Open Enrollment is the time to enroll in STERIS benefits and/or make changes. Changes you make are effective January 1, 2014, and remain in effect through December 31, 2014, unless you experience an Internal Revenue Service (IRS) Qualified Life Event (QLE).

**NEXT STEPS**

1. Review the Online Benefits Resource Center
   http://enrollment.anthem.com/STERIS

2. If you are covering a working spouse, review your spouse’s health care benefit plan to determine if comparable coverage is available and whether or not you are eligible to request waiver of the $150 monthly working spouse surcharge.

3. Use Employee Self Service (ESS) at https://oe.steris.com from your home computer, work computer or kiosk to complete the enrollment process by November 13, 2013.

**If you have no changes – Do Nothing – UNLESS** you want to enroll in a 2014 FSA, request waiver of the 2014 Working Spouse Surcharge, update your Household Tobacco status or, if it applies to you, change your life insurance coverage.

**QUESTIONS?**

Contact your Local HR Representative

Call the Benefits Helpline:
1-877-354-5755 (toll free) or 440-392-1170

E-mail: benefits@steris.com

Read on for more information.
Employee Self Service (ESS) ............................................. 2
Eligible Dependents & Documentation ............................. 2
2014 Medical Plan Choices ............................................. 2
2014 Anthem PPO Healthcare Plan Comparison Chart ...... 3
2014 Anthem Medical Payroll Deductions ....................... 3
Tobacco Surcharge ....................................................... 4
Tobacco Cessation Program .......................................... 4
Working Spouse Surcharge ............................................ 4
High Deductible Health Plan (HDHP) ............................. 4
2014 Health Savings Account (HSA) ............................... 4
2014 Flexible Spending Accounts (FSA) ......................... 4
2014 Anthem Vision Exam Coverage ............................... 5
2014 Caremark Prescription Drug Benefits ....................... 5
NEW in 2014 RX Out-of-Pocket Limit Protection ............. 5
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2014 Aetna Dental PPO Plan & Payroll Deductions .......... 6
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Optional Life Insurance Rates ......................................... 7

Employee Self Service (ESS)
Most employees will use Employee Self Service (ESS) to complete the Open Enrollment process this year. ESS can be accessed from your home computer, or from a work computer or kiosk.

NOTE: You may need to reset your Employee Self Service Password if you have not accessed ESS in the past 90 days. Refer to the ESS instructions located on the Online Benefits Resource Center.

Eligible Dependents & Documentation
Employees who add a dependent to coverage by the November 13th Open Enrollment deadline must submit dependent documentation to the benefits department no later than November 19th, or the dependent will not be added to coverage.

Eligible dependents include:

- Your legal spouse (includes all state-recognized marriages)
- Your natural children, step and adopted children up to age 26
- Your custodial children up to age 18

Examples of dependent documentation include:

- A government issued marriage certificate
- A child’s birth certificate
- A court order for other child dependents—up until age 18

QUESTIONS?  
Anthem.com  
800-749-5473
### 2014 Anthem PPO Healthcare Plan Comparison Chart

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Premium Plan In-Network</th>
<th>Premium Plan Out-of-Network</th>
<th>Core Plan In-Network</th>
<th>Core Plan Out-of-Network</th>
<th>High Deductible Health Plan (HDHP) In-Network</th>
<th>High Deductible Health Plan (HDHP) Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$300</td>
<td>$600</td>
<td>$500</td>
<td>$1,000</td>
<td>$1,250</td>
<td>$2,500</td>
</tr>
<tr>
<td>Family</td>
<td>$600</td>
<td>$1,200</td>
<td>$1,000</td>
<td>$2,000</td>
<td>$2,500</td>
<td>$5,000</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>90%</td>
<td>70%</td>
<td>80%</td>
<td>60%</td>
<td>70%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Annual Out-of-Pocket Max</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$2,000</td>
<td>$4,000</td>
<td>$2,750</td>
<td>$5,500</td>
<td>$3,750</td>
<td>$7,500</td>
</tr>
<tr>
<td>Family</td>
<td>$4,000</td>
<td>$8,000</td>
<td>$5,500</td>
<td>$11,000</td>
<td>$7,500</td>
<td>$12,500</td>
</tr>
</tbody>
</table>

**Physician Services** (Anthem Recommended Preventive Care from Network Providers is 100% Covered, including an annual refractive vision exam):

- **Primary Care & Specialist Office Visit**
  - 100% after $25 co-pay
  - 70% after deductible
  - 100% after deductible
  - 60% after deductible
  - 70% after deductible
  - 50% after deductible

- **X-ray and Lab (in physician’s office)**
  - 100%
  - 70% after deductible
  - 80% after deductible
  - 60% after deductible
  - 70% after deductible
  - 50% after deductible

- **X-ray and Lab (hospital or other OP facility)**
  - 90% after deductible
  - 70% after deductible
  - 80% after deductible
  - 60% after deductible
  - 70% after deductible
  - 50% after deductible

- **Emergency Room (Emergency Use Only)**
  - 100% after $125 co-pay
  - 100% after $125 co-pay
  - 100% after $125 co-pay
  - 70% after deductible
  - 50% after deductible

- **Hospital Inpatient**
  - 90% after deductible
  - 70% after deductible
  - 80% after deductible
  - 60% after deductible
  - 70% after deductible
  - 50% after deductible

- **Prescription Drug**
  - 30% co-insurance, subject to minimums and maximums, and based on tier (e.g. generic and brand)
  - New Maximum Out-of-pocket limits
    - Employee only $6,350
    - Employee plus Spouse, Child or Family: $12,700
  - 70% after deductible
  - 50% after deductible

### 2014 Medical Weekly Employee Payroll Deductions (Weekly Increase from 2013)

<table>
<thead>
<tr>
<th>Anthem Plans Includes Rx</th>
<th>Employee Only</th>
<th>Employee + Spouse</th>
<th>Employee + Child(ren)</th>
<th>Employee + Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Premium</strong></td>
<td>$ 22.75 (+$ 1.75)</td>
<td>$ 59.33 (+$ 6.83)</td>
<td>$ 42.51 (+$ 3.51)</td>
<td>$ 85.47 (+$ 8.47)</td>
</tr>
<tr>
<td><strong>Core</strong></td>
<td>$ 6.42 (+$ .42)</td>
<td>$ 20.34 (+$ 2.34)</td>
<td>$ 12.84 (+$ .84)</td>
<td>$ 32.85 (+$ 2.85)</td>
</tr>
<tr>
<td><strong>High Deductible Health Plan (HDHP)</strong></td>
<td>$ 3.75 (+$ .25)</td>
<td>$ 10.35 (+$ 1.35)</td>
<td>$ 7.99 (+$ .49)</td>
<td>$ 16.95 (+$ 1.95)</td>
</tr>
</tbody>
</table>
Open Enrollment Highlights

**Steris 2014**

**Highlights**

- **Tobacco Surcharge**
  STERIS has a tobacco-free requirement which applies to all enrolled STERIS employees and spouses and includes use of any tobacco products including cigarettes, pipes, cigars and chewing tobacco – regardless of frequency of use. Those who are not tobacco free will pay an additional $50 per month toward the cost of their health care benefits in 2014.

- **Tobacco Cessation Program**
  STERIS provides a Tobacco Cessation Program to support all STERIS employees and enrolled spouses in becoming 100% tobacco free. Anthem provides online tools and telephonic counseling through the Anthem Employee Assistance Program (EAP). In addition, Caremark provides benefits for a selection of generic tobacco cessation prescription drugs and over-the-counter nicotine replacement therapies prescribed by your physician at no cost. Quantity limits apply.

- **Working Spouse Surcharge**
  In 2014, an employee who covers a working spouse who is eligible to enroll in a comparable plan at their own place of employment will pay a $150 monthly surcharge. A comparable health plan includes ALL features listed below:
  - Annual deductible of $1,250 or less per individual
  - Coinsurance of 70% or more
  - Prescription drug coverage

  The surcharge will be WAIVED for spouses who:
  - Do not work for an employer; or,
  - Who work for an employer that does not offer a comparable health plan, as described above

  If you do not request a waiver in ESS you will pay the $150 per month working spouse surcharge beginning in January. Spouse Waiver requests can be accepted after open enrollment, but changes will be applied prospectively and no refunds will be made.

- **High Deductible Health Plan (HDHP)**
  The HDHP plan is compatible with a self-funded Health Savings Account (HSA) which you can set up through a bank or financial institution of your choice. In 2014, you can contribute up to $3,300 to a HSA if you enroll in individual coverage or up to $6,550 if you enroll in family coverage. Qualified HSA contributions are deductible on your federal income tax return. If you are over 55, you may contribute an additional $1,000 to a Health Savings Account in 2014.

  Unlike the FSA, at the end of the year, any unused Health Savings Account balance is carried over to use in the future – it is not forfeited – the "use it or lose it" rule does not apply to Health Savings Accounts.

- **2014 Flexible Spending Accounts (FSA)**
  FSAs allow you to set aside a fixed dollar amount from each paycheck on a pre-tax basis. Then, you can be reimbursed for out-of-pocket medical, dental, prescription drug and vision care expenses, as well as certain dependent day care expenses that you pay out of your own pocket. Healthcare and Dependent Day Care FSAs are optional and you decide each year whether or not to enroll.

  **Example: Healthcare FSA**
  - Dental Charges: $4,000
  - STERIS Dental Plan Payment: $(1,500)
  - Eligible FSA Expense: $2,500
  - Estimated savings based on your taxable income: $625 ($2,500 x 25% federal tax)

<table>
<thead>
<tr>
<th>Covered expenses</th>
<th>Unreimbursed healthcare expenses</th>
<th>Health care costs</th>
<th>Dependent Day Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Min. / Max. Annual Contribution</td>
<td>$100 min. / $2,500 max.</td>
<td>$100 min. / $5,000 max.</td>
<td>Child or adult dependent day care expenses</td>
</tr>
<tr>
<td>Funds Available</td>
<td>Full amount January 1</td>
<td>As deposited</td>
<td></td>
</tr>
<tr>
<td>Claims must be filed by*</td>
<td>April 30, 2015</td>
<td>April 30, 2015</td>
<td></td>
</tr>
</tbody>
</table>

*Other rules apply to employees who terminate mid-year.

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2014 Anthem PPO Plans Cover Annual Vision Exam at 100%
Beginning January 1, Anthem will cover annual routine vision exams by any provider at 100% of the Anthem negotiated rate, including refraction exams, and no office visit co-pay will be charged.

The new vision exam benefit requires enrollment in the Anthem medical plan and is provided once a year, starting January 1st of each year. Enrolled employees and their covered dependents can use any provider, but the costs will be lowest when an Anthem network provider is selected.

Employees have access to Anthem discounts at 1-800-CONTACTS and 1-800-GLASSES, on the internet or though promotions at local retail stores. As a reminder, frames, lenses and contacts are eligible for reimbursement through a healthcare FSA which can help you save even more money.

2014 Caremark Prescription Drug Benefits
All Anthem PPO plans include prescription drug coverage through Caremark. Prescription Drug co-pays will not change. You will pay 30% co-insurance for your prescription drugs subject to minimum and maximum co-pays.

NEW in 2014
RX Out-of-Pocket Limit Protection
An out-of-pocket limit has been added to prescription drug benefits for the Premium and Core PPO plans, providing enrolled employees with protection against catastrophic drug costs. The new annual limit is $6,350 for individual coverage and $12,700 for family coverage. Once the annual out-of-pocket limit is met, prescription drugs are covered 100% for the remainder of the plan year.

The High Deductible Health Plan works a little differently. In the HDHP plan, your medical and prescription drug out-of-pocket costs count toward one maximum annual limit. Next year, that annual limit will increase to $3,750 for individual coverage and $7,500 for family coverage. In 2013, the limit was $2,500 for individual coverage and $5,000 for family coverage; both limits have been increased to include the annual deductible and co-pays.

NEW in 2014
Generic Prescription Drug Step Therapy
We can all save money by using safe and effective generic medications when possible.

Generally, beginning in 2014, employees will have to try one or two generic medications first before certain brand name medications will be covered. Examples of medications subject to the new requirement include:
- certain anti-cholesterols
- antacids
- blood pressure medications

Medications like anti-depressants, anti-psychotics, anti-dementia, insulin and anti-diabetic agents are excluded from this requirement. If this applies to you, you and your physician will receive a letter and instructions from Caremark in late November.

There are also expanded requirements for Dispense as Written, or DAW instructions for prescriptions in 2014. Any prescription filled with a “Dispense as Written” instruction from either the patient or his/her physician will require review for medical necessity. In the absence of medical necessity, patients will pay the co-pay for the brand drug plus the ingredient cost difference between the generic and the brand, which may exceed the co-payment maximum.

### Caremark Prescription Drug Benefits (subject to new RX out-of-pocket limit protection)

<table>
<thead>
<tr>
<th>RETAIL / 30 Day Supply</th>
<th>CVS/PHARMACY &amp; MAIL SERVICE / 90 Day Supply</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Drug Type</strong></td>
<td><strong>You Pay (coinsurance)</strong></td>
</tr>
<tr>
<td>Generic</td>
<td>30% Min. $5 / Max. $50</td>
</tr>
<tr>
<td>Brand Preferred*</td>
<td>30% Min. $20 / Max. $100</td>
</tr>
<tr>
<td>Brand Non-Preferred*</td>
<td>30% Min. $30 / Max. $150</td>
</tr>
<tr>
<td>Specialty</td>
<td>30% Min. $40 / Max. $200</td>
</tr>
</tbody>
</table>

*If a generic prescription drug exists and the patient or physician choose a brand name drug without review and approval for medical necessity, the patient will pay his or her co-pay for the brand drug plus the ingredient cost difference between the generic and the brand name drug, which may exceed the co-payment maximum. These penalties do not apply to the new out-of-pocket limit.

---

**IMPORTANT**

The EyeMed Vision plan is discontinued in 2014.

If there is a medical reason which requires use of a brand name drug, your physician should contact Caremark and request an exception for you.
**Caremark Maintenance Choice Program**

To help keep prescription costs down and to offer you convenience and choice, Caremark offers “Maintenance Choice” for medication you or a family member take regularly for a chronic condition or long-term therapy. You and your family can choose to receive 90-day supplies of your long-term medication by mail through CVS Caremark Mail Service Pharmacy or pick them up at a local CVS pharmacy near you, if available. Choose the option that works best for you. Either way, your co-pay will be the same.

You also have the option to choose any retail pharmacy in the network (e.g. Walgreen, Walmart, Target) for long-term maintenance medications. However, if you are enrolled in the Premium or Core PPO plans, after 2 fills the minimum and maximum co-payment will double.

The mail service program is convenient and easy-to-use. Once you make your selection online or by phone, CVS Caremark will handle the rest for you. Plus, you can order refills and manage your prescriptions anytime at www.caremark.com.

**Maintenance Choice – Two Ways to Save**

<table>
<thead>
<tr>
<th>CVS Caremark Mail Service Pharmacy</th>
<th>CVS Pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enjoy convenient home delivery</td>
<td>Pick up your medication at a time that is convenient for you</td>
</tr>
<tr>
<td>Receive your medications in private, tamper-resistant and (when needed) temperature-controlled packaging</td>
<td>Enjoy same-day prescription availability</td>
</tr>
<tr>
<td>Talk to a pharmacist by phone</td>
<td>Talk with a pharmacist face-to-face</td>
</tr>
</tbody>
</table>

---

**2014 Aetna Dental PPO Plan**

STERIS offers comprehensive dental coverage at competitive rates through the Aetna Dental PPO Plan, a national dental provider. Aetna Dental PPO includes both in-network and out-of-network coverage with the flexibility to go to any licensed dentist. Generally, if you use an in-network dentist, you will pay less for covered services. Preventive services (cleanings and exams) are covered at 100%.

**2014 Aetna Dental Weekly Employee Payroll Deductions (Weekly Increase from 2013)**

<table>
<thead>
<tr>
<th>Aetna Dental</th>
<th>Dental Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$2.77 (+$ .27)</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$5.77 (+$ .77)</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$5.77 (+$ .27)</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$8.77 (+$ .77)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Aetna Dental PPO Summary</th>
<th>In Network</th>
<th>Out of Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual per-person maximum benefit</td>
<td>$1,500</td>
<td></td>
</tr>
<tr>
<td>Deductible</td>
<td>$50 single / $150 family</td>
<td></td>
</tr>
<tr>
<td>Preventive Services – No deductible (cleanings, x-rays)</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Basic Restorative Services (fillings)</td>
<td>90%</td>
<td>80%</td>
</tr>
<tr>
<td>Major Restorative Services (bridges, crowns, implants)</td>
<td>60%</td>
<td>50%</td>
</tr>
<tr>
<td>Orthodontic Services (coverage up to age 19 only)</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Lifetime per-person maximum benefit – orthodontics (coverage up to age 19 only)</td>
<td>$1,500</td>
<td></td>
</tr>
</tbody>
</table>
Long-Term Disability
Beginning in 2014, the long-term disability program will include average bonus and commission earnings to calculate long-term disability income replacement benefits.

NEW in 2014
Basic Life Insurance Options
STERIS provides Basic Life Insurance coverage at no cost to you. This year, you have two choices for Basic Life Insurance coverage:
- 2 times your base salary/wage up to a maximum of $150,000, or
- Flat $50,000

Each year, the government taxes you on the value of basic life insurance you receive from STERIS which exceeds $50,000. For this reason, you may choose to reduce your basic life insurance coverage to $50,000. This is a one-time change. If you choose to reduce your basic life insurance coverage to $50,000, you may not change it again while you are employed at STERIS.

NEW in 2014
Basic Life Insurance $150,000 Maximum
During this year’s Open Enrollment, employees whose annual base salary/wage is greater than $75,000, and are thus impacted by the reduction in the basic life maximum from $500,000 to $150,000, may use ESS to request optional life insurance up to 1 times base salary/wage with no medical review.

Employees already enrolled in optional life, may choose to increase their optional life insurance coverage by 1 times base salary/wage up to a maximum of $500,000. Cost is based on the employee’s age.

Existing Employee, Spouse and Child Optional Life Insurance has not changed. You may decrease or apply to increase optional life insurance at any time by contacting the benefits department for an application. NOTE: Covered children include naturally born, step or adopted children up to age 26, and custodial children up to age 18.

Optional Life Insurance Rates

<table>
<thead>
<tr>
<th>Age</th>
<th>Life Insurance Cost per $1,000 of coverage per month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 30</td>
<td>$0.08</td>
</tr>
<tr>
<td>30-34</td>
<td>$0.10</td>
</tr>
<tr>
<td>35-39</td>
<td>$0.12</td>
</tr>
<tr>
<td>40-44</td>
<td>$0.14</td>
</tr>
<tr>
<td>45-49</td>
<td>$0.20</td>
</tr>
<tr>
<td>50-54</td>
<td>$0.30</td>
</tr>
<tr>
<td>55-59</td>
<td>$0.55</td>
</tr>
<tr>
<td>60-64</td>
<td>$0.85</td>
</tr>
<tr>
<td>65-69</td>
<td>$1.48</td>
</tr>
<tr>
<td>70 and older</td>
<td>$2.64</td>
</tr>
</tbody>
</table>

Use ESS to complete the Open Enrollment process, make changes or update your benefits information.

The deadline is November 13, 2013.