

Location-Based Provisions

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

- Alabama
- California
- Hawaii
- Cary, Illinois

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 the Blue Cross and Blue Shield (BCBS) of Alabama PPO and the UnitedHealthcare (UHC) medical and prescription drug options.

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 and other plan benefits 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 for 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/BCBS-AL-BlueCard-PPO-2018-Summary-Plan-Description.pdf>.

Eligibility

Regular Full-Time and Regular Part-Time 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. “Full-time” means the employee is regularly scheduled to work at least 40 hours per week. “Part-time” means the employee is regularly scheduled to work at least 20 hours per week. Newly-hired regular employees who meet these requirements become eligible on their date of hire.

Note: only those regular full-time or part-time employees who both reside and perform their work in the United States are eligible to participate in the U.S. based Stryker Corporation Welfare Benefits Plan.

Direct Temporary Employees Expected to Work 30 Hours/Week

If you were hired as a direct temporary employee (which means a temporary employee directly hired by Stryker) and Stryker reasonably expects you to work an average of at least 30 hours per week at the time you start work, you will be eligible for the UHC Basic HSA Plan (with no Stryker HSA contribution).

This coverage becomes effective as of your 90th day of service. Your contribution rate for coverage will be based on whether you are full-time or part-time as described above.

If you live outside of the UHC plan network (based on your zip code), you will be eligible for another medical plan based on your network area.

Other Employees

If you are a regular employee regularly scheduled to work less than 20 hours per week, a direct temporary employee who is reasonably expected to work less than 30 hours per week upon hire, a variable hours employee (where Stryker cannot reasonably determine whether you will work sufficient hours to otherwise be eligible) or a seasonal employee, you may become eligible for coverage under the Blue Cross and Blue Shield of Alabama PPO option. You must complete an initial measurement period during which you are credited with an average of at least 30 hours of service per week.

The initial measurement period is the 11-month period beginning on your date of hire. If you satisfy the 30 hours-per-week average during your initial 11-month measurement period, you will be notified after the measurement period ends and will be provided with the opportunity to enroll in medical and prescription drug coverage for a 12-month initial stability period beginning no later than the first day of the 14th month after your date of hire. Your eligibility effective date for coverage if you should average 30 hours per week during your initial 11-month period will not exceed 90 days past the end of your initial measurement period. If you are not credited with an average of at least 30 hours of service per week during the 11-month initial measurement period, you will not be offered medical and prescription drug coverage.

Ineligible Individuals

Independent contractors and temporary employees hired through a temporary staffing agency or other third-party leasing organization are not eligible for health plan coverage.

Ongoing Eligibility

Standard Measurement Period

For each plan year (January 1 through December 31) there will be a 12-month standard measurement period before the year begins. The standard measurement period for each plan year will end on October 3 immediately preceding the first day of the

plan year. For example, for the 2018 plan year, the standard measurement period began on October 4, 2016 and ended on October 3, 2017.

If you are a regular part-time employee working at least 20 hours per week or a regular full-time employee working at least 40 hours per week, you will remain eligible for benefits as described in the Eligibility section of the SPD.

If you are a regular employee working less than 20 hours and are credited with at least 40 hours per week during the standard measurement period, you will be eligible for medical and prescription coverage as a regular full-time employee for the immediately following plan year. Similarly, if you are a regular employee working less than 20 hours per week who is credited with at least 30 hours per week during the standard measurement period, you will be eligible for medical and prescription coverage as a regular part-time employee for the immediately following plan year.

If you are a direct temporary employee, variable hours employee, or seasonal employee and you are credited with an average of at least 30 hours per week during the standard measurement period, you will be eligible for medical and prescription drug coverage for the immediately following plan year, and your contributions rate will be based upon whether you are full-time or part-time during the standard measurement period. If you satisfy the minimum hour requirement during the standard period measurement period, you will be notified after the measurement period ends and will be provided with the opportunity to enroll in coverage for the immediately following plan year.

Transfers

If you transfer to a position that causes you to become eligible for additional plan benefits or qualifies you for a lower medical contribution rate, you will be offered the additional coverage and the more favorable contribution rate immediately upon your status change. Conversely, if you transfer to a position that would ordinarily no longer qualify you for certain benefits, you will continue to be eligible for medical benefits based on your status before the transfer for the balance of the stability period or plan year if you are an eligible employee. However, your employee contributions will adjust to the part-time rate if you drop below 40 hours.

Breaks in Service

If you have a break in service (for example, due to termination of employment or the taking of a non-FMLA leave) during which you are not credited with any hours of service for at least 13 weeks, you will be treated as a new hire upon resumption of service. If the break in service is less than 13 weeks and you were enrolled in coverage and return during the same stability period or plan year, the coverage will be offered as soon as administratively practicable upon resumption of service. Further, you will be treated as a continuing employee upon resumption of service for purposes of any applicable measurement period.

Dependents

Eligible dependents include:

Your eligible dependents are:

- Your spouse;
- Your married or unmarried child up to age 26; and,
- Your unmarried, incapacitated child who:
 - is age 26 and over;
 - is not able to support himself; and
 - depends on you for support, if the incapacity occurred before age 26.

The child may be the employee's natural child; stepchild; legally adopted child; child placed for adoption; or eligible foster child. An eligible foster child is a child that is placed with you by an authorized placement agency or by court order.

You may cover your grandchild only if you are eligible to claim your grandchild as a dependent on your federal income tax return.

“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) or National Medical Support Notice (NMSN). See *Your Rights and Responsibilities* in this Stryker Benefits Summary for more information regarding QMCSOs and NMSNs.

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. Please see “Dependents” in the *Participating in Healthcare Benefits* section for those requirements.

When Coverage Begins

If you enroll when you are first eligible, your coverage under the plan begins on your date of hire. If you are hired as a result of an acquisition, coverage will begin on the first day you become eligible for Stryker benefits.

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 date the following events occur:

- 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 26) or otherwise ceases to be a dependent
- 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 for Group Health Benefits document, available at <http://totalrewards.stryker.com/spd/BCBS-AL-BlueCard-PPO-2018-Summary-Plan-Description.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 for Group Health Benefits document, available at <http://totalrewards.stryker.com/spd/BCBSA-L-2018-Benefits-Booklet.pdf>.

Claim Procedures

Information about filing claims for benefits is set out in the “Claims and Appeals” section of the Certificate for Group Health Benefits document, available at <http://totalrewards.stryker.com/spd/BCBS-AL-BlueCard-PPO-2018-Summary-Plan-Description.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 for Group Health Benefits document, available at <http://totalrewards.stryker.com/spd/BCBS-AL-BlueCard-PPO-2018-Summary-Plan-Description.pdf>.

Funding

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 for Group Health Benefits document, available at <http://totalrewards.stryker.com/spd/BCBS-AL-BlueCard-PPO-2018-Summary-Plan-Description.pdf>.

California

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 carrier options for most ZIP codes. UnitedHealthcare (UHC), as described earlier in this Stryker Benefits Summary, and the Kaiser Permanente HMO option. If you select Kaiser, your prescription drug benefits are provided through Kaiser Permanente. Direct Temporary employees, interns and co-ops will only be eligible for the Kaiser Permanent HMO option in California if they are not eligible for the UHC plans based on their zip code.

If you are in an area where no satisfactory 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

If you have questions or want additional information, refer to the Kaiser documents for your location as shown here:

- If you live in Northern California, your Evidence of Coverage is available at <http://totalrewards.stryker.com/spd/2018-Stryker-17181-EOC-DHMO-C1v56-NCAL.pdf>
- If you live in Southern California, your Evidence of Coverage is available at <http://totalrewards.stryker.com/spd/2018-Stryker-118506-EOC-DHMO-C1v54-SCAL.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.

Eligibility

Regular Full-Time and Regular Part-Time 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 are regularly scheduled to work an average of at least 20 hours a week, and
- You live or work in the HMO's service area at the time you enroll.

“Full-time” means the employee is regularly scheduled to work at least 40 hours per week. “Part-time” means the employee is regularly scheduled to work at least 20 hours per week. Newly-hired regular employees who meet these requirements become eligible on their date of hire. Note: only those regular full-time or part-time employees who both reside and perform their work in the United States are eligible to participate in the U.S. based Stryker Corporation Welfare Benefits Plan.

Direct Temporary Employees Expected to Work 30 Hours/Week

If you were hired as a direct temporary employee (which means a temporary employee directly hired by Stryker) and Stryker reasonably expects you to work an average of at least 30 hours per week at the time you start work, you will be eligible to enroll in the UHC Basic HSA Plan (with no Stryker HSA contribution).

This coverage becomes effective as of your 90th day of service. Your contribution rate for coverage will be based on whether you are full-time or part-time as described above.

If you live outside of the UHC plan network (based on your zip code), you will be eligible for another medical plan based on your network area.

Other Employees

If you are a regular employee regularly scheduled to work less than 20 hours per week, a direct temporary employee who is reasonably expected to work less than 30 hours per week upon hire, a variable hours employee (where Stryker cannot reasonably determine whether you will work sufficient hours to otherwise be eligible) or a seasonal employee, you may become eligible for coverage under the Kaiser Permanente HMO option. You must complete an initial measurement period during which you are credited with an average of at least 30 hours of service per week.

The initial measurement period is the 11-month period beginning on your date of hire. If you satisfy the 30 hours per week average during your initial 11-month measurement period, you will be notified after the measurement period ends and will be provided with the opportunity to enroll in medical and prescription drug coverage for a 12-month initial stability period beginning no later than the first day of the 14th month after your date of hire. Your eligibility effective date for coverage if you should average 30 hours per week during your initial 11-month period will not exceed 90 days past the end of your initial measurement period. If you are not credited with an average of at least 30 hours of service per week during the 11-month initial measurement period, you will not be offered medical and prescription drug coverage.

Ineligible Individuals

Independent contractors and temporary employees hired through a temporary staffing agency or other third-party leasing organization are not eligible for the Stryker Corporation Welfare Benefits Plan.

Ongoing Eligibility

Standard Measurement Period

For each plan year (January 1 through December 31) there will be a 12-month standard measurement period before the year begins. The standard measurement period for each plan year will end on October 3 immediately preceding the first day of the plan year. For example, for the 2018 plan year, the standard measurement period will begin on October 4, 2016 and end on October 3, 2017.

If you are a regular part-time employee working at least 20 hours per week or a regular full-time employee working at least 40 hours per week, you will remain eligible for benefits as described in the Eligibility section of the SPD.

If you are a regular employee working less than 20 hours and are credited with at least 40 hours per week during the standard measurement period, you will be eligible for medical and prescription coverage as a regular full-time employee for the immediately following plan year. Similarly, if you are a regular employee working less than 20 hours per week who is credited with at least 30 hours per week during the standard measurement period, you will be eligible for medical and prescription coverage as a regular part-time employee for the immediately following plan year.

If you are a direct temporary employee, variable hours employee, or seasonal employee and are credited with an average of at least 30 hours per week during the standard measurement period, you will be eligible for medical and prescription drug coverage for the immediately following plan year and your contribution rate will be based upon whether you are full-time or part-time during the standard measurement period. If you satisfy the minimum hour requirement during the standard period measurement period, you will be notified after the measurement period ends and will be provided with the opportunity to enroll in coverage for the immediately following plan year.

Transfers

If you transfer to a position that causes you to become eligible for additional plan benefits or qualifies you for a lower medical contribution rate, you will be offered the additional coverage and the more favorable contribution rate immediately upon your status change. Conversely, if you transfer to a position that would ordinarily no longer qualify you for certain benefits, you will continue to be eligible for medical benefits based on your status before the transfer for the balance of the stability period or plan year if you are an eligible employee. However, your employee contributions will adjust to part-time amounts if you drop below 40 hours.

Breaks in Service

If you have a break in service (for example, due to termination of employment or the taking of a non-FMLA leave) during which you are not credited with any hours of service for at least 13 weeks, you will be treated as a new hire upon resumption of service. If the break in service is less than 13 weeks and you were enrolled in coverage and return during the same stability period or plan year, the coverage will be offered as soon as administratively practicable upon resumption of service. Further, you will be treated as a continuing employee upon resumption of service for purposes of any applicable measurement period.

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 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 domestic partner’s) unmarried children through the end of the month in which they turn 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 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. Please see “Dependents” in the *Participating in Healthcare Benefits* section for those 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 hire.

A newly eligible child, spouse or domestic partner 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.
- 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 last day of the month in which the dependent child turns age 26
- On the date your dependent ceases to qualify as a dependent under the plan
- In the case of your spouse, the date of divorce
- In the case of your domestic partner, the date you submit an affidavit terminating the partnership

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.

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/2018-Stryker-17181-EOC-DHMO-C1v56-NCAL.pdf>
- If you live in Southern California, refer to the Benefit Summary for Kaiser Southern California, available at <http://totalrewards.stryker.com/spd/2018-Stryker-118506-EOC-DHMO-C1v54-SCAL.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

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.

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 in Hawaii, Stryker offers the HMSA plan.

If you are in an area where no satisfactory 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 HMSA, constitute the Summary Plan Description for the HMSA plan.

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

If you have questions or want additional information about your medical benefits, refer to the plan Guide to Benefits, available at <https://totalrewards.stryker.com/spd/HMSA-2018-Medical-Certificate.pdf>.

For information about the prescription and vision benefits, refer to the Plan Certificates available at:

- Prescription Drug:
<https://totalrewards.stryker.com/spd/HMSA-2018-RX-Certificate.pdf>
- Vision:
<https://totalrewards.stryker.com/spd/HMSA-2018-Vision-Certificate.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.

Eligibility

Regular Full-Time and Regular Part-Time Employees

You are eligible to enroll in the HMSA plan if you are:

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

"Full-time" means the employee is regularly scheduled to work at least 40 hours per week. "Part-time" means the employee is regularly scheduled to work at least 20 hours per week. Newly-hired regular employees who meet these requirements become eligible on first of the month following their date of hire. Note: only those regular full-time or part-time employees who both reside and perform their work in the United States are eligible to participate in the U.S. based Stryker Corporation Welfare Benefits Plan.

Direct Temporary Employees Expected to Work 30 Hours/Week

If you were hired as a direct temporary employee (which means a temporary employee directly hired by Stryker) and Stryker reasonably expects you to work an average of at least 30 hours per week at the time you start work, you will be eligible to enroll in the HMSA plan after you complete 90 days of service. Your contribution rate for coverage will be based on whether you are full-time or part-time as described above.

Other Employees

If you are a regular employee regularly scheduled to work less than 20 hours per week, a direct temporary employee who is reasonably expected to work less than 30 hours per week upon hire, a variable hours employee (where Stryker cannot reasonably determine whether you will work sufficient hours to otherwise be eligible) or a seasonal employee, you may become eligible for coverage under the HMSA plan. You must complete an initial measurement period during which you are credited with an average of at least 30 hours of service per week.

The initial measurement period is the 11-month period beginning on your date of hire. If you satisfy the 30 hours per week average during your initial 11-month measurement period, you will be notified after the measurement period ends and will be

provided with the opportunity to enroll in medical and prescription drug coverage for a 12-month initial stability period beginning no later than the first day of the 14th month after your date of hire. Your eligibility effective date for coverage if you should average 30 hours per week during your initial 11-month period will not exceed 90 days past the end of your initial measurement period. If you are not credited with an average of at least 30 hours of service per week during the 11-month initial measurement period, you will not be offered medical and prescription drug coverage.

Ineligible Individuals

Independent contractors and temporary employees hired through a temporary staffing agency or other third-party leasing organization are not eligible for the Stryker Corporation Welfare Benefits Plan.

Ongoing Eligibility

Standard Measurement Period

For each plan year (January 1 through December 31) there will be a 12-month standard measurement period before the year begins. The standard measurement period for each plan year will end on October 3 immediately preceding the first day of the plan year. For example, for the 2018 plan year, the standard measurement period will begin on October 4, 2016 and end on October 3, 2017.

If you are a regular part-time employee working at least 20 hours per week or a regular full-time employee working at least 40 hours per week, you will remain eligible for benefits as described in the Eligibility section of the SPD.

If you are a regular employee working less than 20 hours and are credited with at least 40 hours per week during the standard measurement period, you will be eligible for medical and prescription coverage as a regular full-time employee for the immediately following plan year. Similarly, if you are a regular employee working less than 30 hours who is credited with at least 30 hours per week during the standard measurement period, you will be eligible for medical and prescription coverage as a regular part-time employee for the immediately following plan year.

If you are a direct temporary employee, variable hours employee, or seasonal employee and are credited with an average of at least 30 hours per week during the standard measurement period, you will be eligible for medical and prescription drug coverage for the immediately following plan year, and your contribution rate will be based upon whether you are full-time or part-time during the

standard measurement period. If you satisfy the minimum hour requirement during the standard period measurement period, you will be notified after the measurement period ends and will be provided with the opportunity to enroll in coverage for the immediately following plan year.

Transfers

If you transfer to a position that causes you to become eligible for additional plan benefits or qualifies you for a lower medical contribution rate, you will be offered the additional coverage and the more favorable contribution rate immediately upon your status change. Conversely, if you transfer to a position that would ordinarily no longer qualify you for certain benefits, you will continue to be eligible for medical benefits based on your status before the transfer for the balance of the stability period or plan year if you are an eligible employee. However, your employee contributions will adjust to part-time amounts if you drop below 40 hours.

Breaks in Service

If you have a break in service (for example, due to termination of employment or the taking of a non-FMLA leave) during which you are not credited with any hours of service for at least 13 weeks, you will be treated as a new hire upon resumption of service. If the break in service is less than 13 weeks and you were enrolled in coverage and return during the same stability period or plan year, the coverage will be offered as soon as administratively practicable upon resumption of service. Further, you will be treated as a continuing employee upon resumption of service for purposes of any applicable measurement period.

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 as the result of marriage who is recognized in the state of Hawaii.
- In general, you may enroll a child who meets the following requirements:
 - The child is your son, daughter, stepson or stepdaughter, your legally adopted child or a child placed with you for adoption, a child for whom you are the court-appointed guardian,

or your eligible foster child defined as an individual who is placed with you by an authorized placement agency or by judgement, decree or other court order).

- The child is under 26 year of age.
- You may enroll your disabled child by providing documentation demonstrating that:
 - Your child is incapable of self-sustaining support because of a mental disability.
 - Your child’s disability existed before the child turned age 26.
 - Your child relies primarily on you for support and maintenance as a result of the disability.
 - Your child is enrolled under this coverage or another HMSA plan and has had continuous health care coverage with HMSA since before the child’s 26th birthday.

The required documentation must be provided to HMSA within 31 days of the child’s 26th birthday and subsequently at the plan’s request, but not more frequently than annually.

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 HMSA plan. Other options may have other requirements. Please see “Dependents” in the *Participating in Healthcare Benefits* section for those 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 your eligibility date. If you are re-hired after a break in service, coverage begins on the first of the month following your date of rehire. If you are hired as a result of an acquisition, coverage will begin on the first day you become eligible for Stryker benefits.

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.

You may enroll a newborn or adopted child according to the following requirements:

- The birth date of a newborn, providing you comply with the usual enrollment process within 31 days of the birth.
- The date of adoption, providing you comply with the usual enrollment process within 31 days of adoption.
- The birth date of a newborn adopted child, if you provide notice of your intent to adopt the child within 31 days of the child's birth.
- The date the child is placed with you for adoption, if you provide notice of the placement within 31 days of the placement. Placement occurs when you assume a legal obligation for total or partial support of the child in anticipation of adoption.

When Coverage Ends

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

- The last day of the month following 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 last day of the month following 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 last day of the month in which the dependent child turns age 26 (unless he or she is mentally or physically disabled and primarily depends on you for support)
- On the last day of the month following the date your dependent ceases to qualify as a dependent under the plan
- In the case of your spouse, the last day of the month following 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 HMSA plan, refer to the HMSA Summary of Benefits and Coverage, available at <http://totalrewards.stryker.com/spc/HMSA.pdf>.

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.

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, HMSA 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

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

Cary, Illinois Health Center

The Stryker Corporation Welfare Benefits Plan provides a Health Center located in Cary, Illinois for Stryker Corporation employees formerly employed by Sage, Inc. The Health Center, operated by IU Health, is open to all Stryker Corporation employees and their eligible dependents located at or near Cary, Illinois.

The Health Center is a convenient place for you to receive preventive and sick (acute) care as well as health coaching and condition management services. There are several benefits for using the Health Center:

- Time: Little or no waiting – most appointments are complete in about 20 minutes, unless your appointment is for a Comprehensive Health Review.
- Cost savings:
 - For PPO participants: If you are not making or receiving contributions to an HSA, there is no cost to use the Health Center services. The only time you may have to pay for something is if the Health Center writes you a prescription that is not fillable by the Center and you have to take it to a pharmacy to have it filled.
 - For HSA participants: If you are making or receiving contributions to your HSA, only preventive services are provided free of charge. The Health Center must charge fair market value for all other services and prescriptions; please see the Center’s staff for additional information.
 - For uninsured Employees: If you are not insured or are insured through another employer’s health plan, the cost to use the Health Center services is \$20 per visit.
- Convenience: Fast access to care for diagnosis and treatment of illness or injury.
- Efficiency: No need to drive long distances for an appointment or common lab tests and prescriptions.

For details about the Health Center, please refer to the summary plan description (SPD) available at: <http://totalrewards.stryker.com/spc/Cary-IL-onsite-Clinic-SPD.pdf>

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, as well as long-term disability insurance, at no cost to you. These plans offer you income protection for you and your dependents in the face of unforeseen events.

If you are a U.S. Expatriate employee, you are not eligible for life and AD&D benefits under the International Plan. You are, however, eligible for life and AD&D insurance through the U.S. benefit plan. For more information on these benefits, see the *Life and AD&D Insurance Coverage* section in this Stryker Benefits Summary or refer to the Life and Accident Certificate of Insurance, available at <http://totalrewards.stryker.com/spd/Stryker-Amendatory-Rider.pdf> and <http://totalrewards.stryker.com/spd/CIGNA-Life-AD&D-Certificate-07-2017.pdf>.

The following chart summarizes the benefits available to you.

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 event 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 ▪ <i>U.S. Expatriate employees are excluded from this coverage and are eligible for the U.S. Life and AD&D benefits.</i>
(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 event 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 ▪ <i>U.S. Expatriate employees are excluded from this coverage and are eligible for the U.S. Life and AD&D benefits.</i>

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 Schedules 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:

- Health Care:
<http://totalrewards.stryker.com/spd/CIGNA-Certificate-07-2017.pdf>
- Life/AD&D:
<http://totalrewards.stryker.com/spd/CIGNA-Life-AD&D-Certificate-07-2017.pdf>
- LTD:
<http://totalrewards.stryker.com/spd/CIGNA-LTD-Certificate-07-2017.pdf>

Eligibility

Employees

You are eligible to enroll in the Cigna option if you are a full-time employee of Stryker, or part-time employee of Stryker who works 20 or more hours per week, and who is on International Assignment and meets all other eligibility requirements as outlined in the Certificate, available at:

- Health Care:
<http://totalrewards.stryker.com/spd/CIGNA-Certificate-07-2017.pdf>
- Life/AD&D:
<http://totalrewards.stryker.com/spd/CIGNA-Life-AD&D-Certificate-07-2017.pdf>
- LTD:
<http://totalrewards.stryker.com/spd/CIGNA-LTD-Certificate-07-2017.pdf>

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 stepchild or declared domestic partner's child
- A foster child
- A legally adopted child
- A child placed for adoption.

"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 the *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. Please see "Dependents" in the *Participating in Healthcare Benefits* section for those 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 hire.

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/CIGNA-Certificate-07-2017.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/CIGNA-Certificate-07-2017.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/CIGNA-Certificate-07-2017.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/CIGNA-Certificate-07-2017.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/CIGNA-Certificate-07-2017.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/CIGNA-Certificate-07-2017.pdf>

Funding

Benefits under the Cigna option are fully insured. Medical, prescription drug, dental and vision benefit disbursements are made pursuant to a contract between Cigna Health and Life Insurance Company and Stryker. Life, AD&D and disability benefit disbursements are made pursuant to a contract between Life Insurance Company of North America and Stryker. Information regarding how to contact both Cigna Health and Life Insurance Company and Life Insurance Company of America may be found in the Summary of Benefits.