

Total health



2019 Benefits Annual Enrollment

November 5-23, 2018

Management, support, non-bargained hourly employees

Employees covered by the Central Labor Agreement

Other employees who follow the Employee Health, Life and Disability Benefit Program

WHAT'S CHANGING?



Improved online enrollment experience
pg. 4



Premiums
pg. 6



Enhanced Fertility Benefits
pg. 7



Prescription drug vendor
pg. 8

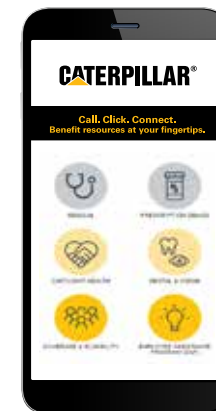




Health Savings Account (HSA) & Flexible Spending Account (FSA) IRS contribution limits
pg. 9



HSA company seed amounts
pg. 9

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*.

WHO DO I CALL with QUESTIONS?



If you can't find the answers you need in here, visit **benefits.cat.com** where we have a lot more info available.

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

For questions about a specific benefit or coverage situation, it's best to call the vendor directly. You can find vendor contact info in this booklet and on **benefits.cat.com**.

TIP: Download the digital wallet card – look to the right for details!

TEXT ALERTS

Get benefits and wellness announcements and tips via text message. To sign up, text **YELLOW** to **313131**. You can unsubscribe anytime. *Normal text messaging rates apply per your cellular service plan.*



YOUR HEALTH MATTERS

Our healthcare benefits are designed to help you and your family achieve and maintain your best health – and we're not just talking physical health. We have benefits for your emotional and social health, and different premium/deductible levels and tax-saving accounts to support your financial health.

At Caterpillar, we are doers. We have a relentless drive to make things happen and get things done. We come to work every day to help our customers build a better world, and we know it's tough to do when any part of your health is troubling you. That's why we're focused on your **Total Health** – more to come soon!

We benchmark with other companies and constantly research different offerings to ensure our benefits stay competitive and sustainable. We also look for ways to save healthcare costs – not just for the company, but for you, too. *We're in this together.*

We offer four healthcare plan options so you have choices and flexibility.

- For the two traditional (EPO and PPO) options, you pay a **higher monthly premium** in exchange for the security of **lower deductible and maximum out-of-pocket amounts** (and, with the EPO, fixed co-pays for office visits).
- For the two consumer-directed health plan (CDHP) options, you pay a **lower monthly premium** in exchange for **higher deductible and maximum out-of-pocket amounts**. If you don't get sick often and don't anticipate having high medical claims, you're not spending extra money on benefits you're not using. But, many employees who do regularly need healthcare still find CDHPs appealing. Instead of paying extra money toward higher premiums, they deposit that money tax-free into a health savings account (HSA), so it's there when they need it (**payroll deduction is available!**). And, Caterpillar also contributes money (**called seed money**) into employees' HSAs to help offset healthcare expenses.



Our plan options are administered by:

UnitedHealthcare (UHC)

1-866-228-4215

myUHC.com

Blue Cross Blue Shield (BCBS)

1-844-228-2227

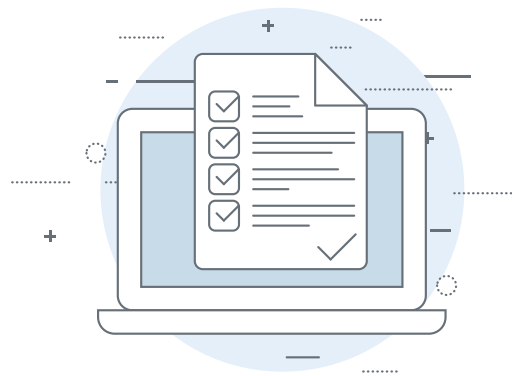
bcbsil.com/caterpillar

WANT HELP CHOOSING YOUR BENEFITS?

NEW! IMPROVED ONLINE ENROLLMENT EXPERIENCE

If you complete annual enrollment online through the Caterpillar Benefits Center's UPoint website, it'll be different than previous years. The new online enrollment experience is similar to ALEX in that it will ask you questions about your healthcare coverage needs, but it will also pull in your previous claims data (if you're a current healthcare plan participant) so you don't have to remember all your costs when estimating. It will also give you the option to update your numbers if you want. (You had a surgery or medical emergency this year, but **fingers crossed** aren't anticipating another next year? No problem! You can change your estimates.)

It will recommend a plan option based on your answers, and you can choose to enroll in that plan option or see how it compares to the others. Don't worry – you don't HAVE to enroll in the plan option it recommends if you don't want to.



ALEX

The ALEX tool is available year-round to help you understand your benefits and figure out which plan option may be best for you. Think of ALEX as your online benefits counselor:

- ALEX asks you simple questions about your situation and recommends a plan option based on your answers. You can repeat the process and change your answers as many times as you want for different scenarios.
- Want to learn more about a certain benefit or topic? ALEX provides easy-to-understand explanations without boring, complicated jargon.

ALEX is accessible from any computer or mobile device at myalex.com/caterpillar/2019 or through benefits.cat.com.

HOW TO ENROLL

Two ways to enroll through the Caterpillar Benefits Center:

Online: **CatBenefitsCenter.com**

(single sign-on w/ your CWS ID available through **benefits.cat.com** or **Cat @work**)

By Phone: **1-877-228-4010** (Mon-Fri, 8 a.m.-6 p.m. CT)

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. It doesn't count toward your deductible, but it DOES 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).

MAXIMUM OUT-OF-POCKET LIMIT (MOOP):

The most you'll pay for covered 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 drugs costs are included, no matter which type of plan you have.

PRIOR AUTHORIZATION:

Criteria must be met for your procedure or medication to be covered by the plan. Contact UHC, BCBS or MagellanRx 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.



2019 Traditional Health Plan Options

2019 Consumer-Directed Health Plan Options

	BCBS National (EPO)	UHC Choice Plus (PPO)	UHC Consumer Choice (CDHP)	UHC Consumer Max (CDHP)
Annual deductible	You pay up to: \$500 per individual \$1,000 per family	You pay up to: \$800 per individual \$1,600 per family	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 100%	In Network, you pay 20% Out of Network, you pay 50%	In Network, you pay 20% Out of Network, you pay 50%	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.	You pay the full negotiated rate until you meet the annual deductible, then you pay co-insurance.	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. (No extra fees on the CDHP options.)			
Maximum out-of-pocket limit (in-network only) (see pg. 7)	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	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 \$7,900 per individual, (federal individual limit) up to \$10,000 for employee + spouse, child(ren) or family coverage
Preventive care	All plan options cover U.S. Preventive Services Task Force Grade A and B recommendations & Affordable Care Act (ACA) mandates. No charge in-network.			
Prescription drug benefits (see pg. 8)	Caterpillar Drug Formulary co-pays/co-insurance apply immediately	Caterpillar Drug Formulary co-pays/co-insurance apply immediately	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.	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-advantaged account options (see pg. 9)	General Purpose Health Care Flexible Spending Account (Health Care FSA) Dependent Care FSA	General Purpose Health Care Flexible Spending Account (Health Care FSA) Dependent Care FSA	Health Savings Account (HSA) Limited Purpose Health Care Flexible Spending Account (Limited Purpose FSA) Dependent Care FSA	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	Not eligible for HSA	Not eligible for HSA	\$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 premium	\$135	\$80	\$50	\$30
Employee + spouse premium	\$338	\$200	\$125	\$75
Employee + child(ren) premium	\$270	\$160	\$100	\$60
Family premium	\$473	\$280	\$175	\$105

*Full-time employee monthly premiums shown. 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 back cover for details).

HOW MAXIMUM OUT-OF-POCKET (MOOP) LIMITS WORK:

Traditional plan option example:



Rick and his 2 children are enrolled in the **UHC Choice Plus PPO option**.



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



His daughter also has some major health expenses, so Rick and his kids reach the **plan's family MOOP limit** of \$6,000. At that time, the plan begins paying 100% of the covered healthcare costs of both kids. But, Rick must still pay the prescription drug co-pays/co-insurance for himself and his kids until they meet the **federal family MOOP limit** (\$15,800 for family for 2019).

Individual MOOP limit = \$3,000

Plan's family MOOP limit = \$6,000

CDHP option example:



Maggie, her spouse and her son are enrolled in the **UHC Consumer Max CDHP option**.



Maggie's son develops a serious illness and is hospitalized. His expenses meet the **individual MOOP limit** of \$5,000, but, because he's enrolled in a CDHP, the **plan's family MOOP limit or federal individual MOOP limit** must be met before the plan begins paying 100% of his covered healthcare costs.



His expenses do end up reaching the **individual federal MOOP limit** (\$7,900 for 2019). At that time, the plan begins paying 100% of his covered healthcare costs, including his prescription costs, since he's enrolled in a CDHP.

Federal individual MOOP limit = \$7,900

Plan's family MOOP limit = \$10,000



Maggie also has some health expenses and is on some expensive medications. Her family's expenses eventually reach the **plan's family MOOP limit** (\$10,000), so the plan also begins paying 100% of Maggie and her spouse's covered healthcare costs (including prescriptions).

ENHANCED FERTILITY BENEFITS

It matters to you, so it matters to us.

For many, family planning can be stressful and expensive. Our healthcare plans currently include coverage for fertility testing. We're excited to announce that in 2019, we're enhancing fertility benefit coverage to include fertility treatment. The benefit will be the same for all four plan options and will include lifetime maximum benefit limits of \$15,000 for medical services and \$10,000 for prescription medications. (But, remember – you'll need to first meet your deductible before the plan will pay these benefits.)

For specific details, contact **UHC (1-866-228-4215)** or **BCBS (1-844-228-2227)**. If you're planning to seek treatment for fertility, it's **very important** to contact UHC or BCBS before starting treatment.



PRESCRIPTION DRUG BENEFITS

New vendor: MagellanRx

MagellanRx is replacing OptumRx as our prescription drug benefit vendor for 2019.

1-877-228-7909

MagellanRx.com/member/login

What it means for you

New prescription drug ID card and subscriber number

MagellanRx will mail you your new ID card in late December/early January. It's super important you use your new card and number when filling prescriptions. If you don't, your claim won't be processed correctly (*major hassle!*).

Medications by mail? If you receive medications by mail, those pharmacies will need your new card information before they can process your claims, too.

You may want to fill your current prescriptions before January 1, 2019, if possible. This will allow you extra time to get your new card information to your pharmacy.

Is the prescription drug benefit changing because of this?

Nope. The co-pay and co-insurance amounts are staying the same. It's just a vendor change.

You can access the **Caterpillar Drug Formulary**, **CDHP Preventive Drug List** and **Network Pharmacy Directory** at benefits.cat.com.

Drug Tier	Network: Walmart, Kroger, Walgreens, CPRxN*	AllianceRx Walgreens Prime Home Delivery (90 day supply)
Tier 0	\$0	\$0
Tier 1	\$0 Walmart/Kroger \$5 Walgreens/CPRxN	\$15
Tier 2	20% co-insurance (\$25 min / \$60 max)	20% co-insurance (\$75 min / \$180 max)
Tier 3	50% co-insurance (\$75 min / \$125 max)	50% co-insurance (\$225 min / \$375 max)
Tier 4	50% co-insurance (\$100 / \$200 max)	Not offered

*Includes affiliates of Walmart, Kroger & Walgreens. CPRxN = Community Pharmacy Prescription Drug Network. Network pharmacy for specialty medications is MagellanRx.

Tell me again 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 higher than the maximum amount, you pay only the max cost shown.)

But, if you're enrolled in one of the CDHP options, you must meet the deductible before the prescription drug benefits apply. This 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 amounts, whether or not you've met your deductible.

TAX-SAVING ACCOUNTS

Which plan options can be paired with this account?

General Purpose Health Care Flexible Spending Account (Health Care FSA)
 BCBS National **EPO**
 UHC Choice Plus **PPO**
(You don't even need to be enrolled in a healthcare plan option.)

Limited Purpose Health Care Flexible Spending Account (Limited Purpose FSA)
 UHC Consumer Choice **CDHP**
 UHC Consumer Max **CDHP**

Health Savings Account (HSA)*
 UHC Consumer Choice **CDHP**
 UHC Consumer Max **CDHP**

Dependent Care Flexible Spending Account (Dependent Care FSA)
 All 4 Plan Options
(You don't even need to be enrolled in a healthcare plan option.)

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 only for you and your eligible dependents

Eligible healthcare expenses, including medical, dental, vision, hearing and prescription drugs, for you and your tax 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 and 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?

\$2,650 pre-tax payroll contributions

\$2,650 pre-tax payroll contributions

\$3,500 (including company seed) for employee-only coverage
\$7,000 (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 pre-tax payroll contributions

How much money does the company contribute?

\$0

\$0

Employee-only coverage:
\$300 Consumer Choice
\$550 Consumer Max
 +Spouse, child(ren) or family coverage:
\$600 Consumer Choice
\$1,100 Consumer Max

\$0

When are the 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 **\$500** 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 \$500 left in your FSA after Dec. 31 are forfeited.

You can carry over up to **\$500** 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 \$500 left in your FSA after Dec. 31 are forfeited.

Your money stays in the account and can earn tax-free interest. Once you reach \$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 using the online enrollment process, you'll be prompted to check boxes to confirm your eligibility.

Currently enrolled in a CDHP with HSA? To get the 2019 company seed money in January and continue having payroll deductions, **you must re-enroll and re-confirm your eligibility for the HSA**. If you do not re-enroll and re-confirm your eligibility for the HSA, or if you switch to the PPO or EPO for 2019, Caterpillar will no longer pay the monthly administrative fee for your HSA, and HealthEquity will begin deducting it from your account.

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

VSP Vision Benefits *(included in your premium)*



Highlights

- \$20 co-pay for one eye exam per year
- \$60 co-pay for one 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 glasses) 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.
- You won't get an ID card. At your appointment, just tell them you have VSP. (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.

Cigna Dental Benefits *(included in your premium)*



- \$50 individual / \$100 family annual deductible (except for preventive care)
- \$1,500 annual maximum benefit per covered person 18 and older
- Sealants: 100% covered 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 age 21 and under): 50% covered after deductible, up to \$1,500 lifetime maximum

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 premium)*



You're eligible for new hearing aids every 60 months.

UnitedHealthcare-administered plan options use Epic Hearing Healthcare for hearing aid services.

The BCBS National EPO uses BCBS network providers.

If you're in a UHC-administered plan option, make sure to use an Epic network provider to receive the maximum coverage:

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

If you're in the BCBS National EPO, contact BCBS to find network hearing aid providers.

Contacts:

VSP.com
1-800-877-7195

MyCigna.com
1-800-244-6224

Epic Hearing Healthcare
(UHC plan options)
1-866-956-5400
- or -
Blue Cross Blue Shield
(BCBS National EPO option)
1-844-228-2227

ANNUAL ENROLLMENT CHECKLIST

- ✓ Read through this booklet and review the info available on benefits.cat.com.
- ✓ Call the **Caterpillar Benefits Center (1-877-228-4010)** or the appropriate vendor(s) if you have questions.
- ✓ Use the ALEX tool to explore the plan options and cost scenarios. **(See pg. 4)**
- ✓ During the annual enrollment window (**Nov. 5-23, 2018**), enroll in your healthcare benefits for 2019 through the Caterpillar Benefits Center. Remember, if you want to continue participating in:
 - your flexible spending account(s), you must actively re-enroll.
 - a CDHP option for 2019 and want to receive the company seed in your health savings account in January, you must re-enroll and re-confirm your HSA eligibility. **(See pg. 9)**
- ✓ If you enroll a new dependent, be prepared to provide supporting documentation to verify their eligibility (such as a birth certificate 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 the spousal surcharge? If your non-Caterpillar spouse/same-sex domestic partner 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.

I ENROLLED – NOW WHAT?

Use **Castlight** to make the most of your healthcare benefits!

- Search for in-network healthcare providers & compare costs
- Look up prescription drug prices at network pharmacies
- Check where you're at with deductible & maximum out-of-pocket amounts
- See simple descriptions of your plan and what's covered

myCastlight.com/Caterpillar

1-866-960-7036



If the content of this communication or any representations made by any person regarding Caterpillar's employee benefit plans and programs conflict with or are inconsistent with the provisions of the governing documents, the provisions of the plan documents are controlling. To the fullest extent permitted by law, Caterpillar has reserved the right to amend, modify, suspend, replace or terminate any of its plans, policies or programs, in whole or in part, at any time and for any reason, by appropriate company action