

Stryker Corporation

New health insurance marketplace coverage options and your health coverage

The following guidance was issued by the U.S. Department of Labor in July 2013.

Read it carefully before deciding whether to:

- Enroll in Stryker’s medical coverage for 2024, or
- Purchase coverage from a private or public exchange, collectively referred to below as “the Marketplace.”

For additional information about health care reform, visit [HealthCare.gov](https://www.healthcare.gov).

PART A: General information

Since key parts of the health care law took effect in 2014, there is a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget.

The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away.

Can I save money on my health insurance premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn’t meet certain standards. The savings on your premium that you’re eligible for depends on your household income.

Does employer health coverage affect eligibility for premium savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 8.39% of your household income for the year, or if the coverage your employer

provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

¹ An employer-sponsored health plan meets the “minimum value standard” if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986).

When can I enroll in health insurance coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about alternatives to Marketplace health insurance coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/gettingmedicaid-chip/> for more details.

How can I get more information?

For more information about your coverage offered by your employer, please check your summary plan description (totalrewards.stryker.com/spd) or contact the myHR team.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information about health coverage offered by your employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name Stryker Corporation		4. Employer Identification Number (EIN) 38-1239739
Stryker Sales Corporation		38-2902424
Howmedica Osteonics Corp		22-2183590
Stryker Communications Inc.		20-1962228
Stryker Sustainability Solutions		86-0898793
Stryker Performance Solutions LLC		46-1634423
Stryker Employment Company		83-1484034
Stryker Customs Broker		20-8420912
5. Employer Address 2825 Airview Boulevard		6. Employer Phone Number See below
7. City Kalamazoo	8. State MI	9. ZIP code 49002
10. Who can we contact about employee health coverage at this job? See below		
11. Phone number (if different from above) See below		12. Email address See below

Need More Information? Visit totalrewards.stryker.com or contact the myHR team at 877 795 2002.

Here is some basic information about health coverage offered by Stryker Corporation:

- As your employer, we offer a health plan to:
 - All employees.
 - Some employees.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

Regular full-time and regular part-time employees

Except as provided in the paragraph below, all regular full-time and regular part-time employees of Stryker (who live and work in the U.S. as described below) are eligible for medical, prescription drug, dental and vision coverage under the Stryker Corporation Welfare Benefits Plan. "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. In addition, 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 medical and prescription drug coverage under 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 medical and prescription drug 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.

(continued)

Other employees

If you are a regular employee who is 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 medical and prescription drug coverage under the UHC Basic HSA Plan (with no Stryker HSA contribution) plan after completing an initial measurement period during which you are credited with an average of at least 30 hours of service per week. 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.

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, should you 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 healthcare benefits under the Stryker Corporation Welfare Benefits Plan.

Dependents

- With respect to dependents:
 - We do not offer coverage.
 - We do offer coverage.

Eligible dependents include:

- Your legal spouse (if your spouse resides outside of the country, he or she may still be eligible for benefits).
- Your children through the end of the month in which they turn 26, regardless of their marital or employment status.
- Your child of any age who relies on you for at least 51% of his or her support due to a physical or mental disability. Eligibility will continue if you provide proof of the disability within 30 days after the child reaches the age at which coverage would otherwise end. Coverage will then remain in effect as long as the disability continues and you maintain dependent coverage under the Plan. If you are a newly hired employee with a child who relies on you for at least 51% of his or her support due to a physical or mental disability, you

must attest that the dependent was disabled prior to having reached age 26.

- A domestic partner or civil union partner that is registered in a state or jurisdiction recognizing these relationships OR your domestic partner who meets all of the following requirements. (All of the following requirements must have been met for the immediately preceding 12 months from the date of declaration.):
 - 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.

For purposes of determining eligibility under the Stryker Corporation Welfare Benefits Plan, the term "child" means your (or your spouse's or domestic partner's) child who is under age 26, including a natural child, a stepchild, a foster child, a legally adopted child, a child placed for adoption, or a child for whom you have been appointed legal guardian. A child who does not fall within this definition of "child" is not eligible for coverage even if you can claim the child as your dependent for federal income tax purposes.

Kaiser Permanente, Blue Cross Blue Shield of Alabama (BCBSAL) and Hawaii Medical Service Association (HMSA) participants, please refer to your certificate of coverage for dependent eligibility requirements, or contact the myHR team.

Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.