stryker

Stryker Corporation

Legal Notices and Disclosures:
Annual Enrollment for 2026 Benefits:

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If you and/or your dependents have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see pages 5–6 for more details.

Contact information for the myHR Team

Several notices in this packet refer to the myHR Team as additional resources for information. You can contact the myHR Team at 877 795 2002 or **http://myhr.stryker.com**.

Summary Annual Report (SAR): Stryker Corporation Welfare Benefits Plan

This is a summary of the annual report of the Stryker Corporation Welfare Benefits Plan, EIN 38-1239739, Plan No. 501, for period 1/1/2024 through 12/31/2024. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Stryker Corporation has committed itself to pay certain self-insured medical, prescription drug, dental, vision, and short-term disability claims incurred under the terms of the plan.

Insurance Information

The plan has contracts with BlueCross BlueShield of Alabama, Cigna Health and Life Insurance Company, Life Insurance Company of North America, Unum Life Insurance Company of America, Kaiser Foundation Health Plan, Inc., Hawaii Medical Service Association, Telus Health (US) Ltd., Lyra Health, Inc., Delaware American Life Insurance of America, and Lyra Clinical Associates P.C. to pay medical, prescription drug, dental, vision, life insurance, long-term disability, accidental death and dismemberment, employee assistance program, and medical benefits abroad claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2024 were $24,699,509.

Because BlueCross BlueShield of Alabama is a so called "experience-rated" contract, the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ending 12/31/2024, the premiums paid under the "experience-rated" contract were $953,907 and the total of all benefit claims paid under this contract during the plan year was $991,620.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The item listed below is included in that report:

- Insurance information, including sales commissions paid by insurance carriers;

To obtain a copy of the full annual report, or any part thereof, write or call the office of Stryker Corporation at 1941 Stryker Way, Portage, MI, 49002 or by telephone at 269-389-7521.

You also have the legally protected right to examine the annual report at the main office of the plan (Stryker Corporation, 1941 Stryker Way, Portage, MI, 49002) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210. Or you may access a copy on the DOL's web site **www.efast.dol.gov**.

Notice Regarding Wellness Program

Strive for wellbeing is a voluntary wellbeing program available to all employees. The wellbeing program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the Strive for wellbeing program, you can earn points for completing voluntary Wellbeing Assessment that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease).

Employees who choose to participate in the wellbeing program may receive incentives such as Strive branded products, cash or gift card prizes for completing wellbeing activities. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the myHR Team.

The information from your Wellbeing Assessment will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellbeing program, such as providing suggestions for activities that you can participate in pertaining to your health results. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information
We are required by law to maintain the privacy and security of your personally identifiable health information. Although the Strive for wellbeing program and Stryker Corporation may use aggregate information it collects to design a program based on identified health risks in the workplace, Personify Health, the vendor for the Strive program, will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellbeing program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellbeing program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellbeing program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellbeing program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellbeing program will abide by the same confidentiality requirements.

In addition, all medical information obtained through the wellbeing program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellbeing program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellbeing program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellbeing program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the myHR Team.

Notice of Your Right to Request a Special Enrollment Opportunity

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan, without waiting for the next open enrollment period, if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days of the date your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage, if that occurs later than the date coverage ends).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days of the marriage, birth, adoption, or placement for adoption.

Stryker will also allow a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, or
- Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have 60 days—instead of 30 days—from the date of the Medicaid/CHIP eligibility change to request enrollment in the Stryker group health plan. Note that this 60-day extension doesn't apply to enrollment opportunities other than those due to the Medicaid/CHIP eligibility change.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan.

HIPAA special enrollment rights allow you to enroll yourself and/or your dependent(s) in medical coverage following certain circumstances.

- If you (or your dependents) lose other medical coverage or when a person becomes your dependent by birth, adoption, placement adoption or marriage, you generally have 30 days to enroll in the Plan.
- If you lose eligibility for coverage under a state Medicaid or CHIP program, or if you become eligible for state premium assistance under Medicaid or CHIP, you generally have 60 days to enroll in the Plan's medical benefits.

To request special enrollment or obtain more information or to enroll due to another qualifying life event, contact the myHR Team.

Women's Health and Cancer Rights Act of 1998 Notice

Under federal law, group health plans and health insurance issuers that provide medical and surgical benefits for mastectomies must also provide coverage for the services listed below.

For individuals receiving mastectomy-related benefits, the following services are to be provided in a manner determined in consultation with the attending physician and the patient:

- All stages of reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prosthesis; and,
- Treatment of physical complications in all stages of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, contact the myHR Team at 877 795 2002 or **http://myhr.stryker.com**.

Notice of Creditable Status of Your Prescription Drug Coverage

The purpose of this notice is to advise you that the prescription drug coverage listed below under the Stryker medical plan are expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2026. This is known as “creditable coverage.”

Why this is important. If you or your covered dependent(s) are enrolled in any prescription drug coverage during 2026 listed in this notice and are or become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty—as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records.

Please read the notice below carefully. It has information about prescription drug coverage with Stryker and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

Notice of Creditable Coverage

You may have heard about Medicare’s prescription drug coverage (called Part D), and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving employer/union coverage may be eligible for a Medicare Special Enrollment Period.

If you are covered by **any prescription drug plan offered under the Stryker Corporation Welfare Benefits Plan**, you’ll be interested to know that the prescription drug coverage under the plans are, on average, at least as good as standard Medicare prescription drug coverage for 2026. This is called creditable coverage. Coverage under a Stryker plan will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

If you decide to enroll in a Medicare prescription drug plan and you are an active employee or family member of an active employee, you may also continue your employer coverage. In this case, the plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan. If you waive or drop Stryker coverage, Medicare will be your only payer. You can re-enroll in the employer plan at annual enrollment or if you have a special enrollment event for the Stryker plan, assuming you remain eligible.

You should know that if you waive or leave coverage with Stryker and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium will go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You’ll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Part D.

You may receive this notice at other times in the future—such as before the next period you can enroll in Medicare prescription drug coverage, if this Stryker coverage changes, or upon your request.

For more information about your options under Medicare prescription drug coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the *Medicare & You* handbook. Medicare participants will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here's how to get more information about Medicare prescription drug plans:

- Visit **www.medicare.gov** for personalized help.
- Call your State Health Insurance Assistance Program (see a copy of the *Medicare & You* handbook for the telephone number).
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at **www.socialsecurity.gov** or call 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this notice. If you enroll in a Medicare prescription drug plan after your applicable Medicare enrollment period ends, you may need to provide a copy of this notice when you join a Part D plan to show that you are not required to pay a higher Part D premium amount.

For more information about this notice or your prescription drug coverage, contact:

Name of Entity: Stryker Corporation
Contact/Position: Health Plan Administrator
Address: 1941 Stryker Way, Portage, MI, 49002
Telephone Number: 269 389 2600

Notice of Availability: Stryker Corporation Welfare Benefits Plan's Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW YOU MAY OBTAIN A COPY OF THE PLAN'S NOTICE OF PRIVACY PRACTICES, WHICH DESCRIBES THE WAYS THAT THE PLAN USES AND DISCLOSES YOUR PROTECTED HEALTH INFORMATION.

The Stryker Corporation Welfare Benefits Plan (the "Plan") provides health benefits to eligible employees of the Stryker Corporation (the "Company") and their eligible dependents as described in the summary plan description(s) for the Plan. The Plan creates, receives, uses, maintains and discloses health information about participating employees and dependents in the course of providing these health benefits. The Plan is required by law to provide notice to participants of the Plan's duties and privacy practices with respect to covered individuals' protected health information, and has done so by providing to Plan participants a Notice of Privacy Practices, which describes the ways that the Plan uses and discloses protected health information. You can obtain an electronic copy of the Plan's Notice of Privacy Practices by visiting the resources page of the Total Rewards site (totalrewards.stryker.com) and clicking on documents. You may also contact the myHR Team at 877 795 2002 if you would like a paper copy of the Notice.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or http://www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility –

ALABAMA – Medicaid	**ALASKA – Medicaid**
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**FLORIDA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	**NEBRASKA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

NEVADA – Medicaid	**NEW HAMPSHIRE – Medicaid**
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA - Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	**UTAH – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	**WYOMING – Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

NEW YORK STATE | Paid Family Leave

NOTICE TO EMPLOYEES

Paid Family Leave Insurance Coverage Provided by: First Unum Life Insurance Company

Covering Employees of: Stryker Employment Company LLC

Paid Family Leave is insurance that provides job protected paid time off to:

- **Bond** with a newly born, adopted, or fostered child
- **Care** for a family member with a serious health condition
- **Assist** loved ones when a family member is deployed abroad on active military service

How to File:

- **Notify** your employer at least 30 days in advance, if foreseeable, or as soon as possible
- **Submit** the Request for Paid Family Leave form to your employer
- **Complete** and attach the additional documentation as instructed on the request form and submit to the insurance carrier listed below

Employers should NEVER discriminate or retaliate against anyone who requests or takes leave

FOR MORE INFORMATION AND HELP:
Visit **ny.gov/PaidFamilyLeave**
or call **(844) 337-6303**

You can get forms to take Paid Family Leave from

- *Your employer,*
- *The insurance carrier below, or*
- ***ny.gov/PaidFamilyLeave***

First Unum Life Insurance Company
666 Third Avenue, Suite 300
New York, NY 10017 (1-800-356-5817)

Policy #: 940916 Effective From: 01/01/2026 To: 01/01/2027

☑ Statutory ☐ Under a Plan or Agreement

Class(es) of Employees Covered: All employees eligible under the New York State Disability Benefits

NOTICE OF COMPLIANCE

PRESCRIBED BY THE CHAIR, WORKERS' COMPENSATION BOARD

THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.

NEW YORK STATE | Paid Family Leave

NOTICE TO EMPLOYEES

Paid Family Leave Insurance Coverage Provided by: First Unum Life Insurance Company

Covering Employees of: Stryker Corporation

Paid Family Leave is insurance that provides job protected paid time off to:

- **Bond** with a newly born, adopted, or fostered child
- **Care** for a family member with a serious health condition
- **Assist** loved ones when a family member is deployed abroad on active military service

How to File:

- **Notify** your employer at least 30 days in advance, if foreseeable, or as soon as possible
- **Submit** the Request for Paid Family Leave form to your employer
- **Complete** and attach the additional documentation as instructed on the request form and submit to the insurance carrier listed below

Employers should NEVER discriminate or retaliate against anyone who requests or takes leave

FOR MORE INFORMATION AND HELP:
Visit **ny.gov/PaidFamilyLeave**
or call **(844) 337-6303**

You can get forms to take Paid Family Leave from

- *Your employer,*
- *The insurance carrier below, or*
- ***ny.gov/PaidFamilyLeave***

First Unum Life Insurance Company
666 Third Avenue, Suite 300
New York, NY 10017 (1-800-356-5817)

Policy #: 940916 Effective From: 01/01/2026 To: 01/01/2027

☑ Statutory ☐ Under a Plan or Agreement

Class(es) of Employees Covered: All employees eligible under the New York State Disability Benefits

NOTICE OF COMPLIANCE

PRESCRIBED BY THE CHAIR, WORKERS' COMPENSATION BOARD

THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.

First Unum Life Insurance Company

Stryker Employment Company LLC

STATE OF NEW YORK

WORKERS' COMPENSATION BOARD

NOTICE OF COMPLIANCE

New York State Disability Benefits

Disability Benefits For Employees

1. If you are unable to work because of an illness or injury, not work-related, you may be entitled to receive weekly benefits from your employer, his or her insurance carrier, or from the Special Fund for Disability Benefits.

2. To claim benefits you must file a claim form within 30 days from the first date of your disability, but in no event more than 26 weeks from such date.

3. Complete claim form DB-450 (Notice and Proof of Claim for Disability Benefits)
   You may obtain the form from your employer, his or her insurance carrier, your health provider, any Unemployment Insurance Office, the Workers' Compensation Board's website (www.wcb.ny.gov) or any office of the Board.
   IMPORTANT: Before filing your claim, your health provider must complete the "Health Care Provider's Statement" on the form showing your period of disability.

   - If you are employed, or have been unemployed for four weeks or less when your disability begins, send the completed form to your employer or the insurance carrier named below.
   - If you have been unemployed more than four weeks when your disability begins, send the completed form to the Workers' Compensation Board, Disability Benefits Bureau, 328 State Street, Schenectady, New York 12305.

4. You are entitled to be treated by any physician,chiropractor, dentist, nurse-midwife, podiatrist or psychologist of your choice. However, unlike workers' compensation, your medical bills will not be paid unless your employer and/or union provide for the payment of such bills under a Disability Benefits Plan or Agreement.

5. If you are ill or injured during the time you are receiving Unemployment Insurance Benefits, file a claim for Disability Benefits as soon as you sustain the injury or illness, by following the instructions outlined above.

6. If you are out of work in excess of seven days, your employer is required to send you a Disability Benefits Statement of Rights (Form DB-271S).

7. You may not take disability benefits at the same time as paid family leave benefits. The total amount of disability and paid family leave in a 52 week period cannot exceed 26 weeks.

8. Other information about disability benefits may be obtained by writing or calling the Workers' Compensation Board.

First Unum Life Insurance Company
1225 Franklin Ane.,Suite 250
Garden City, NY 11530
1-800-356-5817

Policy #: 940916 Effective From: 01/01/2026 To: 01/01/2027

☑ Statutory ☐ Under a Plan or Agreement

Class(es) of Employees Covered:

All Employees eligible under the New York State Disability Benefits Law

NYS Workers' Compensation Board
Customer Service: (877) 632-4996
www.wcb.ny.gov

PRESCRIBED BY THE CHAIR, WORKERS' COMPENSATION BOARD
THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.
Employers must post DB-120 so that all classes of their employees know who will pay their benefits.

THE WORKERS' COMPENSATION BOARD EMPLOYS AND SERVES PEOPLE WITH DISABILITIES WITHOUT DISCRIMINATION

First Unum Life Insurance Company

Stryker Corporation

STATE OF NEW YORK

WORKERS' COMPENSATION BOARD

NOTICE OF COMPLIANCE

New York State Disability Benefits

Disability Benefits For Employees

1. If you are unable to work because of an illness or injury, not work-related, you may be entitled to receive weekly benefits from your employer, his or her insurance carrier, or from the Special Fund for Disability Benefits.

2. To claim benefits you must file a claim form within 30 days from the first date of your disability, but in no event more than 26 weeks from such date.

3. Complete claim form DB-450 (Notice and Proof of Claim for Disability Benefits)
   You may obtain the form from your employer, his or her insurance carrier, your health provider, any Unemployment Insurance Office, the Workers' Compensation Board's website (www.wcb.ny.gov) or any office of the Board.
   IMPORTANT: Before filing your claim, your health provider must complete the "Health Care Provider's Statement" on the form showing your period of disability.

   - If you are employed, or have been unemployed for four weeks or less when your disability begins, send the completed form to your employer or the insurance carrier named below.
   - If you have been unemployed more than four weeks when your disability begins, send the completed form to the Workers' Compensation Board, Disability Benefits Bureau, 328 State Street, Schenectady, New York 12305.

4. You are entitled to be treated by any physician,chiropractor, dentist, nurse-midwife, podiatrist or psychologist of your choice. However, unlike workers' compensation, your medical bills will not be paid unless your employer and/or union provide for the payment of such bills under a Disability Benefits Plan or Agreement.

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THE WORKERS' COMPENSATION BOARD EMPLOYS AND SERVES PEOPLE WITH DISABILITIES WITHOUT DISCRIMINATION

City & County of San Francisco
Health Care Security Ordinance

Covered Employers Must Post Where Employees Can Read Easily

OFFICIAL NOTICE 2026

You may be entitled to employer health care spending

Most workers in San Francisco are entitled to employer health care spending, if you:

- Work at least **8 hours** per week in San Francisco
- Have been employed by your employer for about 3 months **(90 days)**
- Work for a business that has **20 or more workers** worldwide or a non-profit with **50 or more workers** worldwide

2026 Required Health Care Spending Rates	
Employer size	Required rate
20-99 workers worldwide (or nonprofits with 50-99 workers)	**$2.74 / hour**
100 or more workers worldwide	**$4.11 / hour**

Your employer may choose how they spend the money. For example, your employer may pay for health, dental, or vision insurance, make payments to the SF City Option program, etc.

The City may investigate possible violations of the law, and can order employers who violate the law to pay penalties and make payments to workers. Employers may not punish employees who file a complaint or who cooperate with an investigation.

If you have any questions, please contact your employer or the San Francisco Office of Labor Standards Enforcement at (415) 554-7892 or HCSO@sfgov.org. You can also visit the OLSE website at www.sf.gov/olse-hcso

AVISO OFICIAL 2026 - Ordenanza de Seguridad del Cuidado de la Salud (HCSO)

Es posible que tenga derecho a los gastos de atención medica del empleador

La mayoría de los trabajadores en San Francisco tienen derecho a los gastos de atención medica del empleador, si usted:

- Trabaja por lo menos **8 horas** a la semana en San Francisco
- Ha estado trabajando por su empleador durante aproximadamente unos 3 meses **(90 días)**
- Trabaja para una empresa que tiene **20 o más trabajadores** en todo el mundo o una organización sin fines de lucro con **50 o más trabajadores** en todo el mundo

Tasas de gasto en atención medica requerida 2026	
Tamaño de la empresa	Tasa obligatoria
20-99 trabajadores en todo el mundo (o entidades sin fines de lucro con 50-99 trabajadores)	**$2.74 / hora**
100 o más trabajadores en todo el mundo	**$4.11 / hora**

Su empleador puede elegir cómo gastar el dinero. Por ejemplo, su empleador puede pagar un seguro médico, dental o de visión, hacer pagos al programa SF City Option, etc.

La Ciudad podría investigar los posibles incumplimientos de la ley, y puede ordenar a los empleadores que violen la ley que paguen multas y realicen pagos a los trabajadores. Los empleadores no deben castigar a los empleados que presenten una queja o que cooperen con una investigación.

Si usted tiene alguna pregunta, comuníquese con su empleador o con la Oficina de Normas Laborales de San Francisco en (415) 554-7892 ó HCSO@sfgov.org. También puede visitar el sitio web de OLSE en: www.sf.gov/olse-hcso

2026 年政府通知-醫療保障條例 (HCSO)

您可能有權享有雇主提供的醫療保健費

大多数三藩市雇员有权享有雇主提供的醫療保健費，符合条件如下:

- 在三藩市每周至少工作 **8 小時**
- 受聘約 3 個月(**90天**)
- 在全球範圍内擁有 **20 名或以上雇員**的企業或在全球擁有 **50 名或以上雇員**的非營利組織工作。

2026 年法定醫療保健费率	
雇主规模	法定费率
全球有 20-99 名雇员 (或有50-99名雇员的非營利組織)	**$2.74 / 小时**
全球有 100 名或以上雇员	**$4.11 / 小时**

您的雇主可以選擇如何使用這些保健費用。例如，雇主可以用這些錢來支付醫療保險、牙科保險、眼科保險或向三藩市市府健康保健計劃（稱爲 City Option）付款等。

市政府對違反法律行爲將會進行調查并可責令違法的雇主支付罰款及向雇员支付欠款。雇主不得懲罰提出投訴或配合調查的雇员。

如果您有任何问题，請與您的雇主或三藩市勞工標準執行辦公室聯絡。(San Francisco Office of Labor Standards Enforcement)，电話 (415) 554-7892 或电邮 HCSO@sfgov.org。您也可以瀏覽OLSE的網站 www.sf.gov/olse-hcso

City & County of San Francisco
Health Care Security Ordinance

Covered Employers Must Post Where Employees Can Read Easily

Opisyal na abiso para sa 2026 - Ordinansa ukol sa Seguridad para sa Pangangalaga ng Kalusugan (Health Care Security Ordinance, HCSO)

Posibleng kuwalipikado kayo para sa paggasta ng taga-empleyo para sa pangangalaga ng kalusugan o employer health care spending

Karamihan sa mga manggagawa ng San Francisco ay may karapatan sa paggasta ng taga-empleyo para sa pangangalaga ng kalusugan, kung kayo ay:

- Nagtatrabaho nang hindi bababa sa **8 oras** kada linggo sa San Francisco
- Naempleyo na ng inyong taga-empleyo nang humigit-kumulang sa 3 buwan (**90 araw**)
- Nagtatrabaho para sa negosyong may **20 o higit pang manggagawa** sa kabuuan ng mundo o non-profit na may **50 o higit pang manggagawa** sa kabuuan ng mundo

Itinatakdang mga Halaga sa Paggasta para sa Pangangalaga ng Kalusugan sa 2026	
Laki ng Taga-empleyo	**Itinatakdang Halaga**
20-99 manggagawa sa kabuuan ng mundo (o nonprofit na may 50-99 manggagawa)	**$2.74 / oras**
100 o higit pang manggagawa sa kabuuan ng mundo	**$4.11 / oras**

Puwedeng piliin ng inyong taga-empleyo kung paano nito gagastahin ang pera. Halimbawa, posibleng bayaran ng inyong taga-empleyo ang seguro sa kalusugan, pangangalaga ng ngipin, o paningin, magbayad sa programang SF City Option, at iba pa.

Maaaring imbestigahan ng Lungsod ang mga posibleng paglabag sa batas, at puwede nitong iutos sa mga taga-empleyong lalabag sa batas na magbayad ng multa at bayaran din ang mga manggagawa. Hindi puwedeng parusahan ng mga taga-empleyo ang mga empleyadong magfa-file ng reklamo o magbibigay ng kooperasyon sa imbestigasyon.

Kung mayroon kayong anumang tanong, pakikontak ang inyong taga-empleyo o ang Opisina para sa Pagpapatupad ng mga Pamantayan sa Paggawa (Office of Labor Standards Enforcement) ng San Francisco sa (415) 554-7892 o sa HCSO@sfgov.org. Puwede rin ninyong bisitahin ang website ng OLSE sa www.sf.gov/olse-hcso

THÔNG BÁO CHÍNH THỨC NĂM 2026 - Luật về An Ninh Chăm Sóc Sức Khỏe

Quý vị có thể được chủ lao động bao trả chi phí chăm sóc sức khỏe

Hầu hết người lao động tại San Francisco đều được chủ lao động bao trả chi phí chăm sóc sức khỏe, nếu quý vị:

- Làm việc ít nhất **8 giờ** mỗi tuần tại San Francisco
- Đã làm việc cho chủ lao động khoảng 3 tháng (**90 ngày**)
- Làm việc cho một doanh nghiệp có từ **20** nhân viên trở lên (trên toàn thế giới) hoặc một tổ chức phi lợi nhuận có từ **50** nhân viên trở lên (trên toàn thế giới)

Mức Bao Trả Chi Phí Chăm Sóc Sức Khỏe Bắt Buộc năm 2026	
Quy Mô Doanh Nghiệp	**Mức Bắt Buộc**
20-99 nhân viên trên toàn thế giới (hoặc tổ chức phi lợi nhuận có từ 50-99 nhân viên)	**$2,74 / giờ**
100 nhân viên trở lên (trên toàn thế giới)	**$4,11 / giờ**

Chủ lao động có thể chọn cách họ chi tiêu số tiền này. Ví dụ: chủ lao động có thể chi trả bảo hiểm y tế, nha khoa hoặc nhãn khoa, thanh toán cho chương trình SF City Option, v.v.

Thành Phố có quyền điều tra các hành vi vi phạm pháp luật (nếu có) và yêu cầu chủ lao động vi phạm pháp luật nộp phạt và thanh toán cho người lao động. Chủ lao động không được phép trừng phạt nếu nhân viên nộp đơn khiếu nại hoặc hợp tác với cơ quan điều tra.

Mọi thắc mắc vui lòng liên hệ với chủ lao động của quý vị hoặc Văn Phòng Thực Thi Tiêu Chuẩn Lao Động San Francisco theo số (415) 554-7892 hoặc HCSO@sfgov.org. Quý vị cũng có thể truy cập vào trang web của OLSE tại địa chỉ www.sf.gov/olse-hcso

Employer Name:	**Stryker Corporation**
Employer State of Situs:	**MI**
Name of Issuer:	**UnitedHealthcare**
Plan Marketing Name:	
Plan Year:	**2022**

Ten (10) Essential Health Benefit (EHB) Categories

- Ambulatory patient services (outpatient care you get without being admitted to a hospital)
- Emergency services
- Hospitalization (like surgery and overnight stays)
- Laboratory services
- Mental health and substance use disorder (MH/SUD) services, including behavioral health treatment (this includes counseling and psychotherapy)
- Pediatric services, including oral and vision care (but adult dental and vision coverage aren't essential health benefits)
- Pregnancy, maternity, and newborn care (both before and after birth)
- Prescription drugs
- Preventive and wellness services and chronic disease management
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)

2020-2022 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)

Employer

Item	EHB Benefit	EHB Category	Benchmark Page # Reference	Employer Plan Covered Benefit?
1	Accidental Injury -- Dental	Ambulatory	Pgs. 10 & 17	Yes
2	Allergy Injections and Testing	Ambulatory	Pg. 11	Yes
3	Bone anchored hearing aids	Ambulatory	Pgs. 17 & 35	Yes
4	Durable Medical Equipment	Ambulatory	Pg. 13	Yes
5	Hospice	Ambulatory	Pg. 28	Yes
6	Infertility (Fertility) Treatment	Ambulatory	Pgs. 23 - 24	Yes
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Ambulatory	Pg. 21	Yes
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	Ambulatory	Pgs. 15 - 16	Yes
9	Private-Duty Nursing	Ambulatory	Pgs. 17 & 34	Yes
10	Prosthetics/Orthotics	Ambulatory	Pg. 13	Yes
11	Sterilization (vasectomy men)	Ambulatory	Pg. 10	Yes
12	Temporomandibular Joint Disorder (TMJ)	Ambulatory	Pgs. 13 & 24	Yes
13	Emergency Room Services (Includes MH/SUD Emergency)	Emergency services	Pg. 7	Yes
14	Emergency Transportation/ Ambulance	Emergency services	Pgs. 4 & 17	Yes
15	Bariatric Surgery (Obesity)	Hospitalization	Pg. 21	Yes
16	Breast Reconstruction After Mastectomy	Hospitalization	Pgs. 24 - 25	Yes
17	Reconstructive Surgery	Hospitalization	Pgs. 25 - 26, & 35	Yes
18	Inpatient Hospital Services (e.g., Hospital Stay)	Hospitalization	Pg. 15	Yes
19	Skilled Nursing Facility	Hospitalization	Pg. 21	Yes
20	Transplants - Human Organ Transplants (Including transportation & lodging)	Hospitalization	Pgs. 18 & 31	Yes
21	Diagnostic Services	Laboratory services	Pgs. 6 & 12	Yes
22	Intranasal opioid reversal agent associated with opioid prescriptions	MH/SUD	Pg. 32	Yes

23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)	MH/SUD	Pgs. 8 -9, 21	Yes
24	Opioid Medically Assisted Treatment (MAT)	MH/SUD	Pg. 21	Yes
25	Substance Use Disorders (Including Inpatient Treatment)	MH/SUD	Pgs. 9 & 21	Yes
26	Tele-Psychiatry	MH/SUD	Pg. 11	Yes
27	Topical Anti-Inflammatory acute and chronic pain medication	MH/SUD	Pg. 32	No
28	Pediatric Dental Care	Pediatric Oral and Vision Care	See AllKids Pediatric Dental Document	No
29	Pediatric Vision Coverage	Pediatric Oral and Vision Care	Pgs. 26 - 27	No
30	Maternity Service	Pregnancy, Maternity, and Newborn Care	Pgs. 8 & 22	Yes
31	Outpatient Prescription Drugs	Prescription drugs	Pgs. 29 - 34	Yes
32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	Pgs. 12 & 16	Yes
33	Contraceptive/Birth Control Services	Preventive and Wellness Services	Pgs. 13 & 16	Yes
34	Diabetes Self-Management Training and Education	Preventive and Wellness Services	Pgs. 11 & 35	Yes
35	Diabetic Supplies for Treatment of Diabetes	Preventive and Wellness Services	Pgs. 31 - 32	Yes
36	Mammography - Screening	Preventive and Wellness Services	Pgs. 12, 15, & 24	Yes
37	Osteoporosis - Bone Mass Measurement	Preventive and Wellness Services	Pgs. 12 & 16	Yes
38	Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance Test	Preventive and Wellness Services	Pg. 16	Yes
39	Preventive Care Services	Preventive and Wellness Services	Pg. 18	Yes
40	Sterilization (women)	Preventive and Wellness Services	Pgs. 10 & 19	Yes
41	Chiropractic & Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	Pgs. 12 - 13	Yes
42	Habilitative and Rehabilitative Services	Rehabilitative and Habilitative Services and Devices	Pgs. 8, 9, 11, 12, 22, & 35	Yes

Special Note: Under Pub. Act 102-0104, eff. July 22, 2021, any EHBs listed above that are clinically appropriate and medically necessary be covered in the same manner as when those EHBs are delivered in person.