



2021 Benefits Annual Enrollment

HEALTHCARE & VOLUNTARY BENEFITS

Employees eligible for the Employee Health,
Life and Disability Benefit Program

Enroll Nov. 2-20, 2020

Total health



CATERPILLAR®

Welcome to 2021 Benefits Annual Enrollment

We at Caterpillar recognize that our employees do their best work when they're feeling their best. That's why we offer a benefits package that promotes our employees' total health — including physical, emotional, financial and social well-being.

Please review this booklet to learn how our 2021 benefits and programs can best support your overall health. And be sure to check out what's changing on pg. 5. Then, make your 2021 elections November 2 - 20, 2020.



***Looking for more plan details?
Check out the Summary of Benefits and Coverage (SBCs)
for each plan at [CatBenefitsCenter.com](https://catbenefitscenter.com).***

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LET'S DO THE WORK.™

YOUR TO-DO LIST:

-  **Read this booklet** and review the information available on ***benefits.cat.com***.
-  **If you have questions**, call the Caterpillar Benefits Center (1-877-228-4010) or appropriate benefit provider partner(s).
-  **During the annual enrollment window (Nov. 2-20, 2020), enroll in your 2021 healthcare benefits (and voluntary benefits, if desired) through the Caterpillar Benefits Center or the UPoint Mobile HR app.** If you haven't already, take a moment to add a mobile phone number to your profile and activate text alerts to take advantage of additional security features.
-  **If you enroll a new dependent, be prepared to provide documentation to verify their eligibility (such as a birth or marriage certificate).** If you add a spouse/same-sex domestic partner, you'll also need to complete the spousal surcharge affidavit. Soon after enrolling a new dependent, you'll receive a letter with instructions for submitting this documentation.

WHAT'S CHANGING?

- Prescription drug co-pays – **pg. 15**
- Health Care Flexible Spending Account IRS contribution and carry over limits – **pg. 18**
- Health Savings Account IRS contribution limit – **pg. 18**

GOOD NEWS - your wise healthcare decisions are making a difference! In the past year, we've collectively used more in-network providers and taken advantage of free preventive care services. Together, when we all do our part, we help to reduce cost increases. **For 2021, we're pleased to announce that our healthcare premiums are staying the same!**

HAVE QUESTIONS?

If you can't find answers in here, visit ***benefits.cat.com*** where we have more information available.

For eligibility and enrollment questions or questions about voluntary benefits, call the **Caterpillar Benefits Center** at **1-877-228-4010**.

For questions about a specific benefit or coverage situation, call the provider partner directly. You can find provider partner contact information in this booklet and on ***benefits.cat.com*** (or download benefit contacts on your mobile device – see **pg. 26**).

DO I HAVE TO DO ANYTHING IF I DON'T WANT TO MAKE CHANGES?

YES, it's always a good idea to review the benefits available in each plan option. The coverage that seemed right for you a year ago may not be your best option next year.

- **Need help choosing the right plan?** We offer a handy enrollment tool to help you compare options and find the right plan for you. See **pg. 6** for details.
 - **Flexible Spending Accounts (FSA).** If you're enrolled in an FSA and want to continue participating in 2021 and/or have access to any rollover funds, you must re-enroll and elect to contribute at least \$75.
 - **Voluntary benefits.** If you want to newly enroll in or change your current enrollment in certain voluntary benefits for 2021, you will need to take action. If not, your current benefit elections will continue into 2021.
- But, if you're NOT enrolled in an FSA or participating in voluntary benefits, and don't take action, your current healthcare benefit elections, including (if applicable) your health savings account (HSA) election amount **as of Oct. 17**, will continue into 2021. **(Reminder: You can change your HSA election amount anytime throughout the year.)**

THE BEST DECISIONS ARE INFORMED DECISIONS

At work, we often spend a lot of time digging up facts and data to find the best solution – you owe yourself the same dedication. We're providing you with resources to make informed decisions about your benefits, so you can be proactive, healthier and the best "doer" you can be.

NEED HELP DECIDING WHICH PLAN OPTION IS BEST FOR YOU?

It's easy with the handy enrollment tool on CatBenefitsCenter.com. Just answer simple questions and the tool guides you through the enrollment process. In addition, it:

- Pulls in previous year's claims data, if available
- Allows you to update your numbers if you want – Had surgery last year, but not expecting to this year? Planning to have a baby? No problem; you can update the estimates
- Recommends an optimal healthcare plan option for you – you can choose to enroll in it or see how it compares to the others

HOW TO ENROLL



Through the Caterpillar Benefits Center:

- Online: **CatBenefitsCenter.com** (single sign-on with your CWS ID available through **Cat @work** or **benefits.cat.com**)
- By phone: **1-877-228-4010** (Mon-Fri, 8 a.m.-6 p.m. CT)
- In the **UPoint Mobile HR** app – download from your device's app store

REMINDER:
YOU'LL NEED YOUR PASSWORD TO ENROLL ONLINE OR A PIN TO ENROLL BY PHONE. CALL THE CATERPILLAR BENEFITS CENTER AT 1-877-228-4010 IF YOU NEED HELP.





HEALTHCARE TERMS

Co-insurance: After you pay your deductible, this is the amount (a percentage) you pay for covered healthcare services until you reach your plan's maximum out-of-pocket limit.

Consumer-directed health plan (CDHP): An IRS-defined high deductible health plan that is eligible to be paired with a health savings account (HSA). You own the HSA and control how the money is spent, saved or invested.

Co-pay: A fixed amount you pay for office visits on the BCBS EPO, whether or not you've met your deductible. Co-pays do not count toward your deductible, but they DO count toward your maximum out-of-pocket limit.

Deductible: The amount you must pay before the plan begins paying any co-insurance for covered healthcare services (except for certain preventive services). See pg. 12 to learn more about deductibles.

Maximum out-of-pocket limit (MOOP): The most you'll pay for covered, in-network healthcare services in a plan year. After you reach the plan's MOOP limit, the plan pays 100% of your covered services for the rest of the year. For CDHP options, this amount includes prescription drug costs. For traditional plan options, prescription drug costs do NOT count toward the plan's MOOP limit. There are also federal MOOP limits – for these, prescription drug costs are included, no matter which type of plan you have. See pg. 12 to learn more about MOOPs.

Prior authorization: Criteria must be met for your procedure or medication to be covered under the plan. Contact UnitedHealthcare (UHC), Blue Cross Blue Shield (BCBS) or Magellan Rx for details.

Qualified status change: A life event, such as marriage, divorce, birth/adoption of a child, etc., that allows you a 31-day window (outside of annual enrollment) to make changes to certain benefits. Contact the Caterpillar Benefits Center (**1-877-228-4010**) if you experience a life event.

Spousal surcharge: If your spouse/same-sex domestic partner is not a Caterpillar employee and has access to group health insurance through their employer but declines it and enrolls in the Caterpillar healthcare plan as the sole and primary coverage, you'll pay the spousal surcharge (**\$145/month**) in addition to the premium. (It doesn't apply for Medicare, TRICARE or COBRA coverage.) You'll be asked to confirm whether your spouse has other coverage available during annual enrollment. Make sure you respond correctly. **The surcharge can only be discontinued during annual enrollment or when you experience a qualified status change.**

2021 HEALTHCARE PLAN OPTIONS

TRADITIONAL PLAN OPTIONS

	BCBS National (EPO)	UHC Choice Plus (PPO)
Annual deductible	You pay up to: \$500 per individual \$1,000 per family	You pay up to: \$800 per individual \$1,600 per family
Medical co-insurance	In network, you pay 20% . Out of network, you pay 100% .	In network, you pay 20% . Out of network, you pay 50% .
Office visits	\$20 co-pay for primary care (in network) \$40 co-pay for specialist (in-network) (regardless of deductible status)	You pay the full negotiated rate until you meet the annual deductible, then you pay co-insurance.
Emergency room and ambulance coverage	On all plan options, you pay the full negotiated rate for ambulance and ER services until you meet the annual deductible, then you pay co-insurance. For an ER visit, you also pay an extra \$125 fee (BCBS EPO) or \$100 fee (Choice Plus PPO), which is waived if you're admitted.	
Maximum out-of-pocket limit (in-network only) (see pg. 12)	You will pay no more than: \$2,000 per individual \$4,000 per family	You will pay no more than: \$3,000 per individual \$6,000 per family
Preventive care	No charge in-network. All plan options cover U.S. Preventive Services Task Force Grade A and B recommendations & Affordable Care Act (ACA) mandates.	
Prescription drug benefits (see pg. 15)	Caterpillar Drug Formulary co-pays/co-insurance apply immediately.	
Tax-saving account options (see pg. 18)	General Purpose Health Care Flexible Spending Account (Health Care FSA) Dependent Care FSA	
Annual Health Savings Account (HSA) seed amount from Caterpillar	Not eligible for HSA	
EMPLOYEE ONLY	\$140	\$90
EMPLOYEE + SPOUSE	\$350	\$225
EMPLOYEE + CHILD(REN)	\$280	\$180
EMPLOYEE + FAMILY	\$490	\$315

**NO
INCREASES
FOR 2021**

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FOR 2021**

MONTHLY PREMIUMS*

*Part-time employee premiums are 1.5x full-time premiums. Deductibles, co-pays, co-insurance and maximum out-of-pocket amounts apply to covered healthcare services only. If the spousal surcharge applies, it's \$145 per month in addition to your premium (see pg. 9 for details).

CONSUMER-DIRECTED HEALTH PLAN OPTIONS

	UHC Consumer Choice (CDHP)	UHC Consumer Max (CDHP)
Annual deductible	You pay up to: \$1,500 for employee-only coverage \$3,000 for employee + spouse, child(ren) or family coverage	You pay up to: \$3,000 for employee-only coverage \$6,000 for employee + spouse, child(ren) or family coverage
Medical co-insurance	In network, you pay 20% . Out of network, you pay 50% .	
Office visits	You pay the full negotiated rate until you meet the annual deductible, then you pay co-insurance.	
Emergency room and ambulance coverage	On all plan options, you pay the full negotiated rate for ambulance and ER services until you meet the annual deductible, then you pay co-insurance. (No extra fees on the CDHP options.)	
Maximum out-of-pocket limit (in-network only) (see pg. 12)	You will pay no more than: \$3,000 for employee-only coverage \$6,000 for employee + spouse, child(ren) or family coverage	You will pay no more than: \$5,000 for employee-only coverage \$8,550 per individual (federal individual limit), up to \$10,000 for employee + spouse, child(ren) or family coverage
Preventive care	No charge in-network. All plan options cover U.S. Preventive Services Task Force Grade A and B recommendations & Affordable Care Act (ACA) mandates.	
Prescription drug benefits (see pg. 15)	Medications on CDHP Preventive Drug List: Caterpillar Drug Formulary co-pays/co-insurance apply immediately. Other medications on the Caterpillar Drug Formulary: You pay the full negotiated retail price until you meet the annual deductible, then the Caterpillar Drug Formulary co-pays/co-insurance apply.	
Tax-saving account options (see pg. 18)	Health Savings Account (HSA) Limited Purpose Health Care Flexible Spending Account (Limited Purpose FSA) Dependent Care FSA	
Annual Health Savings Account (HSA) seed amount from Caterpillar	\$300 for employee-only coverage \$600 for employee + spouse, child(ren) or family coverage	\$550 for employee-only coverage \$1,100 for employee + spouse, child(ren) or family coverage
EMPLOYEE ONLY	\$53	\$33
EMPLOYEE + SPOUSE	\$133	\$83
EMPLOYEE + CHILD(REN)	\$106	\$66
EMPLOYEE + FAMILY	\$186	\$116

**NO
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MONTHLY PREMIUMS*

HOW DEDUCTIBLES & MAXIMUM OUT-OF-POCKET (MOOP) LIMITS WORK

CDHP OPTION EXAMPLE:

1

Arya, her spouse and her son are enrolled in the **UHC Consumer Max CDHP option**. Arya's son develops a serious illness and must be hospitalized. His expenses total \$5,000. Because they're enrolled in a CDHP, they must meet the **plan's family deductible** of \$6,000 before co-insurance is applied (the individual deductible only applies to employees enrolled in employee-only coverage). So, Arya must pay the full \$5,000. Fortunately, Arya has the \$1,100 health savings account company seed to use toward it, as well as the money she was able to save and contribute to her HSA by choosing a plan option with a lower premium.

2

Later, Arya's spouse also has \$2,000 in healthcare expenses. Because she's already paid \$5,000 toward the family deductible, Arya only has to pay \$1,000 more to meet the family deductible. **Co-insurance** is then applied, and she will pay 20% of the remaining \$1,000 in expenses (\$200).

3

The co-insurance will be applied to any covered healthcare expenses for the remainder of the plan year until the **maximum out-of-pocket (MOOP)** limit is reached. If one person's expenses meet the **federal individual MOOP limit** (\$8,550 for 2021), the plan will begin paying 100% of the covered healthcare costs for that person. If two or more people's expenses reach the **plan's family MOOP limit** (\$10,000), the plan will begin paying 100% of the covered healthcare costs (including prescription costs, since they're enrolled in a CDHP) for all of the people covered under the plan.

TRADITIONAL PLAN OPTION EXAMPLE:

1

Jon and his two children are enrolled in the **UHC Choice Plus PPO option**. Jon has a medical procedure, and his expenses total \$1,000. Jon must pay the first \$800 to meet the **plan's individual deductible**. After paying the deductible, the plan's **co-insurance** is applied, and Jon must pay \$40 more (20% of the remaining cost of \$200).

2

Later, his daughter also has health expenses of \$2,000. Because Jon has not yet met the **plan's \$1,600 family deductible**, he must pay 100% of the cost up to the \$1,600 family deductible. But Jon already paid \$800 toward the deductible for his expenses, so he only has to pay \$800 of his daughter's expenses to meet the family deductible. Now that he's met the family deductible, the plan's co-insurance is applied to his daughter's remaining \$1,200 expenses, and Jon will pay 20% (\$240). The co-insurance will be applied to any covered healthcare expenses for the remainder of the plan year, until the **maximum out-of-pocket (MOOP) limit is met**.

3

Jon has surgery and meets the **plan's individual MOOP limit** of \$3,000. After that, the plan pays 100% of his covered healthcare costs, except for prescriptions.

4

His children also have additional health expenses, so Jon and his kids eventually reach the **plan's family MOOP limit** of \$6,000. After that, the plan begins paying 100% of the covered healthcare costs of both kids. **But**, Jon must still pay the prescription drug co-pays/co-insurance for himself and his kids until they meet the federal family MOOP limit (\$17,100 for family coverage for 2021).



PRESCRIPTION DRUG BENEFITS

Provider Partner: Magellan Rx
1-877-228-7909
MagellanRx.com/member/login

HOW IT WORKS

Our prescription drug benefit follows the Caterpillar Drug Formulary (list of covered medications). If a medication isn't on the formulary, it's probably not covered (ask your doctor for another option). The benefit is based on a tier system. Most Tier 0 and 1 drugs are generic versions. Tiers 2, 3 and 4 are mostly brand drugs.

Co-pay: Flat dollar amount you pay for a covered medication.

Co-insurance: Percentage of the cost you pay for a covered medication. But, if the co-insurance equals less than the minimum amount, you pay the minimum cost shown on the table. If it's greater than the maximum amount, you pay only the maximum cost shown.

But, if you're enrolled in a CDHP option, you must meet the deductible before the prescription drug benefits apply. That means you'll pay the full negotiated retail prices (at network pharmacies) until then. However, certain preventive medications are covered before you meet your deductible. If your medication is on the **CDHP Preventive Drug List**, you'll pay the formulary tier co-pay/co-insurance amount, whether or not you've met your deductible.

Visit benefits.cat.com to access the Caterpillar Drug Formulary, CDHP Preventive Drug List, \$0 Prescription Drug List and Network Pharmacy Directory.

Drug Tier	Network: Walmart, Kroger, Walgreens, CPRxN*
Tier 0	\$0 (no change)
Tier 1	\$5 Walmart/Kroger (\$3 increase) \$10 Walgreens/CPRxN (\$3 increase)
Tier 2	20% co-insurance (no change) (\$35 min / \$70 max) (no change)
Tier 3	50% co-insurance (no change) (\$85 min / \$135 max) (no change)
Tier 4	50% co-insurance (no change) (\$110 min / \$210 max) (no change)

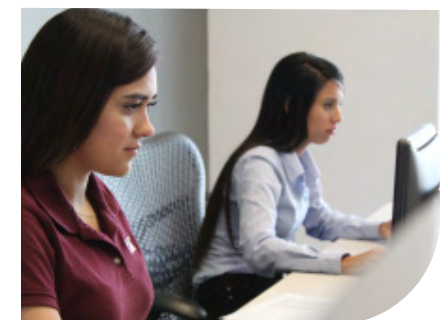
*Includes affiliates of Walmart, Kroger & Walgreens.

CPRxN = Community Pharmacy Prescription Drug Network.
Network pharmacy for specialty medications is Magellan Rx Specialty Pharmacy.

Increases shown are per 30-day supply and will be adjusted accordingly for higher day supplies, including mail order/home delivery.

Great news — minimal changes for you and your wallet!

In the table above, you'll see that we're only making a small change to Tier 1 co-pays for 2021. Tier 0 medications will continue to be 100% covered with no co-pay or co-insurance. Tier 0 medications include certain drugs used to treat high cholesterol, diabetes and high blood pressure. Tiers 2, 3 and 4 co-insurance amounts will remain the same next year.





VISION BENEFITS

(included in your healthcare premium)

Provider Partner: VSP
1-800-877-7195
VSP.com

HIGHLIGHTS:

- **\$20 co-pay** for 1 eye exam per year
- **\$60 co-pay** for 1 contact lens exam per year
- **\$20 co-pay** for standard lenses (single vision, lined bifocal/trifocal) once per year (lens enhancements, such as transition, progressive or special coatings, cost extra)
- **\$160 allowance** for frames every 2 years -or- **\$140** for contacts (instead of frames) every year

How to best use your benefits:

- Create an account at **VSP.com** (if you haven't already) to review your coverage details and claims. You can also sign up for email notifications about special offers, coupons, etc.
- Use a VSP network doctor. To find one, visit **VSP.com** or call VSP.
- VSP doesn't provide ID cards. At your appointment, just tell them you have VSP. (But, if you'd like an ID card, you can print one at **VSP.com**.)
- For the lowest prices on frames, use a VSP network doctor or purchase directly through **VSP.com**.

DENTAL BENEFITS

(included in your healthcare premium)

Provider Partner: Cigna
1-800-244-6224
myCigna.com

HIGHLIGHTS:

- **\$50** individual / **\$100** family annual deductible (except for preventive care)
- **\$1,500** annual maximum benefit per covered person 18 and older
- Sealants: **100%** covered (no deductible) every 3 years for dependents under age 14
- Preventive care: **100%** covered (no deductible)
- Fillings, basic dental: **80%** covered after deductible
- Crowns, bridges, dentures: **50%** covered after deductible
- Orthodontia (dependents 21 and under): **50%** covered (no deductible), up to **\$1,500** lifetime maximum

TIP: You don't have to use a Cigna network dentist, but you'll usually pay less if you do. Find a network dentist at **myCigna.com**.



HEARING AID BENEFITS

(included in your healthcare premium)

HIGHLIGHTS:

- You're eligible for new hearing aids every **60 months**.
- Contact UHC or BCBS to learn more.
- The benefit is provided by Epic Hearing Healthcare for hearing aid services.

How to best use your benefits:

Use an Epic Hearing Healthcare network provider to receive the maximum coverage:

- Contact Epic at **1-866-956-5400**.
- A hearing counselor will register you, assist in determining your hearing care needs and coordinate a referral to a provider near your home or work.

TAX-SAVING ACCOUNTS

	General Purpose Health Care Flexible Spending Account (Health Care FSA)	Limited Purpose Health Care Flexible Spending Account (Limited Purpose FSA)	Health Savings Account (HSA)*	Dependent Care Flexible Spending Account (Dependent Care FSA)
Which plan options can be paired with this account?	BCBS National EPO UHC Choice Plus PPO Any healthcare plan that's not a consumer driven health plan or if you've waived healthcare coverage	UHC Consumer Choice CDHP UHC Consumer Max CDHP	UHC Consumer Choice CDHP UHC Consumer Max CDHP	All four medical plan options, or if you've waived healthcare coverage
What can I use this account for?	Eligible healthcare expenses, including medical, dental, vision, hearing and prescription drugs, for you and your eligible dependents	Eligible vision and dental expenses for you and your eligible dependents	Eligible healthcare expenses, including medical, dental, vision, hearing aids and prescription drugs, for you and your eligible dependents (you can also save for future healthcare expenses, such as healthcare after retirement)	Daycare expenses for these eligible dependents while you're working: • Children under age 13 • Qualifying child/relative/spouse physically or mentally incapable of caring for him/herself who lives in the same home as you for more than half the year
What's the maximum amount that can be contributed to this account per year?	\$2,750 through pre-tax payroll contributions	\$2,750 through pre-tax payroll contributions	\$3,600 (including company seed) for employee-only coverage \$7,200 (including company seed) for employee + spouse, child(ren) or family coverage During the year you turn age 55 and every year after, you can contribute an additional \$1,000 . If your spouse has his/her own HSA, your combined contribution totals are subject to the family contribution limit. You can contribute through pre-tax payroll deduction or post-tax through other means and then deduct those contributions on your annual tax return.	\$5,000 through pre-tax payroll contributions TIP: Occasionally, certain employees' maximum annual contribution election amount may be reduced to comply with Internal Revenue Code Section 129 regarding highly compensated employees. If you and your spouse both have the opportunity to enroll in a Dependent Care FSA, it is generally better for both of you to enroll and split the election amount to possibly avoid this contribution reduction.

TAX-SAVING ACCOUNTS

	General Purpose Health Care Flexible Spending Account (Health Care FSA)	Limited Purpose Health Care Flexible Spending Account (Limited Purpose FSA)	Health Savings Account (HSA)*	Dependent Care Flexible Spending Account (Dependent Care FSA)
How much money does the company contribute?	\$0	\$0	Consumer Choice CDHP: \$300 employee-only coverage \$600 employee + spouse, child(ren) or family coverage Consumer Max CDHP: \$550 employee-only coverage \$1,100 employee + spouse, child(ren) or family coverage	\$0
When are funds available?	Your entire elected contribution amount is available in January.	Your entire elected contribution amount is available in January.	The entire company seed amount is deposited in January. Your elected contributions are available when they are deducted from your paychecks.	Your elected contributions are available when they are deducted from your paychecks.
What happens if I don't use all the money during the year?	You can carry over up to \$550 to the following year (as long as you re-enroll in a health care FSA and elect to contribute at least \$75). Any funds over \$550 left in your FSA after Dec. 31 are forfeited.	You can carry over up to \$550 to the following year (as long as you re-enroll in a health care FSA and elect to contribute at least \$75). Any funds over \$550 left in your FSA after Dec. 31 are forfeited.	Your money stays in the account and can earn tax-free interest. Once your balance reaches \$1,000, you can invest it in mutual funds, if desired.	Any funds left in your FSA after Dec. 31 are forfeited.
Who do I contact?	UnitedHealthcare 1-866-228-4215 myUHC.com	UnitedHealthcare 1-866-228-4215 myUHC.com	HealthEquity 1-844-311-9732 HealthEquity.com/ Caterpillar	UnitedHealthcare 1-866-228-4215 myUHC.com

**Your HSA is an account with HealthEquity. It's not administered by Caterpillar, is not an employer-sponsored plan and is not an ERISA plan. There are specific legal requirements to be eligible to open and contribute to an HSA. For details, see IRS Publication 969 or HealthEquity.com/Caterpillar. If you enroll in an HSA, you'll be prompted to confirm your eligibility. If you're currently enrolled in a CDHP and have an HSA with HealthEquity through Caterpillar, but drop coverage or switch to the PPO or EPO, Caterpillar will no longer pay the monthly administrative fee for your HSA, and HealthEquity will begin deducting it from your account.*

For more information on FSAs and HSAs, see benefits.cat.com.

VOLUNTARY BENEFITS

As a Caterpillar employee, certain voluntary benefits are available to you and your eligible family members. The **Mercer Your Choice Voluntary Benefits** offers optional insurance and services at discounted rates, and payments can be deducted from your paycheck. Certain benefits are portable, which means you can keep your coverage if you change jobs or retire.

- Group Accident Insurance
- Group Critical Illness Insurance
- Group Hospital Indemnity Insurance
- Group Legal Insurance Plan
- Identity Protection Services

For more information, visit **YourChoiceVoluntaryBenefits.com** or call the Caterpillar Benefits Center at **1-877-228-4010**.

*Did you know? Mercer Your Choice also offers auto, home and pet insurance you can enroll in anytime at **YourChoiceVoluntaryBenefits.com**.*



GROUP ACCIDENT INSURANCE

(PROVIDED BY ALLSTATE BENEFITS THROUGH MERCER YOUR CHOICE)

IMPORTANT: This voluntary benefit is not a replacement for standard healthcare insurance.

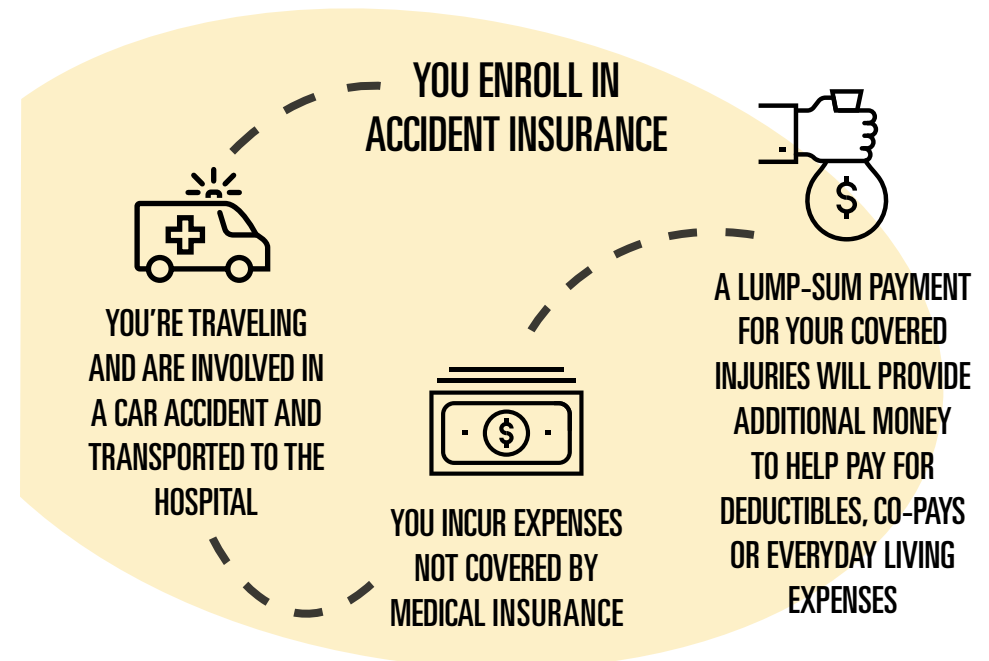
Pays you a lump sum cash benefit to help you with out-of-pocket costs that often arise when you have a covered accident, such as a fracture, dislocation or laceration. You can use your cash benefits to help pay medical costs, your mortgage or other bills while you recover.

RATES:

	Weekly
Employee-only	\$1.88
Employee + spouse	\$2.74
Employee + child(ren)	\$4.31
Employee + family	\$5.39

(Rates will be adjusted per your pay period schedule for payroll deduction.)

For details, see **YourChoiceVoluntaryBenefits.com** or call the Caterpillar Benefits Center at **1-877-228-4010**.



GROUP CRITICAL ILLNESS INSURANCE

(PROVIDED BY ALLSTATE BENEFITS THROUGH MERCER YOUR CHOICE)

IMPORTANT: This voluntary benefit is not a replacement for standard healthcare insurance.

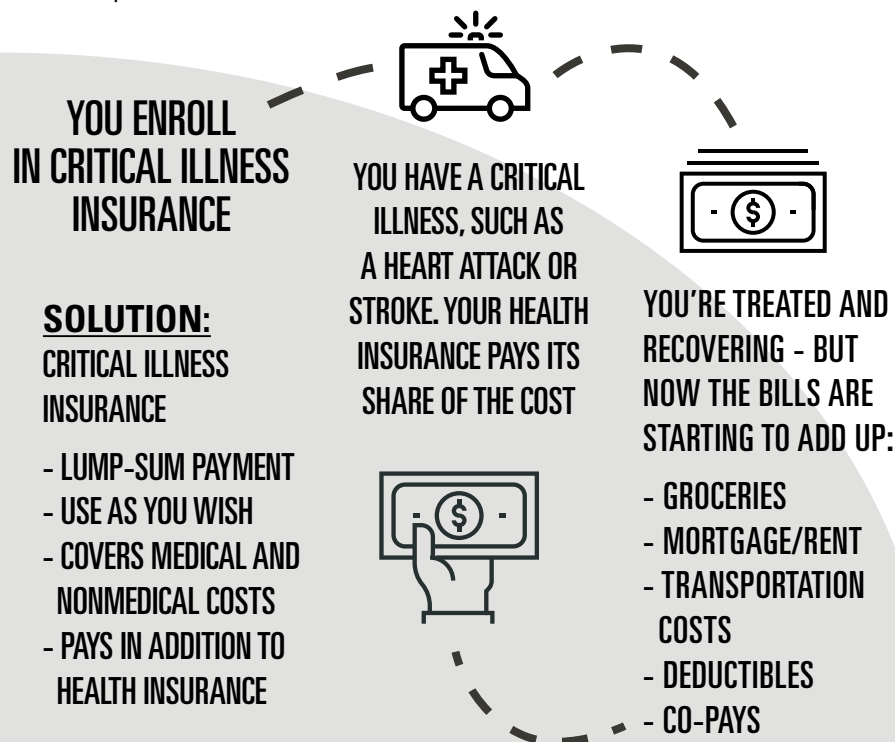
Pays cash directly to you (unless otherwise assigned) to help cover daily living expenses, such as groceries or mortgage payments, or out-of-pocket medical costs, such as deductibles or co-pays, when experiencing a covered major illness.

- Choose a lump sum benefit of \$10,000 or \$20,000
- Available wellness feature, which pays \$50 for every covered family member, once per person per year, for completing certain wellness services, such as a chest x-ray, colonoscopy, mammogram, blood tests, etc.

RATES:

Rates are dependent upon plan choice, age, tobacco user status and coverage tier.

For rates and details, see YourChoiceVoluntaryBenefits.com or call the Caterpillar Benefits Center at 1-877-228-4010.



GROUP HOSPITAL INDEMNITY INSURANCE

(PROVIDED BY ALLSTATE BENEFITS THROUGH MERCER YOUR CHOICE)

IMPORTANT: This voluntary benefit is not a replacement for standard healthcare insurance.

Pays you cash benefits if you have a covered hospital or critical care unit stay to help offset the hospital bill, take care of day-to-day expenses or pay for anything else you need.

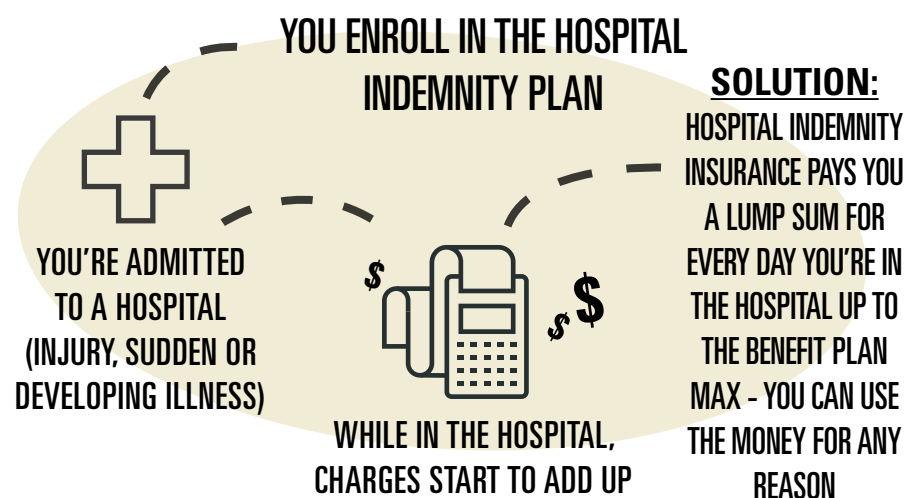
- Pays you a daily lump sum cash benefit of \$100/day/hospital stay, up to 10 days, under the Low Plan, and \$150/day/hospital stay under the High Plan
- Pays a First Day Hospital Confinement benefit of \$1,000 under the Low Plan and \$1,500 under the High Plan

RATES:

	Low Plan – Weekly Premiums	High Plan – Weekly Premiums
Employee-only	\$6.33	\$9.48
Employee + spouse	\$13.74	\$20.61
Employee + child(ren)	\$10.95	\$16.41
Employee + family	\$15.60	\$23.43

(Rates will be adjusted per your pay period schedule for payroll deduction.)

For details, see YourChoiceVoluntaryBenefits.com or call the Caterpillar Benefits Center at 1-877-228-4010.



GROUP LEGAL INSURANCE PLAN

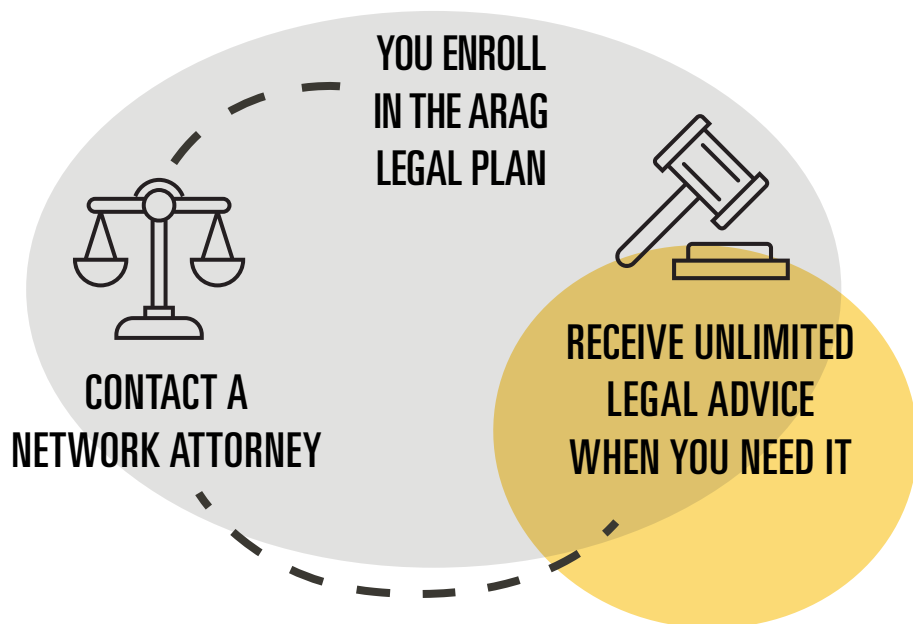
(PROVIDED BY ARAG® THROUGH MERCER YOUR CHOICE)

Connects you with a nationwide network of attorneys to consult with in person, by phone or online for legal issues, such as traffic, debt, landlord/tenant, estate planning, family law, consumer protection, home-buying/selling and more. Attorney fees are 100% paid in full for most covered legal matters when you work with a network attorney who can offer legal guidance or review, or who can prepare personal documents, write letters on your behalf and represent you, if needed.

RATES:

\$17.25 per month covers you, your spouse/same-sex domestic partner and dependents. (Rates will be adjusted per your pay period schedule for payroll deduction.)

For details, see [YourChoiceVoluntaryBenefits.com](https://www.yourchoicevoluntarybenefits.com) or call the Caterpillar Benefits Center at **1-877-228-4010**.



IDENTITY PROTECTION SERVICES

(PROVIDED BY ALLSTATE IDENTITY PROTECTION THROUGH MERCER YOUR CHOICE)

Allstate Identity Protection Pro Plus services alerts you at the first sign of fraud – credit inquiries, accounts opened in your name, compromised credentials and more. If fraud occurs, you won't have to figure out what to do – a dedicated team will fully manage and restore your identity. With this service, you'll have access to:

You'll have access to these services and more:

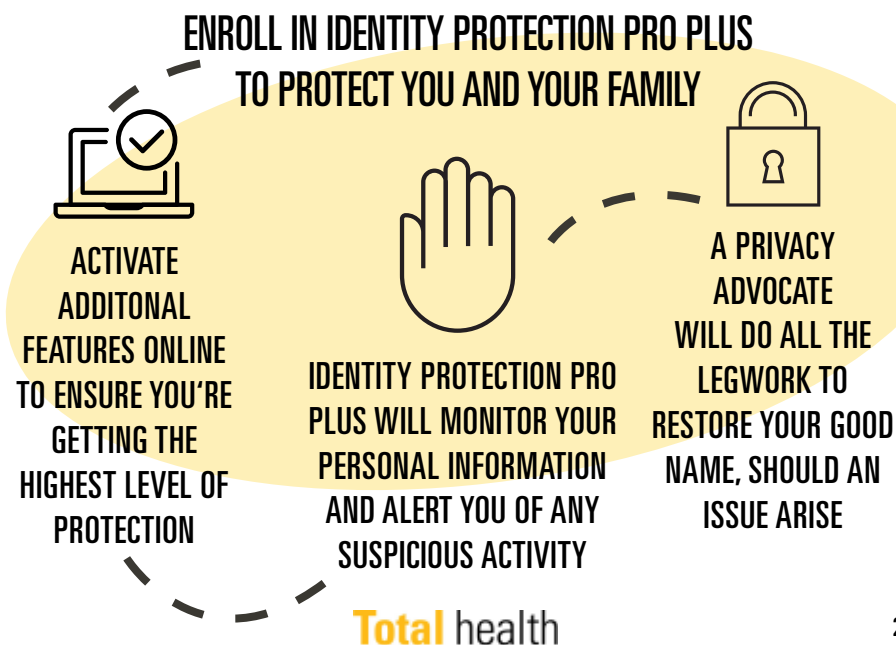
- Identity and credit monitoring
- Dark web monitoring
- Unlimited TransUnion credit scores and reports
- Social media reputation monitoring
- Digital wallet storage and monitoring
- Financial threshold monitoring
- Full-service fraud remediation
- \$1 million identity theft insurance policy
- Data breach notifications
- Stolen fund reimbursement
- 401(k) and HSA reimbursement
- Coverage for deceased family members
- And more!

RATES:



- **Employee-only:** \$9.95/month
- **Employee + family:** \$17.95/month

(Rates will be adjusted per your pay period schedule for payroll deduction.)

For details, see [YourChoiceVoluntaryBenefits.com](https://www.yourchoicevoluntarybenefits.com) or call the Caterpillar Benefits Center at **1-877-228-4010**.



GET BENEFIT CONTACTS ON YOUR MOBILE DEVICE:

1. Text **CAT** to **313131**.
2. Click on the link in the text response.
3. **iPhone:** Tap the *Share* button. 
Android: Tap the *Option* button. 
4. Click *Add to Home Screen*.



SIGN UP FOR TEXT ALERTS

Get Total Health (benefits & well-being programs) announcements and tips via text message. To sign up, text **YELLOW** to **313131**.

You can unsubscribe anytime. Normal text messaging rates may apply per your cellular service plan.

LET'S DO THE WORK.™

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