this section, the description of the terms and conditions regarding medical coverage set out in other sections of the Stryker Benefits Summary will apply.

For More Information

The Schedule of Benefits issued by Cigna contains detailed information about the benefits for each plan offered under the Cigna option. If you have questions or want additional information, refer to the Cigna Schedule of Benefits, available at http://totalrewards.stryker.com/spd/Stryker_Corporation_10-11.pdf.

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 the Certificate Rider for Eligibility (#CR7M1003-1) and its amendment, available at

http://totalrewards.stryker.com/spd/Rider_Class_of_Eligibles.pdf and

http://totalrewards.stryker.com/spd/Amendment_Rider_Class_of_Eligibles.pdf, respectively.

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.

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 Begins

If you enroll when you are first eligible, your coverage under the plan begins immediately as of your date of hire. If you are re-hired after a break in service, coverage begins immediately on your date of rehire.

A newly eligible child or spouse will be covered immediately if you contact your Benefits Representative 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.

Effective Date of Dependent Insurance

Insurance for your dependents will become effective on the date you elect it by signing an approved payroll deduction form, but no earlier than the day you become eligible for dependent insurance. All of your dependents as defined will be included.

If you are a late entrant for dependent insurance, the insurance for each of your dependents will not become effective until Cigna agrees to insure that dependent. Your dependent will not be denied enrollment for medical insurance due to health status. Your dependents will be insured only if you are insured.

Late Entrant – Dependent

You are a late entrant for dependent insurance if:

- You elect that insurance more than 30 days after you become eligible for it
- You again elect it after you cancel your payroll deduction.

Exception for Newborns

Any dependent child born while you are insured for medical insurance will become insured for medical insurance on the date of his birth if you elect dependent medical insurance no later than 31 days after his birth. If you do not elect to insure your newborn child within such 31 days, coverage for that child will end on the 31st day. No benefits for expenses incurred beyond the 31st day will be payable.

Exception to Late Entrant Definition

A person will not be considered a late entrant when enrolling outside a designated enrollment period if: he had existing coverage, and he certified in writing, if applicable, that he declined coverage due to such coverage; Employer contributions toward the other coverage have been terminated; he is no longer eligible for prior coverage; or if such prior coverage was continuation coverage and the continuation period has been exhausted: and he enrolls for this coverage within 30 days after losing or exhausting prior coverage. In addition, a dependent spouse or minor child enrolled within 30 days following a court order of such coverage will not be considered a late entrant.

If you acquire a new dependent through marriage, birth, adoption or placement for adoption, you may enroll your eligible dependents and yourself, if you are not already enrolled, within 30 days of such event. Coverage will be effective, on the date of marriage, birth, adoption, or placement for adoption.

Any applicable pre-existing condition limitation will apply to you and your dependents upon enrollment, reduced by prior creditable coverage, but will not be extended as for a late entrant.

Pre-Existing Condition Limitation for Late-Entrant

For plans which include a pre-existing condition limitation, the one-year waiting period before coverage begins for such conditions, will be increased to 18 months from the date a late entrant applies for coverage.

For plans which do not include a pre-existing condition limitation, you may be required to wait until the next plan enrollment period to enroll for coverage under the plan if you are a late entrant.

For plans which do not standardly include a pre-existing condition limitation and which do not include an annual open enrollment period, a pre-existing condition limitation of 18 months applies.

When Coverage Ends

Coverage for you and your dependents under the Stryker Corporation Welfare Benefits Plan ends on the date on 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 qualifying life 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.

Medical Benefits

For specific information about the medical benefits offered under the Cigna option, refer to the Schedule of Benefits, available at http://totalrewards.stryker.com/spd/StrykerCorporation_10-11.pdf.

Prescription Drug Benefits

The Cigna option provides benefits for covered prescription drugs purchased inside the United States, including contraceptives, insulin and diabetic supplies. Specific information is set out in the “Prescription Drug Insurance” section of the Schedule of Benefits, available at http://totalrewards.stryker.com/spd/StrykerCorporation_10-11.pdf.

Dental Benefits

The Cigna plan provides dental benefits for basic, restorative, and major services, as well as orthodontia for eligible dependent children. Preventive care is covered at 100%. Plan details are outlined in the “Traditional Dental Insurance” section of the Schedule of Benefits, available at http://totalrewards.stryker.com/spd/StrykerCorporation_10-11.pdf.

Vision Benefits

The Cigna plan offers vision care insurance, which provides benefits for eye exams and eyewear every 12 months. For details, refer to the “Vision Care Insurance” section of the Schedule of Benefits, available at http://totalrewards.stryker.com/spd/StrykerCorporation_10-11.pdf.

Claim Procedures

Information about filing claims for benefits, as well as appealing a reduction or denial of benefits, is set out in the Schedule of Benefits, available at http://totalrewards.stryker.com/spd/StrykerCorporation_10-11.pdf. 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 "Expenses for Which a Third Party May Be Liable" section of the Schedule of Benefits, available at

[http://totalrewards.stryker.com/spd/Stryker Corporation_10-11.pdf](http://totalrewards.stryker.com/spd/StrykerCorporation_10-11.pdf)

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 Employee Assistance Plan is funded directly by Stryker from its general assets. The plan is not insured. The Ceridian performs administrative functions only.

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