

My Wellbeing



Your 2019 Benefits Enrollment Guide

Your Open Enrollment Period for 2019 is October 26 – November 9



Welcome to the Open Enrollment Period

Welcome to the Open Enrollment Period For 2019!

Now is your chance to take a closer look at your Cummins benefits and make decisions about your coverage for the coming year.

Your My Wellbeing program provides important health care and protection coverage. It also gives you choices about your coverage, so it's important to take time to consider your options before you enroll.

Understanding your options is important because health care benefits are a shared responsibility between you and Cummins. These benefits are expensive, and we all need to do our part to manage costs so health care remains affordable for everyone.

Whenever you see this symbol , be sure to read the "key fact" beside it.

We'll continue to do our part by making high-quality, affordable benefit choices available to you and your family.

You can do your part by understanding your options, and managing your care and costs wisely.



The Open Enrollment Period is October 26 through November 9.
The choices you make take effect on January 1, 2019.

This guide is organized in three sections so it's easy for you to understand and make your My Wellbeing benefits decisions.

- 1 Get Started...** Enrollment at a Glance
- 2 Get Informed...** Benefit Details for 2019
- 3 Get Going...** How to Make Your Decisions and Enroll

If you have questions along the way, help is available from the CBS Benefits Contact Center.
Call toll-free at **1-877-377-4357**, Monday through Friday, 7 a.m. to 5 p.m. CT.

1 Get Started...Enrollment at a Glance

As a Cummins employee, you have a wide variety of benefit choices available through My Wellbeing. Be sure to:

- Review your My Wellbeing benefits information
- Make new benefit coverage choices
- Decide which family members you'd like to cover when you enroll.

Your My Wellbeing benefits are important, and getting informed about your options is an important investment of time.

This guide will help you take a step-by-step approach to enrollment. It also will point you to the resources that can help you make the choices that are right for you.

First, get the details in the “Get Informed” section of this guide, starting on page 2. Once you know about your options and how to make decisions about your coverage for this year, you're ready to enroll. You'll find the instructions you need in the “Get Going” section of this guide, starting on page 18.



2 Get Informed...Benefit Details for 2019

Medical Plans

You have two medical plan choices for 2019: the HSA 3000 and the HSA 1500.

There are many similarities in the benefits these plans provide, but there are also some important differences to understand.

What Both Plans Have in Common

- A 100% in-network preventive care benefit each year for you and each family member you cover
- Coverage for a wide variety of medical services
- A broad network of Anthem Blue Cross Blue Shield doctors, hospitals and other health care providers, facilities, and services
- The choice to receive your care in-network or out-of-network
- Comprehensive prescription drug coverage through Express Scripts
- Protection against catastrophic medical costs through the annual out-of-pocket maximum feature
- The opportunity to save through a tax-free, interest-earning Health Savings Account.

What's Different About the Plans

Both medical plan options offer some different benefit features, and both have a different payroll contribution. In this section of the guide, you can read about both of the 2019 medical plan options, then see a comparison of key benefit features in a side-by-side format.

First you'll find a description of medical plan benefits, then a description of the savings opportunities available through a Health Savings Account.



“First Dollar” Coverage Available Under the HSA Medical Plans

At first glance, the HSA 3000 and HSA 1500 annual deductible amounts may look scary. But the Health Savings Account is there to help. You can contribute before-tax money to your Health Savings Account to pay tax-free for expenses like the annual deductible. And first-dollar coverage is available to you because Cummins makes a contribution to your BenefitWallet HSA. If you choose, you can use the Cummins contribution to pay for a portion of the annual deductible. When you consider your tax savings and the Cummins contribution, the HSA medical plan annual deductible is a lot easier to manage.

The HSA 3000

This option has the lowest payroll contribution of the two 2019 medical plan options. It includes a 100% in-network benefit for preventive medical care. For most other covered services, the annual deductible applies.

This plan gets its name from the amount of the individual annual deductible. It's \$3,000 in-network for each covered person, up to a family maximum of \$6,000 in-network.

Once you meet the annual deductible, coinsurance applies. That's the percentage the plan pays for covered services. The HSA 3000 pays 80% coinsurance for most covered services, and you pay 20%.

For all eligible expenses, the HSA 3000 also includes protection against unmanageable costs through the annual out-of-pocket maximum. If you (or another covered family member) reach this maximum during the year, the plan will pay 100% of eligible expenses until the end of the year.

How the Annual Deductible Works

Before the HSA 3000 medical plan pays coinsurance, you must meet the annual deductible. There's an individual annual deductible of \$3,000 that applies to each covered person, but only up to the family deductible.

If you elect Employee Only coverage, the individual annual deductible of \$3,000 applies, and then the plan begins to pay coinsurance.

If you elect coverage for yourself and at least one other family member, the \$3,000 individual deductible still applies, but only up to the family deductible of \$6,000. That means you and another family member, or a combination of family members, can meet the deductible for the entire family.

Let's say that Jane elects Employee + Family coverage. If any one individual reaches his or her \$3,000 deductible, the plan starts paying coinsurance for that person. Once another family member, or a combination of other family

members, accumulates another \$3,000, that satisfies the entire \$6,000 deductible for all and coinsurance begins for all covered family members.

How the Annual Out-of-Pocket Maximum Works

The HSA 3000 puts a limit on your out-of-pocket costs for eligible expenses during the year. It works like the annual deductible in that there's an individual maximum that applies to each covered person and an out-of-pocket maximum for the family.

If you elect Employee Only coverage, the individual out-of-pocket maximum applies. If you reach it, the plan pays 100% of eligible expenses for the rest of the year.

If you elect coverage for yourself and at least one other family member, the individual out-of-pocket maximum still applies. Once one person reaches the individual out-of-pocket maximum, they will have 100% coverage for the remainder of the year. The rest of the family will need to reach the family maximum before everyone has 100% coverage.



The following table provides a summary of the **HSA 3000**'s key benefit features.

Plan Features	The HSA 3000	
	In-Network	Out-of-Network
Preventive Care	100%	Not available
Annual Deductible	Individual: \$3,000 Family: \$6,000 (\$3,000 individual limit)	Individual: \$6,000 Family: \$12,000 (\$6,000 individual limit)
What the Plan Pays for Most Covered Services	80% after annual deductible	50% of reasonable & customary amounts after annual deductible
Prescription Drugs	For non-preventive prescription drugs, the annual deductible applies. For preventive prescription drugs, copays and coinsurance apply, but not the annual deductible (see page 7).	
At a Retail Pharmacy (up to 34-day supply) once the annual deductible has been met:*	<ul style="list-style-type: none"> • Generic 100% after \$8 copay • Brand name: <ul style="list-style-type: none"> — Formulary 80% (you pay 20%) \$30 minimum, \$150 maximum — Non-formulary 50% (you pay 50%) \$65 minimum, \$180 maximum 	Same coverage as in-network, limited to reasonable & customary amounts
Mail-Order (up to 90-day supply) once the annual deductible has been met:*	<ul style="list-style-type: none"> • Generic 100% after \$20 copay • Brand name: <ul style="list-style-type: none"> — Formulary 100% after \$75 copay — Non-formulary 100% after \$180 copay 	
Specialty Pharmacy (once the Annual Deductible has been met, up to 30-day supply)	100% after \$60 copay	
Annual Out-of-Pocket Maximum if annual base salary is: <i>(Includes annual deductible and coinsurance)</i>		
≤\$40,000	Individual: \$3,500 Family: \$7,000 (\$3,500 individual limit)	Individual: \$7,000 Family: \$14,000 (\$7,000 individual limit)
\$40,001-\$50,000	Individual: \$4,000 Family: \$8,000 (\$4,000 individual limit)	Individual: \$8,000 Family: \$16,000 (\$8,000 individual limit)
\$50,001-\$60,000	Individual: \$4,500 Family: \$9,000 (\$4,500 individual limit)	Individual: \$9,000 Family: \$18,000 (\$9,000 individual limit)
\$60,001+	Individual: \$5,500 Family: \$11,000** (\$5,500 individual limit)	Individual: \$11,000 Family: \$22,000 (\$11,000 individual limit)

*If the actual cost of the prescription is less than the copay or minimum dollar amount, you pay the actual cost.

**In the HSA 3000, the maximum out-of-pocket expense is \$11,000, with no one family member exceeding the individual maximum of \$5,500. Once a person has reached \$5,500, the plan pays 100% of that person's expenses for the remainder of the year.

The HSA 1500

The HSA 1500 is similar to the HSA 3000. It has a payroll contribution amount that's higher than the HSA 3000.

It, too, includes a 100% in-network benefit for preventive medical care. For most other covered services, the annual deductible applies.

This plan gets its name from the amount of the individual annual deductible. It's \$1,500 for those choosing Employee Only coverage. The annual deductible for all other coverage levels is \$3,000, but it works differently than in the HSA 3000.

Once you meet the annual deductible, coinsurance applies. That's the percentage the plan pays for covered services. The HSA 1500 pays 80% coinsurance for most covered services and you pay 20%.

For all eligible expenses, the HSA 1500 also includes protection against unmanageable costs through the annual out-of-pocket maximum. If you reach this maximum during the year, the plan will pay 100% of eligible expenses until the end of the year.

How the Annual Deductible Works

You must first meet the annual deductible before the HSA 1500 pays its share of eligible services. For in-network care, there is an individual deductible of \$1,500, which applies if you elect Employee Only coverage.

For all other coverage levels, the family annual deductible applies. For in-network care, the full family deductible is \$3,000. **Under the HSA 1500, the plan considers all enrolled family members together (not individually).** If you cover yourself and any other person, the full family deductible must be met before expenses are eligible for coinsurance.

Let's say that John elects Employee + Child(ren) coverage. After the family meets the \$3,000 annual deductible, the plan begins paying coinsurance. The \$3,000 deductible can be met by any combination of expenses for the covered family members.

How the Annual Out-of-Pocket Maximum Works

The HSA 1500 puts a limit on your total out-of-pocket costs for eligible expenses during the year.

If you cover yourself and at least one other family member, the in-network out-of-pocket maximum is dependent on your annual base salary, but is capped at \$6,850 for a single member. What that means is if one family member spends \$6,850, the plan starts paying 100% for their expenses for the remainder of the year. The rest of the family would still need to meet the remainder of your applicable family out-of-pocket limit.



The following table provides a summary of the **HSA 1500**'s key benefit features.

Plan Features	The HSA 1500	
	In-Network	Out-of-Network
Preventive Care	100%	Not available
Annual Deductible	Individual: \$1,500 Family: \$3,000 (NO individual limit)	Individual: \$3,000 Family: \$6,000 (NO individual limit)
What the Plan Pays for Most Covered Services	80% after annual deductible	50% of reasonable & customary amounts after annual deductible
Prescription Drugs	For non-preventive prescription drugs, the annual deductible applies. For preventive prescription drugs, copays and coinsurance apply, but not the annual deductible (see page 7).	
At a Retail Pharmacy (up to 34-day supply) once the annual deductible has been met:*		Same coverage as in-network, limited to reasonable & customary amounts
• Generic	100% after \$8 copay	
• Brand name: — Formulary — Non-formulary	80% (you pay 20%) \$30 minimum, \$150 maximum 50% (you pay 50%) \$65 minimum, \$180 maximum	
Mail-Order (up to 90-day supply) once the annual deductible has been met:*		
• Generic		100% after \$20 copay
• Brand name: — Formulary — Non-formulary		100% after \$75 copay 100% after \$180 copay
Specialty Pharmacy (once the Annual Deductible has been met, up to 30-day supply)		100% after \$60 copay
Annual Out-of-Pocket Maximum if annual base salary is: <i>(Includes annual deductible and coinsurance)</i>		
≤\$40,000	Individual: \$2,000 Family: \$4,000 (NO individual limit)	Individual: \$4,000 Family: \$8,000 (NO individual limit)
\$40,001-\$50,000	Individual: \$2,500 Family: \$5,000 (NO individual limit)	Individual: \$5,000 Family: \$10,000 (NO individual limit)
\$50,001-\$60,000	Individual: \$3,500 Family: \$7,000 (NO individual limit)	Individual: \$7,000 Family: \$14,000 (NO individual limit)
\$60,001+	Individual: \$4,500 Family: \$9,000 (\$6,850 individual limit)	Individual: \$9,000 Family: \$18,000 (NO individual limit)

*If the actual cost of the prescription is less than the copay or minimum dollar amount, you pay the actual cost.

Prescription Drugs and The HSA Medical Plan

What You Need to Know About Up-Front Costs

With the HSA 3000 and HSA 1500 medical plans, the annual deductible applies for most prescription drugs in the same way it applies to any other eligible expense. In most cases, your medical plan will pay the prescription drug benefit after you meet the annual deductible. By combining medical and prescription drug expenses under a single annual deductible, you can reach the deductible amount more quickly. And remember, you can use your Health Savings Account (including the contribution from Cummins!) to offset your costs.

After you meet your medical plan annual deductible, the plan pays its coinsurance for prescriptions you buy at participating retail pharmacies and through mail-order. For more information about prescription drug coverage, see page 11 of this guide.

For some drugs classified as “preventive,” you don’t have to meet the annual deductible. Copays or coinsurance still apply, but not the annual deductible.

Preventive Prescription Drug Benefit for HSA 3000 and HSA 1500 Participants

There’s no separate prescription drug deductible or out-of-pocket maximum under the HSA 3000 and HSA 1500 medical plans. This means that most prescription drugs are covered like any other eligible expense. You first need to meet the medical plan’s annual deductible before benefits begin.

But there’s an exception to the rule. For certain preventive drugs, the HSA 3000 and HSA 1500 medical plans pay benefits before you meet your annual deductible.



The following classes of drugs are considered preventive:

- Asthma medication
- Anti-clotting medication
- Diabetes medication and supplies
- Blood pressure medication
- Osteoporosis medication
- Medication to prevent breast cancer
- Lipid/cholesterol-lowering medications
- Prenatal supplements
- Anti-malaria medication
- Female hormone replacement therapy

These medications are available at a \$0 cost share. Certain age restrictions apply.

- Smoking cessation (18 yrs and older)
- Vaccines
- Birth Control medication and devices
- Colonoscopy Prep (age 50-75)
- Breast cancer prevention (women age 35 and over)
- Vitamin D (65 years and older)
- Folic Acid (women age 0-50)
- OTC Niacin
- Generic OTC Aspirin 81 mg or 325 mg (men age 45-79) or women (55-79)

This is a representative sample, but not a full list. For a complete drug list, log on to **mywellbeing.cummins.com**.

Please note this is not the same as the medical plan’s preventive care benefit, which covers medical expenses like routine check-ups.

The preventive prescription drug benefit allows you to receive benefits for certain prescription drugs right away, and to ensure no disruption to your treatment, without having to first meet the medical plan’s annual deductible. Keep in mind that copays and coinsurance still apply, just not the annual deductible.

The Health Savings Account

Contribute, Save and Spend Tax-Free!

When you enroll in either the HSA 3000 or HSA 1500 medical plan for 2019, you can establish a Health Savings Account to help pay — tax-free — for eligible health care expenses. The Health Savings Account connected to the Cummins medical plans is the BenefitWallet HSA.

When you set aside money in your BenefitWallet HSA, you can do it on a before-tax basis through regular payroll contributions. You also can make lump sum contributions on an after-tax basis directly to your BenefitWallet HSA and deduct the tax from your federal tax return at the end of the year.

With your BenefitWallet HSA, you'll get tax savings in three ways, helping you grow your HSA savings even faster:

- 1** Through before-tax payroll contributions
- 2** No tax on your account earnings (whether interest earnings or investment earnings)
- 3** No tax when you spend your BenefitWallet HSA dollars on eligible health care expenses at any time.

Add the Cummins Contribution to What You Save

When you enroll in either the HSA 3000 or HSA 1500 medical plan and establish your BenefitWallet HSA, Cummins makes a contribution to the account that's yours to keep, save and spend on eligible health care expenses.

Here's how the Cummins contribution numbers look for 2019:

If your annual base salary is...	Cummins will contribute this to your BenefitWallet HSA for 2019...*
\$40,000 or less, including average commissions	<ul style="list-style-type: none"> • \$1,000 if you cover yourself only under one of the HSA medical plans • \$2,000 if you cover yourself and others under either the HSA 3000 or HSA 1500 medical plan
More than \$40,000	<ul style="list-style-type: none"> • \$500 if you cover yourself only under one of the HSA medical plans • \$1,000 if you cover yourself and others under either the HSA 3000 or HSA 1500 medical plan

*If you enroll after January 1, 2019, the Cummins HSA contribution is prorated based on the month in which you enroll. For example, if you enroll on July 15, you will receive 5/12 of the annual contribution.

What's the Maximum I Can Contribute to My HSA for 2019?

You can put the following into your Health Savings Account (including the Cummins contribution):

If you elect coverage on yourself only	If you elect coverage on yourself and one or more family members
\$3,500	\$7,000

If you are age 55 or older, you may be able to contribute an additional \$1,000 "catch-up" contribution.

To receive the Cummins contribution, you'll need to take two steps.

- 1** Enroll in either the HSA 3000 or HSA 1500 medical plan
- 2** Activate your BenefitWallet HSA during the Open Enrollment Period, or soon thereafter.

You'll find more information about activating your BenefitWallet HSA on page 9.



By law, you cannot contribute to a Health Savings Account if you have any medical coverage other than under a high deductible health plan. If you enroll in one of the Health Savings Account medical plans but are NOT eligible to contribute to the Health Savings Account, you will be automatically enrolled in a Health Reimbursement Account, or HRA. Contact the CBS Benefits Contact Center for more information about the HRA and how it works.

The BenefitWallet HSA At-A-Glance

You'll see from the following table that the BenefitWallet HSA offers many advantages:

	HSA
You manage the account	YES, IT'S YOUR MONEY!
You can use it to pay for these expenses	<ul style="list-style-type: none"> • Medical • Dental • Vision • Prescription drugs • Over-the-counter medications when prescribed by a doctor
Cummins puts money into the account	YES, Cummins makes a contribution to the account that's yours to keep and use whenever you need it
You can contribute to the account	YES, you can make before-tax payroll contributions as well as after-tax contributions, up to IRS limits
The account earns interest	YES
The account offers investment opportunities	YES, once your balance grows to \$1,000, you can invest in a range of options

The information in this guide is just an overview. The brochure *Your HSA 3000 and HSA 1500 With Health Savings Account*, contains all the details. There you'll find information about how the BenefitWallet HSA works and about the administrative rules and tax considerations you may want to keep in mind with the account.

Activating Your HSA

If you enroll in an HSA medical plan for the first time, you need to activate your account. Here's how:

- After electing an HSA medical plan, click the "Activate Your HSA Now" link in OneSource Self Service. You'll need your first name, last name, last four digits of your Social Security number, your date of birth and your home ZIP code.
- Answer the few short questions that follow.

Your 2019 Medical Options Side-by-Side

2019 My Wellbeing Medical Plan Options

Plan Features	The HSA 3000		The HSA 1500	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Preventive Care Benefit	100%	N/A	100%	N/A
Annual Deductible	Individual: \$3,000 Family: \$6,000	Individual: \$6,000 Family: \$12,000	Employee Only coverage: \$1,500 All other coverage: \$3,000	Employee Only coverage: \$3,000 All other coverage: \$6,000
HSA Contribution	<i>Annual base salary is \$40,000 or less:</i> \$800 employee only/\$1,600 family <i>Annual base salary is more than \$40,000:</i> \$500 employee only/\$1,000 family		<i>Annual base salary is \$40,000 or less:</i> \$800 employee only/\$1,600 family <i>Annual base salary is more than \$40,000:</i> \$500 employee only/\$1,000 family	
Plan's Coinsurance	80% after annual deductible	50% of R&C after annual deductible	80% after annual deductible	50% of R&C after annual deductible
Annual Out-of-Pocket Maximum if annual base salary is: <i>(Includes annual deductible and coinsurance)</i>				
≤\$40,000	Individual: \$3,500 Family: \$7,000	Individual: \$7,000 Family: \$14,000	Individual: \$2,000 Family: \$4,000	Individual: \$4,000 Family: \$8,000
\$40,001-\$50,000	Individual: \$4,000 Family: \$8,000	Individual: \$8,000 Family: \$16,000	Individual: \$2,500 Family: \$5,000	Individual: \$5,000 Family: \$10,000
\$50,001-\$60,000	Individual: \$4,500 Family: \$9,000*	Individual: \$9,000 Family: \$18,000	Individual: \$3,500 Family: \$7,000	Individual: \$7,000 Family: \$14,000
\$60,001+	Individual: \$5,500 Family: \$11,000*	Individual: \$11,000 Family: \$22,000	Individual: \$4,500 Family: \$9,000**	Individual: \$9,000 Family: \$18,000
Prescription Drugs				
Prescription Drug Deductible (applies to retail, mail-order and Specialty Pharmacy drugs) ¹	Medical and prescription expenses are comingled. You will pay the full cost of the medication until you meet the deductible, then you will pay coinsurance or copays until the out-of-pocket maximum has been met.		Medical and prescription expenses are comingled. You will pay the full cost of the medication until you meet the deductible, then you will pay coinsurance or copays until the out-of-pocket maximum has been met.	
At a retail pharmacy (up to 34-day supply) once deductible is met: ²				
• Generic	100% after \$8 copay	Same coverage as in-network, limited to reasonable & customary amounts	100% after \$8 copay	Same coverage as in-network, limited to reasonable & customary amounts
• Brand name: — Formulary	80% (you pay 20%) \$30 minimum, \$150 maximum		80% (you pay 20%) \$30 minimum, \$150 maximum	
— Non-formulary	50% (you pay 50%) \$65 minimum, \$180 maximum		50% (you pay 50%) \$65 minimum, \$180 maximum	
Mail-Order (up to 90-day supply) once deductible is met: ²				
• Generic	100% after \$20 copay		100% after \$20 copay	
• Brand name: — Formulary	100% after \$75 copay		100% after \$75 copay	
— Non-formulary	100% after \$180 copay		100% after \$180 copay	
Specialty Pharmacy (once Annual Deductible has been met)	100% after \$60 copay		100% after \$60 copay	

* In the HSA 1500, the \$9,000 out-of-pocket is capped at \$6,850 per individual.

¹ Under the HSA 3000 and HSA 1500, certain prescription drugs classified as preventive are covered before the annual deductible (you pay your coinsurance and/or copay).

² If the actual cost of the prescription is less than the copay or minimum dollar amount, you pay the actual cost.

Prescription Drug Benefits

No matter what My Wellbeing medical plan you choose, prescription drug coverage is included. Your costs for prescription drugs will depend on:

- The type of drug you choose
- Whether you receive your medications at a participating retail pharmacy, through mail-order, or the specialty pharmacy feature.

Your Benefits at a Participating Retail Pharmacy

After you meet the applicable deductible, the plan pays its share for your non-preventive prescription drugs. Remember, certain prescription drugs classified as preventive are covered before the annual deductible (you pay your coinsurance and/or copay). When you fill your prescriptions at a retail pharmacy, you'll receive up to a 34-day supply of your medication.

The following table summarizes your benefits and your share of the cost for each prescription.

Your 2019 Prescription Drug Benefits at a Retail Pharmacy		
For up to a 34-day supply of this kind of drug...	The plan pays...	And you pay*...
Generic	100% after copay	\$8 copay
Brand name on the formulary	80%	20% (\$30 minimum, \$150 maximum)
Brand name not on the formulary	50%	50% (\$65 minimum, \$180 maximum)

* If the actual cost of the prescription is less than the copay or minimum dollar amount, you pay the actual cost.



Generic Drugs

These medications are almost always less expensive than their brand name counterparts. When you select a generic drug, you pay an \$8 copay and then the rest of the cost is covered at 100%.

Brand-Name Drugs

These medications are usually more expensive than generic drugs. If your doctor prescribes a brand name medication, you may be able to save money by asking if a generic equivalent is available.

Formulary vs. Non-Formulary

For drugs **on** the formulary, your medical plan pays 80% and you pay 20% once you've met the annual deductible. Your minimum cost per prescription will be \$30 and your maximum cost will be \$150.

For drugs **not on** the formulary, your medical plan pays 50% and you pay 50% once you've met the annual deductible. Your minimum cost per prescription will be \$65 and your maximum cost will be \$180.



A formulary is a list of medications that have a proven track record for effectiveness in terms of outcomes and cost. You will usually save money when you select a drug that's on the formulary.



Your Benefits through Mail-Order

Mail-order is a convenient, cost-saving option if you take long-term maintenance medications (those you take on a regular basis to treat an ongoing condition). Under the HSA 3000 or HSA 1500, you must meet the medical plan's deductible for non-preventive drugs.

With mail-order, you pay a copay for up to a 90-day supply of your prescription. The copay depends on the type of drug you choose.

The following table summarizes your benefits and your share of the cost of each prescription.

Your 2019 Prescription Drug Benefits through Mail-Order		
For up to a 90-day supply of this kind of drug...	The plan pays...	And you pay*...
Generic	100% after copay	\$20 copay
Brand name on the formulary	100% after copay	\$75 copay
Brand name not on the formulary	100% after copay	\$180 copay

* If the actual cost of the prescription is less than the copay, you pay the actual cost.



Is Mail-Order Right for You?

Ask yourself: Do I have a prescription for a medication that I need to take long term? If so, you may be able to save time and money by using the convenient mail-order feature.

- **Saving time:** A 90-day supply of your prescription will arrive at your home address so you won't have to go to the pharmacy once a month.
- **Saving money:** A 90-day supply of your prescription through the mail-order program may cost you less than going to a retail pharmacy every month.

To get started with the mail-order feature, have your doctor write two prescriptions — one for a 34-day supply and one for a 90-day supply, plus refills. Fill the 34-day prescription at your local pharmacy. Then, once you and your doctor are confident that you'll continue on this new medication, send a mail-order enrollment form to Express Scripts with your 90-day prescription. The mail-order form can be found on mywellbeing.cummins.com.

Coverage for Specialty Drugs

Employees who take a medication to treat a chronic illness, such as multiple sclerosis or rheumatoid arthritis, automatically participate in the Specialty Pharmacy Program. Through the Specialty Pharmacy Program, you pay a \$60 copay once the Annual Deductible has been met for up to a 30-day supply, and your prescription is delivered to you by mail. For more information about the Specialty Pharmacy Program, call Express Scripts at 1-866-544-6968.

Dental Plan

Good dental care is an important part of maintaining your overall health, not to mention the advantages a nice smile can provide. The dental plan covers a wide range of dental services, such as preventive care, fillings, dentures and oral surgery.

The plan covers diagnostic and preventive care at 100% with no annual deductible. For other services, you pay an annual deductible first, then the plan pays a percentage of the negotiated fees (in-network) or maximum approved fees (out-of-network).



Dental Plan Benefits

The following table provides a quick look at your dental plan benefits for 2019.

Your 2019 Dental Plan		
Plan Feature:	In-Network	Out-of-Network
Annual Deductible (Individual/Family)	\$50/\$150	\$100/\$300
Preventive Care	100% (annual deductible does not apply)	100% (annual deductible does not apply)
Basic Services	80% (after annual deductible)	50%* (after annual deductible)
Major Services	50% (after annual deductible)	20%* (after annual deductible)
Orthodontia Services	50% (after annual deductible)	20%* (after annual deductible)
Annual Maximum Benefit	\$1,200 per covered person	
Lifetime Orthodontia Maximum Benefit	\$1,500 per eligible covered person	

* While in-network benefits are based on negotiated fees, out-of-network benefits are based on maximum approved fees. You're responsible for any costs above maximum approved fees.

The Value of In-Network Dental Care

When you receive care from a Delta Dental network provider, there are several advantages:

- The dental plan pays a higher percentage of costs.
- Costs are based on a negotiated fee, so your share of that cost is lower than it would be out-of-network.
- Your cost is limited to your percentage of the negotiated in-network fee. Your provider will not bill you for any additional amounts.

Cummins contracts with both the Delta Dental Premier and the Delta Dental PPO networks. To find an in-network dentist, call Delta Dental toll-free at 1-800-524-0149, or visit www.deltadentalin.com.

Vision Plan

Cummins recognizes the importance of vision health. Your eyes not only affect how you see, but how you feel – plus, they provide a window to the rest of your body.

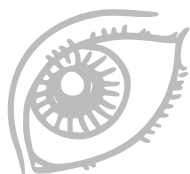
Caring for your vision can also lead to a better quality of life. A number of health conditions can be detected early by an eye doctor through your annual exam, such as diabetes, high blood pressure, high cholesterol and multiple sclerosis.

Anthem’s Blue View Vision Plan is available to you and your family if you are enrolled in either health plan — and it’s easy to use. The plan provides coverage for a comprehensive eye exam every 12 months. If you choose to have your exam conducted by an in-network provider, the service will be covered in full with no out-of-pocket cost at the time of service. If you choose to have your exam conducted by a provider who is not in the network, the plan will reimburse you up to \$100.

Additional savings opportunities are also available when you purchase from an in-network Blue View Vision provider as shown below:

Reason for Visit	Description	Member Cost
Retinal Imaging	At member’s option can be performed at time of eye exam	Not more than \$39
Eyeglass frame	When purchased as part of a complete pair of eyeglasses*	35% off retail price
Eyeglass Lenses Standard plastic material	When purchased as part of a complete pair of eyeglasses*: Single Vision Bifocal Trifocal	\$50 \$70 \$105
Eyeglass Lens Options and Upgrades When purchasing a complete pair of eyeglasses* (frame and lenses), you may choose to upgrade your new eyeglass lenses at a discounted cost. Member costs shown are in addition to the member cost of the standard plastic eyeglass lenses.	UV Coating Tint (Solid and Gradient) Standard Scratch-Resistant Coating Standard Polycarbonate Standard Anti-Reflective Coating Standard Progressive Lenses (add-on to Bifocal) Other Add-ons and Services	\$15 \$15 \$15 \$40 \$45 \$65 20% off retail price
Conventional Contact Lenses (non-disposable type)	Discount applies to materials only	15% off retail price

*If materials are purchased separately, members will receive a 20% discount instead. Discount on frames do not apply when the manufacturer has imposed a no discount policy.



To find an in-network Blue View Vision provider, call Anthem toll-free at 1-866-723-0515, or visit www.anthem.com and click on **Find a Doctor**. Choose your state from the first drop down menu, then scroll down under **Select a plan/network** and click on **Blue View Vision**.

Flexible Spending Accounts

A Flexible Spending Account (FSA) lets you set aside before-tax money to reimburse yourself for out-of-pocket expenses. Cummins offers two accounts:

- The Health Care FSA
- The Dependent Care FSA



The Health Care FSA contribution limit for 2019 is \$2,650.

If you want to participate in the Health Care FSA, the Dependent Care FSA, or both, you need to make your election during Open Enrollment Period.

Health Care FSA

Eligibility

Because the Health Care FSA offers similar tax advantages as the Health Savings Account, eligibility is limited. Only those who are not eligible for an HSA or waive Cummins medical coverage altogether may enroll in the Health Care FSA.

If you enroll in the HSA 3000 or HSA 1500 medical plan, and are eligible to contribute to an HSA, you cannot participate in the Health Care FSA.

How the Account Works

If you're eligible, you can contribute up to \$2,650 per year before taxes to your Health Care FSA. Estimate your out-of-pocket health care expenses carefully. The account does **not** roll over at year-end. It has a "use it or lose it" rule. You use the Health Care FSA money to pay for eligible health care expenses, such as:

- Your annual deductible costs
- Your coinsurance or copays for eligible medical, prescription drug and dental expenses
- Over-the-counter medications like aspirin, cough syrup and allergy pills with a doctor's prescription

- Glasses, contact lenses and saline solution
- LASIK eye surgery
- Orthodontia expenses
- Hearing aids and exam fees
- Medical services and supplies that are not covered under the plan (For these expenses, you should check on specific treatments or items before you submit claims for reimbursement through your Health Care FSA.)

Most medical, pharmacy and dental expenses are automatically reimbursed to you via check or direct deposit. You can also submit a claim directly to Anthem for reimbursement.

For a complete list of eligible health care expenses, see IRS Publication 502 at www.irs.gov or call the IRS at 1-800-829-3676.

Dependent Care FSA

Eligibility

You may enroll in a Dependent Care FSA regardless of your medical plan choice.

How the Account Works

You can contribute up to \$5,000* per year before taxes to pay for eligible child care and adult day care services so that you and your spouse, if applicable, can work or attend school full time. The account does **not** roll over at year-end. It has a "use it or lose it" rule.

Your Dependent Care FSA dollars can be used to pay for:

- Child care or dependent care facilities, including day care centers and nurseries
- Services in your home that include dependent care
- Care in your home or someone else's home, only for services while you or your spouse works

For a list of eligible dependent care expenses, see IRS Publication 503 at www.irs.gov or call the IRS at 1-800-829-3676.

* If your base salary is \$95,000 or more, you are limited to an annual maximum contribution of \$2,500.

Your Other Benefits

Life and Accident Insurance Coverage

Cummins offers several options for life and accident insurance under the LifeChoices program — through CIGNA Group Insurance. This insurance provides financial security for you and your family in the event of your death or that of a covered dependent.

Coverage for Yourself

Basic Life and Accidental Death and Dismemberment (AD&D) Insurance

Cummins provides basic life and AD&D coverage at no cost to you. The amount is one times your annual base salary.

Optional Employee Life Insurance

As an option, you also may purchase additional life and AD&D insurance. Benefits will be paid to your spouse or other designated beneficiary(ies) in the event of your death. You may choose coverage in the amount of one to eight times your annual base salary — up to \$2 million. The cost for coverage will depend on your age, the amount of coverage you elect and whether you use tobacco products. If you choose to buy additional employee life insurance coverage, you also purchase an equal amount of optional AD&D insurance for yourself — up to \$2 million. In most cases, increases in coverage level will require Evidence of Insurability (EOI).

What Is Evidence of Insurability?

Evidence of Insurability (EOI) is documentation showing that you are, or your spouse/domestic partner is, in good health before the insurance company (CIGNA) will approve coverage. During this Open Enrollment period, EOI will be required on any coverage amounts in excess of three times your annual base salary or \$300,000 for you, and over \$50,000 for your spouse/domestic partner.

You are responsible to obtain, complete and submit the necessary EOI information to CIGNA. EOI forms are available online at mywellbeing.cummins.com or you can call the CBS Benefits Contact Center toll-free at 1-877-377-4357, Monday through Friday, 7 a.m. to 6 p.m. CT for an EOI form. Forms should be mailed to CIGNA Group Insurance, P.O. Box 20310, Lehigh Valley, PA 18003-9924. Or, you can fax them to 1-800-440-0856.

EOI forms must be postmarked or faxed to CIGNA by January 31, 2019.

Coverage for Your Family

You may elect life insurance for your spouse/domestic partner and/or child(ren) as shown below. **You can elect this coverage whether or not you enroll for Optional Life coverage for yourself.** Benefits will be paid to you in the event of your covered dependent's death.

Covered Dependent	Amount of Coverage	Cost to You	EOI Required
Spouse/domestic partner	<ul style="list-style-type: none"> \$10,000 \$25,000 \$50,000 \$100,000 \$125,000 \$150,000 \$200,000 	Based on your spouse or domestic partner's age, amount of coverage you elect, and whether he or she uses tobacco	During this year's Open Enrollment Period, you can elect up to \$50,000 for your spouse/domestic partner without providing EOI. EOI is required for all elections outside of Open Enrollment.
Dependent child(ren) under age 26 (regardless of student status)	<ul style="list-style-type: none"> \$5,000 per child \$10,000 per child 	Fixed amount per month	No

*The price is the same no matter how many eligible children you have.

If You Are Married to Another Cummins Employee

An employee who is married to another Cummins employee may NOT elect life insurance for his or her spouse, nor can both employees elect life insurance for a dependent child. Cummins policy does not allow for situations where employees or dependents have dual life insurance coverage.

Disability Coverage

The Cummins disability benefits provide you and your family an income if an illness or accident prevent you from working.

Short-Term Disability (STD)/Salary Continuation

If you can't work due to an illness or injury, the STD/salary continuation plans continue a percentage of your pay for up to 26 weeks, if you are eligible. If you experience an accident or extended illness, be sure to notify your manager and UNUM (1-866-229-4885) so that STD benefits may begin.

Long-Term Disability (LTD)

You may be eligible for a long-term disability (LTD) benefit of 60% of your base pay if:

- You are disabled as defined by the LTD Plan,
- You continue to be disabled beyond the 26 weeks of your short-term disability,
- You provide documentation to UNUM and Cummins as requested and
- UNUM confirms that you are eligible for LTD payments.

LTD benefits are coordinated with Social Security or Workers' Compensation or other related payments, so that the total amount of benefits you receive while disabled is 60% of your base pay (up to a monthly maximum of \$15,000). Payments continue until you are no longer disabled or you reach age 65. Limitations and exclusions apply.

Anthem 24/7 Nurseline

Through our partnership with Anthem, you have access to the 24/7 Nurseline. Call 1-866-691-8432 toll-free at any time, to speak with a registered nurse. Whether you have a minor health issue or you need advice about a more serious concern, the Nurseline is there any time you need it.

The Employee Assistance Program (EAP)

The EAP offers you and your family counseling for work or personal issues through CIGNA Behavioral Health. Here are some of the program's key features:

- Up to eight face-to-face visits per issue, per year, at no cost to you
- Counselors are available 24 hours a day, 7 days a week, 365 days per year
- Both clinical and non-clinical services are provided, including consultations and referrals for family services, health and wellness, emotional well-being and daily living
- Online services such as interactive physical and emotional health assessments, resource articles and "best of the Web" links.

Counseling and other services are voluntary and confidential. The EAP does not reveal information to anyone, including Cummins, without your written consent.

For more information, call CIGNA Behavioral Health at 1-888-371-1125. You also can log on to **www.cignabehavioral.com** and enter the Employee ID ("Cummins").

Advance Medical

Advance Medical provides an expert review and second opinion program for any health question. When you're struggling with a medical decision and you want additional advice, call Advance Medical toll-free at 1-888-282-1640. The service is provided at no additional cost to you.

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Get Going...How to Make Your Decisions an

Things to Consider

Dependent Eligibility

If you have dependents you want to cover under your 2019 My Wellbeing benefit plans, it's important to include them in the decision-making process.

First, be sure that the dependents you'd like to cover are eligible. Your eligible dependents are any of the following:

- A legal spouse
- A domestic partner
- A common-law spouse, if recognized by your state of residence
- A dependent child under age 26
- An unmarried dependent child over age 26 (as defined below) if permanently and totally disabled

Dependent children include:

- Your natural child (or your spouse's/domestic partner's natural child)
- Your legally adopted child (or your spouse's/domestic partner's legally adopted child)
- A child for whom you or your spouse/domestic partner is the legal guardian (including a grandchild or foster child)
- A child placed for adoption, before the adoption is final
- A child for whom the court has issued a QMCSO
- A stepchild who is living with you
- A dependent of your domestic partner
- A dependent recognized as a dependent by the IRS

You must notify Cummins within 31 days of the change in status if you experience a change that will affect your dependent's eligibility for benefits. A newborn child is eligible for coverage from birth if enrolled within 60 days of birth. In the case of an adoption, a child becomes eligible for coverage when the child is placed in your home.



Your eligibility and your dependents' eligibility to participate in these plans end when:

- Your employment at the Company ends
- You are no longer working in a benefits-eligible position
- You or your dependent provides false information on enrollment forms, coordination of benefit forms or claims
- You fail to make your required contribution to the plan
- The plan ends or the applicable portion of the plan ends
- You are no longer receiving compensation through a disability plan or leave policy, or you no longer qualify for health care coverage through the provisions of a disability plan or leave policy

Making Benefit Changes During the Year

Open Enrollment is the only time that you can make changes to your health care benefits during the year. The only exception is if you have a qualified family status change (for example, birth or adoption of a child, marriage or divorce, or death of a dependent). Keep in mind that a benefit change must be made within 31 days of the date of the qualifying event, or 60 days for a newborn child.

Your 2019 Enrollment Worksheet

This worksheet will help you organize your enrollment decisions for each of the My Wellbeing benefits available to you for 2019. You can use this as a guide to record your decisions and to make your online enrollment through OneSource quick and easy.

Medical

Do you want medical coverage (includes prescription drug coverage) for 2019?

Yes No

Choose one of these medical plans:

HSA 3000

HSA 1500

Check the coverage level you want:

Employee only

Employee + spouse/domestic partner

Employee + child(ren)

Employee + family

Dental

Do you want dental coverage for 2019?

Yes No

Check the coverage level you want:

Employee only

Employee + spouse/domestic partner

Employee + child(ren)

Employee + family

Flexible Spending Accounts

Your annual before-tax contribution to your Health Care FSA: \$ _____

Your annual before-tax contribution to your Dependent Care FSA: \$ _____

If you're enrolling in either the HSA 3000 or HSA 1500 medical plan, remember to:

Indicate your annual before-tax contribution to your BenefitWallet HSA: \$ _____

Activate your BenefitWallet HSA when you enroll

Look for your Welcome Kit in late December; be sure to sign and return the signature card immediately.

Life Insurance

Do you want Optional Employee Life Insurance?
(You may need to provide Evidence of Insurability)

If yes, indicate your annual salary:

\$ _____ x (1 through 8) = _____
(\$2,000,000 max)

Do you want Spouse/Domestic Partner Life Insurance?

If yes, indicate the amount of coverage you want:

\$ _____

Do you want Dependent Child(ren) Life Insurance?

If yes, indicate the amount of coverage (\$5,000 or \$10,000) you want per child \$ _____

Your Confirmation of Benefits Statement

You will receive a statement in early December that outlines your elections for 2019.

That's it! Visit mywellbeing.cummins.com to enroll!

Ready to Enroll?

The Open Enrollment Period is October 26 – November 9. It's important that you enroll in your 2019 benefits by the enrollment deadline or you will only receive disability coverage, Basic Life and Accidental Death and Dismemberment (AD&D) insurance and Employee Assistance Program (EAP) benefits.

Here's what you need to do, step-by-step:

- 1 Log in to mywellbeing.cummins.com.**
- 2 Enroll.** Click on *Enroll In/Change Benefits* in the *Quick Links* section of the home page. You can enroll via OneSource either at work or home with your username (WWID) and password.
- 3 Click on *PERC US Employee Self Service, US Business Group*.**

Next, click *Benefits Review & Enrollment* to begin.

View a list of your dependents and then click *Next* to choose your 2019 benefits by clicking Update Benefits.

Make your 2019 benefit elections and click *Next*.

Select the dependent(s) you want to cover under your 2019 medical plan and then do the same for the dental plan. Then click *Next*.

Review your final elections, costs and covered dependents on the confirmation page.

Click *Finish* at the bottom of the confirmation page to complete the enrollment process and print that page for future reference. Your elections are not final unless you see the following message:

Your changes have been saved. To make additional changes, return to the Overview page and repeat the process. Please print this page for your records. If you log out without saving your elections, your choices will not be recorded on the system.

You will receive a statement in early December that outlines your elections for 2019.

The Doctor Is In — Anytime, Anywhere

Sometimes you need access to a doctor but don't have time for a scheduled appointment or a long wait. With LiveHealth Online, you can have a video visit with a doctor on your smartphone, tablet or computer with a webcam anytime, anywhere.

Tell me about these doctors

The service's providers are board-certified doctors.

Now, how does it work when I need it?

Just sign up and you're ready to go. Select a doctor, and he or she can answer questions, assess your condition and even provide a prescription.

Sounds great, but how much does it cost?

A typical doctor's visit costs \$49 or less, depending on where you are in your health plan. But don't worry, you'll always see what you owe before you begin.

Sign me up!

You can go to livehealthonline.com or download the free mobile app. You can access LiveHealth Online 24/7 from your computer, tablet or mobile device.

Protecting your information

Remember to keep your medical information safe. Medical information should not be stored on Cummins devices, or sent through email using those devices, as this information can be viewed by others.

When can I use LiveHealth Online?

LiveHealth Online doctors can diagnosis and treat a variety of health conditions, including:

- Cold
- Allergies
- Ear pain
- Flu
- Pink eye
- Minor rashes

Your Benefits Contact List

Keep these contacts handy in case you have direct questions for each carrier.

Benefit Plan	Vendor/Carrier	Phone	Website/Email
HSA 3000	Anthem	1-866-251-1779	www.anthem.com
HSA 1500	Anthem	1-866-251-1779	
Prescription Drugs	Express Scripts	1-866-544-6968	www.expressscripts.com
Specialty Pharmacy	Express Scripts/Accredo	1-866-544-6968	www.expressscripts.com
Health Savings Account (HSA)	BenefitWallet	1-800-305-4675	www.anthem.com
Advance Medical	Advance Medical	1-888-282-1640	www.advance-medical.com/cummins
Vision	Anthem	1-866-251-1779	www.anthem.com
Dental Plan	Delta Dental	1-800-524-0149	www.deltadentalin.com
Health Care FSA	Anthem	1-866-251-1779	www.benefitadminsolutions.com
Dependent Care FSA	Anthem	1-866-251-1779	www.benefitadminsolutions.com
Life Insurance	CIGNA Group Insurance	1-800-732-1603	www.cigna.com
Disability	Unum	1-866-229-4885	www.unum.com
Employee Assistance Program (EAP)	CIGNA Behavioral Health	1-888-371-1125	www.cignabehavioral.com
Health Guides, Anthem 24/7 Nurseline, Maternity and Case Management	Anthem	1-866-691-8432	
Health and Condition Coaching	Premise Health	1-812-377-5207	CMI.Healthy.Lifestyle@premisehealth.com
Expert Medical Opinion	Advance Medical	1-888-282-1640	www.advance-medical.com/cummins
Telehealth	LiveHealth Online	—	www.livehealthonline.com
Cost and Quality Tool	Castlight	1-888-920-1149	www.mycastlight.com/cummins

About This Benefits Enrollment Guide

This Benefits Enrollment Guide contains only highlights of My Wellbeing. Every effort has been made to report information accurately, but the possibility of error exists. In addition, not every plan detail of every benefit that may matter to you could be included in this guide. Cummins benefit programs are governed by an official plan document. In case of any conflict between this guide and an official plan document, the plan document will be the final authority.

For more detailed information about the program or any of the topics discussed in this guide, contact the CBS Benefits Contact Center toll-free at 1-877-377-4357 Monday through Friday, 7 a.m. to 6 p.m. CT or review your Summary Plan Description (SPD). SPDs are available on the My Wellbeing website or by calling the CBS Benefits Contact Center.

CBS Benefits Contact Center
2931 Elm Hill Pike
Nashville, TN 37214