

2019 HEALTHCARE PLAN OPTIONS

South Milwaukee
Production Hourly Employees

	PPO Choice Option B	PPO Choice Option C
Annual deductible	You pay up to: <ul style="list-style-type: none"> • \$1,000 per individual • \$2,000 per family 	You pay up to: <ul style="list-style-type: none"> • \$300 per individual • \$600 per family
Medical co-insurance <i>(applies after you meet your deductible)</i>	In network, you pay 20% . Out of network, you pay 40% .	
Office visits	You pay the full negotiated rate until you meet the annual deductible, then you pay co-insurance.	\$35 co-pay for primary care \$50 co-pay for specialist \$35 co-pay for urgent care <i>(regardless of deductible status)</i>
Emergency room and ambulance coverage	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 \$50 fee .	
Maximum out-of-pocket limit <i>(in-network only; excludes prescription drugs)</i>	You'll pay no more than: <ul style="list-style-type: none"> • \$2,000 per individual • \$4,000 per family 	You'll pay no more than: <ul style="list-style-type: none"> • \$900 per individual • \$1,800 per family
Preventive care	No charge in-network	
Prescription drug benefits	Retail (30 days) – \$50 deductible per member per year <ul style="list-style-type: none"> • Generic: \$10 co-pay • Brand Formulary: 30% co-insurance (\$25 min / \$50 max) • Brand Non-formulary: 30% co-insurance (\$50 min / \$100 max) Mail Order (90 days) – mandatory for all maintenance drugs <ul style="list-style-type: none"> • Generic: \$25 co-pay • Brand Formulary: 30% co-insurance (\$62.50 min / \$125 max) • Brand Non-formulary: 30% co-insurance (\$125 min / \$250 max) 	
Flexible Spending Account options	<ul style="list-style-type: none"> • Health Care FSA • Dependent Care FSA 	
Employee-only premium	\$131.55	\$140.67
Employee + spouse premium	\$289.41	\$309.47
Employee + child(ren) premium	\$210.48	\$225.07
Family premium	\$385.44	\$412.16

Deductibles, co-pays, co-insurance and maximum out-of-pocket amounts apply to covered healthcare services only. Full-time employee **monthly** premiums shown. If you choose to cover your spouse/partner on Caterpillar's plan instead of his/her employer's group plan, you'll pay a spousal surcharge of \$145 per month in addition to your premium.

2019 BENEFITS ANNUAL ENROLLMENT

Nov. 5-23, 2018

Caterpillar Benefits Center: CatBenefitsCenter.com -or- 1-877-228-4010

If you're currently enrolled in a **flexible spending account (FSA)** and want to continue participating in 2019 and have access to any rollover funds, you must re-enroll & elect to contribute at least \$75 for 2019.



benefits.cat.com

Your source for 2019 healthcare information & communications:

- Annual enrollment video
- Prescription drug lists
- Contacts
- Other helpful resources



Go mobile!

Text alerts: Get benefits and wellness announcements & tips via text message. To sign up, text YELLOW to 313131.

Digital wallet card: Quickly access our benefit vendors' contact info from your phone. Text CAT to 313131 to be sent a link for the card. Follow the prompts to save it as an icon on your mobile device. *(Normal text messaging rates apply per your cellular service agreement.)*



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