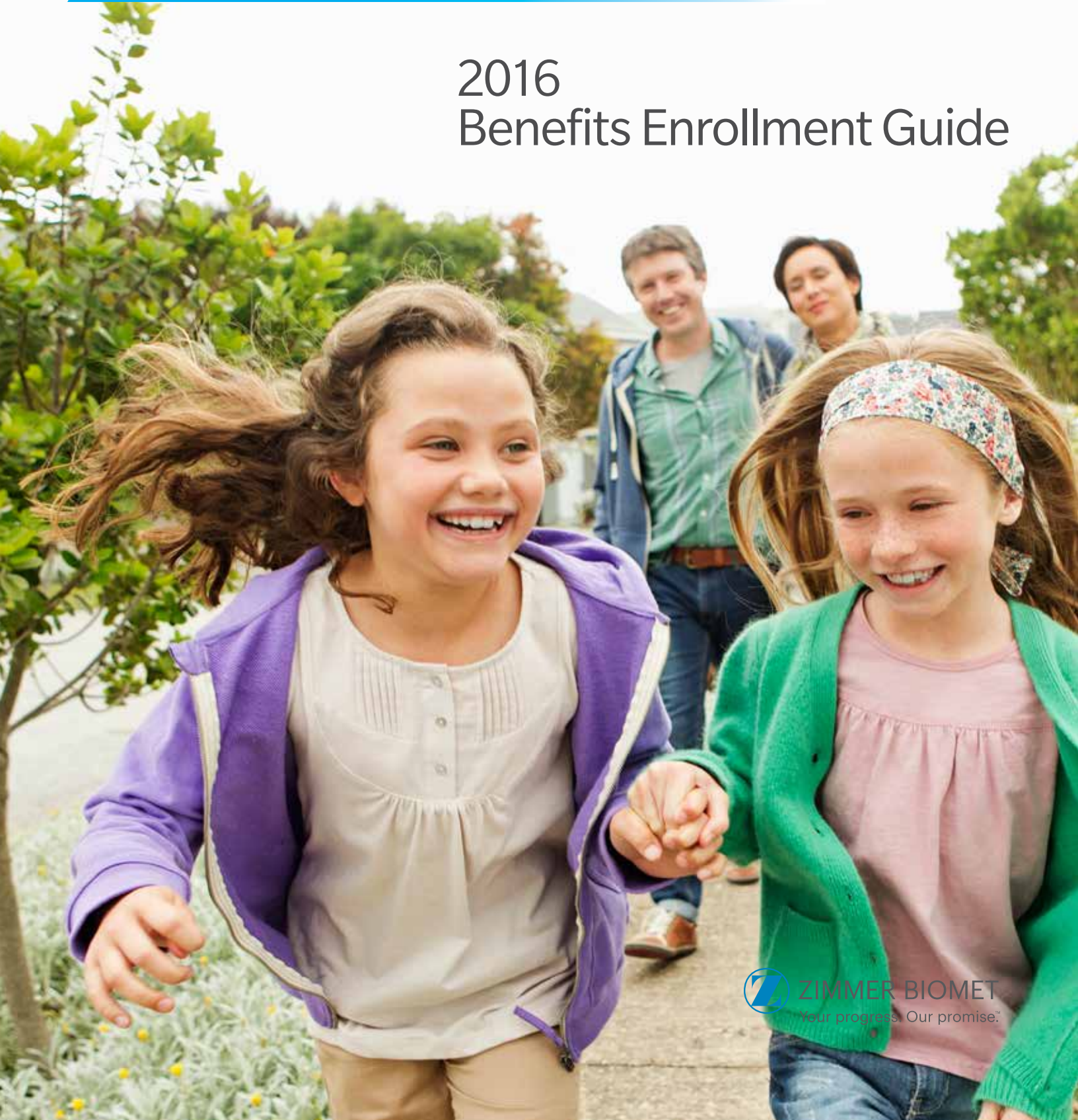


My Rewards

Newly Eligible U.S. Team Members

My Pay/Recognition • My Benefits • My Work/Life • My Career Growth

2016 Benefits Enrollment Guide



Benefits Enrollment

Enroll on Time

Newly eligible Team Members must enroll within 31 days of initial eligibility date, which is generally your date of hire or the date you first become eligible under the Plan's terms.

Enroll — in English or Spanish — online at benefits.zimmerbiomet.com or by phone at Zimmer Biomet Benefits Service Center at **1-877-588-0933**.

It's Time to Choose

- Review the Zimmer Biomet benefit options
- Consider your healthcare and benefit needs for 2016
- Choose the options that best meet your needs



Have questions about your benefit options?

Contact the Zimmer Biomet Benefits Service Center at **1-877-588-0933**

Monday through Friday,
from 9 a.m. to 7 p.m. ET



Choosing your beneficiaries

Designating beneficiaries (and keeping your choices up to date) allows you to ensure your benefits get distributed as you wish. Go to benefits.zimmerbiomet.com to elect your beneficiaries.

Your 2016 Benefits Enrollment Guide provides an overview of the benefits offered by Zimmer Biomet, effective through December 31, 2016. This Enrollment Guide also serves as the summary of material modifications that describes the material changes to the plan document and Summary Plan Description (SPD) for 2016. If you need specific plan information that isn't detailed in this guide, please refer to the appropriate SPD. All benefits are subject to the terms and conditions of the plan document or insurance policy, as amended from time to time. If there is any discrepancy between this guide and the plan document or policy, the plan document or policy will govern. While the Company intends to continue these benefits, we reserve the right to change or discontinue them at any time for any reason.

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Overview

At Zimmer Biomet, you are part of a Company creating and delivering innovative products that are changing the world. As a global leader in musculoskeletal healthcare, we strive to deliver innovative health and wellness programs to you and your family, including high-quality care, comprehensive coverage, and easy access to doctors and care or healthcare facilities of your choice.

For most plans, coverage for you and your covered dependents begins on your first day of eligibility as a full-time or part-time Team Member working at least 30 hours. You must enroll in one of the benefit options within 31 days of the date you are first eligible for coverage. If you timely enroll (or are deemed to enroll under the default medical option), any elected benefits (or the default medical option) will be retroactive back to your first day of eligibility (typically your date of hire). Retroactive contributions will be taken as soon as administratively practical, typically on the first paycheck after your date of election.

Active Enrollment

An active benefits election is required if you want to enroll in or choose no coverage in the Company's medical option. Elections must be made within 31 days of your initial eligibility date. If you do not make a medical election, you will be automatically enrolled for you only coverage under the HRA Medical option.

2016 Benefits Confirmation Statements

The benefits confirmation statement, sent by email and/or mailed to your home address, summarizes the medical, dental, vision, flexible spending account and life insurance benefits elections you made for 2016 during your enrollment period.

You must review your statement carefully and report any errors and/or changes within 15 days from the date on the confirmation.



Beneficiary Information

When enrolling, be sure to complete your Life/AD&D Insurance and 401(k) Program beneficiary designations.



Don't have internet access?

Call the Zimmer Biomet Benefits Service Center at **1-877-588-0933** to speak with a customer service representative, Monday through Friday, from 9 a.m. to 7 p.m. ET.

Disability Plans Protect Your Finances

A disabling injury or illness could have a devastating impact on your family. Our short-term and long-term disability plans, administered by Unum, are here to help you and your family. If you have a new disability claim, call Unum at **1-866-779-1037** within two business days. See page 50 for more information.

Tobacco-Free Policy

Having tobacco-free facilities demonstrates Zimmer Biomet's commitment to encouraging all of us to make healthy lifestyle choices every day.

Tobacco use is prohibited at all Zimmer Biomet facilities and locations (e.g., property, buildings, leased buildings, Company vehicles, Company-sponsored meetings, during breaks and lunch periods when on Company property) and applies to Team Members, visitors, vendors, contractors, surgeons, consultants, distributors, temporary agency employees or others on Zimmer Biomet property.

The Tobacco-Free policy changes for any legacy Biomet facilities and locations will be effective September 1, 2016.

Healthcare Reform

Under the Affordable Care Act (ACA), you are generally required to have healthcare coverage for you and your dependents, if applicable, that meets basic minimum standards, or pay a penalty.

Zimmer Biomet offers comprehensive, affordable healthcare plans that meet these requirements. If you are eligible for healthcare coverage through Zimmer Biomet, this coverage is likely your best option unless you are covered through another employer-sponsored plan.

Because of ACA rules you may only enroll in the Healthcare FSA if you are also enrolled in the HRA Medical option.

Summary of Benefits and Coverage

The Affordable Care Act requires group health plans to make available a Summary of Benefits and Coverage (SBC) that describes the key features of each medical and prescription drug coverage option available to you under the Zimmer Biomet Holdings, Inc. Health and Welfare Plan (the "Plan").

The SBCs are available for review on the Your Benefits Resources™ site and the Zimmer Biomet intranet.

Choose Your 2016 Benefits

The following chart summarizes the benefits programs and options available to you. For most benefits, you may elect a specific option and a level of coverage, or choose no coverage for that benefit.

When electing your medical, dental and/or vision benefits, your contributions each pay period will depend on the type of option and coverage level you elect and whether the spousal surcharge applies.

Benefit Election Options

Medical	Dental	Vision
<ul style="list-style-type: none">• Premium HSA Medical• Value HSA Medical• HRA Medical• No medical coverage	<ul style="list-style-type: none">• Premium Dental• Value Dental• No dental coverage	<ul style="list-style-type: none">• Vision• No vision coverage
Flexible Spending Accounts (FSAs)		
<ul style="list-style-type: none">• Healthcare FSA (requires enrollment in the HRA Medical option; not available if you enroll in Premium or Value HSA Medical options or choose no coverage)• Dependent Care FSA• No FSA (which is the default if you enroll in Premium or Value HSA Medical options or choose no coverage)		
Life Insurance and/or AD&D Insurance		
<ul style="list-style-type: none">• Supplemental Team Member Life and/or AD&D Insurance<ul style="list-style-type: none">▶ 1x to 8x annual benefits salary• No Supplemental Team Member Life and/or AD&D Insurance	<ul style="list-style-type: none">• Dependent Life and/or AD&D Insurance<ul style="list-style-type: none">▶ Spouse/Domestic Partner Coverage<ul style="list-style-type: none">» Denominations between \$10,000 and \$500,000▶ Child Coverage<ul style="list-style-type: none">» \$5,000 or \$10,000• No Dependent Life and/or AD&D Insurance	
Survivor Income Plan		
<ul style="list-style-type: none">• Survivor Income Plan• No Survivor Income Plan		
Supplemental LTD		
<ul style="list-style-type: none">• 10% Supplemental Long-Term Disability Insurance• No Supplemental LTD Insurance		

Coverage Levels

- You only
- You + spouse/domestic partner
- You + child(ren)
- You + family
- No coverage

What Happens If You Don't Enroll?

Ensure you receive the benefits you want by completing your enrollment elections on time. If you don't complete the enrollment process, you will default to the coverages listed below.

Any elections you choose when you enroll (or the default elections) will remain in effect until December 31, 2016, unless you experience a Qualified Status Change.

Default Coverage

Benefit	Default Coverage
Medical	HRA Medical, you only coverage
Dental	No dental coverage
Vision	No vision coverage
Life and AD&D Insurance	You will automatically be enrolled in Basic Life and Basic AD&D Insurance at 2x your eligible benefits salary that is provided at no cost. Please remember to designate your beneficiaries.
Flexible Spending Accounts	No participation

Eligibility

Full-Time Team Members¹

You are eligible to participate in all the Zimmer Biomet benefit programs if you are a full-time Team Member (regularly scheduled to work 40 hours per week) who is paid under the Zimmer Biomet U.S. payroll.

Part-Time Team Members

If you are a part-time Team Member who is regularly scheduled to work (or averaged during a measurement period) at least 30 hours per week, but fewer than 40 hours per week (other than because of a disability or approved leave) and who does not have coverage available through a spouse's/domestic partner's employer, you may be eligible for these coverages:

- Medical Option — you and any eligible dependent(s)
- Dental and Vision Options — you only coverage
- Healthcare and Dependent Care Flexible Spending Accounts
- Employee Assistance Program

If you are a part-time Team Member scheduled to work fewer than 30 hours per week, you are only eligible for the Employee Assistance Program. No other benefits will be provided.

To participate in any of the Zimmer Biomet benefits, you must be employed by Zimmer Biomet or a subsidiary that adopts the plan or program and must be paid under the Zimmer Biomet U.S. payroll.

Team Members and Others Ineligible for Coverage

Team Members covered by a collective bargaining agreement, temporary or seasonal employees, student interns, co-ops, contractors and leased employees are not eligible to participate in the benefit programs.

Dependent Eligibility

Full-time and part-time eligible Team Members may enroll eligible dependents in a medical option. An eligible dependent is:

For medical:

- Your legal spouse (including same-gender spouse) to whom you are legally married under the law of the state where the marriage occurred, or your common law spouse if recognized under the law of your state of residence.
- Your domestic partner (same or opposite gender).
- Your child (as defined in section 152(f) (1) of the tax code) who is under the age of 26 (during all or a portion of a calendar month), regardless of whether he/she is a full-time student or married, or whether you claim him/her as a dependent on your income taxes.
- Your unmarried, incapacitated child of any age, if his/her incapacitation existed before age 26, and if he/she was enrolled in the Zimmer Biomet plan at the time of his/her incapacity, and if the plan administrator (or its designee) approved him/her as eligible to continue coverage under the Zimmer Biomet Benefits Program.

¹ Team Member refers to a common law employee of Zimmer Biomet and does not include individuals who are contractors or employees of any other employer that is not Zimmer Biomet or one of its affiliates.

Full-time Team Members may enroll eligible dependents in dental, vision, life and AD&D insurance. An eligible dependent is:

For Dental and Vision:

- Your legal spouse (including same-gender spouse) to whom you are legally married under the law of the state where the marriage occurred, or your common law spouse if recognized under the law of your state of residence.
- Your domestic partner (same or opposite gender).
- Your unmarried dependent child under age 19 (under age 23 if he/she is a full-time student¹).
- Your unmarried, incapacitated child of any age, if his/her incapacitation existed before age 19 (or age 23 if he/she is a full-time student), and if he/she was enrolled in the Zimmer Biomet plan at the time of his/her incapacity, and if the insurer, or the plan administrator (or its designee), whichever is applicable, approves him/her as eligible to continue coverage under the Zimmer Biomet Benefits Program.

For Life and AD&D insurance:

- Your legal spouse (including same-gender spouse) to whom you are legally married under the law of the state where the marriage occurred, or your common law spouse if recognized under the law of your state of residence.
- Your domestic partner (same or opposite gender).
- Your unmarried dependent child under age 19 (under age 23 if he/she is a full-time student¹).

- Your unmarried, incapacitated child age 19 or over, provided he/she became disabled while covered as an eligible dependent by the Zimmer Biomet plan, remains incapable of self-support because of physical or mental disability, and is approved by the insurer as eligible to continue coverage under the Zimmer Biomet Benefits Program. In addition, the Team Member must be the main source of support and maintenance.

Eligibility as Either Team Member or Dependent

If you and your spouse/domestic partner both work at Zimmer Biomet, you may not be covered as both a Team Member and a dependent (the same applies for your Zimmer Biomet spouse/domestic partner under any plan). Also in this situation, your dependent child(ren) can only be covered by one of you.

Other Dependents

Other dependents, including stepchildren, may be eligible for coverage. Contact the Zimmer Biomet Benefits Service Center at **1-877-588-0933** to determine eligibility for your circumstances².

¹ Schools may have their own definition of a full-time student, but the Zimmer Biomet plans generally require being enrolled in at least 12 credits per term at an accredited post-secondary institution.

² By enrolling an eligible individual (other than your spouse, child or domestic partner and his/her children) in the Plan, you are certifying to Zimmer Biomet that the individual is your dependent for federal income tax purposes (as defined in section 152 of the tax code). If you enroll an individual, such as a legal ward, who is eligible to participate in the Plan, but who is not your dependent for federal tax purposes, you must notify the Zimmer Biomet Benefits Service Center no later than December 31 that you will not be eligible to claim that person as a dependent on your federal income tax return so Zimmer Biomet can properly report the value of that individual's coverage as taxable income on your W-2.

Note: Zimmer Biomet does not provide tax advice. If you have any questions about whether an individual you enroll in the Plan is your dependent for federal income tax purposes, you should consult your tax professional.

Qualified Status Change

A Qualified Status Change is a change in work or family status that allows limited mid-year changes to benefit elections.

When you add a new dependent, you will be required to provide documentation to support the Qualified Status Change.

No documentation is required to remove a dependent from coverage (unless coverage is required by a Qualified Medical Child Support Order.)

Below is a list of Qualified Status Change examples. For a complete list, go to benefits.zimmerbiomet.com.

Marriage or Divorce

Non-Registered Domestic Partner Relationship:

A non-registered domestic partner is any person recognized as a Team Member's domestic partner based on completion of the Zimmer Biomet domestic partner affidavit. This affidavit will be mailed to your home.

Registered Domestic Partner Relationship:

A registered domestic partner is any person recognized as a Team Member's domestic partner under applicable state or municipal law for which the Team Member received proof of the domestic partner relationship.

You, Your Spouse/Domestic Partner or Another Covered Dependent Loses or Gains Benefits Coverage

Birth or Adoption of a Child

New Guardianship

Change in Full-Time Student Status for Your Child

You must complete the following steps to properly report a Qualified Status Change:

- **Timely notify the Zimmer Biomet Benefits Service Center.** Contact the Zimmer Biomet Benefits Service Center at **1-877-588-0933** and speak with a customer service representative, or go online and declare the Qualified Status Change at benefits.zimmerbiomet.com.

No matter which method you use, you must notify the Zimmer Biomet Benefits Service Center and make the changes to your benefit elections:

- ▶ **Within 31 calendar days** of the Qualified Status Change (other than birth or adoption), including the day of the event. (Within 60 days if change is due to gaining or losing Medicaid or CHIP coverage. See page 55 for additional information about Medicaid and CHIP.)
- ▶ **Within 90 calendar days** of the Qualified Status Change for birth or adoption of a child, including the day of the event.
- After reporting a Qualified Status Change, updates will be sent to the carriers, and your payroll deductions will be adjusted. However, your dependent will not be eligible for coverage under any plan unless you also timely provide the required documentation.



You must submit the required documentation **within 60 calendar days** from the day of notification; otherwise, coverage will be terminated retroactively.

Respond promptly to any notices provided by the Zimmer Biomet Benefits Service Center.

Qualified Status Change Documents

Documents can be sent to the Zimmer Biomet Benefits Service Center by:

Uploading documents:
benefits.zimmerbiomet.com

Mailing:
Dependent Verification Center
P. O. Box 1401
Lincolnshire, IL 60069-1401

Faxing:
1-877-465-9555

Each Team Member has a responsibility to notify the Zimmer Biomet Benefits Service Center if his/her dependent becomes ineligible for coverage.

Failure to timely notify and provide proper documentation to the Zimmer Biomet Benefits Service Center after enrolling based on a Qualified Status Change event will be deemed an intentional misrepresentation of your dependent's eligibility for coverage, and coverage will terminate retroactively.

Reporting a Qualified Status Change to anyone other than the Zimmer Biomet Benefits Service Center is not a valid notification under any circumstances.

Following this process will enable you to update your benefits coverage as permitted due to a Qualified Status Change.

Failure to follow this process means your benefits election related to the Qualified Status Change cannot be adjusted until the next annual benefits enrollment period and will not be effective until the next plan year. In the interim period, you will not have the benefit coverage for which you or your dependent would otherwise be eligible.



Medical Options

Zimmer Biomet provides three comprehensive, yet distinct medical options administered by Anthem (Blue Cross Blue Shield). Each option has features that appeal to different Team Members and family healthcare situations.

The three medical options are:

Premium HSA Medical	Value HSA Medical	HRA Medical
Deductible: \$1,500/\$3,000 ▶ True Family deductible requires all or one individual to meet the family deductible before the plan pays coinsurance	Deductible: \$3,000/\$6,000 ▶ Embedded deductible limits each individual in a family to the individual deductible before the plan pays coinsurance ▶ The embedded individual deductible applies to each family member until the family deductible is satisfied	Deductible: Prorated based on eligibility date (see the proration chart on page 30) ▶ True Family deductible requires all or one individual to meet the family deductible before the plan pays coinsurance
HSA Company contribution is prorated based on eligibility date (see the proration chart on page 29)	HSA Company contribution is prorated based on eligibility date (see the proration chart on page 29)	HRA Company contribution is prorated based on eligibility date (see the proration chart on page 30)
Out-of-pocket maximum: \$3,500/\$6,850 ▶ True Family out-of-pocket maximum requires all or one individual to meet the out-of-pocket maximum before the plan pays 100%	Out-of-pocket maximum: \$4,000/\$8,000 ▶ Embedded out-of-pocket maximum limits each individual in a family to the individual out-of-pocket maximum before the plan pays 100%	Out-of-pocket maximum: \$3,000/\$6,000 ▶ True Family out-of-pocket maximum requires all or one individual to meet the out-of-pocket maximum before the plan pays 100%

No matter which medical option you elect, you receive the same competitive prescription drug coverage administered by Express Scripts.

What you pay for a prescription drug is based on the medical option you elect, the formulary list or tier, and coinsurance. The price of a drug may vary depending on what pharmacy you use. If you use an in-network pharmacy, you will receive the Express Scripts negotiated discounted price for that prescription drug.

To help you save money you can fill a 90-day supply of your maintenance medications through the mail-order pharmacy at Express Scripts or a retail Walgreens pharmacy. See page 31 for more details.



Customer service
1-800-693-5406

Monday through Friday,
8 a.m. to 8 p.m. ET

Website
anthem.com

Health Savings Account (HSA) Medical

HSA Medical combines traditional health coverage with a special account that provides a tax-free way to pay for current, or save for future, healthcare expenses. The account is funded by the Company and can include your own tax-free contributions.

Any unused funds roll over to the next year and your HSA is portable if you leave the Company or change medical options.

You have the opportunity to earn additional funding in your Extra Bucks Account by completing Healthy Activities.

All medical services, including non-preventive prescription drugs, are subject to the deductible and coinsurance. However, preventive care and select preventive prescription drugs are covered 100% and are not subject to the deductible.

Zimmer Biomet offers two HSA medical options — Premium HSA and Value HSA.

How Premium and Value HSA Medical Work (for in-network services)

Zimmer Biomet makes a contribution ¹ :	You can make personal contributions ² :	You pay the deductible (with HSA funds or out of your pocket):	100% coverage after out-of-pocket maximum:
<p>Each year, Zimmer Biomet will contribute a set amount to your HSA.</p> <p>For 2016, the amount will be up to \$750¹ (you only) or \$1,500¹ (you + family).</p> <p>Deposits will be made according to the HSA proration chart on page 29¹.</p> <p>Once this money is deposited into your account, it is yours to keep. It will not be forfeited if you leave the Company.</p>	<p>During the year, you can contribute to your HSA on a pre-tax basis through payroll deductions.</p> <p>For 2016, the IRS limits the total annual contribution — the combination of your personal and Zimmer Biomet's contributions — to \$3,350 (you only) or \$6,750 (you + family).</p> <p>The maximum you can contribute is based on the number of months you participate in either HSA Medical option³.</p>	<p>You must satisfy the deductible before the plan's coinsurance begins.</p> <p>During the year, when you incur non-preventive care expenses⁴, you choose how you want to pay for those medical services.</p> <p>You can either pay with money from your HSA, or pay out of your pocket for the expense, keeping the money in your HSA to continue to accumulate and earn interest (so you have more available funds to use for future healthcare expenses).</p> <p>After you satisfy your annual deductible, Zimmer Biomet pays 80% of eligible expenses and you pay 20%.</p>	<p>Once you meet your annual out-of-pocket expenses, the plan pays 100% of eligible medical and prescription drug expenses.</p>

¹ For a newly eligible Team Member enrolled in the HSA on or before December 1, the company HSA contribution is prorated (based on eligibility date) for the number of months remaining in the year, including the month of your eligibility date. See the proration chart on page 29 for details. All company contributions are made through the Section 125 Plan.

² HSAs are Team Member-owned accounts. This means you are responsible for ensuring you are eligible to contribute to an HSA and the tax consequences of contributing to and taking reimbursements from the HSA. You can start, stop, increase or decrease your personal HSA contributions throughout the year and the change will go into effect as soon as administratively possible. Team Members age 55+ may be eligible to make additional personal contributions up to a maximum of \$1,000. Consult your tax advisor about your eligibility to contribute to or receive reimbursements from your HSA.

³ If you enroll after January 1, a special IRS rule permits HSA contributions up to the full annual contribution limit but only if you are enrolled in an HSA Medical option by December 1 and remain enrolled in an HSA Medical option (or another high deductible health plan (HDHP)) until December 31 of next year. Otherwise, you may owe income tax and penalties on the portion of your HSA contributions that exceeds the maximum permissible contribution for the number of months that you participated in an HDHP.

⁴ You can use your HSA to pay for any qualified healthcare expense, including non-preventive medical care, such as doctor office visits, hospitalizations and prescription drugs. You can also use your HSA to pay for dental and vision expenses. Dental and vision expenses do not count toward HSA Medical out-of-pocket maximums.

HSA Extra Bucks Account

The HSA Extra Bucks Account is a second account held at Anthem that includes incentives earned from completing Healthy Activities or any rollover funds from the HRA. Certain restrictions apply to your HSA Extra Bucks Account that do not apply to your personal HSA.

Here is how the HSA Extra Bucks Account works with both Premium or Value HSA Medical Option:

The HSA Extra Bucks Account is only available when you enroll in an HSA Medical option. Because your HSA is a tax-free account, the IRS imposes certain regulations limiting access to other Company-provided funds, such as the contributions to your HSA Extra Bucks Account for participation in Healthy Activities.

- Your HSA Extra Bucks Account is funded when you complete Healthy Activities (see page 36 for information on the Healthy Activities).
- You must first meet the deductible before funds are automatically deducted from your HSA Extra Bucks Account. You cannot use your HSA Extra Bucks Account to help meet the cost of your deductible, but you can use your personal HSA to pay these expenses.
- Once you have met the deductible, the funds will automatically draw from the available balance in your HSA Extra Bucks Account to help cover your coinsurance for medical and prescription drug expenses. If you do not have enough funds in your HSA Extra Bucks Account, you will be responsible for paying the cost of the healthcare expense either out of your pocket or by using funds from your HSA. Expenses paid from your HSA Extra Bucks Account will apply toward your out-of-pocket maximum.
- When your coverage ends, any remaining balance in your HSA Extra Bucks Account will be forfeited.



Because of the rules under the tax code, the IRS limits the use of a Healthcare FSA if you want to contribute to an HSA. Therefore, if you enroll in HSA Medical, you cannot enroll in the Healthcare FSA. Your HSA has all the tax advantages of the Healthcare FSA without the use-it-or-lose-it condition.

The following chart highlights the specific features of Premium HSA Medical:

Premium HSA Medical Provisions	In-Network ¹	Out-of-Network
Preventive Care/Wellness	Covered at 100%, no deductible	Covered at 100%, no deductible
Select Preventive Prescription Drugs	Covered at 100%, no deductible	Covered at 100%, no deductible
HSA Contribution from Zimmer Biomet ²	See proration chart on page 29 ³	
Personal HSA Contributions	Up to \$3,350 for you only; \$6,750 for you + family, less Zimmer Biomet contributions	
Catch-up Contributions	Team Members age 55+ who are not eligible for or enrolled in Medicare can contribute up to an additional \$1,000 per year	
Annual Deductible ⁴	\$1,500 ³ you only; \$3,000 ³ you + family	
HSA Extra Bucks Account ⁵	<p>Zimmer Biomet adds incentives to your HSA Extra Bucks Account when you and/or your covered spouse/domestic partner complete Healthy Activities.</p> <p>See page 14 regarding details about the HSA Extra Bucks Account.</p>	
Coinsurance ⁶	Zimmer Biomet pays 80%; You pay 20%	Zimmer Biomet pays 60%; You pay 40%
Out-of-Pocket Maximum ⁷	\$3,500 you only; \$6,850 you + family	\$7,000 you only; \$14,000 you + family
Prescription Drugs	Subject to Premium HSA Medical deductible and coinsurance	

¹ Network Providers are a group of doctors, hospitals and other healthcare service providers that contract with a medical plan to provide healthcare services at negotiated rates. The Anthem Blue Cross Blue Shield network is used for all three medical options.

² If you timely set up your HSA, all Zimmer Biomet contributions are made through the Section 125 Plan (unless you opt out).

³ You can reduce the amount you pay out of your pocket toward your deductible by using the Zimmer Biomet contribution in your HSA, which will also apply toward your out-of-pocket maximum.

⁴ The amount you pay each plan year for covered services before the medical option pays benefits. You can pay from your HSA or out of your pocket. Premium HSA has a True Family deductible that requires all or one individual to meet the family deductible before the plan pays coinsurance. For example, the annual deductible for Premium HSA family coverage is an aggregate amount that includes both medical and prescription drug costs.

⁵ Incentives used from your HSA Extra Bucks Account apply toward your coinsurance and out-of-pocket maximum, but not toward your annual deductible.

⁶ The percentage the plan pays for certain covered expenses after you meet your applicable annual deductible. You pay the remaining percentage.

⁷ The maximum amount you pay in a plan year for covered services. Once you meet the out-of-pocket maximum, the medical option pays 100% of any eligible expenses covered by the plan for the rest of the plan year. Deductible, coinsurance and any eligible medical or prescription expenses paid from your HSA Extra Bucks Account apply toward the out-of-pocket maximum. Amounts that exceed reasonable and customary (R&C)⁸ limits do not count toward the out-of-pocket maximum. Premium HSA Medical has a True Family out-of-pocket maximum that requires all or one individual to meet the family out-of-pocket maximum before the plan pays 100%. For example, the annual out-of-pocket maximum for Premium HSA family coverage is an aggregate amount that includes both medical and prescription drug costs.

⁸ R&C limits are the maximum amount a plan will consider eligible for a covered expense. R&C limits are determined by the medical option and are based on the range of fees charged by doctors with comparable training and experience for the same or similar service in your area. When you receive in-network care under a medical option, R&C limits do not apply. When you receive out-of-network care under a medical option, you pay 100% of the amount that exceeds the R&C limit, in addition to any applicable deductible and coinsurance amounts.

If you enroll in **Premium HSA Medical**, you can choose to use the money in your HSA to help pay for prescription drug expenses, or you can pay out of your pocket.

In the HSA Medical option, prescription drugs are treated like any other medical expense and are subject to the deductible. You will be responsible for the drug’s actual cost (or the network discounted rate) until you meet your annual deductible.

After you satisfy the deductible, you pay a portion of the prescription drug through coinsurance until you meet your annual out-of-pocket maximum. Once you have met your out-of-pocket maximum, the coverage pays 100% of your costs.

If you take maintenance medications, your costs will be reduced with the Exclusive Home Delivery program or Walgreens Retail Smart90 program. If you choose to receive a brand-name medication when a generic drug is available, you will pay your brand non-formulary coinsurance plus the difference in cost between the brand-name and the generic price. In the event a generic is not available, you will be required to pay the applicable coinsurance for the brand-name medication. You can use any available funds in your HSA to pay for your prescription drug costs tax-free.

Type of Prescription	Premium HSA Medical
Select Preventive Prescription Drugs	Covered at 100%
Retail (30-day supply)	After deductible, you pay:
Generic ¹	20% (\$7 minimum, \$30 maximum)
Brand Formulary ²	30% (\$25 minimum, \$60 maximum)
Brand Non-Formulary ³	40% (\$50 minimum, \$120 maximum)
Brand Lifestyle Drugs ⁴	50% (\$50 minimum, no maximum)
Exclusive Home Delivery Program or Walgreens Retail Smart90 Program (90-day supply)	After deductible, you pay:
Generic ¹	20% (\$14 minimum, \$50 maximum)
Brand Formulary ²	30% (\$50 minimum, \$100 maximum)
Brand Non-Formulary ³	40% (\$100 minimum, \$175 maximum)
Brand Lifestyle Drugs ⁴	50% (\$100 minimum, no maximum)
Annual Out-of-Pocket Maximum ⁵	\$3,500 you only/\$6,850 you + family (Includes covered medical and prescription drug costs)

¹ An FDA-approved prescription drug containing the same active ingredients as its brand-name counterpart. It must be available in the same strength and dosage forms as the equivalent brand-name drug, but may be a different shape or color.

² Prescription medications that are included on the Express Scripts preferred prescription drug list selected by a panel of healthcare professionals. The list includes a select group of brand-name drugs that are evaluated on their usefulness, safety and cost-effectiveness.

³ Prescription medications that are not on Express Scripts’ preferred prescription drug list.

⁴ Brand lifestyle drugs refers to brand-name prescription drugs used for conditions such as erectile dysfunction and infertility.

⁵ Annual out-of-pocket maximum for Premium HSA family coverage has a True Family out-of-pocket maximum that requires all or one individual to meet the family out-of-pocket maximum before the plan pays 100%. For example, the annual out-of-pocket maximum is an aggregate amount that includes both medical and prescription drug costs.

The following chart highlights the specific features of Value HSA Medical:

Value HSA Medical Provisions	In-Network ¹	Out-of-Network
Preventive Care/Wellness	Covered at 100%, no deductible	Covered at 100%, no deductible
Select Preventive Prescription Drugs	Covered at 100%, no deductible	Covered at 100%, no deductible
HSA Contribution from Zimmer Biomet ²	See proration chart on page 29 ³	
Personal HSA Contributions	Up to \$3,350 for you only; \$6,750 for you + family, less Zimmer Biomet contributions	
Catch-up Contributions	Team Members age 55+ who are not eligible for or enrolled in Medicare can contribute up to an additional \$1,000 per year	
Annual Deductible ⁴	\$3,000 ³ you only; \$6,000 ³ you + family	
HSA Extra Bucks Account ⁵	Zimmer Biomet adds incentives to your HSA Extra Bucks Account when you and/or your covered spouse/domestic partner complete Healthy Activities. See page 14 regarding details about the HSA Extra Bucks Account.	
Coinsurance ⁶	Zimmer Biomet pays 80%; You pay 20%	Zimmer Biomet pays 60%; You pay 40%
Out-of-Pocket Maximum ⁷	\$4,000 you only; \$8,000 you + family	\$7,000 you only; \$14,000 you + family
Prescription Drugs	Subject to Value HSA Medical deductible and coinsurance	

¹ Network Providers are a group of doctors, hospitals and other healthcare service providers that contract with a medical plan to provide healthcare services at negotiated rates. The Anthem Blue Cross Blue Shield network is used for all three medical options.

² If you timely set up your HSA, all Zimmer Biomet contributions are made through the Section 125 Plan (unless you opt out).

³ You can reduce the amount you pay out of your pocket toward your deductible by using the Zimmer Biomet contribution in your HSA, which will also apply toward your out-of-pocket maximum.

⁴ The amount you pay each plan year for covered services before the medical option pays benefits. You can pay from your HSA or out of your pocket. Value HSA has an Embedded deductible that limits each individual in a family to the individual deductible before the plan pays coinsurance. For example, the Embedded individual deductible applies until the family deductible is satisfied, which means no individual family member will pay more than the individual deductible before the plan pays coinsurance.

⁵ Incentives used from your HSA Extra Bucks Account apply toward your coinsurance and out-of-pocket maximum, but not toward your annual deductible.

⁶ The percentage the plan pays for certain covered expenses after you meet your annual deductible if applicable. You pay the remaining percentage.

⁷ The maximum amount you pay in a plan year for covered services. Once you meet the out-of-pocket maximum, the medical option pays 100% of all covered expenses for the rest of the plan year. Deductible, coinsurance and any eligible medical and prescription expenses paid from your HSA Extra Bucks Account apply toward the out-of-pocket maximum. Out-of-network amounts that exceed Reasonable and Customary (R&C)⁸ limits do not count toward the out-of-pocket maximum. Value HSA has an Embedded out-of-pocket that limits each individual in a family to the individual out-of-pocket before the plan pays 100%. For example, the Embedded individual out-of-pocket maximum applies to each covered individual until the family out-of-pocket maximum is satisfied.

⁸ R&C limits are the maximum amount a plan will consider eligible for a covered expense from an out-of-network provider. R&C limits are determined by the medical option and are based on the range of fees charged by doctors with comparable training and experience for the same or similar service in your area. When you receive in-network care under a medical option, R&C limits do not apply. When you receive out-of-network care under a medical option, you pay 100% of the amount that exceeds the R&C limit, in addition to any applicable deductible and coinsurance amounts.

If you enroll in Value HSA Medical, you can choose to use the money in your HSA to help pay for prescription drug expenses, or you can pay out of your pocket.

In the HSA Medical option, prescription drugs are treated like any other healthcare expense and are subject to the deductible. You will be responsible for the drug’s actual cost (or the network discounted rate) until you meet your annual deductible.

After you satisfy the deductible, you pay a portion of the prescription drug through coinsurance until you meet your annual out-of-pocket maximum. Once you have met your out-of-pocket maximum, the coverage pays 100% of your costs.

If you take maintenance medications, your costs will be reduced with the Exclusive Home Delivery program or Walgreens Retail Smart90 program. If you choose to receive a brand-name medication when a generic drug is available, you will pay your brand non-formulary coinsurance plus the difference in cost between the brand-name and the generic price. In the event a generic is not available, you will be required to pay the applicable coinsurance for the brand-name medication. You can use any available funds in your HSA to pay for your prescription drug costs tax-free.

Type of Prescription	Value HSA Medical
Select Preventive Prescription Drugs	Covered at 100%
Retail (30-day supply)	After deductible, you pay:
Generic ¹	20% (\$7 minimum, \$30 maximum)
Brand Formulary ²	30% (\$25 minimum, \$60 maximum)
Brand Non-Formulary ³	40% (\$50 minimum, \$120 maximum)
Brand Lifestyle Drugs ⁴	50% (\$50 minimum, no maximum)
Exclusive Home Delivery Program or Walgreens Retail Smart90 Program (90-day supply)	After deductible, you pay:
Generic ¹	20% (\$14 minimum, \$50 maximum)
Brand Formulary ²	30% (\$50 minimum, \$100 maximum)
Brand Non-Formulary ³	40% (\$100 minimum, \$175 maximum)
Brand Lifestyle Drugs ⁴	50% (\$100 minimum, no maximum)
Annual Out-of-Pocket Maximum ⁵	\$4,000 you only/\$8,000 you + family (Includes covered medical and prescription drug costs)

¹ An FDA-approved prescription drug containing the same active ingredients as its brand-name counterpart. It must be available in the same strength and dosage forms as the equivalent brand-name drug, but may be a different shape or color.

² Prescription medications that are included on the Express Scripts preferred prescription drug list selected by a panel of healthcare professionals. The list includes a select group of brand-name drugs that are evaluated on their usefulness, safety and cost-effectiveness.

³ Prescription medications that are not on Express Scripts’ preferred prescription drug list.

⁴ Brand lifestyle drugs refers to brand-name prescription drugs used for conditions such as erectile dysfunction and infertility.

⁵ Annual out-of-pocket maximum for Value HSA family coverage has an Embedded out-of-pocket that limits each individual in a family to the individual out-of-pocket before the plan pays 100%. For example, the annual out-of-pocket maximum is an individual amount that includes both medical and prescription drug costs.

Your Personal Health Savings Account (HSA)

When you enroll in the Premium HSA Medical option or the Value HSA Medical option you have the option to open an HSA in your name with HealthEquity, Anthem's partner for HSA services.

No personal or Company contributions will be made to your HSA until you open your account.

You cannot use your HSA to pay expenses incurred before you open your HSA. Any personal and Company contributions will be forfeited if you do not open your HSA with HealthEquity by December 31, 2016.

Activating Your HSA

When you enroll, you will have the opportunity to agree to the terms and conditions as required by federal law to open your HSA. If you enroll online, the website will walk you through this process.

- If you successfully meet the criteria for the terms and conditions, your HSA will be opened.
- If you do not successfully meet the criteria for the terms and conditions, your HSA will not be opened and you will be notified by mail or email.

Once you successfully meet the criteria for the terms and conditions and your HSA has been opened you will receive welcome materials from HealthEquity that include:

- HealthEquity Visa® debit card
- Instructions for accessing HealthEquity website
- Contact information for member services
- Tips for maximizing health savings with an HSA

HealthEquity®

Building Health Savings™

Customer service
1-877-713-7712

24 hours a day, 7 days per week

Website
myhealthequity.com



HSA is portable

Your HSA is portable and will not be forfeited if you retire or leave Zimmer Biomet.



Beneficiaries

Establishing a beneficiary is one of the first actions you should take when you open your HSA. You can add or change your beneficiaries for your HSA anytime on the HealthEquity website.

Important HSA Information

You cannot contribute to an HSA if you are enrolled in the HRA Medical option or any other medical option, including your spouse's/domestic partner's, unless it is a high-deductible health plan.

If you are age 65 or older (or are otherwise eligible) and have enrolled in Medicare, you can no longer contribute to an HSA or receive any Zimmer Biomet contributions to your HSA. Of course, even after you are no longer eligible to contribute to an HSA, you may still use the funds in your HSA to pay for qualified medical expenses. You must promptly notify the Zimmer Biomet Benefits Service Center as soon as you enroll in Medicare and request to stop any HSA contributions. (Once you become eligible for Medicare, you may still contribute to an HSA, but only if you have not enrolled in Medicare).

To learn more about qualified healthcare expenses and regulations that apply to HSAs, go to [irs.gov](https://www.irs.gov).

Remember, because the HSA is an individual account, you are responsible for ensuring you are eligible to contribute to an HSA, determining what healthcare expenses are eligible and reporting contributions and disbursements each year to the IRS.

HSA Eligibility for Children and Domestic Partners

If you enroll in HSA Medical and elect coverage for your child, domestic partner and/or their dependent child, you may receive the Zimmer Biomet contribution for you + family coverage. However, generally, you may only use your HSA to pay eligible medical expenses on a tax-preferred basis for: (1) your child if he or she is a qualifying child as defined in tax code section 152; or (2) your domestic partner and/or his or her dependent child, or your legal ward, if the individual qualifies as a qualifying relative as defined in tax code section 152.

Zimmer Biomet does not provide tax advice. If you have any questions about whether an individual you enroll in the Plan is your dependent for federal income tax purposes, you should consult your tax professional.

Growing Your HSA

There are several ways to increase the balance in your HSA:

- Contribute the maximum amount into your account
- Save rather than spend
- Invest your money

For information regarding each of the available funds, including management fees and expenses, please consult a current mutual fund prospectus, which is available on the HealthEquity website. Please read it carefully before you invest or send money. Because the HSA is your account, you are solely responsible for investment decisions and any gains and/or losses.

Triple Tax Advantage

Your HSA is a tax-preferred savings vehicle for your healthcare needs now and in the future. When you contribute to your HSA, you get triple tax advantages:

- The money is not taxed when it is deposited into your account because it is exempt from federal income tax, FICA (Social Security and Medicare) taxes and state income tax (for most states).
- It accumulates interest, or investment earnings (or losses), tax-free.
- The money is not taxed when you use it to pay for qualified healthcare expenses. Remember — save your receipts.

Your HSA provides you with a tax-free way to pay for out-of-pocket expenses, similar to a Healthcare FSA, but without the use-it-or-lose-it feature.



Advantages and Important Considerations of Premium and Value HSA Medical

Advantages	Important Considerations
Premium and Value HSA Medical Option	Premium and Value HSA Medical Option
<ul style="list-style-type: none"> Lower biweekly medical premiums than HRA medical. You have the flexibility to visit any doctor or other healthcare providers you wish — but you pay less with the group discounted rates when you use in-network providers¹. 	<ul style="list-style-type: none"> By law, you must be enrolled in a high-deductible health plan like the HSA Medical options to contribute to an HSA. You will pay more initially out of pocket for healthcare services, until you meet your deductible. When you visit an out-of-network provider, you are responsible for paying any amount that exceeds the maximum allowable charge that applies for in-network providers, plus any deductible and/or coinsurance amount.
Premium and Value HSA	Premium and Value HSA
<ul style="list-style-type: none"> Zimmer Biomet makes an annual contribution. For newly eligible Team Members, these contributions are prorated (based on eligibility date) for the number of months remaining in the year. See the proration chart on page 29 for details. You can also contribute your own money, tax-free, up to annual IRS limits. The 2016 HSA limits are \$3,350 (you only) or \$6,750 (you + family), including both your and Zimmer Biomet's contributions. Tax advantages, ongoing contributions and account earnings help you save for the future and can help you cover COBRA or retiree medical expenses. Over the long term, you may benefit from investing your account in a variety of funds available through the HSA administrator. You must have a balance of \$1,000 in order to invest. Team Members who are age 55+ and not eligible for or enrolled in Medicare may make extra catch-up contributions, up to an additional \$1,000 per year, to their HSA. Both interest and investment earnings grow tax-free and can be used tax-free for any qualified medical, prescription drug, dental or vision expense. Your HSA is portable and will not be forfeited if you retire or leave Zimmer Biomet. As long as you are enrolled in either HSA Medical option, Zimmer Biomet pays the administrative fee to manage the HSA through HealthEquity. 	<ul style="list-style-type: none"> You are responsible for retaining healthcare expense receipts to support your tax treatment of your HSA contributions and disbursements. You cannot use or be reimbursed for eligible expenses until your HSA is activated and funds are available in your HSA. The Department of Homeland Security requires bank accounts — including the HSA — to be tied to a physical mailing address. If you have only a P.O. Box address, you may not enroll in this option. In order to contribute to your HSA, you cannot be enrolled in any other medical coverage, unless it is also a high-deductible health plan. Typical banking fees will apply for monthly paper banking statements, overdraft charges or replacement of an HSA debit card. You or your eligible dependents may not make contributions to your HSA after you enroll in Medicare. You are not eligible to enroll in a Healthcare FSA if you (or the Company) are contributing to an HSA. Your HSA Extra Bucks Account will be forfeited once your coverage ends.

¹ Network Providers are a group of doctors, hospitals and other healthcare service providers that contract with a medical plan to provide healthcare services at negotiated rates. The Anthem Blue Cross Blue Shield network is used for all three medical options.

Regarding the HSA

The information contained in this guide does not constitute legal, tax or personal planning advice. Consult with a tax advisor before establishing an HSA. All benefits under Premium and Value HSA Medical options are subject to the terms and conditions of the plan document, as amended from time to time. Your HSA is not a group plan, therefore, you are responsible for ensuring your eligibility and contribution limits, as well as whether distributions from the HSA are tax-exempt.

Health Reimbursement Account (HRA) Medical

HRA Medical provides traditional medical coverage combined with a special Company-funded account called an HRA. The funds in your HRA will automatically be used to help pay for medical services for you and your enrolled dependents. You have the opportunity to earn additional funding by completing Healthy Activities. If you do not use all the funds in your HRA, the remaining balance will roll over each year. There is no cap on the total funds you can accumulate in your HRA. If you leave Zimmer Biomet, any remaining balance will be forfeited.

How HRA Medical Works (for in-network services)

Zimmer Biomet makes a contribution ¹ :	You pay the deductible (with HRA funds or out of pocket) ² :	100% coverage after out-of-pocket maximum ³ :
Your Zimmer Biomet HRA contribution is prorated based on your eligibility date. This contribution will be used to help pay for covered expenses.	<p>Zimmer Biomet’s annual contribution to your HRA will be used to help satisfy your annual deductible. When you use in-network providers, you pay only the negotiated rate.</p> <p>Prescription drug expenses do not apply toward your annual medical deductible.</p> <p>After you satisfy your annual deductible², Zimmer Biomet pays 80% of eligible expenses and you pay 20%.</p>	<p>Once your out-of-pocket expenses³ reach \$3,000 (you only) or \$6,000 (you + family) per year, Zimmer Biomet pays 100% of eligible expenses for the rest of the year.</p> <p>Prescription drugs are subject to a separate out-of-pocket maximum.</p>

¹ Zimmer Biomet’s HRA contribution will be used to help satisfy the deductible and will apply toward your out-of-pocket maximum.

² HRA Medical has a True Family deductible, which requires all or one individual to meet the family deductible before the plan pays coinsurance.

³ The HRA Medical has a True Family out-of-pocket maximum that requires all or one individual to meet the family out-of-pocket maximum before the plan pays 100%. For example, the annual out-of-pocket maximum for HRA family coverage is an aggregate amount and includes medical only.

Confidentiality:
The Zimmer Biomet group health plan is covered by the Privacy Rule under the federal law HIPAA. These rules protect the confidentiality of your medical services, including medical, dental, vision and prescription drugs.

The following chart highlights the specific features of HRA Medical:

HRA Medical Provisions	In-Network	Out-of-Network
Preventive Care/Wellness	Covered at 100%, no deductible	Covered at 100%, no deductible
Select Preventive Prescription Drugs	Covered at 100%, no deductible	Covered at 100%, no deductible
HRA Contribution from Zimmer Biomet ^{1,2}	See proration chart on page 30	
Healthy Activities ³	Zimmer Biomet adds incentives to your HRA when you and/or your covered spouse/domestic partner complete Healthy Activities. See page 36 for details regarding Healthy Activities.	
Annual Deductible ⁴	See proration chart on page 30	
Coinsurance ⁵	Zimmer Biomet pays 80%; You pay 20%	Zimmer Biomet pays 60%; You pay 40%
Out-of-Pocket Maximum ⁶	\$3,000 you; \$6,000 you + family	\$5,500 you; \$11,000 you + family

¹ As a newly eligible Team Member, the Company's HRA contribution and deductible are prorated (based on eligibility date) for the number of months remaining in the year, including the month of your eligibility date. See the proration chart on page 30 for details.

² Zimmer Biomet's HRA contribution will be used to help satisfy the deductible and will apply toward your out-of-pocket maximum.

³ Incentives, as well as rollover funds from prior years, can be used to help meet your annual deductible or pay your coinsurance and they apply toward your out-of-pocket maximum.

⁴ The amount you pay each plan year either from your HRA or out of pocket for covered services before the medical option pays benefits. HRA Medical has a True Family deductible that requires all or one individual to meet the family deductible before the plan pays coinsurance. For example, the annual deductible for the HRA family coverage is an aggregate amount.

⁵ The percentage the plan pays for certain covered expenses after you meet your applicable annual deductible. You pay the remaining percentage.

⁶ The maximum amount you pay in a plan year for covered services. Once you meet the out-of-pocket maximum, the medical option pays 100% of all covered expenses for the rest of the plan year. The deductible, coinsurance and eligible medical expenses paid from your HRA apply toward the out-of-pocket maximum. Amounts that exceed reasonable and customary (R&C)⁷ limits for out-of-network expenses do not count toward the out-of-pocket maximum. Separate out-of-pocket maximum applies for prescription drug expenses covered by HRA Medical. HRA Medical has a True Family out-of-pocket maximum that requires all or one individual to meet the family out-of-pocket maximum before the plan pays 100%. For example the annual out-of-pocket maximum for the HRA family coverage is an aggregate amount.

⁷ R&C limits are the maximum amount a plan will consider eligible for a covered expense from an out-of-network provider. R&C limits are determined by the medical option and are based on the range of fees charged by doctors with comparable training and experience for the same or similar service in your area. When you receive in-network care under a medical option, R&C limits do not apply. When you receive out-of-network care under a medical option, you pay 100% of the amount that exceeds the R&C limit, in addition to any applicable deductible and coinsurance amounts.

If you enroll in HRA Medical, you will pay coinsurance based on the formulary list or tier until you meet your annual prescription drug out-of-pocket maximum. The prescription drug out-of-pocket maximum is separate from the medical out-of-pocket maximum.

If you take maintenance medications, your costs will be reduced with the Exclusive Home Delivery program or Walgreens Retail Smart90 program. If you choose to receive a brand-name medication when a generic

drug is available, you will pay your brand non-formulary coinsurance plus the difference in cost between the brand-name and the generic price. In the event a generic is not available, you will be required to pay the applicable coinsurance for the brand-name medication. If you enroll in the HRA and have a Healthcare Flexible Spending Account (FSA), you can use the funds from your FSA to pay for prescription drugs.

Type of Prescription	HRA Medical
Select Preventive Prescription Drugs	Covered at 100%
Retail (30-day supply)	You pay:
Generic ¹	20% (\$7 minimum, \$30 maximum)
Brand Formulary ²	30% (\$25 minimum, \$60 maximum)
Brand Non-Formulary ³	40% (\$50 minimum, \$120 maximum)
Brand Lifestyle Drugs ⁴	50% (\$50 minimum, no maximum)
Exclusive Home Delivery Program or Walgreens Retail Smart90 Program (90-day supply)	You pay:
Generic ¹	20% (\$14 minimum, \$50 maximum)
Brand Formulary ²	30% (\$50 minimum, \$100 maximum)
Brand Non-Formulary ³	40% (\$100 minimum, \$175 maximum)
Brand Lifestyle Drugs ⁴	50% (\$100 minimum, no maximum)
Annual Out-of-Pocket Maximum⁵	\$1,250 you only/\$2,500 you + family (Includes prescription drug costs only)

¹ An FDA-approved prescription drug containing the same active ingredients as its brand-name counterpart. It must be available in the same strength and dosage forms as the equivalent brand-name drug, but may be a different shape or color.

² Prescription medications that are included on the Express Scripts preferred prescription drug list selected by a panel of healthcare professionals. The list includes a select group of brand-name drugs that are evaluated on their usefulness, safety and cost-effectiveness.

³ Prescription medications that are not on Express Scripts' preferred prescription drug list.

⁴ Brand lifestyle drugs refer to brand-name prescription drugs used for conditions such as erectile dysfunction and infertility.

⁵ Annual out-of-pocket maximum for HRA family coverage level is an aggregate amount and only includes prescription drug costs.

Comparing Medical Options

	Premium and Value HSA Medical	HRA Medical
Zimmer Biomet contribution	<ul style="list-style-type: none"> As a newly eligible Team Member, your Company contributions to the HSA and HRA are prorated (based on eligibility date) for the number of months remaining in the year, including the month of your eligibility date (unless you are eligible and enrolled in an HSA Medical option after December 1). See the proration charts on pages 29 - 30 for details. 	
Personal contribution¹	<ul style="list-style-type: none"> The 2016 HSA limits are \$3,350 (you only) or \$6,750 (you + family), including both your and Zimmer Biomet's contributions¹. Team Members age 55+ may be eligible to make additional contributions up to a maximum of \$1,000 per year. 	<ul style="list-style-type: none"> You may not make personal contributions to your HRA.
Deductible	<ul style="list-style-type: none"> Premium HSA Medical has a True Family deductible, which requires all or one individual to meet the family deductible before the plan pays coinsurance. Value HSA Medical has an Embedded deductible, which limits each individual in a family to the individual deductible before the plan pays coinsurance. The Embedded individual deductible applies to each family member until the family deductible is satisfied. 	<ul style="list-style-type: none"> HRA Medical has a True Family deductible, which requires all or one individual to meet the family deductible before the plan pays coinsurance. Your deductible is prorated (based on eligibility date) for the number of months remaining in the year, including the month of your eligibility date. See the proration chart on page 30 for details.
Incentives for healthy behaviors	<ul style="list-style-type: none"> Zimmer Biomet contributes incentives to the HSA Extra Bucks Account when you or your covered spouse/domestic partner participate in and complete Healthy Activities. The funds in your HSA Extra Bucks Account will help pay your coinsurance only after you have met the applicable deductible. 	<ul style="list-style-type: none"> Zimmer Biomet contributes incentives to your HRA when you or your covered spouse/domestic partner participate in and complete Healthy Activities. The funds in your HRA will help satisfy your annual deductible or pay for coinsurance.
Choice of when to use your account	<ul style="list-style-type: none"> You may choose to use available funds from your HSA to pay for your qualified healthcare expenses, or you may keep the funds in your HSA and pay out of your pocket. If you incur healthcare expenses (medical or prescription drugs) after you meet your deductible, funds will automatically be drawn from your HSA Extra Bucks Account to help pay for coinsurance. 	<ul style="list-style-type: none"> When you incur medical expenses, funds will automatically be drawn from your HRA. If you do not have enough funds in your HRA for medical expenses, you pay the difference out of your pocket towards the deductible and/or coinsurance.
Rolling over unused funds	<ul style="list-style-type: none"> Your HSA and/or HSA Extra Bucks Account balance will roll over each year and your HSA will continue to grow tax-free with interest. 	<ul style="list-style-type: none"> Your HRA balance will roll over each year as long as you are an active Team Member and are enrolled in one of the Zimmer Biomet medical options.
Portability when you leave Zimmer Biomet	<ul style="list-style-type: none"> You own your HSA, so you take it with you to pay for healthcare expenses when you leave Zimmer Biomet or retire. You can build unused funds in the HSA to use for retiree healthcare expenses. The HSA Extra Bucks Account is a Zimmer Biomet owned account. When your coverage ends, any remaining HSA Extra Bucks Account balance will be used to offset healthcare expenses incurred while you have active coverage. Otherwise, the funds in the HSA Extra Bucks Account will be forfeited. 	<ul style="list-style-type: none"> The HRA is a Zimmer Biomet-owned account. When your coverage ends, any remaining HRA balance will be used to offset healthcare expenses incurred while you were still covered. Otherwise, any remaining balance in the HRA will be forfeited.
Retirement savings	<ul style="list-style-type: none"> The HSA is a great way to save money, especially for healthcare in retirement. Unused HSA funds earn interest and can be invested. 	<ul style="list-style-type: none"> N/A
Tax benefits	<ul style="list-style-type: none"> Triple tax advantage — both Zimmer Biomet's and your contributions are tax-free, your HSA's earnings are tax-free and your withdrawals to pay for qualified healthcare expenses are tax-free. 	<ul style="list-style-type: none"> You are not taxed on the funds in your HRA when they are deposited or used.

¹ If you enrolled in an HSA Medical option after January 1 and made the maximum contribution to your HSA (including Zimmer Biomet's contribution) based on the annual HSA limit, income taxes and penalties may apply to a portion of your HSA contributions unless you remain enrolled in an HSA Medical option (or another high deductible plan) until December 31 of next year.

The following chart highlights specific details for both Premium and Value HSA Medical and HRA Medical:

Provision		Provider: Anthem		Network: Blue Cross Blue Shield
		Premium HSA Medical	Value HSA Medical	HRA Medical
Type of Option		Medical option with a portable HSA funded by Zimmer Biomet that can include your own tax-free contributions		Medical option with an HRA funded by Zimmer Biomet
Preventive Care and Select Preventive Prescription Drugs		Covered at 100%		
Zimmer Biomet Contributions (you only/you + family)		Company contribution is prorated (based on eligibility date). See the proration charts on pages 29 - 30.		
Personal Contributions		Up to IRS annual limits, tax-free ¹		Not allowed
Incentives		Zimmer Biomet adds incentives to your HSA Extra Bucks Account or HRA when you and/or your covered spouse/domestic partner complete Healthy Activities.		
Annual Deductible (you only/you + family) (includes Zimmer Biomet contribution)		\$1,500/\$3,000 (True Family) ²	\$3,000/\$6,000 (Embedded) ³	Deductible is prorated (based on eligibility date). See the proration chart on page 30. (True Family) ²
Coinsurance after Deductible	In-Network	Zimmer Biomet pays 80%; you pay 20%		
	Out-of-Network	Zimmer Biomet pays 60%; you pay 40%		
Out-of-Pocket Maximum (you only/you + family)	In-Network	\$3,500/ \$6,850 ⁴	\$4,000/\$8,000 ⁴	\$3,000/\$6,000 ⁴
	Out-of-Network	\$7,000/\$14,000 (including prescriptions)	\$7,000/\$14,000 (including prescriptions)	\$5,500/\$11,000 (excluding prescriptions)
Copayment (office visits/specialist/ER)		No copayment (deductible and coinsurance only)		
Use with Healthcare FSA		No	No	Yes ⁵
Office Visit (PCP/specialist)	In-Network	Zimmer Biomet pays 80%	Zimmer Biomet pays 80%	Zimmer Biomet pays 80%
	Out-of-Network	Zimmer Biomet pays 60%	Zimmer Biomet pays 60%	Zimmer Biomet pays 60%
Urgent Care	In-Network	Zimmer Biomet pays 80%	Zimmer Biomet pays 80%	Zimmer Biomet pays 80%
	Out-of-Network	Zimmer Biomet pays 60%	Zimmer Biomet pays 60%	Zimmer Biomet pays 60%
Emergency Room (medical emergency)	In-Network	Zimmer Biomet pays 80%	Zimmer Biomet pays 80%	Zimmer Biomet pays 80%
	Out-of-Network	Zimmer Biomet pays 80%	Zimmer Biomet pays 80%	Zimmer Biomet pays 80%
Emergency Room (non-emergency)	In-Network	Zimmer Biomet pays 80%	Zimmer Biomet pays 80%	Zimmer Biomet pays 80%
	Out-of-Network	Zimmer Biomet pays 60%	Zimmer Biomet pays 60%	Zimmer Biomet pays 60%
Inpatient Care	In-Network	Zimmer Biomet pays 80%	Zimmer Biomet pays 80%	Zimmer Biomet pays 80%
	Out-of-Network	Zimmer Biomet pays 60%	Zimmer Biomet pays 60%	Zimmer Biomet pays 60%
Outpatient Surgery	In-Network	Zimmer Biomet pays 80%	Zimmer Biomet pays 80%	Zimmer Biomet pays 80%
	Out-of-Network	Zimmer Biomet pays 60%	Zimmer Biomet pays 60%	Zimmer Biomet pays 60%
Durable Medical Equipment	In-Network	Zimmer Biomet pays 80%	Zimmer Biomet pays 80%	Zimmer Biomet pays 80%
	Out-of-Network	Zimmer Biomet pays 60%	Zimmer Biomet pays 60%	Zimmer Biomet pays 60%
Mental Health/Substance Abuse Inpatient (alternative care limited to non-residential program)	In-Network	Zimmer Biomet pays 80%	Zimmer Biomet pays 80%	Zimmer Biomet pays 80%
	Out-of-Network	Zimmer Biomet pays 60%	Zimmer Biomet pays 60%	Zimmer Biomet pays 60%
Outpatient Care	In-Network	Zimmer Biomet pays 80%	Zimmer Biomet pays 80%	Zimmer Biomet pays 80%
	Out-of-Network	Zimmer Biomet pays 60%	Zimmer Biomet pays 60%	Zimmer Biomet pays 60%
Infertility Coverage ⁶ (limited to \$12,000 per lifetime)	In-Network	Zimmer Biomet pays 80%	Zimmer Biomet pays 80%	Zimmer Biomet pays 80%
	Out-of-Network	Zimmer Biomet pays 60%	Zimmer Biomet pays 60%	Zimmer Biomet pays 60%

¹ The 2016 HSA limits are \$3,350 (you only) and \$6,750 (you + family), including both your and Zimmer Biomet's contributions.

² True Family deductible requires all or one individual to meet the family deductible before the plan pays coinsurance. Deductible for HRA Medical is prorated based on eligibility date. See the proration chart on page 30.

³ Embedded deductible limits each individual in a family to the individual deductible (until the family deductible is satisfied) before the plan pays coinsurance. This means that no individual family member will pay more than the individual deductible before the plan pays coinsurance.

⁴ Any eligible medical or prescription drug expenses paid from your HSA, HSA Extra Bucks Account or HRA and any deductible or coinsurance you pay will all apply toward the applicable out-of-pocket maximum.

⁵ Healthcare FSA available for eligible out-of-pocket healthcare expenses not covered by your HRA or any qualified dental and vision expenses. For a complete list of eligible expenses, go to wageworks.com.

⁶ Infertility coverage is provided for the initial evaluation, treatment and correction of the underlying condition. Additionally, infertility treatment or assisted reproductive technologies are covered under the plan, if treatments that foster natural conception are not successful.

Medical Payroll Contributions

Please take the time to consider the total cost of each medical option, meaning your contributions for coverage, your annual deductible and your other out-of-pocket costs, before selecting the option that is best for you and your family. Use this guide as a resource to help you make this important decision.

Medical Payroll Contributions Cost Per Pay Period			
	Value HSA Medical	Premium HSA Medical	HRA Medical
You only	\$33.06	\$35.14	\$42.08
You + spouse/domestic partner	\$81.69	\$92.83	\$107.76
You + child(ren)	\$73.91	\$88.41	\$93.51
You + family	\$122.53	\$154.72	\$161.65
Spouse/domestic partner surcharge*	\$46.15	\$46.15	\$46.15

Spouse/Domestic Partner Surcharge*

If your spouse/domestic partner has access to group medical coverage outside of Zimmer Biomet, you will pay a surcharge if you choose to enroll him/her as your covered dependent. When you enroll, you will be asked to attest that your spouse/domestic partner does not have available group medical coverage to avoid the surcharge.

Throughout the year, you must inform Zimmer Biomet if your spouse/domestic partner becomes eligible for other group medical coverage.

Zimmer Biomet reserves the right to periodically review whether your spouse/domestic partner is eligible for other group medical coverage. However, you are responsible for timely notifying the Zimmer Biomet Benefits Service Center of any changes in your spouse's/domestic partner's eligibility. Your failure to accurately attest or timely update information about your spouse's/domestic partner's eligibility for other group medical coverage will be deemed an intentional misrepresentation and coverage may terminate retroactively.

Wellness Participation Incentive

As part of our ongoing wellness strategy, Zimmer Biomet offers the Wellness Participation Incentive to support healthy behaviors, promote health awareness and encourage all Team Members to complete their Health Screening and Health Assessment to allow for early detection of health conditions.

Wellness Participation Incentive can reduce your payroll contributions for Medical coverage by:

- \$600 (annually) for you only or you + child(ren) coverage
- \$1,200 (annually) for you + spouse/domestic partner or you + family coverage.

All Team Members hired on or after January 1, 2016 will automatically receive the Wellness Participation Incentive (reduced payroll contribution when you enroll for your 2016 medical coverage).

Company HSA and HRA Contributions

As a newly eligible Team Member, your Company HSA or HRA contributions are prorated (based on eligibility date) for the number of months remaining in the year, including the month of your eligibility date. For example, if your eligibility with the Company begins in March and you enroll in Premium or Value HSA Medical, you will receive two thirds of the first half contribution and the entire second half in July. However, because of limits imposed by the tax code, you will not receive the Company HSA contribution if you are eligible and enroll in Premium or Value HSA Medical after December 1.

See the proration chart below to determine the amounts you will receive in your HSA or HRA when you enroll.

HSA Proration Chart

HSA Contribution — Eligible Employee before 7/1/2016					HSA Contribution — Eligible Employee on or after 7/1/2016			
Month	You only	You + spouse/ domestic partner	You + child(ren)	You + family	You only	You + spouse/ domestic partner	You + child(ren)	You + family
January	\$375.00	\$750.00	\$750.00	\$750.00				
February	\$312.50	\$625.00	\$625.00	\$625.00				
March	\$250.00	\$500.00	\$500.00	\$500.00				
April	\$187.50	\$375.00	\$375.00	\$375.00				
May	\$125.00	\$250.00	\$250.00	\$250.00				
June	\$62.50	\$125.00	\$125.00	\$125.00				
July	\$375.00	\$750.00	\$750.00	\$750.00	\$375.00	\$750.00	\$750.00	\$750.00
August					\$312.50	\$625.00	\$625.00	\$625.00
September					\$250.00	\$500.00	\$500.00	\$500.00
October					\$187.50	\$375.00	\$375.00	\$375.00
November					\$125.00	\$250.00	\$250.00	\$250.00
December ¹					\$62.50	\$125.00	\$125.00	\$125.00

¹ Only Team Members eligible as of December 1 are eligible for a Company HSA contribution.

HRA Proration Chart

HRA Contribution and Deductible — Total Annual Amount for Newly Eligible Employee				
Month	HRA Contribution		Total Deductible	
	You only	You + family	You only	You + family
January	\$500.00	\$1,000.00	\$1,500.00	\$3,000.00
February	\$458.33	\$916.67	\$1,375.00	\$2,750.00
March	\$416.67	\$833.33	\$1,250.00	\$2,500.00
April	\$375.00	\$750.00	\$1,125.00	\$2,250.00
May	\$333.33	\$666.67	\$1,000.00	\$2,000.00
June	\$291.67	\$583.33	\$875.00	\$1,750.00
July	\$250.00	\$500.00	\$750.00	\$1,500.00
August	\$208.33	\$416.67	\$625.00	\$1,250.00
September	\$166.67	\$333.33	\$500.00	\$1,000.00
October	\$125.00	\$250.00	\$375.00	\$750.00
November	\$83.33	\$166.67	\$250.00	\$500.00
December	\$41.67	\$83.33	\$125.00	\$250.00

Prescription Drugs

Select Preventive Prescription Drugs

Zimmer Biomet wants to remove as many barriers as possible that keep you and your family from getting the care you need, when you need it. In order to encourage Team Members to use their preventive benefits, Zimmer Biomet covers select preventive prescription drugs at 100%.

This program is administered separately from your other prescription drug coverage. The Select Preventive Prescription Drug list will be updated quarterly, and covered prescription drugs are subject to change. For the most recent Select Preventive Prescription Drug List, go to the Zimmer Biomet intranet and select Team Member Center.

Exclusive Home Delivery Program and Walgreens Retail Smart90 Program

Maintenance medications are used to treat chronic conditions such as diabetes, high cholesterol and asthma. To help you save time and money, your maintenance medications will be mailed to your home. Enjoy no longer waiting in line at the pharmacy — your drugs are delivered to your door and you can set up worry-free refills and receive medication-related alerts.

You and your covered dependents will be allowed three fills of maintenance medications at a retail pharmacy even if the drug is on the Select Preventive Prescription Drug list. If, after the third fill of a prescription at a retail pharmacy, you don't transfer the prescription to the Exclusive Home Delivery program or Walgreens Retail Smart90 program, you will pay the full cost of the prescription at a non-Walgreens retail pharmacy.

If you are currently taking a maintenance medication, you will need to get a 90-day prescription from your doctor and process it through the Express Scripts Exclusive Home Delivery program or Walgreens Retail Smart90 program.

**EXPRESS SCRIPTS®**

Customer service

1-866-544-6884

24 hours a day, 7 days a week

Website

[express-scripts.com](https://www.express-scripts.com)

Accredo Specialty Pharmacy

Express Scripts has a preferred specialty pharmacy called Accredo, where members are required to fill specialty medications. Specialty medications are drugs that are used to treat complex conditions, such as rheumatoid arthritis, multiple sclerosis and cancer.

Benefits of Accredo include 24/7 phone access to specially trained pharmacists, personalized counseling from registered nurses and pharmacists and expedited delivery of medications and supplies, such as syringes and needles, at no cost to you.

If you are currently taking specialty medications and are interested in participating, call Express Scripts Member Services at **1-866-544-6884**.

Certain drugs have quantity limits per prescription or month. For a list of drugs with quantity limits, contact Express Scripts. Other drugs will require prior authorization before coverage will be approved. Contact Express Scripts for a list of these drugs.

Note: Not all prescription drugs are covered. Please contact Express Scripts for a list of excluded drugs.

Express Scripts helps make safe and effective medications available for you.

A national panel of physicians and pharmacists continually reviews and compares prescription drugs to ensure your drug list includes proven medications to treat every condition. Some drugs may no longer be included when other safe and effective alternatives are available. Additionally, if over-the-counter versions of a medication are available, prescription forms may no longer be covered under your prescription benefit.

Three ways to order your prescriptions through Exclusive Home Delivery program:

1. Go to [express-scripts.com](https://www.express-scripts.com)
2. Call Express Scripts at **1-866-544-6884**
3. Use the convenient Home Delivery form

Preventive Care

Zimmer Biomet provides full coverage for preventive care to help you reduce the risk of serious health issues in the future. All preventive care services — no matter which medical option you elect — are covered at 100% and you do not pay any out-of-pocket expenses for eligible preventive care services.

It is important to remind the doctor or nurse at the time of service that these preventive care services should be coded as preventive when claims are submitted.

What Qualifies as Preventive Care

Preventive care generally will not include any service or benefit intended to treat an existing illness or diagnosed condition. The following services are considered to be preventive:

Well-Baby and Well-Child Care

Preventive¹:

- Preventive care visits — unlimited
- Baby/Child screening tests — unlimited, unless otherwise indicated
- Lead level tests
- Vision screenings — annually
- Hearing screenings — annually
- Routine pelvic exam, Pap test and contraceptive management

Immunizations²:

- Diphtheria, Tetanus, Pertussis (DTaP)
- H. Influenza Type B
- Hepatitis A: Recommended for high-risk groups, such as international travelers or workers in food service or healthcare industry
- Hepatitis B and Varicella: Recommended for high-risk individuals
- Human Papilloma Virus (HPV) Vaccine
- Influenza — flu shot
- Measles, Mumps, Rubella (MMR)
- Meningococcal: Considered for college students who live in dormitories and have a slightly increased risk of getting meningococcal disease
- Pneumococcal Conjugate (pneumonia)
- Polio
- Rotavirus
- Tuberculosis (TB) Vaccine
- Varicella (chicken pox)

¹ The HSA and HRA Medical options cover services recommended with A or B ratings by the U.S. Preventive Services Task Force (USPSTF) as preventive services. Preventive care is updated based on changes in the USPSTF ratings.

² Actual dosing regimen to be determined by physician.

Adult Care

Preventive¹:

- Preventive visits — unlimited
- Vision screening — annually
- Hearing tests — annually

Adult Screening Tests:

- Clinical breast exam and mammogram
- Colorectal cancer screenings: Fecal occult blood testing or flexible sigmoidoscopy
- Coronary artery disease: Periodic cholesterol and lipid screening
- Diabetes (Type II) screening: Periodic blood glucose testing for high-risk individuals (e.g., hypertension, hyperlipidemia)
- Osteoporosis screening: Periodic bone density screening for women age 35 and older with increased risk for osteoporotic fractures
- Prostate cancer screenings: Digital rectal examination (DRE) and Prostate Specific Antigen (PSA)
- Routine pelvic exam, Pap test and contraceptive management
- Alcohol and drug screening
- Tobacco counseling for children and adults
- Cardiovascular disease prevention counseling
- Obesity screening and counseling
- Lung cancer screening for 30-pack-per-year smokers (or those who stopped smoking within 15 years)
- Fall prevention for older adults

Immunizations²:

- Hepatitis A: Recommended for high-risk groups, such as international travelers or workers in food service or healthcare industry
- Hepatitis B and Varicella: Recommended for high-risk individuals
- Human Papilloma Virus (HPV) Vaccine
- Influenza — flu shot
- Measles, Mumps, Rubella (MMR)
- Meningococcal: Considered for college students who live in dormitories and have a slightly increased risk of getting meningococcal disease
- Pneumococcal Conjugate (pneumonia)
- Tetanus, Diphtheria (DTaP)
- Herpes Zoster/Varicell Zoster (Shingles Vaccine)

Women's Health Services:

- Well-woman visits
- Gestational diabetes screening
- HPV DNA testing
- Sexually transmitted infection counseling
- HIV screening and counseling
- FDA-approved contraception methods and contraceptive counseling
- Breastfeeding support, supplies and counseling
- Domestic violence screening and counseling

¹ The HSA and HRA Medical options cover services recommended with A or B ratings by the U.S. Preventive Services Task Force (USPSTF) as preventive services. Preventive care is updated based on changes in the USPSTF ratings.

² Actual dosing regimen to be determined by physician.

Wellness Programs

Your health and wellness are important to Zimmer Biomet; therefore, we partner with RedBrick Health to provide tools, resources and the motivation to help you understand, maintain and improve your health.

In addition to reduced payroll contributions for your medical coverage, you and your covered spouse/domestic partner can earn incentives for participating in Healthy Activities through RedBrick Health. See how your Healthy Activities can add up — while you get rewarded for getting healthier.

Healthy Activities Incentives

If you are enrolled in the HSA or HRA medical option, you and your covered spouse/domestic partner can also receive incentives in your HSA Extra Bucks Account or HRA for participating in Healthy Activities.

If you are not enrolled in one of the medical options, you are eligible to enroll in one of the programs without receiving incentives.

Accessing RedBrick Health

Logged on to the Zimmer Biomet network (from your own computer) — go to Team Members Center on the Zimmer Biomet intranet. No login or password required.

Not logged on to the Zimmer Biomet network (accessing directly via the web) — go to myredbrick.com/zimmerbiomet. Register and set up a login and password.

Incentives for participating in the Healthy Activities are available to all Team Members enrolled in a medical option. If you feel you might be unable to meet a standard for an incentive, you might qualify for an opportunity to earn the same reward by a different means. Contact RedBrick Health at **1-855-479-7626** and they can work with you (and, if you wish, your doctor) to find a Healthy Activity with the same reward that is right for you in light of your health status.



REDBRICK HEALTH®

Customer service
1-855-479-7626

Monday through Friday,
8 a.m. to 11 p.m. ET
Saturday, 8 a.m to 3 p.m. ET

Website
myredbrick.com/zimmerbiomet

Complete the Health Screening and Health Assessment to receive Healthy Activity recommendations from RedBrick Health, as well as earn incentives in your HSA Extra Bucks Account or HRA.

Healthy Activity	Description	Incentive earned for Team Member	Incentive earned for covered spouse/ domestic partner
Health Screening	<p>Complete a Health Screening at your doctor's office, a Community Access Partner or an onsite Health Screening event (if available).</p> <p>Download the Health Screening form for use at your doctor's office from the Health Screening page after logging into your RedBrick Health account.</p>	\$100/year	\$100/year
Health Assessment	<p>An online, interactive questionnaire that will give you an in-depth snapshot of your current health along with personalized recommendations for ways you can improve it.</p> <p>The Health Assessment can also be completed by telephone or by requesting a paper version at 1-855-479-7626.</p>	\$100/year	\$100/year
Incentives Available		\$200 per year	\$200 per year
Flu Shot	Receive a flu shot at an onsite clinic (if available) or at your doctor's office.	\$25/year	\$25/year
Incentives Available		\$25 per year	\$25 per year
RedBrick Next-Steps Consult	Complete a Next-Steps Consult call	\$50/year	\$50/year
RedBrick Track™	Achieve a daily wellness score of 300 (Get Active, Eat Healthier and Live Well Activities)	\$1/day (\$3/week maximum)	\$1/day (\$3/week maximum)
RedBrick Journeys™	Complete the Journey pre-assessment	\$5/1 focus area	\$5/1 focus area
	Complete a stage	\$10/1 stage	\$10/1 stage
	Complete the Journey	\$10/1 Journey	\$10/1 Journey
	Complete the Journey post-assessment	\$5/1 Journey	\$5/1 Journey
RedBrick Phone Coaching (including RedBrick Healthy Pregnancy)	Complete the first call with a phone coach	\$25/1 program	\$25/1 program
	Progress towards a phone coaching goal	\$25/1 quarter	\$25/1 quarter
	Progress with phone coaching program goal	\$25/1 quarter	\$25/1 quarter
RedBrick Healthy Factors (based on Health Screening results)	BMI (between 18.5 and 24.9)	\$25/year	\$25/year
	Non-HDL Cholesterol (<100)	\$25/year	\$25/year
	Blood Pressure (120/80mmHg)	\$25/year	\$25/year
Incentives Available		\$175 per year	\$175 per year
Total Incentives Available:		\$400 per year	\$400 per year

Healthy Activities

If you are enrolled in one of the medical options, you and your covered spouse/domestic partner can earn \$175 annually in incentives by completing the following programs listed below.

Refer to the Healthy Activity Incentive Chart on page 36 for details or call RedBrick Health with questions about any of the programs or to get started.

RedBrick Next-Steps Consult

During this one-time, 15-minute call, a certified expert will help you understand your Health Screening and Health Assessment results and help you choose which RedBrick programs will be the best fit for you.

RedBrick Track™

The RedBrick Track tool allows you to log your activity in three categories: Eat Healthier, Live Well and Get Active.

You may also sync a number of mobile apps and approved devices to your RedBrick Health portal in order to automatically log your physical activity.

RedBrick Journeys™

Journeys is a refreshing, re-energizing alternative to more traditional online Healthy Activities that can be accessed online and by text message, email and telephone.

Select a journey focused on one of the health topics and you are presented with bite-sized, fun steps tailored to your interests. Choose steps you'd like to commit to as part of your journey. Steps may incorporate activities, as well as brief videos. You can continue to personalize your experience by giving feedback on the steps you like and the ones you don't.

- Amp Up Your Health
- Be Tobacco Free
- Blood Pressure in Check
- Breathe Easier
- Diabetes Life: Type 2
- Eat Healthier
- Financial Fitness
- Find Your Balance
- Get Active
- Health in a Hurry
- Healthier Heart
- Healthy Back
- Healthy Pregnancy
- Healthy Family
- Heart-Healthy Cholesterol
- Manage Well
- Power Patient
- Sleep Well
- Stress Less
- Weigh Less

RedBrick Phone Coaching (in-depth, one-on-one guidance)

RedBrick Health coaches are certified experts who will work with you by phone and provide tools and the support you need to help make lifestyle changes, such as behavioral change, provide health education, self-management skill-building and medication compliance.

Key focus areas include:

Lifestyle Management

- Healthy Back
- Hyperlipidemia (high cholesterol)
- Hypertension (high blood pressure)
- Nutrition Management
- Physical Activity
- Stress Management
- Tobacco Cessation
- Weight Management

Condition Management

- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Congestive Heart Failure (CHF)
- Coronary Artery Disease (CAD)
- Diabetes, Type 2

Healthy Pregnancy Program

Through RedBrick Health, you have multiple options designed to promote a healthy pregnancy through delivery. Pregnant consumers may elect to enroll and participate in a phone coaching program addressing fitness, nutrition, stress management or tobacco cessation.

The Health Coach (an RN with obstetrical experience) will complete an assessment, including current health status. Based on the assessment, you and the Health Coach will identify education needs and focus areas for lifestyle modification such as proper nutrition, stress management and/or physical activity.

If, after the assessment, any factors indicate you may be at high risk, the coach will refer you to a high-risk pregnancy program on case management.

Healthy Factors

Once you have completed your Health Screening and you have been identified as having met a Healthy Factor(s), Zimmer Biomet will deposit \$25 for each Healthy Factor that falls within the healthy ranges into your HSA Extra Bucks Account or HRA.

- Healthy Blood Pressure (<120/80)
- Healthy Non-HDL Cholesterol (<100)
- Healthy BMI (between 18.5 and 24.9)

Managing Your Healthcare Costs

Healthcare is a consumer product, just like anything else. Taking action to be a smart healthcare consumer isn't much different than the consumer decisions you make in your everyday life. For example, when you make a big purchase like a car or TV, you probably do your homework beforehand by researching reliable brands and comparing prices.

It's easy to apply these same types of behaviors to healthcare, and Zimmer Biomet is here to help by offering the tools and resources you need to help manage your health — and healthcare dollars.

Compass Patient Advocacy Service

Compass Professional Health Services is your solution for simpler, smarter healthcare through a personal healthcare advisor provided at no cost to you. Compass unlocks the power of healthcare consumerism by providing:

- Price transparency/medical service cost estimates
- Provider selection analysis
- Patient advocacy
- Quality checks
- Network confirmation service
- Appointment scheduling and other concierge services

Compass will help you understand and get the most from your benefits and can assist you in the selection of your health plan. The service is simple to use and is available to all medical option participants.

Why should you contact Compass?

Here are a few ideas:

- Save Money
 - ▶ Members save an average of \$620 each year when using Compass to avoid overpriced medical expenses. Compare prices before you receive care.
- Find a Doctor
 - ▶ Compass has pre-screened the best doctors and their office staff in your area to help take the guesswork out of finding a physician.
- Insurance Questions
 - ▶ Ask Compass anything about insurance — even Medicare. Compass can help direct you toward the best plan for your family, estimate what insurance will pay and resolve billing disputes.



Customer service

1-800-513-1667, ext. 674

Monday through Friday,
9 a.m. to 7 p.m. ET

Website

member.compassphs.com



Get connected

Access 24/7 support of our dedicated Health Pro consultant online in just a few easy steps:

- Visit **member.compassphs.com**
- Follow the onscreen instructions for the registration process
- Check your email to verify your account and complete the final step of the registration process
- Enjoy access to your member portal – 24 hours a day, 7 days a week

Anthem Programs

Nurseline

Nurseline is available 24 hours a day, seven days a week to provide support for your everyday health issues and questions. The service is available at no charge to you and your covered family members. Call to be connected with a registered nurse who can provide accurate, confidential health information about a multitude of health conditions. If you have questions about your symptoms or the care you need, Nurseline offers free advice about your care options. Speaking with a nurse first can help you determine the appropriate level of care for your situation, and whether you need to go to an urgent care facility, your primary care physician or the Emergency Room.

Utilization Management

A utilization management nurse will work with your healthcare provider to formally assess the medical necessity, efficiency and/or appropriateness of healthcare services, setting and treatment plans. The nurse can help you find the best possible care (inpatient or outpatient) and location for your medical needs and help with discharge planning after a hospital stay.

Case Management

Case management is a voluntary, confidential program that provides services and support to positively impact the health and well-being of you and your family. A case management nurse can educate you on your condition, provide you with additional information regarding your treatment options, follow up with you after a hospital stay, talk with your doctors and help coordinate any additional services you may need.

Imaging Management Program (AIM Program)

When it comes to important imaging services such as CT scans and MRIs, higher cost doesn't necessarily mean higher quality. The Aim Program gathers information from imaging providers about their staff, equipment, accreditations and quality-control measures to ensure you're getting high-quality imaging without the high cost.

After your doctor refers you to an imaging provider and calls for pre-authorization, Anthem reviews the referral to see if the provider offers the best quality of care and price in your area. If it doesn't, you'll get a call to let you know of alternative providers. You may choose to follow your doctor's referral or go to one of the recommended providers through the program.

Sleep Management Program

Experts agree that good health starts with a good night's sleep. If you suffer from Obstructive Sleep Apnea, the sleep management program can help you find high-quality providers and the right type of care to help you get a better night's sleep.



Customer service 1-800-693-5406

Monday through Friday,
9 a.m. to 9 p.m. ET

Nurseline 1-866-800-8780

24 hours a day, 7 days a week

Utilization management 1-866-776-4793

Monday through Friday,
9 a.m. to 9 p.m. ET

Case management 1-866-776-4793

Monday through Friday,
9 a.m. to 9 p.m. ET

Website anthem.com

Dental

The Company provides you with two dental options administered by Aetna. Each option has features that appeal to different Team Members and family healthcare situations.

When you need dental care, you and your covered dependents may visit any dentist you choose. However, if you visit a dentist who is part of the Aetna provider network, you can take advantage of pre-negotiated, discounted rates and pay less for your dental care.



Customer service
1-800-279-1434

Monday through Friday,
7 a.m. to 8 p.m. ET

Website
aetna.com

Plan Design Features	Premium Dental	Value Dental
Annual deductible (you only/you + family) for basic and major procedures	\$50/\$150	\$50/\$150
Preventive and diagnostic care (e.g., routine exams, cleanings, X-rays, one fluoride treatment every 12 consecutive months for children up to age 19)	100% up to two visits per person per calendar year (does not apply to annual maximum benefit)	100% up to two visits per person per calendar year (does not apply to annual maximum benefit)
Basic restorative care (e.g., oral surgery, extractions, periodontal treatment)	80%	80%
Major restorative care (e.g., dentures, crowns, bridgework, inlays, onlays)	50% (1 every 8 years)	50% (1 every 8 years)
General anesthesia	Covered under major services	Covered under major services
Panoramic and/or full mouth X-rays	1 every 5 years	1 every 5 years
Orthodontia for children and adults	50%	Not covered
Orthodontia lifetime benefit maximum	\$2,000 per adult or child	N/A
Dental implants	100% up to annual benefit maximum	100% up to annual benefit maximum
Annual benefit maximum	\$2,000 per person	\$750 per person

Dental Payroll Contributions Cost Per Pay Period		
	Premium Dental	Value Dental
You only	\$6.65	\$4.81
You + spouse/domestic partner	\$14.35	\$10.39
You + child(ren)	\$16.59	\$12.01
You + family	\$23.88	\$17.28

Vision

Comprehensive vision coverage is available through Vision Service Plan (VSP). This coverage has features for you and your family for many basic services, such as eye exams, lenses, frames or contact lenses. If you are interested in LASIK surgery, a discount program is available to you when you use an in-network provider.

When you go to a VSP provider, your costs will be significantly lower and you will not need to submit a claim to receive reimbursement.



Customer service 1-800-877-7195

Monday through Friday,
8 a.m. to 11 p.m. ET
Saturday and Sunday,
10 a.m. to 10 p.m. ET

Website vsp.com

Plan Design Features	In-Network	Out-of-Network ³
Eye Exam¹	\$15 copayment, then 100%	\$15 copayment, up to \$45
Frames	\$25 copayment, up to \$150	\$25 copayment, up to \$70
Spectacle Lenses² (Photochromic or tinted)		
Single Vision	\$25 copayment, then 100%	\$25 copayment, up to \$30 ⁴
Lined Bifocal	\$25 copayment, then 100%	\$25 copayment, up to \$50 ⁴
Lined Trifocal	\$25 copayment, then 100%	\$25 copayment, up to \$65 ⁴
Contact Lens Exam Fitting Evaluation	\$60 maximum copayment	Included with contact lens allowance
Contact Lenses²	\$150 allowance, no copayment	\$105 allowance, no copayment

¹ If you are enrolled in a medical option, you can submit expenses related to your eye exam to Anthem for reimbursement of any covered portion of the eye exam expense.

² The plan covers either glasses or contact lenses (not both) once per calendar year.

³ Out-of-network providers will be reimbursed by VSP up to the fee listed. You will be required to submit a claim form for reimbursement. If you use an out-of-network provider, you may be billed by the provider for charges over the fee listed.

⁴ Up to \$5 extra allowance for tinting.

Extra Discounts and Savings at a VSP Doctor

Glasses and Sunglasses

- Average 20–25% savings on all non-covered lens options.
- 20% off additional glasses and sunglasses from the same VSP doctor on the same day as your preventive exam. Or get 20% off from any VSP doctor within 12 months of your last covered preventive exam.

Contacts

- 15% off cost of contact lens exam (fitting and evaluation). Available from any VSP doctor within 12 months of your last covered preventive exam.

Polycarbonate Lenses

- Covered in full for dependent children, up to age 18.

Laser Vision Correction

- Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.
- After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor.

Vision Payroll Contributions Cost Per Pay Period

You only	\$3.15
You + spouse/domestic partner	\$6.60
You + child(ren)	\$6.29
You + family	\$11.00



Flexible Spending Accounts

Flexible Spending Accounts (FSAs) are tax-advantaged accounts that help you save money on eligible out-of-pocket healthcare and dependent care expenses. You may make contributions to the Healthcare FSA and/or Dependent Care FSA before taxes are deducted and then receive reimbursement for eligible expenses as you incur them throughout the year.

- **Healthcare FSA:** For eligible out-of-pocket healthcare expenses, between \$120 and \$2,550 per year, not covered by your HRA. You can only use your Healthcare FSA to help cover your medical deductible, coinsurance, eligible prescription drugs or over-the-counter medications once your HRA is exhausted, but can use money in your Healthcare FSA to help cover your eligible dental or vision expenses any time during the year. You need to enroll in the HRA medical option to enroll in a Healthcare FSA. If you enroll for HSA Medical or choose no medical coverage, you are not eligible for a Healthcare FSA.
- **Dependent Care FSA:** For eligible dependent care expenses, between \$120 and \$5,000 per year (\$2,500 if married and filing separate federal income tax returns), that are necessary for you and your spouse/domestic partner to work or attend school full-time.

Eligible dependents include:

- ▶ Your children under age 13
- ▶ Your eligible spouse/domestic partner or other dependent of any age (such as a parent or older child) who is physically or mentally unable to care for himself or herself

Important FSA Rules

Following are important rules to keep in mind as you consider enrolling in either the Healthcare and/or Dependent Care FSA. Some rules apply to both types of accounts. Other rules, as described to the right, are specific to either the Healthcare or Dependent Care FSA.

- The FSA is a use-it-or-lose-it account — under the current tax rules, you must use the money you elected to set aside in an FSA for eligible expenses by the applicable deadline. IRS regulations do not allow Zimmer Biomet to refund any unused money. Any leftover money in your account(s) after the deadline will be forfeited. For this reason, it is important that you carefully estimate the amount you want to set aside for an FSA.
- You cannot use funds from the Dependent Care FSA to pay expenses eligible under the Healthcare FSA, or vice versa.
- Expenses that are reimbursed through your Healthcare FSA or Dependent Care FSA cannot be claimed as a deduction when you file your income tax return. Participating in the Dependent Care FSA also makes you ineligible for the child care credit on your annual tax filing — check with a tax advisor to see which option is right for you.



Customer service
1-877-924-3967

Monday through Friday,
8 a.m. to 8 p.m. ET

Fax
1-877-353-9236

Claims administrator
P.O. Box 14053
Lexington, KY 40512

Website
wageworks.com



Debit card transactions during the grace period (January 1, 2017 – March 15, 2017)

Debit card transactions used between January 1, 2017, and March 15, 2017 (the grace period for the 2016 plan year) will use the previous year's balance before taking funds out of the current year.

For example, if you have a 2016 balance in your Healthcare FSA and you make a debit card purchase during the grace period in 2016, the amount will be deducted from your 2016 funds prior to using your 2017 funds (if applicable).

If you elected the Healthcare FSA this year but plan to enroll in HSA Medical next year and contribute to an HSA during the grace period, you must use all your available Healthcare FSA funds by December 31 of this year.

- Your elected FSA contributions cannot be changed during the plan year unless you experience a Qualified Status Change (such as marriage, divorce, birth or adoption) or a change in employment status.
- If you leave Zimmer Biomet, your FSA (either Healthcare or Dependent Care) will terminate on your last day of employment. Any expenses incurred after your termination date are not eligible for payment through the FSA, unless you are eligible and elect to continue your Healthcare FSA with COBRA. You will still be allowed to use available FSA funds to pay for expenses incurred before your termination date.
- You may only enroll in the Healthcare FSA if you also enroll in HRA Medical. (You cannot enroll in the Healthcare FSA if you enroll in Premium or Value HSA Medical or choose no coverage.)
- No matter which medical option you choose (even if you choose no medical coverage), you can enroll in the Dependent Care FSA.

Healthcare FSA

- You can access funds at any time during the year. If needed, you can use the full account value at the beginning of the plan year.
- Claims must be incurred between your eligibility date and March 15, 2017.
- You have until June 30, 2017, to submit Healthcare FSA expenses for 2016.

Dependent Care FSA

- You can only access funds once they are available in the account.
- Claims must be incurred between your eligibility date and December 31, 2016.
- You have until June 30, 2017, to submit Dependent Care expenses for 2016.

Integrating your Healthcare FSA with the Medical Options

• HSA (Premium or Value)

Because you can contribute your own pre-tax earnings into your HSA, you cannot participate in both HSA Medical and a Healthcare FSA. Your HSA has all the tax advantages of the Healthcare FSA without the use-it-or-lose-it requirement. Unlike the Healthcare FSA, your HSA grows by earning interest.

• HRA

If you enroll in HRA Medical, your HRA funds for medical expenses will be used first before you can use FSA funds for healthcare expenses. Eligible expenses, such as dental and vision expenses, can be paid for with funds from the Healthcare FSA regardless of your HRA balance.

Employee Assistance Program

Life is always changing, and balancing work and family priorities can be a challenge. Occasionally, situations such as a family crisis, caring for an elderly parent, dealing with a serious family illness or finding dependable child care can become overwhelming.

With the Anthem Employee Assistance Program (EAP), you receive six free visits per issue with a network licensed behavioral health counselor. If you are in need of further counseling, your EAP counselor will coordinate appropriate and affordable resources in your community.

You do not have to be enrolled in a Zimmer Biomet medical option to participate in this Company-provided benefit, available to you and any member of your household.

Here are some of the topics covered by the EAP:

- Workplace safety
- Home improvement
- Child and elder care
- Addiction and recovery
- Tobacco cessation
- Dealing with identity theft
- Grief and loss
- Legal and financial services
- Family health

Simply visit the website at anthemeap.com (From the Members section > Login > zimmerbiomet) or call the toll-free number, day or night, at **1-800-865-1044**. Anthem specialists are available at no cost to you and there are no limitations on how often you can call.

Anthem.
National Accounts



Customer service
1-800-865-1044

24 hours a day, 7 days a week

Website
anthemeap.com

Insurance Programs

Zimmer Biomet automatically provides you with a basic level of life insurance and accidental death and dismemberment (AD&D) insurance at no cost to you.

Zimmer Biomet offers different levels of life and AD&D insurance coverage to help protect you and your family. You may purchase supplemental life and AD&D insurance for yourself as well as dependent life and AD&D insurance for your spouse/ domestic partner and/or children.

The following is a summary of the basic and supplemental coverage¹.

Basic Life Insurance

Zimmer Biomet provides basic life insurance coverage (equal to two times your annual earnings²) at no cost to you. The maximum for basic life insurance is \$1 million. Keep in mind that the tax code requires that you be taxed on the cost of basic life insurance coverage amounts over \$50,000, which is called imputed income. This is shown as Group Term Life Imputed on your paycheck statement.

Supplemental Life Insurance

You may elect supplemental life insurance coverage for yourself. You may purchase up to eight times your annual earnings on an after-tax basis. The maximum basic life and supplemental life insurance coverage combined is \$1.5 million.

If you elect supplemental life insurance as a newly eligible Team Member, you do not need to provide evidence of insurability for any election up to three times your annual benefits salary or \$500,000 of coverage (whichever is less).

Evidence of insurability is required for supplemental coverage above either three times annual earnings or \$500,000 during your new hire eligibility period.

The cost of life insurance coverage is calculated before the beginning of each year based on your anticipated annual earnings. Life insurance costs are affected by your tobacco use status and age bracket. Be sure to complete your tobacco use declaration.

If you decide to increase your level of supplemental coverage throughout the year, you will need to provide evidence of insurability for any amount of additional supplemental coverage.

Basic Accidental Death & Dismemberment (AD&D) Insurance

Zimmer Biomet provides basic AD&D insurance coverage (equal to two times your annual earnings²) at no cost to you. The maximum for basic AD&D insurance is \$1 million.



Customer service
1-877-320-0484

Monday through Friday,
9 a.m. to 7 p.m. ET



Choosing your beneficiary

Your beneficiary(ies) is the person(s) who will receive benefits from your life and AD&D insurance in the event of your death. When you enroll in your benefits, you need to designate your beneficiary online at benefits.zimmerbiomet.com or by calling **1-877-588-0933** and speaking with a customer service representative.

If your beneficiary is a Zimmer Biomet Team Member, you must call and speak with a customer service representative at the Zimmer Biomet Benefits Service Center to add him/her as your beneficiary.

If you do not designate your beneficiary(ies) during enrollment, any benefits will be paid to the recipient(s) described in the policy.

Supplemental Accidental Death & Dismemberment (AD&D) Insurance

You may elect supplemental AD&D insurance coverage for yourself. You may purchase up to eight times your annual earnings on an after-tax basis. The maximum basic AD&D and supplemental AD&D insurance coverage combined is \$1.5 million.

The cost of AD&D insurance coverage is calculated before the beginning of each year based on your anticipated annual earnings. AD&D insurance costs are affected by your tobacco use status and age bracket. Be sure to complete your tobacco use declaration.

AD&D insurance does not require evidence of insurability.

¹ Life, AD&D and business travel benefits are subject to the terms of the current insurance policy for each program. Life, AD&D, survivor income and business travel benefits are generally based on your eligible annual earnings, which are determined by the insurer at the time of a covered loss according to the policy's definition of annual earnings.

² For purposes of your life insurance coverage (as well as AD&D, survivor income and business travel), annual earnings are your eligible earnings, as defined by the insurance policy, immediately prior to a covered loss. Eligible earnings are generally your basic annual wages or salary, including commissions paid to you prior to the date of loss, but excluding bonuses, overtime and any other special pay. (Annual commissions will be based on average commissions paid to you over the 12 months immediately prior to the date of a covered loss, or over your actual period of employment, whichever period is shorter.)

Dependent Life Insurance

You may purchase life insurance for your spouse/domestic partner and/or child(ren) on an after-tax basis.

The coverage amounts for spouse/domestic partner are:

- \$10,000
- \$150,000
- \$25,000
- \$200,000
- \$50,000
- \$300,000
- \$75,000
- \$400,000
- \$100,000
- \$500,000

If you elect spouse/domestic partner life insurance as a newly eligible Team Member, evidence of insurability is not required for any election up to \$75,000. You are automatically the beneficiary for any life insurance you elect for your eligible dependents.

Your spouse's/domestic partner's coverage cannot exceed 50% of your combined basic and supplemental life insurance. Contributions for your spouse's/domestic partner's coverage are based on your spouse's/domestic partner's age, the amount of coverage you elect and whether or not your spouse/domestic partner uses tobacco.

If you decide to increase the level of coverage for spouse/domestic partner life insurance throughout the year, evidence of insurability will be required for any amount of additional coverage.

You have two coverage options for life insurance for your child(ren) to age 19 (or 23 if a full-time student).

- \$5,000
- \$10,000

The cost of coverage is the same regardless of how many children you have. There is no evidence of insurability required for child life coverage.

Dependent AD&D Insurance

You may purchase AD&D insurance for your spouse/domestic partner and/or child(ren) on an after-tax basis.

The coverage amounts for spouse/domestic partner are:

- \$10,000
- \$150,000
- \$25,000
- \$200,000
- \$50,000
- \$300,000
- \$75,000
- \$400,000
- \$100,000
- \$500,000

AD&D insurance does not require evidence of insurability. You are automatically the beneficiary for any AD&D insurance you elect for your eligible dependents. Spouse/domestic partner coverage cannot exceed 50% of your combined basic and supplemental AD&D insurance.

You have two coverage options for AD&D insurance for your child(ren) to age 19 (or 23 if a full-time student).

- \$5,000
- \$10,000

The cost of coverage is the same regardless of how many children you have. There is no evidence of insurability required for child AD&D coverage.

Life and AD&D Insurance Reduction

The benefit plan volume amount for the life and AD&D plans listed below will be reduced based on the Team Member's age. Salary used for calculation of volume is the frozen salary as of the day before the Team Member's 70th birthday. Your and any dependents' coverage will be reduced at age 70 (and further reduced at age 75) to the amounts summarized below.

On your 70th birthday, up through the day before your 75th birthday, coverage will be:

65% of:

- Company-provided basic life insurance (2x), on the day before your 70th birthday
- Company-provided AD&D insurance (2x), on the day before your 70th birthday
- Any supplemental life insurance option level that was in force the day before your 70th birthday
- Any supplemental AD&D insurance option level that was in force the day before your 70th birthday
- Any spouse/domestic partner life insurance option level that was in force the day before your 70th birthday
- Any spouse/domestic partner AD&D insurance option level that was in force the day before your 70th birthday

On your 75th birthday, coverage will be:

50% of:

- Company-provided basic life insurance (2x) on the day before your 70th birthday
- Company-provided AD&D insurance (2x) on the day before your 70th birthday
- Any supplemental life insurance option level that was in force the day before your 70th birthday
- Any supplemental AD&D insurance option level that was in force the day before your 70th birthday

- Any spouse/domestic partner life insurance option level that was in force the day before your 70th birthday
- Any spouse/domestic partner AD&D insurance option level you elected that was in force the day before your 70th birthday

Portability and Conversion

If your eligibility for life, AD&D or Survivor Income insurance ends for any reason except failure to pay the required premium (for example, you are no longer actively working as a full-time Team Member or you have been on Short-Term Disability or any leave of absence for six months), you may, subject to the terms of the insurance policy, qualify to port or convert your life insurance coverage if you apply to The Hartford and pay the required premium within 31 days after coverage ends according to the insurance policy. No port or convert option is available for AD&D or Survivor Income.

Please contact the Zimmer Biomet Benefits Service Center for information about your option to port or convert to continue any coverage available under its policy.

Survivor Income Plan

The Survivor Income Plan pays your named beneficiary 25% of your eligible annual earnings each year for ten years upon your death. You pay for this coverage with after-tax dollars. Evidence of insurability is required at time of enrollment.

Business Travel Accident Insurance Plan

In the event of an accidental death or permanent total disability while you are traveling on Company business, the Business Travel Accident Insurance Plan provides your beneficiary with an amount equal to five times your annual earnings, up to \$2 million¹. If you are eligible for business travel coverage, you automatically receive this coverage and do not need to enroll or make any payroll contributions for this benefit.

¹Benefit amount may be reduced for certain events/accidents described in the insurance policy.

Disability Programs

Zimmer Biomet provides you with both Short-Term Disability (STD) and Long-Term Disability (LTD) coverage at no cost to you.

You are automatically enrolled in both plans following 90 days of continuous employment from the later of your hire date or the date you become eligible for benefits, if you are actively employed on that date.

To file a Family Medical Leave Act (FMLA), STD or LTD claim, call Unum. **FMLA claims must be filed within two business days of the requested family or medical leave. Disability claims must be filed within 30 days after your disability begins.** You must timely submit a disability claim and have it approved before payments begin.

Short-Term Disability (STD)

If you become disabled after 90 days of continuous full-time employment and you have satisfied the five-business-day elimination period, you may receive a continuation of part of your pay for up to 26 weeks.

- The STD benefit for non-exempt/hourly Team Members is 60% of eligible pay.
- The STD benefit for exempt/salaried Team Members is 100% of eligible pay for first 13 weeks, then 80% of eligible pay for remaining 13 weeks.

Weekly pay is your eligible earnings, as defined by the plan, immediately prior to your disability. Eligible earnings are generally your basic weekly wages or salary, including commissions paid to you prior to disability, but excluding bonuses, overtime and any other special pay. Weekly commissions will be based on average commissions paid to you over the 12 months immediately prior to your disability, or over your actual period of employment, whichever period is shorter.

Once your STD has been exhausted and you fail to return to active work, your employment will terminate and your (and any of your dependents') eligibility to participate in Zimmer Biomet benefit programs will end. Unum will determine if you qualify to receive any further disability benefit payments under the terms of the LTD insurance policy.



Customer service
1-866-779-1037

Monday through Friday,
8 a.m. to 8 p.m. ET

Website
unum.com

Long-Term Disability (LTD)

If you are still disabled after receiving STD benefits for 26 weeks, you may qualify to receive LTD benefits. The insurer will determine your basic LTD benefit based on 60% of your monthly pay, less any applicable income you may receive.

Monthly pay is your eligible earnings, as defined by the insurance policy, immediately prior to your disability.

Eligible earnings are generally your basic monthly wages or salary, including commissions paid to you prior to disability, but excluding bonuses, overtime and any other special pay. (Monthly commissions will be based on average commissions paid to you over the 12 months immediately prior to your disability, or over your actual period of employment, whichever period is shorter.)

You may also elect supplemental LTD coverage, which is an additional 10% of your eligible pay (for a total of 70%). You pay for the 10% Supplemental LTD Plan with after-tax dollars. There is a monthly cap of \$15,000 on both the basic and supplemental coverage. Your disability must be approved by Unum before you can receive LTD benefits. You will receive notification to make elections for supplemental LTD 31 days prior to eligibility.

401(k) Program

The Zimmer Biomet Holdings, Inc. Savings and Investment 401(k) Program (the “401(k) Program”) offers a convenient, tax-deferred way to save for retirement. The investment decisions and strategies you form today will help you prepare for a secure financial future.

You are immediately eligible to enroll in the 401(k) Program and receive the Company match. If you do not enroll within 31 days of your initial eligibility date, which is generally your date of hire or the date you first become eligible under the Plan’s terms, you will be automatically enrolled in the plan and defaulted to a 3% contribution per pay. Contributions will be taken as soon as administratively practical, typically on the first paycheck after your 31 days of initial eligibility.

Your contributions will default to the appropriate target retirement date fund closest to the year you may retire based on your current age, assuming retirement at age 65, until you provide further investment instruction.

How the Program Works

- Contributions can be made through automatic payroll deductions.
- You can defer between 2% and 60% of your eligible earnings¹.
 - ▶ A separate deferral is allowed for annual bonus earnings.
- You can contribute on a pre-tax, after-tax or Roth basis.
 - ▶ In 2016 the IRS contribution limit for pre-tax and Roth combined is \$18,000. If you are over age 50 and make catch-up contributions, the combined IRS limit is \$24,000.
 - ▶ The annual compensation limit for 2016 is \$265,000, so any deferrals you elect and any employer contributions will stop in the pay period when you reach this amount during the year.

The Company Match

- You are immediately eligible for the Company contributions:
 - ▶ For each dollar you contribute up to 6% of your eligible earnings, Zimmer Biomet will match \$1.00.

To enroll in the program, log on to Fidelity NetBenefits® at 401k.com or call the Fidelity Retirement Benefits line at **1-800-835-5095**.



Customer service

1-800-835-5095 - English
1-800-587-5282 - Spanish

Monday through Friday,
 8:30 a.m. to 8 p.m. ET

Website

401k.com

**financial
engines®**

Customer service

1-877-401-5762

Monday through Friday,
 9 a.m. to 9 p.m. ET



Roth contributions

A Roth contribution to your retirement savings plan allows you to make after-tax contributions and take any associated earnings completely tax-free at retirement, as long as the distribution is a qualified one. A qualified distribution is one that is taken at least five years after your first Roth 401(k) contribution and after you have attained age 59½, become disabled or pass away.

¹Eligible earnings include regular salary, bonus, commission and overtime.

Who is Eligible

You are eligible to make contributions to and receive the Company match for the 401(k) as soon as you become a regular full-time or part-time Team Member who is expected to work at least 1,000 hours in an eligibility computation period (explained below), and:

- You are a non-union Team Member in the United States (excluding Puerto Rico); or
- You are a U.S. citizen or resident on a foreign payroll of a company that participates in this Program.

In your first year of service, the 12-month eligibility computation period begins on your date of hire. Future years begin on January 1 after your date of hire, and run from January 1 to December 31.

If you are a Team Member working on a part-time or temporary basis, or as an intern, you will become eligible to participate once you work at least 1,000 hours in your first 12 months of employment, or you work at least 1,000 hours in any calendar year. Leased employees and independent contractors are not eligible to participate.

Financial Engines

Financial Engines, a leading investment advisor and manager, provides investment services to help you prepare for retirement by providing investment and savings recommendations about your Zimmer Biomet Savings and Investment 401(k) Program.

Their services include:

- **Online Advice.** This service gives you access to expert recommendations and tools so you can create a retirement plan and fine tune your investing strategy yourself, at no additional cost to you.
- **Professional Management.** You can enroll in the Professional Management program which creates, implements and monitors a personalized retirement plan for you.

Vesting

Vesting means you have a right to the money in your account. You are always 100% vested in the value of your own contributions to the 401(k). You become vested in Company matching contributions as shown in the chart below.

Years of service	Vested portion of Company match
Less than one year of service	0%
One year of service	25%
Two years of service	50%
Three years of service	75%
Four years of service	100%

Stock Purchase and Bonus Plan

Employee Stock Purchase Plan

The Employee Stock Purchase Plan (ESPP) offers eligible Team Members the opportunity to share in the Company's continued growth and success by purchasing Company stock at a 15% discount.

To be eligible for the ESPP, you must:

- Be a Team Member scheduled to work 20 hours or more per week;
- Be eligible on the first day of the Offering Period. The six-month Offering Periods begin January 1 and July 1.

Once you are eligible, you determine how much of your pay you want to contribute to the plan. You may contribute a fixed dollar amount each pay period. You must contribute at least \$20 per pay period if you enroll in the plan. In addition, U.S. tax regulations limit the amount of your total payroll deductions for each year.

Team Member contributions are made through convenient payroll deductions during each six-month Offering Period, and shares are then purchased at a 15% discount of the Fair Market Value of Zimmer Biomet Holdings, Inc. Common Stock on the final day of each Offering Period — June 30 and December 31.

Team Members can begin or change their participation level in the ESPP during designated enrollment periods twice a year. When you are eligible to enroll, you will receive information from the Company.

Performance Incentive Plan (The Bonus Plan)

Our Bonus Plan focuses on key drivers of the Company's success, which are meant to align your personal financial interests with those of the Company. We also reward you for your contributions — allowing you to share in the financial and operational successes that you help create. The performance measurements that determine Bonus payouts depend on your job assignment.

Throughout the Company, these measurements emphasize adjusted earnings per share, cash flow, revenue and operating earnings. These are key factors that reflect the success of our business performance — especially in the eyes of the financial and investment communities that are vitally important to us as a publicly traded company.

You must be employed by the Company on the date of the bonus payment, if any is made, to be eligible for this benefit.



Customer service
1-800-748-9667

Monday through Friday,
3 a.m. to 9 p.m. ET

Website
[computershare.com/
employee/us](https://computershare.com/employee/us)



**Have questions about
the Bonus Plan?**

Contact your local Human
Resources representative.

Special Notices

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 here, 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 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 1-866-444-3272.

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 January 31, 2015. Contact your state for more information on eligibility.

Alabama - Medicaid**Website:** www.myalhipp.com**Phone:** 1-855-692-5447**Alaska - Medicaid****Website:** <http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>**Phone:** (Outside of Anchorage) 1-888-318-8890**Phone:** (Anchorage) 1-907-269-6529**Colorado - Medicaid****Website:** <http://www.colorado.gov/hcpf>**Phone:** 1-800-221-3943**Florida - Medicaid****Website:** www.flmedicaidtprecovery.com**Phone:** 1-877-357-3268**Georgia - Medicaid****Website:** <http://dch.georgia.gov>

Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP)

Phone: 1-800-869-1150**Indiana - Medicaid****Website:** <http://www.in.gov/fssa>**Phone:** 1-800-889-9949**Iowa - Medicaid****Website:** www.dhs.state.ia.us/hipp**Phone:** 1-888-346-9562**Kansas - Medicaid****Website:** <http://www.kdheks.gov/hcf>**Phone:** 1-800-792-4884**Kentucky - Medicaid****Website:** <http://chfs.ky.gov/dms/default.htm>**Phone:** 1-800-635-2570**Louisiana - Medicaid****Website:** <http://new.dhh.louisiana.gov/index.cfm/page/221/n/21>**Phone:** 1-888-695-2447**Maine - Medicaid****Website:** <http://www.maine.gov/dhhs/ofc/public-assistance/index.html>**Phone:** 1-800-977-6740

TTY 1-800-977-6741

Massachusetts - Medicaid and CHIP**Website:** <http://www.mass.gov/MassHealth>**Phone:** 1-800-462-1120**Minnesota - Medicaid****Website:** http://www.dhs.state.mn.us/id_006254

Click on Health Care, then Medical Assistance

Phone: 1-800-657-3739**Missouri - Medicaid****Website:** <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>**Phone:** 1-573-751-2005**Montana - Medicaid****Website:** <http://medicaid.mt.gov/member>**Phone:** 1-800-694-3084**Nebraska - Medicaid****Website:** www.ACCESSNebraska.ne.gov**Phone:** 1-855-632-7633**Nevada - Medicaid****Website:** <http://dwss.nv.gov/>**Phone:** 1-800-992-0900**New Hampshire - Medicaid****Website:** www.dhhs.nh.gov/oii/documents/hippapp.pdf**Phone:** 1-603-271-5218**New Jersey - Medicaid and CHIP****Medicaid Website:** <http://www.state.nj.us/humanservices/dmahs/clients/medicaid>**Medicaid Phone:** 1-609-631-2392**CHIP Website:** <http://www.njfamilycare.org/index.html>**CHIP Phone:** 1-800-701-0710**New York - Medicaid****Website:** http://www.nyhealth.gov/health_care/medicaid/**Phone:** 1-800-541-2831

North Carolina - Medicaid

Website: <http://www.ncdhhs.gov/dma>
Phone: 1-919-855-4100

North Dakota - Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid>
Phone: 1-800-755-2604

Oklahoma - Medicaid and CHIP

Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

Oregon - Medicaid

Website: <http://www.oregonhealthykids.gov>
<http://www.hijossaludablesoregon.gov>
Phone: 1-800-699-9075

Pennsylvania - Medicaid

Website: www.dhs.state.pa.us
Phone: 1-800-692-7462

Rhode Island - Medicaid

Website: www.eohhs.ri.gov
Phone: 1-401-462-5300

South Carolina - Medicaid

Website: <http://www.scdhhs.gov>
Phone: 1-888-549-0820

South Dakota - Medicaid

Website: <http://dss.sd.gov>
Phone: 1-888-828-0059

Texas - Medicaid

Website: <http://www.gethipptexas.com/>
Phone: 1-800-440-0493

Utah - Medicaid and CHIP

Medicaid Website: <http://health.utah.gov/medicaid>
CHIP Website: <http://health.utah.gov/chip>
Phone: 1-866-435-7414

Vermont - Medicaid

Website: <http://www.greenmountaincare.org>
Phone: 1-800-250-8427

Virginia - Medicaid and CHIP

Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm
Medicaid Phone: 1-800-432-5924
CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm
CHIP Phone: 1-855-242-8282

Washington - Medicaid

Website: <http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx>
Phone: 1-800-562-3022 ext. 15473

West Virginia - Medicaid

Website: www.dhhr.wv.gov/bms
Phone: 1-877-598-5820, HMS Third Party Liability

Wisconsin - Medicaid and CHIP

Website: <http://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002

Wyoming - Medicaid

Website: <http://health.wyo.gov/healthcarefin/equalitycare>
Phone: 1-307-777-7531

To see if any other states have added a premium assistance program since January 31, 2015, or for more information on special enrollment rights, contact either:

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

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

Your Mastectomy Benefits Under the Zimmer Biomet Group Medical Plan

Under a federal law known as the Women's Health and Cancer Rights Act, the Zimmer Biomet Group Medical Plan is required to provide certain coverage to participants and beneficiaries who are receiving benefits in connection with a mastectomy.

This notice describes that coverage.

If you are a participant or beneficiary under the Zimmer Biomet Group Medical Plan who is receiving benefits in connection with a mastectomy, the Plan will provide, in a manner determined in consultation with you and your attending physician, coverage for the following:

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

This coverage will be subject to the annual deductibles, copayments and other limitations applicable to your other benefits under the Plan.



Benefits Contact Information

Zimmer Biomet Benefits Service Center

- Enrollment Questions
- Benefit Elections
- COBRA
- Life Insurance and Death Benefit Claims
- Appeal Information

- Dependent Verification Service (DVS)**
- Changes to your benefits due to Qualified Status Changes
 - Documentation of Qualified Status Changes

1-877- 588-0933
Monday through Friday,
9 a.m. to 7 p.m. ET
benefits.zimmerbiomet.com

Benefit	Provider	Phone	Online
Dental	Aetna	1-800-279-1434	aetna.com
Disability <ul style="list-style-type: none"> ▶ Family Medical Leave Act ▶ Short-Term and Long-Term Disability 	Unum	1-866-779-1037	unum.com
Employee Assistance Program	Anthem EAP	1-800-865-1044	anthemeap.com
Equity <ul style="list-style-type: none"> ▶ Employee Stock Purchase Plan ▶ Team Member Long-Term Incentives 	Computershare	1-800-748-9667	computershare.com/employee/us
Flexible Spending Accounts	WageWorks	1-877-924-3967	wageworks.com
Health Savings Account	HealthEquity	1-877-713-7712	myhealthequity.com
Life Insurance	The Hartford	1-877-320-0484	N/A
Medical	Anthem <ul style="list-style-type: none"> ▶ Health Saving Account Option ▶ Health Reimbursement Account Option ▶ Utilization Management or Case Management 	1-800-693-5406 1-800-693-5406 1-866-776-4793	anthem.com
24/7 Nurseline	Anthem	1-866-800-8780	N/A
Patient Advocacy Service	Compass	1-800-513-1667 ext. 674	member.compassphs.com
Prescription Drugs	Express Scripts	1-866-544-6884	express-scripts.com
Retirement	Zimmer Pension (Buck Consultants) BMS Pension and Retiree Medical	1-877-728-2409 1-844-439-5499	benefitmodeling.com/zimmer mylife@bms.com
Savings and Investment 401(k)	Fidelity Investments Financial Engines	1-800-835-5095 (English) 1-800-587-5282 (Spanish) 1-877-401-5762	401k.com
Vision	VSP	1-800-877-7195	vsp.com
Wellness	RedBrick Health	1-855-479-7626	myredbrick.com/zimmerbiomet