

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 www.stryker.com/spd/pdf-2010_860_HealthyBlue_MHP_SPD.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. Newly hired employees who meet this requirement become eligible on the first day of the month following their date of hire. Employees who are rehired after a break in service become eligible on the first of the month following their date of rehire.

Dependents

Eligible dependents include:

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

The term “child” means:

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

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

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

When Coverage Begins

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

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

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

When Coverage Ends

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

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

- The date you drop coverage due to a 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.

Coordination of Benefits

Your Stryker healthcare benefits are coordinated with benefits from:

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

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

Which Plan Pays First

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

For Dependent Children

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

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

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

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

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

Coordination with Medicare

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

Age 65

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

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

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

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

End-Stage Renal Disease

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

Disability

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

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

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

COBRA Coverage

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

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

Effect of Prior Coverage

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

Medical Benefits

For specific information about the medical benefits offered under the Blue Cross and Blue Shield of Alabama PPO option, refer to the Certificate of Group Health Benefits document available at www.stryker.com/spd/pdf-2010_860_HealthyBlue_MHP_SPD.pdf.

Notice Regarding Maternity Stays

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

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

Notice Regarding Post-Mastectomy Care

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

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance

- Prostheses
- Treatment of physical complications of the mastectomy, including lymphedema

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

Prescription Drug Benefits

The Blue Cross and Blue Shield of Alabama PPO option provides benefits for covered prescription drugs, including contraceptives, insulin and diabetic supplies. Specific information is set out in the "Health Benefits" section of the Certificate of Group Health Benefits document available at www.stryker.com/spd/pdf-2010_860_HealthyBlue_MHP_SPD.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 www.stryker.com/spd/pdf-2010_860_HealthyBlue_MHP_SPD.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 www.stryker.com/spd/pdf-2010_860_HealthyBlue_MHP_SPD.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 www.stryker.com/spd/pdf-2010_860_HealthyBlue_MHP_SPD.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.

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.

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, be sure to refer to the Evidence of Coverage for your location, shown next. All three files are available at www.stryker.com/spd/pdf under their respective file names.

- If you live in Northern California, refer to the Evidence of Coverage for Kaiser Northern California, file name 0000398314EOC 17181_001_041.007 Stryker.pdf.
- If you live in Southern California, refer to the Evidence of Coverage for Kaiser Southern California, file name 0000398314EOC 118506_003_042.007 Stryker.pdf.
- If you live in Hawaii, refer to the Member Handbook for Kaiser Hawaii, file name 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.

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

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

The applicable service area is described in the “Definitions” section of the Evidence of Coverage 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.

When Coverage Begins

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

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).

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

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

When Coverage Ends

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

- The date you leave Stryker, 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.

Coordination of Benefits

Your Stryker healthcare benefits are coordinated with benefits from:

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

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

Which Plan Pays First

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

For Dependent Children

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

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

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

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

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

Coordination with Medicare

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

Age 65

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

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

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

End-Stage Renal Disease

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

Disability

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

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

COBRA Coverage

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

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

Effect of Prior Coverage

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

Medical Benefits

For specific 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, file name 0000398314Benefit Summary 17181 Stryker Corporation.pdf.
- If you live in Southern California, refer to the Benefit Summary for Kaiser Southern California, file name 0000398314Benefit Summary 118506 Stryker Corporation.pdf.

Notice Regarding Maternity Stays

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

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

Notice Regarding Post-Mastectomy Care

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

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

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

Prescription Drug Benefits

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

Subrogation Rights

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

Funding

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

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

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

Benefits at a Glance

<p>Medical Coverage</p>	<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
<p>Prescription Drug Coverage</p>	<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
<p>Dental Coverage</p>	<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
<p>Vision Coverage</p>	<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
<p>Life Insurance</p>	<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
<p>(AD&D) Insurance</p>	<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 document available at www.stryker.com/spd/pdf-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) issued by CIGNA, file name Rider_Class of Eligibles.pdf and file name Amendment Rider_Class of Eligibles.pdf. Both files are available at www.stryker.com/spd/pdf under their respective file names.

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

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

Dependents

Eligible dependents include:

- Your legal spouse
- Your declared domestic partner who meets all of the following requirements for the immediately preceding 12 months:
 - Is at least age 18 and mentally competent to enter into a legal contract when the domestic partnership began
 - Is your sole domestic partner in a committed relationship and intends to remain so indefinitely.
 - Has not had another domestic partner within the prior 12 months
 - Has not been a party to a divorce or annulment proceeding within the prior 12 months
 - Is not related to you in a way that would prohibit a legal marriage
 - Is not legally married to anyone else, and any prior marriages have been dissolved through death, divorce or nullity
 - Shares a household with you that is the primary residence of both of you (although you may live apart for reasons of education, healthcare, work or military service)
 - Shares joint responsibility with you for each other's basic living expenses incurred during the domestic partnership
- Your child under age 26
- A disabled child, who is not able to support himself because of a physical or mental disability that existed before age 26 and who relies primarily on you for support, provided the child has had continuous coverage with CIGNA since the child's 26th birthday

The term "child" means:

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

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

When Coverage Begins

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

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

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

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.

Coordination of Benefits

Your Stryker healthcare benefits are coordinated with benefits from:

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

Coordination with Medicare

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

Age 65

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

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

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

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

End-Stage Renal Disease

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

Disability

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

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

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

COBRA Coverage

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

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

Effect of Prior Coverage

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

Medical Benefits

For specific information about the medical benefits offered under the CIGNA option, refer to the Schedule of Benefits, file name Stryker Corporation_10-11.pdf.

Notice Regarding Maternity Stays

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

Notice Regarding Post-Mastectomy Care

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

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

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

Prescription Drug Benefits

The CIGNA option provides benefits for covered prescription drugs 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, file name Stryker Corporation_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, file name Stryker Corporation_10-11.pdf

Vision Benefits

The CIGNA plan offers vision care insurance, which provides benefits for eye exams and eyewear every 12 months. Refer to the “Vision Care Insurance” section of the Schedule of Benefits, file name Stryker Corporation_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 of the Schedule of Benefits, file name Stryker Corporation_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, file name Stryker Corporation_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.