

FOR YOUR
Benefit

A guide for your health and well-being

2024

Your Health
Your Protection
Your Future

 **Stericycle**[®]

We protect what matters.



At Stericycle, our mission is to protect your health and well-being in a safe, responsible, and sustainable way. Stericycle offers an affordable, competitive, and comprehensive benefits program. Our benefits program is designed to help Team Members and their families with...

- A healthy balance between work and life outside of work
- Physical and emotional well-being, and
- Financial savings opportunities, for your peace of mind today and in the future!

Your benefits are a valuable part of your total rewards and we encourage you to learn how your plans work so you can get the most out of them. Please take some time to review this booklet and keep it handy throughout the year.

This booklet summarizes the key features of Stericycle’s benefit plans effective January 1, 2024. It is only intended to provide the highlights of your benefits; see your plan document for full details. If any conflict ever arises between this booklet and the actual plan document, the terms of the plan document will govern in all cases. Stericycle reserves the right to change, modify, or terminate the benefit plans at any time. This booklet is not a contract for purposes of employment or payment of benefits.

If you are part of a collectively bargained group, different plan and eligibility provisions may apply. The information contained in the collective bargaining agreement will prevail.

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General Information

WHO IS ELIGIBLE

Team Members: You are eligible for benefits if you are a regular full-time Team Member scheduled to work at least 30 hours per week.

Family Members: You may also enroll your eligible dependents in most of the benefit plans. Generally, your eligible dependents are:

- Your same-sex or opposite-sex spouse.
- Your children up to age 26. Your children include your biological children, stepchildren, adopted children, and children for whom you are the court-appointed legal guardian.
- Your mentally or physically disabled adult children, if they were covered before age 26, are unmarried, and depend on you for support.

IMPORTANT!

Dependent Documentation

When you enroll a new dependent for benefits coverage, you will have to provide documentation of your dependent's eligibility, such as a marriage license, birth certificate, or adoption papers. Be sure to give Your Benefits Resources (YBR) the required documentation by the deadline shown on the notice, or your dependent coverage will be terminated.

WHEN BENEFITS COVERAGE STARTS

When Coverage Becomes Effective	
Medical/Prescription Drug, HSA, Dental, Vision, FSA, Basic Life/AD&D, Optional Life, Optional AD&D, Short-Term Disability (STD) Plan, Long-Term Disability (LTD) Plan, Critical Illness, Accident, Hospital Indemnity, and Prepaid Legal Plan	1st of the month following 30 days from your date of hire
401(k) Plan	1st of the month following 3 months from your date of hire
Employee Stock Purchase Plan (ESPP)	After you complete 6 months of service
Employee Assistance Program (EAP)	Date of hire
Tuition Reimbursement Program	After you complete 3 months of service

If you do not enroll for benefits within 31 days of becoming eligible (first day of the month following 30 days from your date of hire), you will have to wait until the next Annual Enrollment period (unless you have a qualifying life event).

Qualifying Life Events

Once you enroll in benefits, you may not change or cancel your coverage until the next Annual Enrollment period unless you have a "qualifying life event," such as marriage, divorce, birth or adoption of a child, death of a dependent, or certain events that affect your dependent's insurance coverage (for example, your spouse losing his or her job). If you experience a qualifying life event, you must contact YBR at **(855) 38-1TEAM (18326)** to change your coverage within 31 days of the event.



How to Enroll

LEARN

Read the *For Your Benefit* guide (this guide) and watch a video about your 2024 benefits

Just point your smart device camera at the QR code to be directed to our Benefits website or navigate to www.stericycle.com/en-us/benefits. If the site doesn't open on your device, go to the App Store or Google Play to download a QR code reader. Video can also be accessed via: www.ybr.com/stericycle.



DECIDE

Utilize the decision support tool as part of the enrollment process on www.ybr.com/stericycle to help make benefit decisions.

The decision support tool will ask you a series of questions about the healthcare needs for you and your dependents. The tool will provide suggestions based on the information you provide and your anticipated out of pocket costs.

ENROLL

Enroll Through YBR www.ybr.com/stericycle

New to YBR?

- Go to www.ybr.com/stericycle
- Select "New User?"
- Create a user ID and password
- Select Enroll Now to enroll in benefits

(855) 38-1TEAM (18326) from 8:00 a.m. – 9:00 p.m. ET
Multilingual assistance is also available.

For Hawaii Team Members:

Your healthcare benefits are administered by HMAA. If you wish to enroll or change your healthcare benefits (medical, dental, vision) send an email to hr-benefits@stericycle.com for an enrollment form and instructions. All other benefits are administered by YBR.

MEDICAL PLAN RATES

Medical plan contributions are pre-tax. Please be aware that a surcharge could be applied to your medical plan rates if you fall into one or both of the categories below the rate table:

2024 Medical Plan Rates – per bi-weekly pay period			
	HSA Basic Choice Plus	HSA Enhanced Choice Plus	Traditional Choice Plus
TM Only	\$33.75	\$52.83	\$89.83
TM + Spouse	\$91.34	\$130.88	\$222.58
TM + Child(ren)	\$73.28	\$105.06	\$178.74
TM + Family	\$124.69	\$178.64	\$303.52

Working Spouse Surcharge:

If your spouse is eligible for medical coverage through his or her employer, regardless of whether he or she enrolls in that coverage, and you enroll your spouse in one of the Stericycle medical plans, **you will pay a surcharge of \$100 per month**. If you indicate that your spouse does not have access to other coverage, you will be required to execute an affidavit confirming that statement. If your spouse's access to employer-sponsored medical coverage changes during the year, you must go to www.ybr.com/stericycle and report this change within 31 days. The spousal surcharge will then be added or removed as appropriate. Spouses that work for Stericycle are not subject to the spouse surcharge.

Tobacco Surcharge:

If you or your spouse uses tobacco (including, but not limited to pipes, cigarettes, e-cigarettes, cigars, chewing tobacco, snuff and any other type of smoking or smokeless tobacco, regardless of frequency or method of use), **you will pay a monthly surcharge of \$50 per applicable person**. (Stericycle offers a tobacco cessation program. See page 10 for details about how to qualify to remove the tobacco surcharge.)

Note: Any false statements relating to your spouse's eligibility for coverage through his/her employer or your or your spouse's tobacco user status will be considered grounds for disciplinary action up to and including termination and may result in an obligation to repay the premium differential.



Medical Plans

Stericycle provides eligible Team Members a choice of three medical plans:

- **HSA Basic Choice Plus**
- **HSA Enhanced Choice Plus**
- **Traditional Choice Plus**



Medical coverage is provided through UnitedHealthcare (UHC). Prescription drug coverage is provided through CVS/Caremark. If you enroll in medical coverage, you'll receive separate ID cards for medical and prescription coverage.

The chart on page 6 provides an overview of the key benefits under your medical plans. Please see your Summary of Benefits and Coverage at www.ybr.com/stericycle for details about each plan's benefits, limitations, and exclusions.

For more information about your UnitedHealthcare (UHC) medical plans, go to www.myuhc.com or call (833) 719-1698.

HOW THE MEDICAL PLANS WORK

All three plans use UHC's Choice Plus provider network made up of doctors and health care facilities that offer discounted rates for plan members. You can go to any doctor you like within the network, including specialists. You may also go to a doctor or health care facility that is out-of-network, but your out-of-pocket costs will be higher.

UHC Network Providers	Out-of-Network Providers
<p>When you go to a network provider:</p> <ul style="list-style-type: none"> • Your deductible, coinsurance, and out-of-pocket limit will be lower. • You will never pay more than the discounted UHC rate. • Preventive care is covered in full. • There are no claim forms to complete. <p>To find a network provider: Go to www.myuhc.com, click on "Find Care & Costs" and follow the links to search for network UHC providers."</p>	<p>If you go to an out-of-network provider:</p> <ul style="list-style-type: none"> • Your deductible, coinsurance, and out-of-pocket limit will be higher. • UnitedHealthcare determines the allowed amount using a proprietary reimbursement methodology that is based on industry standards for similar services. If the provider charges more than the allowed amount, you will be responsible for the amount above the UnitedHealthcare determined or allowed amount in addition to the applicable deductible or coinsurance. UnitedHealthcare's out-of-network claim process includes advocacy for any Team Member that receives a balance bill from an out-of-network provider. • You may be asked to pay upfront for services, and then submit a claim to UHC for reimbursement of eligible expenses. Online claim submission is available at www.myuhc.com.

Hawaii Team Members

See page 3 for instructions on enrolling or changing your healthcare benefits.



HOW THE MEDICAL PLANS WORK

HSA Basic Choice Plus	HSA Enhanced Choice Plus	Traditional Choice Plus
<p>The plan has four basic components:</p> <ol style="list-style-type: none"> Fully-paid-for, in-network preventive care. Your preventive care is fully covered under the plan, with no deductible and no coinsurance, as long as you receive this care from in-network providers. Deductible. You pay for your initial (non-preventive) medical and prescription costs until you meet your annual deductible. For in-network providers, the deductible is \$3,500 for individuals or \$6,550 if you cover any dependents. If you enroll dependents, you must pay the entire family deductible before the plan begins to pay benefits. Coinsurance. Once the deductible is met, you pay a percentage of the cost of services. This is known as coinsurance. For in-network providers, you pay 20%. Out-of-pocket limit. The medical plan caps the amount you pay each year for medical care and prescriptions. For in-network providers, the out-of-pocket maximum is \$6,550 for individuals or \$13,100 if you cover any dependents. Once you meet your out-of-pocket limit, the plan pays 100% of your eligible, in-network expenses for the remainder of the year. Your deductible, coinsurance, and copays for medical care and prescription drugs count toward your out-of-pocket limit (individuals within a family only need to meet the individual out-of-pocket maximum amount). 	<p>The plan has four basic components:</p> <ol style="list-style-type: none"> Fully-paid-for, in-network preventive care. Your preventive care is fully covered under the plan, with no deductible and no coinsurance, as long as you receive this care from in-network providers. Deductible. You pay for your initial (non-preventive) medical and prescription costs until you meet your annual deductible. For in-network providers, the deductible is \$1,750 for individuals or \$3,500 if you cover any dependents. If you enroll dependents, you must pay the entire family deductible before the plan begins to pay benefits. Coinsurance. Once the deductible is met, you pay a percentage of the cost of services. This is known as coinsurance. For in-network providers, you pay 20%. Once you meet your out-of-pocket limit, the plan pays 100% of your eligible, in-network expenses for the remainder of the year. Your deductible, coinsurance, and copays for medical care and prescription drugs count toward your out-of-pocket limit (individuals within a family only need to meet the individual out-of-pocket maximum amount). Out-of-pocket limit. The medical plan caps the amount you pay each year for medical care and prescriptions. For in-network providers, the out-of-pocket maximum is \$4,250 for individuals or \$8,500 if you cover any dependents. 	<p>Some of the plan's basic components are the same as the HSA plans; however, there are some differences:</p> <ol style="list-style-type: none"> Fully-paid-for, in-network preventive care. Your preventive care is fully covered under the plan, with no deductible and no coinsurance, as long as you receive this care from in-network providers. Copays. For office visits, you pay a copay, or a flat dollar amount. This includes visits to specialists. Deductible. You pay for many (non-preventive) medical costs until you meet your annual deductible. For in-network providers, the deductible is \$1,000 for individuals or \$3,000 if you cover any dependents. If you enroll dependents, each covered family member only needs to meet his or her individual deductible amount before the plan begins to pay benefits for that individual. Coinsurance. Once the deductible is met, you pay a percentage of the cost of services. This is known as coinsurance. For in-network providers, you pay 20%. Out-of-pocket limit. The medical plan caps the amount you pay each year for medical care. For in-network providers, the out-of-pocket maximum is \$4,500 for individuals or \$13,500 if you cover any dependents. Once you meet your out-of-pocket limit, the plan pays 100% of your eligible, in-network expenses for the remainder of the year. Your deductible, coinsurance, and copays for medical care and prescription drugs count toward your out-of-pocket limit.

The HSA plans cost less to enroll in than the Traditional Choice Plus plan – in other words, you will have less taken out of your paycheck to pay for your coverage.

PLUS, when you enroll in these plans, you can contribute to a Health Savings Account or HSA - which Stericycle will also contribute to on your behalf. See page 11 for more information about this unique savings account.



MEDICAL PLANS AT A GLANCE

	HSA Basic Choice Plus		HSA Enhanced Choice Plus		Traditional Choice Plus	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible						
• Individual	\$3,500	\$7,000	\$1,750	\$3,500	\$1,000	\$2,000
• Family	\$6,550 ¹	\$13,100 ¹	\$3,500 ¹	\$7,000 ¹	\$3,000	\$6,000
HSA Employer Contribution						
• Individual		\$400		\$400		N/A
• Family		\$800		\$800		N/A
Annual Out-of-Pocket Limit²						
• Individual	\$6,550	\$13,100	\$4,250	\$8,500	\$4,500	\$9,000
• Family	\$13,100	\$26,200	\$8,500	\$17,000	\$13,500	\$27,000
Preventive Care	100% covered; deductible does not apply	40% after deductible	100% covered; deductible does not apply	40% after deductible	100% covered; deductible does not apply	40% after deductible
Physician Office Visits (includes specialists)	20% after deductible	40% after deductible	20% after deductible	40% after deductible	\$20 copay (\$40 copay for specialists); deductible does not apply	40% after deductible
UHC 24/7 Virtual Visits (speak with a live doctor via phone/video)	\$49 copay before meeting deductible; 20% copay after meeting deductible	N/A	\$49 copay before meeting deductible; 20% copay after meeting deductible	N/A	\$10 copay; deductible does not apply	N/A
For board certified physicians and licensed psychologists through phone or video visits on your smartphone, tablet, or computer. Learn more online at www.myuhc.com .						
Inpatient Hospital Services	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Outpatient Hospital Services	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Urgent Care	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Emergency Room	20% after deductible	20% after deductible	20% after deductible	20% after deductible	\$200 copay; 20% after deductible	\$200 copay; 20% after deductible
Other Services	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Pharmacy - Retail (up to 30-day supply) ³	You pay full cost until you meet deductible; then: ⁴		You pay full cost until you meet deductible; then: ⁴			
• Generic	\$10 copay	Not covered	\$10 copay	Not covered	\$10 copay	Not covered
• Preferred Brand-Name	\$40 copay		\$40 copay		\$40 copay	
• Non-Preferred Brand-Name	\$60 copay		\$60 copay		\$60 copay	
Pharmacy - Mail Order (up to 90-day supply) ³	You pay full cost until you meet deductible; then: ⁴		You pay full cost until you meet deductible; then: ⁴			
• Generic	\$25 copay	Not covered	\$25 copay	Not covered	\$25 copay	Not covered
• Preferred Brand-Name	\$100 copay		\$100 copay		\$100 copay	
• Non-Preferred Brand-Name	\$150 copay		\$150 copay		\$150 copay	

¹ If you enroll dependents, one member or a combination of members within a family are responsible for meeting the family deductible.

² All charges applied to the individual out-of-pocket maximum will be applied towards the family out-of-pocket amount. When the family out-of-pocket amount is reached, the plan will pay the full cost of eligible expenses for the remainder of that calendar/contract year. No individual will contribute more than the individual out-of-pocket maximum amount.

³ Some preventive medications, per Affordable Care Act regulations, are covered at 100%.

⁴ The deductible does not apply to certain preventive medications. Contact CVS/Caremark at www.caremark.com or (866) 329-3058 for a list of preventive medications, which vary by plan.



We protect what matters.



Prescription Drug Benefits

CVS/Caremark manages the prescription drug and mail-order program. The network includes all CVS retail stores as well as major chains such as Target, Walgreens, Walmart, Rite Aid, Kroger, Safeway, and Publix. You will receive a separate prescription ID card from CVS/Caremark if you enroll in one of the Stericycle medical plans.

To get the most out of your prescription drug benefits, please keep the following in mind:

Generic Drugs

If you choose a brand-name drug when a generic equivalent is available, you will pay the brand-name copay plus the difference in cost between the brand-name drug and the generic drug, unless your doctor writes “dispense as written” on the prescription. Generic drugs work the same way and have the same quality, strength, and purity as brand-name drugs, but they can cost up to 80% less. Also, many nationwide chains such as Walmart offer many generics for just \$4.



Use Rx Savings Solutions to help identify lower cost prescriptions for you and your family. See the next page for more information on Rx Savings Solutions.

Prior Authorization

Some drugs, such as acne antibiotics, steroids, and hepatitis C medications, require prior authorization. That means you or your doctor must contact CVS/Caremark to request approval before the drug is covered and dispensed under the plan.

Special Rules for Maintenance Medications

If you are on a maintenance medication (a drug you take regularly, for example blood pressure, diabetes, or cholesterol medication), the plan requires that you order 90-day supplies after you have your prescription filled three times at the pharmacy. With the CVS/Caremark Maintenance Choice program, you may choose to receive your maintenance medications by mail or at any of the approximately 9,600 CVS pharmacy retail stores nationwide (including Target pharmacies). Either way, you pay the lower mail-order prices.

Preventive Therapy Drug List

Please note that certain preventive drugs are covered for a copay before you meet the annual deductible under the HSA Basic Choice Plus or HSA Enhanced Choice Plus medical plans. Drugs in this category include anticonvulsants and medication for coronary artery disease, diabetes, mental health, and respiratory disorders. You'll find a full list of these drugs at www.caremark.com.

Specialty Pharmacy Program

You are required to use the plan's specialty pharmacy for specialty drugs, such as injectable and infused therapies used to treat complex medical conditions like growth hormone deficiency, hepatitis C, immune deficiency, hemophilia, multiple sclerosis, and rheumatoid arthritis.

Contraceptive Coverage

Certain contraceptives for women are covered at no charge, as required by the Affordable Care Act. You can find the CVS/Caremark list of these contraceptives at www.caremark.com.

For more information about your CVS/Caremark prescription drug benefits, go to www.caremark.com or call (866) 329-3058.

PrudentRx Program

HSA Basic Choice Plus and HSA Enhanced Choice Plus Members can enroll in the PrudentRx Program to get select specialty medications at no cost after their deductible has been met. Any member who is currently taking a specialty medication included on the PrudentRx program drug list will receive a welcome letter. You can also call **PrudentRx at 800-578-4403 to register for the program.**

IMPORTANT!

CVS/Caremark has a “formulary” (preferred drug list) that is updated quarterly. We recommend that you review this list on www.caremark.com to check the cost of your prescription.



Additional Health Care Resources



The resources below are available to Team Members enrolled in a Stericycle medical plan.



Rx Savings Solutions is a free, confidential benefit that provides you and your covered dependents with cost-saving opportunities on your medications. Rx Savings Solutions looks at the medications you take and prepares a personalized prescription savings plan for you. When there is an opportunity to save, Rx Savings Solutions will send you a text or email notification letting you know to log in and view your savings opportunities. To learn more visit myrxss.com or contact the Rx Savings Solutions Pharmacy Support Team at **1-800-268-4476**.



Real Appeal is an online weight loss program available for free to you and your covered dependents. Real Appeal takes an evidence-based approach to support weight loss. The program helps people make small changes necessary for larger long-term health results, based on weight-loss research studies commissioned by the National Institutes of Health. Real Appeal uses a highly interactive internet show, videos and live online coaching to drive small behavior changes. The program is designed to support members who are ready to lose weight. To enroll, log onto stericycle.realappeal.com. Once enrolled you can access the program using the **Rally Coach app**.



Search "Rally Coach" on Google Play or the App Store and look for this app icon



If you or your covered dependents need help managing diabetes, Livongo is here to help! When you register with Livongo, you will get a new glucose meter, free unlimited test strips and extra support from diabetes coaches who are available 24/7. By using the latest cellular technology, Livongo's meter automatically uploads your glucose levels and provides you with real-time results and immediate personalized advice and support when you need it. Visit www.livongo.com for more information.

24/7 Virtual Visits

With 24/7 Virtual Visits, you can talk with a provider using your smartphone, tablet or computer.

When you need care - anytime, day or night - or when your primary care provider is not available, virtual visits, also known as telehealth, can be a convenient option. From treating flu and fevers to caring for migraines and allergies, you can chat with a provider 24/7. To get started, go to www.myuhc.com or use your **UnitedHealthcare app**.

There are no sign-up fees — you only pay:

- Traditional Choice Plus members: \$10 per visit
- HSA Basic and HSA Enhanced members: \$49 per visit (before meeting your deductible) and 20% coinsurance per visit thereafter



UHC Resources

The best time to use your medical plan is before you get sick. Take advantage of the programs and resources that promote your health and wellness. Whether your goal is to lose weight, lower your blood pressure or cholesterol, or just make healthier choices, UHC has free resources that can help you.

You must be enrolled in one of the UHC medical plans to use these resources.

Advocate4Me

Advocate4Me provides a simplified and personalized member care experience. UnitedHealthcare's member advocacy approach leverages insights to help you get the most from your benefits and make smart health care choices, whether you are having a one-on-one conversation with an Advocate, program nurse or using our online or mobile tools. Bringing together the power of data, concierge, clinical and financial support, Advocate4Me engages, simplifies, personalizes and connects you with the resources you need to make better decisions and reduce cost. You can reach out to an Advocate by calling **(833) 719-1698**.

Care Management

UnitedHealthcare's care management program includes proactive outreach intended to help you improve your health and well-being. Reasons for outreach (telephonic or email) may include if you or a family member has a chronic condition or were recently hospitalized. Nurses provide one-on-one guidance, support and direct you to available resources. You can also reach out to a nurse by calling **(833) 719-1698**.

Rally

Rally is a portal and an app that you can use to develop personalized, achievable lifestyle changes and rewards you for accomplishing those goals. You'll earn Rally Coins for completing simple, healthy actions, and you can exchange those Coins for great rewards. Log in to www.myuhc.com and click on **Health Resources** or go to RallyHealth.com to get started.



Search "Rally Health" on Google Play or the App Store and look for this app icon

Rally Marketplace

Through Rally Marketplace you will get discounts on popular, name-brand items. You will see personalized recommendations for stuff you might like or browse the entire catalogue. Earn more Rally Coins by completing health activities on Rally. Log in to Rally today to get started!

RallyHealth.com/RallyMarketplace.

Maternity Support

The UnitedHealthcare Maternity Support program offers the support you need at every stage of your pregnancy. You'll have access to an experienced maternity nurse who will answer your questions about your pregnancy and address any concerns you may have. You'll also receive tips to help keep you and your baby healthy, breastfeeding support and post-delivery support. To enroll, call **(833) 719-1698** or visit myuhc.com.



TOBACCO CESSATION - QUIT FOR LIFE

Quit For Life is a clinically proven tobacco cessation program that combines digital and telephonic tools and resources, along with physical, psychological and behavioral strategies to help members overcome their tobacco addiction. Complete five coaching sessions and you will qualify to remove the monthly tobacco surcharge.

Enroll in the program via:

- **1-866-QUIT-4-LIFE, TTY 711**
- **www.myuhc.com**
- **Quit For Life mobile app; search for “Quit For Life” on Google Play or the App Store**

Alternatively, your physician can recommend a qualified tobacco cessation program. If you choose an alternative approach recommended by your doctor, you are responsible for any costs. When you complete an alternative program, you will qualify to remove the monthly tobacco surcharge.

In order to be reimbursed for the tobacco surcharge penalty you paid this plan year, you must complete a tobacco cessation program and submit documentation within six months from the date the plan year begins or when you become benefits eligible. Contact YBR at (855)38-1TEAM (18326) for more information.



UHC ONLINE RESOURCES

Get information about your health benefits, anytime, anywhere. Use your mobile phone or computer to access the UHC secure member website at www.myuhc.com. Click on Register Now (if you are a new member) and use the information on your UHC ID card to complete the registration process.

MyUHC.com gives you a selection of tools to get the most out of your medical plans. With MyUHC.com you can:

- Check the status or history of a claim along with the Explanation of Benefits (EOB).
- Request a new ID card or print a temporary one.
- Use the Provider Finder, a reliable and convenient way to locate doctors and hospitals in your network. Filter search results by provider type, specialty, zip code, language, and gender. (See page 4 for instructions on using the Provider Finder.)
- Estimate the cost of hundreds of procedures, treatments, and tests, as well as your out-of-pocket expenses, based on the plan you enroll in.
- Review providers' certifications and recognitions and review patient feedback or add your review for a provider.
- Update your communication preferences and contact information.



Health Savings Account (HSA)

If you enroll in the HSA Basic or HSA Enhanced medical plans, you may be eligible to open a Health Savings Account (HSA). An HSA is a special account that lets you set aside tax-favored money to pay for your medical, prescription, dental, and vision expenses.

You can make pre-tax payroll contributions to your HSA when you set up an account through YBR.

When you enroll, Stericycle will also put money in your HSA each pay period:

Coverage Level	2024 HSA Total Contribution Limit	Stericycle's Contribution	Your Contribution Limit
Team Member Only	\$4,150	\$400 (\$15.38 biweekly or \$7.69 weekly)	\$3,750
Team Member + Dependent(s)	\$8,300	\$800 (\$30.77 biweekly or \$15.38 weekly)	\$7,500

Age 55 or older? You can contribute an additional \$1,000 per year.

HSA contribution limits and Stericycle's HSA contribution amount are subject to change each year.

If you are hired after January 1, 2024, you will be eligible for Stericycle's per-paycheck contribution for the remainder of the year.

Be sure you don't exceed the maximum contribution level, which includes your personal contributions as well as Stericycle's contribution. Excess contributions are subject to adverse tax consequences. If you already have an HSA from a prior job, you may roll it over into your Stericycle account.

HSA Advantages	HSA Rules
<ul style="list-style-type: none"> The money you contribute to your HSA is exempt from all federal taxes, as long as you spend it on qualified medical, dental, and vision expenses. (State income tax applies in Alabama, California, and New Jersey.) The money in your HSA always belongs entirely to you. This includes the money Stericycle contributes to your account. (If you already have an HSA from a prior job, you may roll it over into your Stericycle HSA.) Any money you have not spent at the end of the plan year will stay in your account. You do not have to "use it or lose it," as you do with a health care Flexible Spending Account. You can change the amount you contribute whenever you like. You get to decide how the money in your HSA is invested. Depending on your actual health care expenses and investment results, you could build up a good amount of money over time. 	<p>You can contribute money to an HSA if:</p> <ul style="list-style-type: none"> You are enrolled in a qualified high-deductible health plan. You are not covered by any other medical plan, unless it is also a qualified high-deductible health plan. You are not enrolled in Medicare. You cannot be claimed as a dependent on another person's tax return. <p>You and your covered dependents cannot participate in a health care Flexible Spending Account, unless it is a "limited-use health care FSA" that restricts reimbursements to certain benefits (such as dental and vision services).</p> <p>If you use the money in your HSA for something other than a qualified health care expense, you will have to pay income tax on the amount you spent, as well as an additional 20% penalty if you are younger than 65 years old. Once you turn 65, the penalty will not apply.</p> <p>These are just the general guidelines. Please consult a tax professional for more information.</p>

For more information about your Health Savings Account (HSA), including a complete list of eligible HSA expenses, go to www.ybr.com/stericycle or call (855) 38-1TEAM (18326) and talk to a Customer Care Specialist.



HSA EXAMPLES

Steve is 25 and single. He enrolls in the HSA Basic Choice Plus medical plan and contributes \$1,000 to his account through payroll deductions. During the plan year, Steve has a routine physical at an in-network provider, which is covered in full by the plan. He also goes to an urgent care center when he gets the flu. Here's how the plan works for him:

Medical Expenses

Urgent care visit	\$150
Prescription for antibiotics	\$37
<hr/>	<hr/>
Total expenses	\$187

Health Savings Account

Stericycle's contribution through five bi-weekly pay periods	\$76.90
Steve's contribution through five bi-weekly pay periods	\$192.30
<hr/>	<hr/>
Total contributions in Steve's HSA	\$269.20

Since Steve's expenses are well below his \$3,500 deductible, he pays the full amount. He uses his HSA to pay the \$187, leaving a balance of \$82.20 in his HSA account.

Mariana is 42 and married with two children. She enrolls her family in the HSA Enhanced Choice Plus medical plan and funds her account to the maximum (\$8,300 in 2024; includes Stericycle's contributions). Each person in the family has an annual checkup and the recommended immunizations at an in-network provider, which are covered in full by the plan. They have unexpected expenses when Mariana's husband injures his leg in an accident.

Medical Expenses

Emergency room visit	\$750
Hospital charges for surgery	\$2,314
Physical therapy	\$450
Prescription for pain medication	\$56
<hr/>	<hr/>
Total expenses	\$3,570

Health Savings Account

Stericycle's contribution	\$800
Mariana's contribution	\$7,500
<hr/>	<hr/>
Total 2024 HSA funds	\$8,300

Mariana must pay the \$3,500 family deductible before the plan will start paying benefits. The plan then pays 80% of the remaining \$70; Mariana's 20% coinsurance comes to \$14. This means her total out-of-pocket expenses come to \$3,514 (the \$3,500 deductible plus \$14 coinsurance). Fortunately, Mariana has funded her HSA well, so even after paying these expenses, she has \$4,786 left in her account, which is enough to pay next year's deductible!

Team Members who open an HSA will receive a debit card that can be used at the point of service to pay for qualified health care expenses. The card is also accepted by most pharmacies. You can also use your debit card as a credit card to pay invoices received from providers.

If there is not enough money in your HSA to cover an eligible medical expense, you can pay it with non-HSA money and reimburse yourself from your HSA when your balance is high enough.

You can log into www.ybr.com/stericycle at any time to see your HSA balance and track your health care expenses.



Supplemental Medical Insurance

Stericycle offers three supplemental medical insurance plans – voluntary Accident, Critical Illness, and Hospital Indemnity – through MetLife to give you and your family members additional financial protection when it comes to medical care.

These plans pay cash benefits that you can use any way you like.

If you purchase coverage for yourself, you may also purchase coverage for your spouse and dependent children. You pay the full cost of your coverage, and you can keep your plan if you leave Stericycle. To learn more about the Accident, Critical Illness, or Hospital Indemnity plan rules, call MetLife at **800-GET-MET8** and talk to a Customer Care Specialist or visit www.metlife.com/stericycle.

ACCIDENT PLAN

The Accident Plan offers two coverage options - High and Low - and pays lump-sum cash benefits based on the level of the plan selected and the type of injury you sustain or the type of treatment you need. For example, the plan pays \$25 - \$400 for lacerations, \$100 - \$10,000 for fractures, and \$75 - \$300 per day for hospitalization up to 30 days.

The money is paid directly to you, and you decide how to spend it. Covered accidents include fractures, dislocations, burns, and lacerations. This plan covers accidents that happen on or off the job.

CRITICAL ILLNESS PLAN

This plan is designed to help you offset the costs of certain covered critical illnesses. If you are diagnosed with a covered illness, you will receive a lump-sum cash benefit of \$10,000 to \$50,000, depending on the level of coverage you choose. You can use this money for any expense, including deductibles, copays, transportation, or medical supplies. Covered critical illnesses include heart attack, cancer, stroke, kidney failure, and major organ transplant.

Enrolled in a HSA medical plan?

These plans provide money that you can use to pay toward your out-of-pocket medical costs, like your deductible or coinsurance.

Or, you can simply use the money to help with daily living expenses while you are on the mend.

These plans provide great complementary coverage to your HSA medical plan!

HOSPITAL INDEMNITY

Hospital Indemnity insurance pays you a cash benefit if you are admitted to a hospital. The plan offers two levels of coverage - High and Low - and the cash benefit payable can range from \$1,000 to \$2,000 depending on the level of coverage you have elected. The plan includes coverage for hospital stays due to childbirth.

Both the Critical Illness and Hospital Indemnity plans include a Health Screening benefit which pays you a benefit for completing a recommended health screening each year.

Keep in mind that these plans have rules about what is and isn't covered; be sure to read the MetLife materials carefully.





Dental Plan

Stericycle offers Team Members a choice of two dental plans through MetLife: the Dental PDP Basic and Dental PDP Plus plans.

Both dental plans give you the option of going to any provider you choose, but if you go to a dentist who participates in MetLife’s Preferred Dentist Program Plus (PDP+) network, the plan may pay a higher benefit. Also, you can take advantage of the preferred provider’s discounted rates and reduce your out-of-pocket costs.

If you go to a dentist outside the PDP network, the plan’s benefits will be based on MetLife’s “reasonable and customary” (R&C) fees for dental services in your geographic area. If your out-of-network dentist charges more than the R&C fee, you will have to pay the difference.

Note: You will not receive an ID card for the dental plan. Instead, your provider can verify eligibility and coverage by calling MetLife.

	Dental PDP Basic		Dental PDP Plus	
	In-network	Out-of-network	In-network	Out-of-network
Annual Deductible				
• Individual		\$75		\$50
• Family		\$225		\$150
Annual Maximum Benefit		\$750		\$1,500
Preventive Services (oral exams, cleanings, and X-rays)	100%; deductible does not apply	100% of R&C fees	100%; deductible does not apply	100% of R&C fees
Basic Services (fillings and extractions)	40% after deductible	40% of R&C fees after deductible	20% after deductible	20% of R&C fees after deductible
Major services (crowns implants, root canals, bridges, and dentures)	50% after deductible	50% of R&C fees after deductible	50% after deductible	50% of R&C fees after deductible
Orthodontia Services (NEW for 2024...no age restrictions)	Not covered*		50% after deductible; up to \$1,500 lifetime maximum	50% of R&C fees after deductible; up to \$1,500 lifetime maximum

* While the plan does not cover orthodontia coverage, you can use any funds in a Health Savings Account (HSA) or Flexible Spending Account (FSA) to pay for these expenses.

For more information about your MetLife dental plans, go to www.mybenefits.metlife.com or call (800) 942-0854.

2024 Dental Plan Rates - per bi-weekly pay period		
	MetLife PDP Basic	MetLife PDP Plus
TM Only	\$4.37	\$11.16
TM + Spouse	\$7.64	\$19.54
TM + Child(ren)	\$8.52	\$21.77
TM + Family	\$12.88	\$32.95

Hawaii Team Members

See page 3 for instructions on enrolling or changing your healthcare benefits.



Vision Plan

Stericycle offers vision coverage through EyeMed.

When you go to an EyeMed network provider, there are no claim forms and your eye exam is free. EyeMed’s Insight provider network includes thousands of independent providers, plus LensCrafters, Pearle Vision, Sears Optical, and Target Optical. In addition, you can use our online providers – www.glasses.com and www.contactsdirect.com – and the benefits will be applied when you check out. If you decide to go to an out-of-network provider, you will pay the entire bill up front, and then submit a claim with your receipts to EyeMed. The plan will reimburse you for your out-of-network services up to the allowances shown below.

EyeMed Vision Plan		
Examinations:	Once every calendar year	
Lenses or Contacts:	Once every calendar year	
Frame:	Once every calendar year	
Covered Services		
	Insight Network Provider	Out-of-network Provider
Routine Examination (dilation, refraction, and testing for certain conditions)	Covered in full	Plan reimburses up to \$30
Frame	\$150 allowance; 20% discount on balance	Plan reimburses up to \$75
Standard Plastic Lenses		
<ul style="list-style-type: none"> • Single • Lined Bifocal • Lined Trifocal • Standard Progressive • Premium Progressive 	<ul style="list-style-type: none"> \$20 copay \$20 copay \$20 copay \$85 copay See EyeMed price list 	<ul style="list-style-type: none"> Plan reimburses up to \$25 Plan reimburses up to \$40 Plan reimburses up to \$55 Plan reimburses up to \$40 Plan reimburses up to \$40
Special Lens Options (paid by the member and added to the base price of the lens)		
<ul style="list-style-type: none"> • UV treatment • Tint (solid or gradient) • Standard plastic scratch coating • Standard polycarbonate – adults • Standard polycarbonate – children under 19 • Polarized • Other add-ons 	<ul style="list-style-type: none"> \$15 copay \$15 copay \$15 copay \$40 copay Covered in full 20% discount off retail price 20% discount off retail price 	<ul style="list-style-type: none"> N/A N/A N/A N/A Plan reimburses up to \$5 N/A N/A
Contact Lenses		
<ul style="list-style-type: none"> • Conventional • Disposable • Medically necessary 	<ul style="list-style-type: none"> \$150 allowance plus 15% discount on balance over \$150 \$150 allowance plus balance over \$150 Covered in full 	<ul style="list-style-type: none"> Plan reimburses up to \$120 Plan reimburses up to \$120 Plan reimburses up to \$210
Laser Vision Correction	15% off retail price or 5% off promotional price	N/A

Once enrolled, EyeMed will mail a Welcome Kit to you. For more information about your EyeMed vision plan, go to www.eyemed.com or call (866) 800-5457.

Hawaii Team Members

See page 3 for instructions on enrolling or changing your healthcare benefits.

2024 Vision Plan Rates – per bi-weekly pay period	
TM Only	\$2.70
TM + Spouse	\$5.14
TM + Child(ren)	\$5.41
TM + Family	\$7.95



Flexible Spending Accounts (FSAs)

Flexible Spending Accounts (FSAs) help you save money by using pre-tax dollars to pay for certain health care and dependent care expenses. The money you put into these accounts is taken out of your paycheck before taxes are withheld, so you end up paying less in taxes because your taxable income has decreased. This means more take-home pay for you!

HEALTH CARE FSA

You may set aside up to \$3,050 per year to pay for out-of-pocket medical, prescription, dental, and vision care expenses for yourself and your eligible family members. You can use this FSA to pay for deductibles, coinsurance, copays, and other eligible expenses, such as orthodontia and contact lenses.

If you participated in a health care FSA with another employer during the same calendar year, your maximum contribution to the FSA will be a combined contribution maximum of \$3,050.

Limited-Purpose Health Care FSA

HSA Plan Members Only

If you enroll in the HSA Basic Choice Plus or HSA Enhanced Choice Plus medical plan and you open and contribute to a Health Savings Account (HSA), you are unable to have a regular health care FSA — you will be using your HSA to pay for medical expenses. However, you may contribute up to \$3,050 per year to a limited-purpose FSA. This FSA can only be used for dental and vision care expenses.

DEPENDENT CARE FSA

You can use this FSA to pay for dependent care, such as after-school care for a child (up to age 13) or adult day care for an elderly dependent, so you (and your spouse, if you are married) can work. You may put up to \$5,000 per calendar year in this FSA (depending on your marital and tax filing status).

FSA TIPS AND RULES

- **Estimate your expenses carefully before you enroll.** The key to making FSAs work for you is to use your FSA for expenses you know you will incur during the plan year. For example, if you take medication every day (such as blood pressure or cholesterol medication), you could put money in your FSA to cover your prescription drug copays.
- **You must spend your FSA money on expenses you incur during the plan year.** You must use money in your FSA for expenses incurred during the plan year (January 1 - December 31, 2024, or for the period of time you were benefit eligible and participating in the FSA). You will have 90 days after the end of the plan year (until March 31, 2025) to submit reimbursement requests for expenses incurred in the 2024 plan year.
- **If you do not spend all the money in your accounts during the plan year, you will lose it.** You may not carry over a balance into the following plan year.
- **You cannot change your election during the plan year,** unless you have a qualified life status change, such as marriage, divorce, or birth of a child.

For questions about FSAs, including a complete list of eligible FSA expenses, or to learn more about the Commuter Benefit program, go to www.ybr.com/stericycle or call (855) 38-1TEAM (18326) and talk to a Customer Care Specialist.

COMMUTER BENEFITS PROGRAM

The Commuter Benefits program lets you save money on your commuting costs by paying for qualified, work-related transportation expenses through pre-tax payroll deductions.

- You may contribute up to \$300 per month to pay for work-related parking, including:
 - At or near your workplace
 - At or near a location for carpool or vanpool
- You may contribute up to \$300 per month to pay for qualified mass transit (such as bus, subway, or train) or vanpooling in a “commuter highway vehicle” that regularly transports six or more passengers.



Life and AD&D Insurance

BASIC LIFE AND AD&D PLAN

You are automatically covered by the Basic Life Insurance and Basic Accidental Death and Dismemberment (AD&D) Insurance plan, which is insured through Securian Life Insurance Company.

Basic Life Insurance. Your benefit amount is \$50,000.

Basic AD&D Insurance. Your benefit amount is \$50,000. In the event your death is the result of an accident, your beneficiary will receive your AD&D benefit in addition to your life insurance benefits (subject to age reduction). The AD&D plan also pays you a benefit if you suffer certain severe injuries (such as the loss of a limb) as the result of an accident.

Beneficiary Designation

Please make sure your beneficiary designation is up to date, especially if you have had a change in your family status, such as marriage or divorce. You can designate beneficiaries by visiting www.ybr.com/stericycle or calling 855-38-1TEAM.

OPTIONAL LIFE INSURANCE AND OPTIONAL AD&D PLAN

Optional plans let you buy additional insurance coverage at affordable group rates. You will pay the full cost of your insurance through payroll deductions. Optional Life Insurance and Optional AD&D Insurance are purchased separately.

You can review rates, make changes to your current coverage, or enroll for the first time through Your Benefits Resources (YBR) during your initial enrollment period or subsequent Annual Enrollment periods.

Note: Basic/Optional life and AD&D insurance benefits reduce as you get older. Please see your plan documents for details.

Optional Life Insurance

Coverage	Coverage Amount	Maximum	Guaranteed Issue*
Optional Life for You	\$10,000 increments	Lesser of \$2 million or 8X annual salary (includes Basic Life Insurance)	\$500,000 (if enrolling when Team Member is first eligible)
Optional Life for Your Spouse	\$5,000 increments	Lesser of \$250,000 or 100% of Team Member's Basic and Optional Life Insurance coverage	\$50,000 (if enrolling when Team Member is first eligible)
Optional Life for Your Children	\$5,000 increments	Lesser of \$25,000 or 100% of Team Member's Basic and Optional Life Insurance coverage	\$25,000

* When you first become eligible, you may purchase coverage up to the Guarantee Issue (GI) amount without providing evidence of good health. If you wish to purchase more than the GI amount, you are required to provide satisfactory evidence of good health before the coverage will become effective. If you do not enroll when first eligible, you must provide evidence of good health to purchase coverage in any amount.

Note: Smoker and non-smoker rates apply. Please see your plan documents for details.

Optional AD&D Insurance

Coverage For	Coverage Amount
Optional AD&D for You	\$10,000 increments, up to \$2 million or 8X annual salary (includes Basic AD&D Insurance)
Optional AD&D for Family	
• Spouse	50% of Team Member's coverage amount, up to \$1 million
• Each child	20% of Team Member's coverage amount, up to \$10,000

For more information about your Securian Life Insurance Company insurance benefits, go to www.lifebenefits.com or call (877) 491-5265.



Disability Plans

Disability insurance helps to protect your income if an injury or illness prevents you from working. Team Members are automatically enrolled in these plans, and Stericycle pays the full cost of your disability plan. The disability plans are administered by Lincoln Financial.

SHORT-TERM DISABILITY (STD) PLAN

Benefit Amount	60% of weekly base salary for entire payment period
Waiting Period	Benefits begin on the 8th day of your disability
Length of Payment Period	Benefits are paid as long as you remain disabled, for up to 12 weeks

Earnings for STD are based on your current base pay. Base pay is your current pay as of the day prior to your date of disability. It does not include bonuses, commissions, overtime pay, or any other extra compensation. **Your benefits under these plans will be reduced by any other disability income benefits you may receive, such as state disability insurance or Social Security.**

LONG-TERM DISABILITY (LTD) PLAN

Benefit Amount	60% of your monthly base salary not including bonuses, commission and other compensation
Maximum Benefit	\$12,500 per month
Waiting Period	Benefits begin after 90 days of continuous disability
Length of Payment Period	Benefits are paid as long as you remain disabled and under a physician's care, generally until you reach age 65 or your Social Security retirement age

Earnings for LTD are based on your salary as of September of the previous year. LTD benefits for Team Members hired after September will be based on their salary at hire.

For more information about your STD or LTD benefits, please contact Lincoln Financial at **(877) 788-9641**.





Voluntary Benefits

AUTO & HOME INSURANCE

Stericycle gives you the opportunity to purchase Auto and Home Insurance at discounted rates through Farmers Insurance. You can purchase the following kinds of insurance:

- Auto
- Recreational vehicle or mobile home
- Home or condo
- Renters
- Personal excess liability (“umbrella”)
- Boat

Once you’ve purchased a policy, you may choose to be billed separately at your home. However, if you pay through payroll deductions, you get an additional 10% discount on top of the policy discount. You can purchase this plan at any time during the year and the policies are portable.

For more information or to talk to a representative about Auto and Home Insurance, please contact Farmers directly at **(800) 438-6381**.

PRE-PAID LEGAL PROGRAM

The MetLife Legal Plans provide you and your dependents with easy access to a nationwide network of more than 13,000 qualified attorneys. The plan covers a range of legal services, including document review and preparation, estate planning, immigration assistance, family law, debt collection defense, real estate transactions, the preparation of wills and estates, and representation at civil court proceedings. Trials are covered from beginning to end, regardless of length, when using a network attorney. Additional services, such as representation for personal injury, probate, and estate administration matters, are available at reduced fees.

No matter how many times you use a MetLife Legal plan attorney over the course of the year for covered legal matters, all you pay is a bi-weekly premium of \$8.31 or a weekly premium of \$4.15.

For more information or to talk to a representative about the legal plan, please visit www.LegalPlans.com or contact MetLife Legal Plan at **800-821-6400**.



PET INSURANCE

Help protect you and your furry family members against unplanned vet expenses for covered accidents or illnesses with MetLife Pet Insurance.

We believe that every individual and their pet have unique needs – enjoy benefits like flexible product offerings with straightforward pricing, customizable limits, deductible savings, and a simplified 3-step quick enrollment with hassle-free claims processing, with most claims processed within 10 days. Go online to www.metlife.com/stericycle/ or call MetLife **(800-GET-MET8)** for more information or to request a quote.

CENTER FOR SPECIAL NEEDS PLANNING: ESTATE PLANNING FOR SPECIAL-NEEDS CHILDREN

This is a Mass Mutual program committed to helping families through the maze of legal and financial complexities surrounding planning for the future of children and other dependents with special needs. As a Stericycle Team Member, you will have the opportunity for free consultations with specialists and will be eligible for a discount if you engage their specialists for financial planning associated with your special-needs dependent. For more information, visit www.MassMutual.com/specialcare.



401(k) Retirement Plan and ESPP

STERICYCLE 401(k) RETIREMENT PLAN

The Stericycle 401(k) Retirement Plan gives you the opportunity to save for a more comfortable retirement while enjoying tax advantages along the way. You are eligible for this plan on the first of the month following 3 months of service. As of January 1, 2024, all Team Members are eligible, regardless of scheduled hours.

To get your retirement savings off to a good start, Stericycle will automatically enroll new Team Members in the plan at a contribution rate of 3% of your eligible pay. You will receive a notice that you will be automatically enrolled approximately 30 days prior to your eligibility date. If you do not wish to participate or if you wish to elect a different contribution amount, please follow the instructions in your 401(k) new hire kit.

You may make your contributions using one or both of these plan options:

- **Traditional 401(k) Contributions:** You will fund your account with tax-deferred contributions. You will not have to pay taxes on this money or on your account's investment earnings until you withdraw your funds at retirement.
- **Roth 401(k) Contributions:** Your contributions will be deducted from your paycheck after taxes are taken out, so you will not get the immediate tax savings you get with the traditional 401(k) plan. However, when you take your money out at retirement, at least five years after your initial contribution, it will be tax-free. This includes both your after-tax contributions and any investment earnings.

Your Savings. You may invest up to 75% of your salary on a tax-deferred or after-tax basis, up to the IRS maximum. You can make changes to your contribution amount or stop and start your 401(k) contributions throughout the year at any time. When you make changes, they will be effective the next available pay period.

Stericycle's Matching Contributions. Stericycle matches 50% of your contribution up to a maximum of \$3,000 per year. The company match is made on an annual basis.

All Team Member contributions and company match contributions are 100% vested, which means they always belong entirely to you. You will have a variety of investment options to choose from.

If you have any questions about the plan, please contact Fidelity at **800-835-5095** or log onto www.netbenefits.com to view your account.

EMPLOYEE STOCK PURCHASE PLAN (ESPP)

Stericycle's ESPP gives eligible Team Members the opportunity to purchase company stock through payroll deductions at a discounted purchase price. You may enroll any January 1 or July 1 after completing six months of service (and having worked more than 20 hours each week). You may allocate any whole percentage of gross base pay up to \$5,000 each purchase period. Your deductions are held in an account and are used to buy stock twice each year. You will receive notification in the mail to your address on file when you become eligible for this plan.

- There is a risk, as with any investment, that the stock price may drop and you may lose some or all of your investment.
- Prior to the purchase of stock Stericycle will open an E*TRADE account for you. You will receive a welcome packet directly from E*TRADE.

If you have general questions about the ESPP, please contact EquityAdministration@Stericycle.com. If you have questions about your E*TRADE account (once it's established) contact E*TRADE directly at **(800) 838-0908**.

If you are part of a collectively bargained group, different plan and eligibility provisions may apply. The information contained in the collective bargaining agreement will prevail.





Tuition Reimbursement Program

The Tuition Reimbursement Program is designed to provide financial reimbursement for Team Members who wish to continue their education and further their professional development up to \$5,250 per calendar year. You are eligible for this program if you are an active, full-time Team Member who has completed three months of employment and works 30 or more hours per week.

For more information about the Tuition Reimbursement Program, go to the main SteriPoint page and click on [Human Resources/Benefits/Benefits For Your Future/Tuition Reimbursement](#).

SteriCares Hardship Fund

The SteriCares Hardship Fund is designed to provide financial assistance to eligible Team Members who are experiencing an immediate, catastrophic, and temporary financial hardship due to a significant life event or certain emergency situations. If you are experiencing a hardship, you can apply for a grant online at www.SteriCaresFund.org. If you have any questions on how to apply for a hardship grant, please contact the Program Manager at SteriCares@stericycle.com.

You can also help your colleagues in need by contributing to the SteriCares Fund. The program was initially funded by Stericycle however since then, Team Members have continuously helped in funding this program. You can help your Team Members by donating as little as \$1 per paycheck. Here's how:

Go to the home page of SteriPoint and click on the "Donate to the Hardship Fund" link on the right side of the page. If you don't have access to SteriPoint, log on to www.Stericycle.com. Click on "About Us" and find the form under "Culture." (www.stericycle.com/hardship-fund-signup/)

Employee Assistance Program (EAP)

Everyone needs help now and then. Whether it is a difficult situation affecting your home life or stress interfering with your work, the EAP is there for you and your family members 24 hours a day, seven days a week. The EAP is provided by Stericycle at no cost to you. The program is administered by Metropolitan Family Services.

The EAP provides free, strictly confidential counseling to help you resolve a wide range of personal issues, including:

- Emotional well-being
- Parenting and child care
- Elder care referrals
- Workplace conflict
- Work/life balance
- Addiction and recovery
- Legal assistance
- Financial Issues

Call the EAP at **(800) 905-0994** whenever you need help. Your call will be handled by a professional counselor, who will either work with you over the phone or arrange an appointment for you to have an in-person session. The EAP will cover up to six free face-to-face counseling sessions per year for each issue.

Visit www.EAPStericycle.com to find additional information and educational materials.

The Company Code is **Stericycle**.

Employee Discount Program

Stericycle has partnered with **Access Perks** to offer a discount program to all Stericycle Team Members. The discount program allows you to take advantage of discounts on shopping, entertainment, dining, travel, fitness, and other services from over 300,000 merchants. The program can be accessed via the Access Perks website - stericycle.accessperks.com - or by using their mobile app (search Access Perks on Google Play or the App Store).













Questions About Your Benefits?

Benefit	Provider	Phone Number	Website	Group # or Name
Enrollment and Qualifying Life Events	Your Benefits Resources	(855) 38-1TEAM (18326)	www.ybr.com/stericycle	-
Spending Accounts (HSA & FSA), Commuter Benefits	Your Benefits Resources	(855) 38-1TEAM (18326)	www.ybr.com/stericycle	-
Medical	UnitedHealthcare	(833) 719-1698	www.myuhc.com	921914
Dental	MetLife	(800) 942-0854	www.mybenefits.metlife.com	112985
Vision	EyeMed	(866) 800-5457	www.eyemed.com	1001956
Disability Plans	Lincoln Financial	(877) 788-9641	www.mylincolnportal.com	-
Life and AD&D Insurance	Securian Life Insurance Company	(877) 491-5265	www.lifebenefits.com	Life Ins: 70250 AD&D Ins: 70251
Accident, Critical Illness & Hospital Indemnity	MetLife	(800) 438-6388	www.metlife.com/stericycle/	112985
Pet Insurance	MetLife	(800) 438-6388	www.metlife.com/stericycle/	-
Group Auto & Home Insurance	Farmers Insurance	(800) 438-6381	www.myautohome.farmers.com	-
Prepaid Legal Program	MetLife Legal Plan	(800) 821-6400	www.LegalPlans.com	-
Center for Special Needs Planning	MassMutual	n/a	www.MassMutual.com/specialcare	
401(k) Plan	Fidelity	(800) 835-5095	www.netbenefits.com	Plan #54431
Employee Stock Purchase Plan (ESPP)	E*TRADE	(800) 838-0908	https://us.etrade.com/employee-stock-plans	-
Employee Assistance Program (EAP)	Metropolitan Family Services	(800) 905-0994	www.EAPStericycle.com	Company Code: Stericycle
Employee Discount Program	Access Perks	(877) 408-2603	stericycle.accessperks.com	-

Benefits at Your Fingertips

Your smart phone isn't just for texting and social media. You can also use it to stay close to your benefits. Check out these other apps and tools from our plan vendors:

- 
UnitedHealthcare – With UnitedHealthcare you have your own personalized health hub built to help you manage your health plan 24/7. Search for a doctor, find and price care, view claim details, connect with a doctor 24/7 and so much more.
- 
MetLife – Find a dentist in your area, view your ID card, change your primary dental office, and view your plan and claim summaries for all your MetLife plans (dental, critical illness, accident, hospital indemnity, prepaid legal).
- 
CVS Caremark – Order new prescriptions and refills for curbside pick up, view your prescription history, get ExtraCare deals, and hear about deals at your local CVS.
- 
Smart-Choice Mobile – Manage your HSA and/or FSA accounts on the go, check current balances, review recent claims and payments, receive alerts about actions needed, and submit claims for reimbursement.
- 
Rx Savings Solutions – RxSS is the easiest, most comprehensive online prescription service that shows you all the opportunities to save money on your prescriptions, according to your Stericycle health plan.
- 
E*TRADE – Get real-time streaming quotes, place trades, manage your accounts, and receive personalized stock alerts and other notifications.
- 
Livongo – Make living with diabetes easier by using your Livongo connected meter, test strips, and coaching. Livongo tools, support and guidance help you understand and manage your diabetes while adopting lifestyle habits proven to help you live a healthier life.
- 
Fidelity NetBenefits – This app gives you access to your 401(k) account to check your account balance, see account history and perform limited transactions on your account.
- 
EyeMed – Check your plan coverage, view claim status, download ID cards and find network providers.
- 
Access Perks – Access Perks allows team members to take advantage of discounts on shopping, entertainment, dining, travel, fitness, and other services from over 300,000 merchants.

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