

## Stryker Corporation Legal Notices and Disclosures

This file includes the following legal notices:

- 2025 Annual Enrollment Legal Notices and Disclosures, including:
  - Equal Opportunity and Affirmative Action Notice
  - Summary Annual Report (SAR), Stryker Corporation Welfare Benefits Plan
  - Notice Regarding Wellness Program
  - Notice of Your Right to Request a Special Election Opportunity
  - Notice of Your Rights under the Women's Health and Cancer Rights Act of 1998
  - Notice of Creditable Status of Your Prescription Drug Coverage
  - Notice: Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)
- New York State Paid Family Leave
  - Stryker Corporation
  - Stryker Employment Company
- State of NY Notice of Compliance — Disability Benefits Law
  - Stryker Corporation
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- San Francisco Healthcare Security Ordinance
- Illinois Essential Health Benefits List
- The Hartford Financial Services Group Customer Privacy Notice



## Stryker Corporation

### Legal Notices and Disclosures: Annual Enrollment for 2025 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>.

## **Equal Employment Opportunity and Affirmative Action Notice**

Stryker Corporation is committed to taking affirmative action to employ and advance in employment qualified disabled individuals. If you have a physical or mental impairment that substantially limits a major life activity and would like to be considered under our affirmative action program, please contact Human Resources. You may inform Human Resources of your desire to benefit under the program at any time after a conditional offer of employment at Stryker.

Submission of this information is voluntary and refusal to provide it will not subject an employee to discharge or disciplinary treatment.

## **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 01/01/2023 through 12/31/2023. 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 Blue Cross and Blue Shield of Alabama, Cigna Health and Life Insurance Company, Life Insurance Company of North America, Hartford Life and Accident, Kaiser Foundation Health Plan Inc, Hawaii Medical Service Association, and Telus Health (US) Ltd. 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 12/31/2023 were \$21,129,170.

Because they are so called "experience-rated" contracts, 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 12/31/2023, the premiums paid under such "experience-rated" contracts were \$939,572 and the total of all benefit claims paid under these contracts during the plan year was \$783,316.

### **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 items listed below are 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 1901 Romence Road Parkway, 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, 1901 Romence Road Parkway, 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.

## **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, Virgin Pulse, 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 2025. 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 2025 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 2025. 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](http://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](http://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:** 1901 Romence Road Parkway, 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](http://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](http://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](http://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, 2024. Contact your State for more information on eligibility –**

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

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

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

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

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://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](http://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](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

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

# Paid Family Leave NOTICE OF COMPLIANCE



Paid Family  
Leave

Paid Family Leave insurance coverage provided by: First Unum Life Insurance Company  
INSERT INSURER NAME HERE

Covering employees of: STRYKER EMPLOYMENT COMPANY, LLC  
INSERT EMPLOYER NAME HERE

## Paid Family Leave is employee-funded insurance that provides eligible employees 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 (see [paidfamilyleave.ny.gov](https://paidfamilyleave.ny.gov) for eligible family members); or
- **ASSIST** loved ones when a spouse, domestic partner, child, or parent is deployed abroad on active military service.

Paid Family Leave may also be available for use in situations when you or your minor dependent child are under an order of quarantine or isolation due to COVID-19. See [PaidFamilyLeave.ny.gov/COVID19](https://PaidFamilyLeave.ny.gov/COVID19) for full details.

## Paid Family Leave Request Process:

1. Notify your employer at least 30 days in advance, if foreseeable, or as soon as possible.
2. Complete and submit the *Request for Paid Family Leave (Form PFL-1)* to your employer.
3. Complete and attach the additional documentation as instructed on the request form and submit to your employer's insurance carrier listed below. Submit within 30 days after the start of your leave to avoid losing benefits.

You may obtain all forms from your employer, their insurance carrier listed below, or online at [PaidFamilyLeave.ny.gov/Forms](https://PaidFamilyLeave.ny.gov/Forms).

**Employers should NEVER discriminate or retaliate against anyone who requests or takes Paid Family Leave**

### INSURER OR AUTHORIZED NEW YORK SELF-INSURER INFORMATION

Name: First Unum Life Insurance Company Telephone: 1-800-356-5817

Address: 1225 Franklin Ave, Suite 250, Garden City, NY 11530

Policy #: 940916 Effective date from: 07/01/2024 to 08/01/2025

Statutory  Under a plan or agreement

#### Submit claims to:

First Unum Benefits Center, PO Box 100158, Columbia, SC 29202-3158  
Phone 1-800-858-6843 / Fax 1-800-447-2498

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

For more information, visit [PaidFamilyLeave.ny.gov](https://PaidFamilyLeave.ny.gov) or call (844) 337-6303

PRESCRIBED BY THE CHAIR, WORKERS' COMPENSATION BOARD  
THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.

# Paid Family Leave NOTICE OF COMPLIANCE



Paid Family  
Leave

Paid Family Leave insurance coverage provided by: First Unum Life Insurance Company  
INSERT INSURER NAME HERE

Covering employees of: STRYKER CORPORATION  
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For more information, visit [PaidFamilyLeave.ny.gov](https://PaidFamilyLeave.ny.gov) or call **(844) 337-6303**

PRESCRIBED BY THE CHAIR, WORKERS' COMPENSATION BOARD  
THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.

**Transaction Number: 10038730**

Your submission was received for processing on 11/01/2023 at 7:09AM. It was submitted by user MAYOTTE2. It has been accepted and processed.

**STATE OF NEW YORK WORKERS' COMPENSATION BOARD  
DISABILITY BENEFITS LAW and PAID FAMILY LEAVE BENEFITS LAW  
CERTIFICATE/CANCELLATION OF INSURANCE**

Filed on behalf of Employer in compliance with Article 9 of the Workers' Compensation Law

**Transaction Type: Initial**

**Transaction Effective Date: 01/01/2024**

| <b>A. INSURER/CARRIER</b>  |   |  |   |
|--|---|--|---|
| <b>1/2. INSURER/CARRIER NAME/CODE</b><br>FIRST UNUM LIFE INSURANCE CO - B163004  |   |  | <b>6. TODAY'S DATE</b><br>11/01/2023        |
| <b>B. CURRENT - EMPLOYER INFORMATION</b>   |   |  |   |
| <b>7. WCB EMPLOYER NUMBER</b>  |   | <b>8. NYS UIER NUMBER</b>                      | <b>9. EMPLOYER FEIN</b><br>381239739        |
| <b>10. EMPLOYER'S NAME</b><br>Name: Stryker Corporation<br>d/b/a:<br>c/o:<br>Attn:                                     |   |  | <b>13. LEGAL STATUS</b><br>Corporation (03) |
| <b>11. ADDRESS</b><br>Line 1: 2825 Airview Boulevard<br>Line 2:  |   |  | <b>14. # OF EMPLOYEES</b>                   |
| <b>12. CITY STATE ZIP CODE</b><br>kalamazoo Michigan 49002<br><b>COUNTRY</b><br>United States                          |   |  | <b>15. TELEPHONE NO.</b>                    |
| <b>C. POLICY</b>   |   |  |   |
| <i>*If policyholder is an Association, Union or Trustee for which form DB-820.3 is filed, do not complete item 18.</i> |   |  |   |
| <b>16. POLICY NUMBER*</b><br>940916  | <b>16a. COVERAGE TYPE</b><br>PFL and DB (1) | <b>17. POLICY EFFECTIVE DATE</b><br>01/01/2024 | <b>18. POLICY FORM NUMBER*</b>              |
| <b>19. WCB PLAN NUMBER</b> (Only for Assoc., Union or Trustee with Form DB-801 on file.)                               |   |  | <b>20. ANNUAL PREMIUM AMOUNT</b>            |
| <b>F. POLICYHOLDER - If different from Employer</b>  |   |  |   |
| <b>27. POLICYHOLDER NAME</b><br>Name:<br>d/b/a:<br>c/o:<br>Attn:   |   |  |   |
| <b>28. POLICYHOLDER ADDRESS</b><br>Line 1:<br>Line 2:  |   |  |   |
| <b>29. CITY STATE ZIP CODE COUNTRY</b>   |   |  |   |
| <b>30. POLICYHOLDER FEIN</b>   |   |  |   |

To be filed by Insurance Carrier on behalf of Employer to provide, through insurance, exactly statutory benefits, (Section 204) OR benefits under a plan accepted by the Chairman.

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

DB-820/829 rev. 5/01

**Transaction Number: 10038741**

Your submission was received for processing on 11/01/2023 at 8:02AM. It was submitted by user MAYOTTE2. It has been accepted and processed.

**STATE OF NEW YORK WORKERS' COMPENSATION BOARD**  
**DISABILITY BENEFITS LAW and PAID FAMILY LEAVE BENEFITS LAW**  
**CERTIFICATE/CANCELLATION OF INSURANCE**

Filed on behalf of Employer in compliance with Article 9 of the Workers' Compensation Law

**Transaction Type: Initial**

**Transaction Effective Date: 01/01/2024**

| <b>A. INSURER/CARRIER</b>  |   |  |   |
|--|---|--|---|
| <b>1/2. INSURER/CARRIER NAME/CODE</b><br>FIRST UNUM LIFE INSURANCE CO - B163004  |   |  | <b>6. TODAY'S DATE</b><br>11/01/2023        |
| <b>B. CURRENT - EMPLOYER INFORMATION</b>   |   |  |   |
| <b>7. WCB EMPLOYER NUMBER</b>  |   | <b>8. NYS UIER NUMBER</b>                      | <b>9. EMPLOYER FEIN</b><br>831484034        |
| <b>10. EMPLOYER'S NAME</b><br>Name: Stryker Employment Comany, LLC<br>d/b/a:<br>c/o:<br>Attn:                          |   |  | <b>13. LEGAL STATUS</b><br>Corporation (03) |
| <b>11. ADDRESS</b><br>Line 1: 2825 Airview Blvd.<br>Line 2:  |   |  | <b>14. # OF EMPLOYEES</b>                   |
| <b>12. CITY STATE ZIP CODE</b><br>Portage Michigan 49002<br><b>COUNTRY</b><br>United States                            |   |  | <b>15. TELEPHONE NO.</b>                    |
| <b>C. POLICY</b>   |   |  |   |
| <i>*If policyholder is an Association, Union or Trustee for which form DB-820.3 is filed, do not complete item 18.</i> |   |  |   |
| <b>16. POLICY NUMBER*</b><br>940916  | <b>16a. COVERAGE TYPE</b><br>PFL and DB (1) | <b>17. POLICY EFFECTIVE DATE</b><br>01/01/2024 | <b>18. POLICY FORM NUMBER*</b>              |
| <b>19. WCB PLAN NUMBER</b> (Only for Assoc., Union or Trustee with Form DB-801 on file.)                               |   |  | <b>20. ANNUAL PREMIUM AMOUNT</b>            |
| <b>F. POLICYHOLDER - If different from Employer</b>  |   |  |   |
| <b>27. POLICYHOLDER NAME</b><br>Name: Stryker Corporation<br>d/b/a:<br>c/o:<br>Attn:                                   |   |  |   |
| <b>28. POLICYHOLDER ADDRESS</b><br>Line 1: 2825 Airview Boulevard<br>Line 2:   |   |  |   |
| <b>29. CITY STATE ZIP CODE COUNTRY</b><br>Kalamazoo Michigan 49002 United States                                       |   |  |   |
| <b>30. POLICYHOLDER FEIN</b><br>381239739  |   |  |   |

To be filed by Insurance Carrier on behalf of Employer to provide, through insurance, exactly statutory benefits, (Section 204) OR benefits under a plan accepted by the Chairman.

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

DB-820/829 rev. 5/01



# City & County of San Francisco Health Care Security Ordinance

Covered Employers Must Post Where Employees Can Read Easily

## OFFICIAL NOTICE 2024

### 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

### 2024 Required Health Care Spending Rates

| Employer size  | Required rate        |
|--|----------------------|
| 20-99 workers worldwide (or nonprofits with 50-99 workers) | <b>\$2.34 / hour</b> |
| 100 or more workers worldwide                              | <b>\$3.51 / hour</b> |

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](mailto:HCSO@sfgov.org). You can also visit the OLSE website at [www.sf.gov/olse-hcso](http://www.sf.gov/olse-hcso)

## AVISO OFICIAL 2024 - Ordenanza de Seguridad del Cuidado de la Salud (HCSO)

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

La mayoría de los trabajadores en San Francisco tienen derecho a los gastos de atención médica 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 médica requerida 2024

| Tamaño de la empresa  | Tasa obligatoria   |
|---|--------------------|
| 20-99 trabajadores en todo el mundo (o entidades sin fines de lucro con 50-99 trabajadores) | <b>\$2.34/hora</b> |
| 100 o más trabajadores en todo el mundo   | <b>\$3.51/hora</b> |

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](mailto:HCSO@sfgov.org). También puede visitar el sitio web de OLSE en: [www.sf.gov/olse-hcso](http://www.sf.gov/olse-hcso)



# City & County of San Francisco Health Care Security Ordinance

Covered Employers Must Post Where Employees Can Read Easily

## 2024年政府通知-醫療保障條例 (HCSO)

您可能有權享有僱主提供的醫療保健費

大多數三藩市僱員有權享有僱主提供的醫療保健費，符合條件如下：

- 在三藩市每周至少工作 8 小時
- 受聘約 3 個月(90天)
- 在全球範圍內擁有 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。

### 2024 年法定醫療保健費率

| 僱主規模                             | 法定費率        |
|----------------------------------|-------------|
| 全球有 20-99 名雇員 (或有50-99名雇員的非營利組織) | \$2.34 / 小時 |
| 全球有 100 名或以上雇員                   | \$3.51 / 小時 |

您的僱主可以選擇如何使用這些保健費用。例如，僱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（稱為 City Option）付款等。

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

如果您有任何問題，請與您的僱主或三藩市勞工標準執行辦公室聯絡。(San Francisco Office of Labor Standards Enforcement) · 電話 (415) 554-7892 或電郵 HCSO@sfgov.org。您也可以瀏覽OLSE的網站 [www.sf.gov/olse-hcso](http://www.sf.gov/olse-hcso)

## Opisyal na abiso para sa 2024 - 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 2024

| Laki ng Taga-empleyo   | Itinatakdang Halaga |
|--|---------------------|
| 20-99 manggagawa sa kabuuan ng mundo (o nonprofit na may 50-99 manggagawa) | \$2.34/oras         |
| 100 o higit pang manggagawa sa kabuuan ng mundo                            | \$3.51/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](http://www.sf.gov/olse-hcso)

|                                 |                            |
|---------------------------------|----------------------------|
| <b>Employer Name:</b>           | <b>Stryker Corporation</b> |
| <b>Employer State of Situs:</b> | <b>MI</b>                  |
| <b>Name of Issuer:</b>          | <b>UnitedHealthcare</b>    |
| <b>Plan Marketing Name:</b>     |                            |
| <b>Plan Year:</b>               | <b>2022</b>                |



**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)**



| 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 | Pgs. 12 - 13                          | Yes |
| 42 | Habilitative and Rehabilitative Services                                      | Rehabilitative and Habilitative Services and | 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.*

**Customer Privacy Notice**  
**The Hartford Financial Services Group, Inc. and Affiliates\***  
(herein called “we, our, and us”)

*This Privacy Policy applies to our United States Operations*

We value your trust. We are committed to the responsible:

- a) management;
- b) use; and
- c) protection;

of **Personal Information**.

This notice describes how we collect, disclose, and protect **Personal Information**.

We collect **Personal Information** to:

- a) service your **Transactions** with us; and
- b) support our business functions.

We may obtain **Personal Information** from:

- a) **You**;
- b) your **Transactions** with us; and
- c) third parties such as a consumer-reporting agency.

Based on the type of product or service **You** apply for or get from us, **Personal Information** such as:

- a) your name;
- b) your address;
- c) your income;
- d) your payment; or
- e) your credit history;

may be gathered from sources such as applications, **Transactions**, and consumer reports.

To serve **You** and service our business, we may share certain **Personal Information**. We will share **Personal Information**, only as allowed by law, with affiliates such as:

- a) our insurance companies;
- b) our employee agents;
- c) our brokerage firms; and
- d) our administrators.

As allowed by law, we may share **Personal Financial Information** with our affiliates to:

- a) market our products; or
- b) market our services;

to **You** without providing **You** with an option to prevent these disclosures.

We may also share **Personal Information**, only as allowed by law, with unaffiliated third parties including:

- a) independent agents;
- b) brokerage firms;
- c) insurance companies;
- d) administrators; and
- e) service providers;

who help us serve **You** and service our business.

When allowed by law, we may share certain **Personal Financial Information** with other unaffiliated third parties who assist us by performing services or functions such as:

- a) taking surveys;
- b) marketing our products or services; or
- c) offering financial products or services under a joint agreement between us and one or more financial institutions.

We, and third parties we partner with, may track some of the pages **You** visit through the use of:

- a) cookies;
- b) pixel tagging; or
- c) other technologies;

and currently do not process or comply with any web browser’s “do not track” signal or other similar mechanism that indicates a request to disable online tracking of individual users who visit our websites or use our services.

For more information, our Online Privacy Policy, which governs information we collect on our website and our affiliate websites, is available at <https://www.thehartford.com/online-privacy-policy>.

We will not sell or share your **Personal Financial Information** with anyone for purposes unrelated to our business functions without offering **You** the opportunity to:

- a) “opt-out;” or
  - b) “opt-in;”
- as required by law.

We only disclose **Personal Health Information** with:

- a) your authorization; or
- b) as otherwise allowed or required by law.

Our employees have access to **Personal Information** in the course of doing their jobs, such as:

- a) underwriting policies;
- b) paying claims;
- c) developing new products; or
- d) advising customers of our products and services.

We use manual and electronic security procedures to maintain:

- a) the confidentiality; and
- b) the integrity of;

**Personal Information** that we have. We use these procedures to guard against unauthorized access.

Some techniques we use to protect **Personal**

**Information** include:

- a) secured files;
- b) user authentication;
- c) encryption;
- d) firewall technology; and
- e) the use of detection software.

We are responsible for and must:

- a) identify information to be protected;
- b) provide an adequate level of protection for that data; and
- c) grant access to protected data only to those people who must use it in the performance of their job-related duties.

Employees who violate our privacy policies and procedures may be subject to discipline, which may include termination of their employment with us.

We will continue to follow our Privacy Policy regarding **Personal Information** even when a business relationship no longer exists between us.

As used in this Privacy Notice:

**Application** means your request for our product or service.

**Personal Financial Information** means financial information such as:

- a) credit history;
- b) income;

- c) financial benefits; or
- d) policy or claim information.

**Personal Financial Information** may include Social Security Numbers, Driver's license numbers, or other government-issued identification numbers, or credit, debit card, or bank account numbers.

**Personal Health Information** means health information such as:

- a) your medical records; or
- b) information about your illness, disability or injury.

**Personal Information** means information that identifies **You** personally and is not otherwise available to the public. It includes:

- a) **Personal Financial Information**; and
- b) **Personal Health Information**.

**Transaction** means your business dealings with us, such as:

- a) your **Application**;
- b) your request for us to pay a claim; and
- c) your request for us to take an action on your account.

**You** means an individual who has given us **Personal Information** in conjunction with:

- a) asking about;
  - b) applying for; or
  - c) obtaining;
- a financial product or service from us if the product or service is used mainly for personal, family, or household purposes.

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If you have any questions or comments about this privacy notice, please feel free to contact us at The Hartford – Consumer Rights and Privacy Compliance Unit, One Hartford Plaza, Mail Drop: HO1-09, Hartford, CT 06155, or at [ConsumerPrivacyInquiriesMailbox@thehartford.com](mailto:ConsumerPrivacyInquiriesMailbox@thehartford.com).

This Customer Privacy Notice is being provided on behalf of The Hartford Financial Services Group, Inc. and its affiliates (including the following as of February 2023), to the extent required by the Gramm-Leach-Bliley Act and implementing regulations:

1stAGChoice, Inc.; Access CoverageCorp, Inc.; Access CoverageCorp Technologies, Inc.; Business Management Group, Inc.; Cervus Claim Solutions, LLC; First State Insurance Company; FTC Resolution Company LLC; Hart Re Group L.L.C.; Hartford Accident and Indemnity Company; Hartford Administrative Services Company; Hartford Casualty General Agency, Inc.; Hartford Casualty Insurance Company; Hartford Fire General Agency, Inc.; Hartford Fire Insurance Company; Hartford Funds Distributors, LLC; Hartford Funds Management Company, LLC; Hartford Funds Management Group, Inc.; Hartford Holdings, Inc.; Hartford Insurance Company of Illinois; Hartford Insurance Company of the Midwest; Hartford Insurance Company of the Southeast; Hartford Insurance, Ltd.; Hartford Integrated Technologies, Inc.; Hartford Investment Management Company; Hartford Life and Accident Insurance Company; Hartford Lloyd's Corporation; Hartford Lloyd's Insurance Company; Hartford Management, Ltd.; Hartford Productivity Services LLC; Hartford of the Southeast General Agency, Inc.; Hartford of Texas General Agency, Inc.; Hartford Residual Market, L.C.C.; Hartford Specialty Insurance Services of Texas, LLC; Hartford STAG Ventures LLC; Hartford Strategic Investments, LLC; Hartford Underwriters General Agency, Inc.; Hartford Underwriters Insurance Company; Heritage Holdings, Inc.; Heritage Reinsurance Company, Ltd.; HLA LLC; Horizon Management Group, LLC; HRA Brokerage Services, Inc.; Lattice Strategies LLC; Maxum Casualty Insurance Company; Maxum Indemnity Company; Maxum Specialty Services Corporation; Millennium Underwriting Limited; MPC Resolution Company LLC; Navigators (Asia) Limited; Navigators Corporate Underwriters Limited; Navigators Holdings (UK) Limited; Navigators Insurance Company; Navigators International Insurance Company Ltd.; Navigators Management Company, Inc.; Navigators Management (UK) Limited; Navigators Specialty Insurance Company; Navigators Underwriting Agency Limited; Navigators Underwriting Limited; New England Insurance Company; New England Reinsurance Corporation; New Ocean Insurance Co., Ltd.; NIC Investments (Chile) SpA; Nutmeg Insurance Agency, Inc.; Nutmeg Insurance Company; Pacific Insurance Company, Limited; Property and Casualty Insurance Company of Hartford; Sentinel Insurance Company, Ltd.; The Navigators Group, Inc.; Trumbull Flood Management, L.L.C.; Trumbull Insurance Company; Twin City Fire Insurance Company; Y-Risk, LLC.