



Cost of coverage

For part-time employee costs of coverage, visit enroll.stryker.com or contact the [myHR Team](#).

Completion of the Tobacco Use Affidavit is required if electing medical coverage. An additional \$50 monthly Tobacco Use Surcharge will be added if you or your covered spouse/domestic partner are tobacco users and have not completed a tobacco cessation journey in Strive or other physician-directed program.

Medical, dental and vision plans (monthly full-time employee costs)

	Employee only	Employee + 1	Family
Surest Advantage Plan	\$156	\$306	\$481
UHC Value PPO	\$151	\$293	\$464
UHC Premium HSA	\$130	\$243	\$386
UHC Basic HSA	\$70	\$94	\$128
UHC Out-of-Area	\$168	\$329	\$516
Kaiser Permanente of Northern California	\$234	\$428	\$674
Kaiser Permanente of Southern California	\$187	\$331	\$491
Hawaii Medical Service Association	\$37	\$351	\$546
Delta Dental	\$20	\$40	\$60
EyeMed Vision	\$5	\$10	\$15

Supplemental life insurance

The cost of the coverage is based on your age and your income and can be found on the Benefits Enrollment Site (enroll.stryker.com).

Spouse/domestic partner life insurance (monthly full-time employee costs)

\$10,000	\$1.28 per month	\$60,000	\$7.70 per month
\$20,000	\$2.57 per month	\$70,000	\$8.98 per month
\$30,000	\$3.85 per month	\$80,000	\$10.26 per month
\$40,000	\$5.13 per month	\$90,000	\$11.55 per month
\$50,000	\$6.42 per month	\$100,000	\$12.83 per month



Cost of coverage (continued)

Child life insurance (monthly full-time employee costs)

Each child (\$10,000 of coverage) \$1.04 per month (regardless of the number of children)

Critical illness insurance (monthly employee costs)

Age of employee	Employee	Employee + child(ren) (one-parent family)	Employee + spouse/domestic partner/Family (two-parent family)
Under 25	\$2.90	\$3.20	\$3.35
25 – 29	\$3.35	\$3.65	\$4.10
30 – 34	\$3.65	\$3.95	\$4.55
35 – 39	\$4.40	\$4.70	\$5.75
40 – 44	\$5.90	\$6.20	\$8.30
45 – 49	\$9.20	\$9.50	\$12.95
50 – 54	\$12.65	\$12.95	\$18.35
55 – 59	\$18.05	\$18.35	\$26.30
60 – 64	\$24.50	\$24.80	\$36.20
65+	\$44.30	\$44.60	\$65.90

Accident insurance (monthly employee costs)

Employee	\$5.03
Employee + spouse/domestic partner	\$7.76
Employee + child(ren)	\$6.74
Family	\$9.70

Hospital indemnity insurance (monthly employee costs)

Employee	\$8.92
Employee + spouse/domestic partner	\$18.42
Employee + child(ren)	\$12.88
Family	\$20.80