



2021 Benefits Annual Enrollment

HEALTHCARE & VOLUNTARY BENEFITS

Retirees, spouses/eligible domestic partners
and dependents under age 65

Enroll Nov. 2-20, 2020

Total health



CATERPILLAR®

Welcome to 2021 Benefits Annual Enrollment

At Caterpillar, we're focused on your total health. That's why we offer a benefits package that promotes our retirees' overall 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 total 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.***

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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. 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).** 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. 13**
- Health Savings Account IRS contribution limit – **pg. 17**

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. 22**).

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

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.

If you want to newly enroll in or change your current enrollment in the voluntary benefits for 2021, you will need to take action.

If you don't take action, your current benefit elections will continue into 2021.

HOW TO ENROLL

Through the Caterpillar Benefits Center:

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

**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. 10 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. 10 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.

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. 10)	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
Prescription drug benefits (see pg. 13)	Caterpillar Drug Formulary co-pays/co-insurance apply immediately.	
Annual Health Savings Account (HSA) seed amount from Caterpillar	Not eligible for HSA	
RETIREE ONLY	\$252	\$162
SPOUSE ONLY	\$378	\$243
RETIREE + SPOUSE	\$630	\$405
RETIREE + CHILD(REN)	\$504	\$324
RETIREE + FAMILY	\$882	\$567

NO INCREASES FOR 2021

NO INCREASES FOR 2021

MONTHLY PREMIUMS

Deductibles, co-pays, co-insurance and maximum out-of-pocket amounts apply to covered healthcare services only.

CONSUMER-DIRECTED HEALTH PLAN OPTIONS

	UHC Consumer Choice (CDHP)	UHC Consumer Max (CDHP)
Annual deductible	You pay up to: \$1,500 for retiree-only \$3,000 for retiree + spouse, child(ren) or family coverage	You pay up to: \$3,000 for retiree-only \$6,000 for retiree + 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. 10)	You will pay no more than: \$3,000 for retiree-only \$6,000 for retiree + spouse, child(ren) or family coverage	You will pay no more than: \$5,000 for retiree-only \$8,550 per individual (federal individual limit), up to \$10,000 for retiree + spouse, child(ren) or family coverage
Prescription drug benefits (see pg. 13)	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.	
Annual Health Savings Account (HSA) seed amount from Caterpillar	\$300 for retiree-only \$600 for retiree + spouse, child(ren) or family coverage	\$550 for retiree-only \$1,100 for retiree + spouse, child(ren) or family coverage
	<i>Note: See Ineligibility Rule about Health Reimbursement Arrangement (HRA) Participants on pg. 17.</i>	
RETIREE ONLY	\$95	\$59
SPOUSE ONLY	\$143	\$89
RETIREE + SPOUSE	\$238	\$148
RETIREE + CHILD(REN)	\$190	\$118
RETIREE + FAMILY	\$333	\$207

NO INCREASES FOR 2021

NO INCREASES FOR 2021

MONTHLY PREMIUMS

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

CDHP OPTION EXAMPLE:

1

Arya and her spouse are enrolled in the UHC Consumer Max CDHP option. Arya's spouse 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 individuals enrolled in retiree-only or spouse-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 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 their combined 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 both of the people covered under the plan.

TRADITIONAL PLAN OPTION EXAMPLE:

1

Jon and his spouse 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 spouse 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 spouse's expenses to meet the family deductible. Now that he's met the family deductible, the plan's co-insurance is applied to his spouse'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 spouse also has additional health expenses, so they eventually reach the **plan's family MOOP limit** of \$6,000. After that, the plan begins paying 100% of the covered healthcare costs of his spouse, too. But, Jon must still pay the prescription drug co-pays/co-insurance 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 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.

Increases shown are per 30-day supply and will be adjusted accordingly for larger duration 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 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 **0%** 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 age 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.

HEALTH SAVINGS ACCOUNTS

RETIREES ONLY HAVE ACCESS TO HSAs, not FSAs



Health Savings Account (HSA)*

Which plan options can be paired with an HSA?	UHC Consumer Choice CDHP UHC Consumer Max CDHP
What can I use this account for?	Eligible healthcare expenses, including medical, dental, vision, hearing and prescription drugs, for you and your eligible dependents.
What's the maximum amount that can be contributed to this account per year?	\$3,600 (including company seed) for retiree-only or spouse-only coverage. \$7,200 (including company seed) for retiree + spouse, child(ren) or family coverage. During the year you turn age 55 and up to age 65, 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 post-tax into your account and then deduct those contributions on your annual tax return.
How much money does the company contribute?	Consumer Choice CDHP: \$300 retiree-only \$600 retiree + spouse, child(ren) or family coverage Consumer Max CDHP: \$550 retiree-only coverage \$1,100 retiree + spouse, child(ren) or family coverage <i>Certain restrictions may apply. See publication 969 for details.</i>
When are funds available?	The entire company seed amount is deposited in January.
What happens if I don't use all the money during the year?	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.
Who do I contact?	HealthEquity 1-844-311-9732 HealthEquity.com/Caterpillar

**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. Contributions may be subject to state taxes in some states. Check with your state department of revenue.*

There are certain 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 confirm your eligibility.

For more information on HSAs, see HealthEquity.com/Caterpillar.

Ineligibility Rule for Health Reimbursement Arrangement (HRA) Participants
If you or your spouse have a Health Reimbursement Arrangement (HRA), you're not eligible to contribute to an HSA or receive company seed money.

VOLUNTARY BENEFITS

Certain voluntary benefits are available to Caterpillar retirees and their eligible family members. **Mercer Your Choice Voluntary Benefits** program offers optional insurance and services at discounted rates, and payments can be deducted from your pension check, if applicable.

Like last year, voluntary benefits enrollment will take place during our healthcare benefits annual enrollment window through the Caterpillar Benefits Center:

- Group Accident 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.



GROUP ACCIDENT INSURANCE

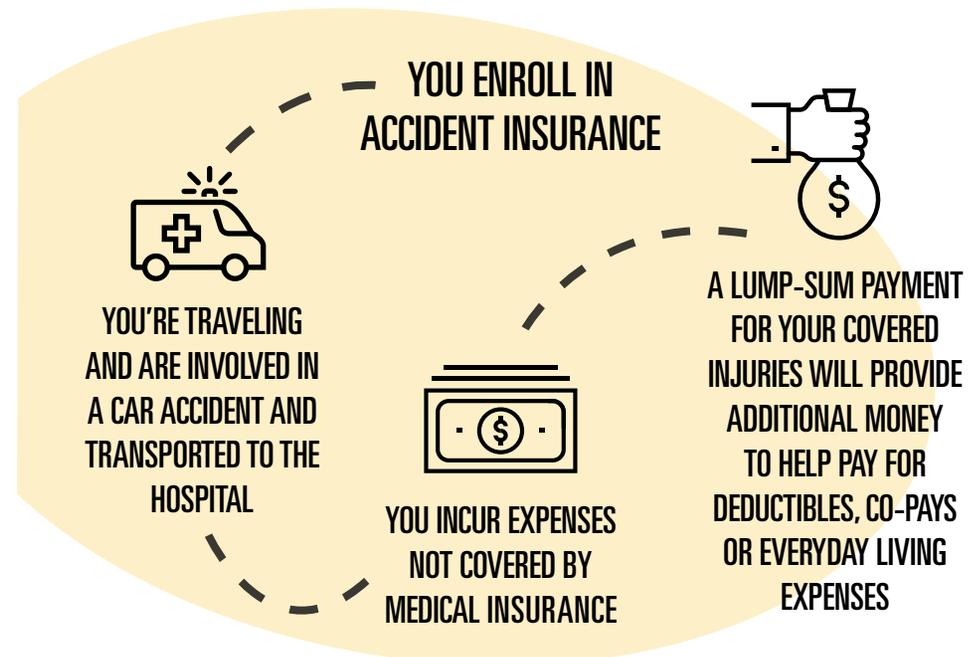
(PROVIDED BY ALLSTATE BENEFITS THROUGH MERCER YOUR CHOICE)
IMPORTANT: This voluntary benefit is not a replacement for standard healthcare insurance.

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
Retiree-only	\$1.88
Retiree + spouse/domestic partner	\$2.74
Retiree + child(ren)	\$4.31
Retiree + family	\$5.39

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



GROUP LEGAL INSURANCE PLAN

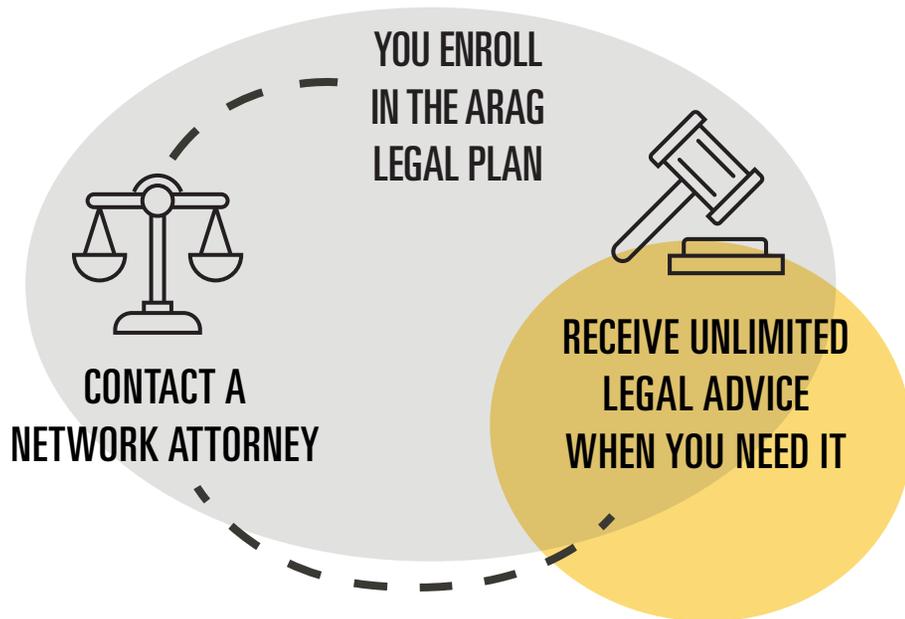
(PROVIDED BY ARAG® THROUGH MERCER YOUR CHOICE)

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.

For details, see 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 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.

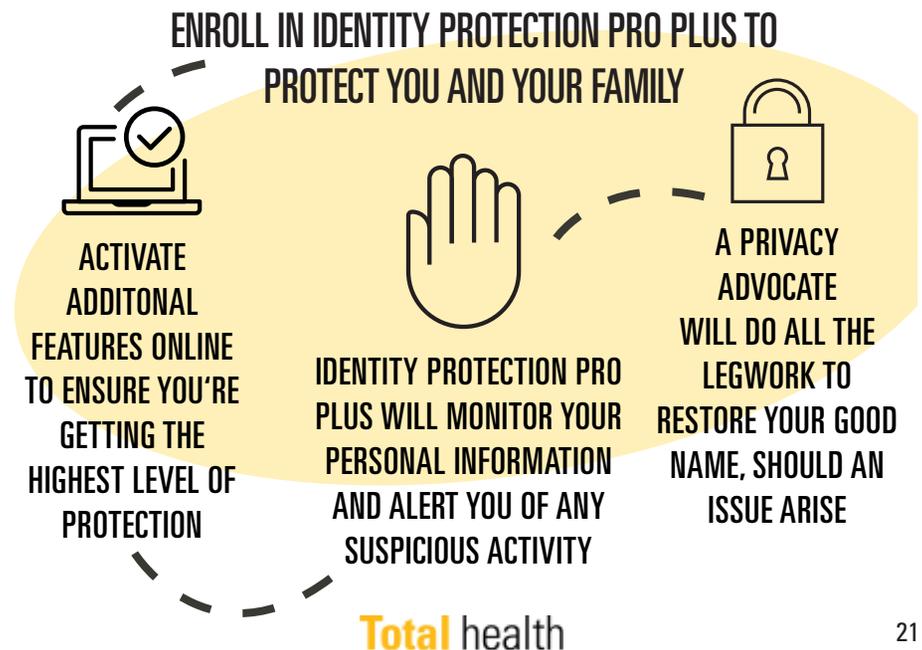
With this service, you'll have access to:

- 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

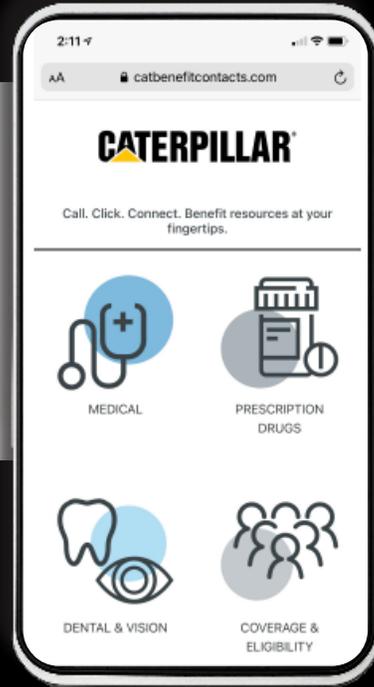
- **Retiree-only:** \$9.95/month
- **Retiree + family:** \$17.95/month

For details, see 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*.



LET'S DO THE WORK.™

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