Annual Enrollment 2024 Benefits Enroll October 30 – November 17



For employees eligible for the Employee Health, Life and Disability (EHLD) Benefit Program – excluding supplemental and temporary employees

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Welcome to your 2024 Caterpillar Benefits

The 2024 Benefits Annual Enrollment period is Oct. 30 - Nov. 17, 2023. We have a new health care benefits and Annual Enrollment administrator for 2024 – The Caterpillar Health Enrollment Center. Use this brochure and *CatHealthEnrollment.bswift.com* to learn what's new, review your options and understand how to make your elections for next year.



What's New for 2024?

We know that high quality affordable health care is important to you. Together, Caterpillar and employees have done an excellent job of managing rising health care costs. We're proud of the fact that deductibles and out-of-pocket maximums haven't increased since 2017, and premiums haven't changed since 2020. Other employers haven't been as fortunate, so **our efforts have made a difference**.

Despite our work to manage expenses, health care costs in the U.S. continue to rise. For 2024, you'll see some small changes and enhancements to our benefits. We'll continue to partner together to offer the coverage you need while keeping the costs as low as possible.

New benefits administrator and new way to enroll	We're moving to the Caterpillar Health Enrollment Center through bswift as our new health care benefits and Annual Enrollment administrator. See pages 6-7 for details.
	Visit <i>CatHealthEnrollment.bswift.com</i> to make your 2024 benefit elections between Oct. 30 and Nov. 17, 2023 .
Medical	For 2024, we're slightly increasing premiums for all plan options and raising deductibles, out-of-pocket maximums and premiums in the BCBS National, UHC PPO and UHC Consumer Choice plan options.
	Even with these changes, our deductibles and premiums will remain lower than what most other companies offer.
Dental	Annual limit is increasing to \$2,000 per person.
Vision	Frame allowance is increasing to \$200 every other calendar year.
Health Savings Account	Annual contribution limits are increasing to \$4,150 for individual coverage or \$8,300 if you cover dependents. If you're age 55 or older, you can contribute an additional \$1,000.
Health Care Flexible Spending Account (FSA)	Annual contribution limit is increasing to \$3,050 . The Dependent Care FSA limit remains the same – see page 12.
Voluntary Supplemental Medical Plans	We have a new vendor partner for Accident, Critical Illness and Hospital Indemnity Insurance plans. If you're currently enrolled, your coverage will automatically transfer to the new vendor partner – Voya.



Do I Need to Enroll?

If you don't make elections during Annual Enrollment, **your current coverage will continue** for 2024 except for the Flexible Spending Accounts (FSAs). You must re-elect FSAs each year and contribute at least \$75 to access any carryover balance.

Adding new dependents for 2024?

Complete the dependent verification and/or spousal surcharge process when prompted.



How to Enroll

You can enroll, drop or change your coverage for the health (medical, Rx, dental, vision), voluntary supplemental medical, group legal and/or Flexible Spending Account plans and identity protection between **Oct. 30 - Nov. 17, 2023.** If you're eligible, you can elect or change your HSA contribution at any time.

Review and Refresh Your Beneficiary Designations

It's a good idea to review your beneficiary designations each year and ensure they reflect your current wishes.

For the HSA, visit HealthEquity.com/caterpillar

For life insurance, visit *MetLife.com/mybenefits*

For the 401(k) and pension plans, visit CatBenefitsCenter.com

Choose from one of three ways to make your elections.

Get Your Tax Form Fast – Go Electronic

Access your 2023 Form 1095-C as soon as it's available by enrolling in electronic delivery. You'll receive an email when it's ready instead of waiting two to three weeks for it to arrive in the mail. To sign up, visit *CatBenefitsCenter.com* and follow the instructions online.

Looking for more plan details?

Check out the Summary of Benefits and Coverage (SBCs) for each plan at *CatHealthEnrollment.bswift.com.*



Online

CatHealthEnrollment.bswift.com

Follow the prompts to register and set up a new username and password.

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By Phone

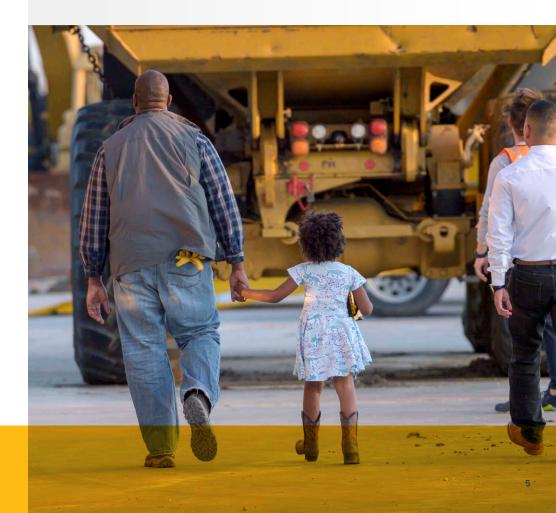
1-833-735-2127

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By Mobile Device

bswift benefits app

Download the bswift benefits app from your favorite app store.



New way to enroll!

We're moving to a new benefits administrator for our health care plans. The Caterpillar Health Enrollment Center (bswift) will replace the Caterpillar Benefits Center (Alight) as our point of contact for health care and voluntary benefits, as well as Annual Enrollment. This means that you'll make your 2024 benefit elections through a new website or mobile app between Oct. 30 and Nov. 17.

Note: Follow the prompts to register and set up a new username and password to access CatHealthEnrollment.bswift.com.

What's changing? What's staying the same? New health care benefits administrator: • Same administrator for pre-2024 benefits: Caterpillar Health Enrollment Center. The Caterpillar Benefits Center (Alight) through CatBenefitsCenter.com and/or • New way to make your 2024 1-877-228-4010. benefits elections through 3 CatHealthEnrollment.bswift.com • Same administrator for the 401(k) and (register first) or by calling 1-833-735-2127 pension plans: Monday – Friday, 7 a.m. – 7 p.m. CT. The Caterpillar Benefits Center (Alight) through CatBenefitsCenter.com and/or 1-877-228-4010. · New website and phone number for Δ accessing your 2024 health care and voluntary benefits through CatHealthEnrollment.bswift.com (register first) and/or 1-833-735-2127 (beginning Oct. 30). · New live chat feature to get answers in real time. New year-round tools and resources to help you make informed health care choices. New interactive enrollment tool called Ask Emma® that guides you through your enrollment options and decisions. New bswift benefits mobile app – so you can view your benefits on your smartphone and on the go.

Benefits in Your Pocket

Ready to make your 2024 benefits elections?

Beginning Oct. 30, visit CatHealthEnrollment.

bswift benefits mobile app to get started!

bswift.com, call 1-833-735-2127 or download the

Want to access your benefit contacts on your mobile device? Follow these steps to download the digital wallet card.

- Text CAT to 67936.
- Click on the link in **2.** the text response.
 - Tap Share (iPhone) or *Options* (Android) in the text response.
 - Click Add to Home Screen or Options (Android) in the text response.

Medical Plan Options

IN-NETWORK	TRADI	TIONAL PLANS
	BCBS National	UHC Choice Plus (PPO)
Annual deductible	Individual: \$600 Family: \$1,200	Individual: \$1,000 Family: \$2,000
Annual out-of-pocket maximum ¹	Individual: \$2,500 Family: \$5,000 (excludes Rx drugs)	Individual: \$3,500 Family: \$7,000 (excludes Rx drugs)
Medical coinsurance	You pay 20	0% after deductible
Health Savings Account (HSA) Contribution	N/A N/A	
Preventive care	No charge in-network. All plan options o	over certain preventive care services.
Office visit	<i>Primary:</i> You pay a \$20 copay <i>Specialist:</i> You pay a \$40 copay	You pay 20% after deductible
Hospital	You pay 20	0% after deductible
Urgent care	<i>Visit:</i> You pay a \$20 copay <i>Procedures:</i> You pay 20% after deductible	You pay 20% after deductible
Emergency care	You pay 20% after deductible plus a \$125 fee (fee is waived if admitted)	You pay 20% after deductible plus a \$100 fee (fee is waived if admitted)
PHARMACY	BCBS National	UHC Choice Plus (PPO)
Caterpillar Pharmacy Network	Walmart, Kroger, Walgree	ens and CPRxN ² and their affiliates
Annual deductible	Do	es not apply
	Tier 0	You pay a \$0 copay
D-4-18	Tier 1	Walmart or Kroger: You pay a \$5 copay Walgreens or CPRxN ² : You pay a \$10 copay
Retail ³ up to a 30-day supply	Tier 2	You pay 20% (\$35 min / \$70 max)
	Tier 3	You pay 50% (\$85 min / \$135 max)
	Tier 4	You pay 50% (\$110 min / \$210 max)

		THLY PREMIUMS ⁵ on drugs, dental and vision benefits)
	BCBS National	UHC Choice Plus (PPO)
Employee only	\$145	\$100
Employee + spouse	\$363	\$250
Employee + children	\$290	\$200
Family	\$508	\$350

¹The federal annual out-of-pocket maximum for 2024 is \$9,450/\$18,900 which includes deductibles, coinsurance and copays. These amounts are subject to change each year.

²CPRxN is Community Pharmacy Prescription Drug Network.

8

³Mail order (home delivery) is available through AllianceRx Walgreens Pharmacy. Contact Magellan Rx Specialty Pharmacy for specialty medications.

⁴Caterpillar Drug Formulary, CDHP Preventive Drug List and Network Pharmacy Directory can be found at benefits.cat.com.

IN-NETWORK	CONSUMER	DIRECTED HEALTH PLANS	
	UHC Consumer Choice (CDHP)	UHC Consumer Max (CDHP)	
Annual deductible	Employee only: \$1,750 If you enroll dependents: \$3,500	Employee only: \$3,000 If you enroll dependents: \$6,000	
Annual out-of-pocket maximum ¹	Employee only: \$3,500 If you enroll dependents: \$7,000 (includes Rx drugs)	Employee only: \$5,000 If you enroll dependents: \$10,000 (includes Rx drugs)	
Medical coinsurance	You pay	20% after deductible	
Health Savings Account (HSA) Contribution	Caterpillar contributes: Employee only: \$300 If you enroll dependents: \$600	Caterpillar contributes : Employee only: \$550 If you enroll dependents: \$1,100	
Preventive care	No charge in-network. All plan options cover certain preventive care services.		
Office visit	Үои рау	20% after deductible	
Hospital	Үои рау	20% after deductible	
Urgent care	Үои рау	20% after deductible	
Emergency care	Үои рау	20% after deductible	
PHARMACY	UHC Consumer Choice (CDHP)	UHC Consumer Max (CDHP)	
Caterpillar Pharmacy Network	Walmart, Kroger, Walg	reens and CPRxN ² and their affiliates	
Annual deductible	the deductible, you pay the copay/c	you meet the annual deductible. After you meet oinsurance as shown in the table below. c medications on the Preventive Drug List. ⁴	
	Tier 0	You pay a \$0 copay	
Retail ³ up to a	Tier 1	Walmart or Kroger: You pay a \$5 copay Walgreens or CPRxN²: You pay a \$10 copay	
30-day supply	Tier 2	You pay 20% (\$35 min / \$70 max)	
	Tier 3	You pay 50% (\$85 min / \$135 max)	
	Tier 4	You pay 50% (\$110 min / \$210 max)	
		DNTHLY PREMIUMS ⁵ PTION DRUGS, DENTAL AND VISION BENEFITS)	
	UHC Consumer Choice (CDHP)	UHC Consumer Max (CDHP)	
Employee only	\$63	\$38	

Employee only	\$63	\$38
Employee + spouse	\$158	\$95
Employee + children	\$126	\$76
Family	\$221	\$133

⁵For part-time employees, the premiums are 1.5x the amounts shown. If you cover a same-sex domestic partner and/or their children, their portion of the benefit premiums will be imputed as taxable income to you. If you're enrolling a spouse/same-sex domestic partner who has access to employer-sponsored group insurance coverage, but declines it and instead enrolls in the Caterpillar plan, you'll pay a **spousal surcharge** (**\$145/month**) in addition to the rates shown here.

Which Medical Plan Option is Right for You?

Just **Ask Emma**[®] – a simple enrollment tool on *CatHealthEnrollment.bswift.com* – to learn which plan might be most cost-effective for you. Consider these items to help you decide:

WOULD YOU RATHER	THEN COM	ISIDER			COMMENTS
	BCBS National	UHC Choice Plus (PPO)	UHC Consumer Choice (CDHP)	UHC Consumer Max (CDHP)	
Pay lower premiums?			\checkmark	\checkmark	CDHPs have lower premiums.
Pay copays for physician office visits?	\checkmark				Additional services, like X-rays and labs, are subject to the deductible.
Have a lower deductible?	\checkmark	\checkmark			BCBS National and UHC Choice Plus (PPO) have lower deductibles.
Have no deductible for prescription drugs?	\checkmark	\checkmark			In the CDHPs, you must first meet the deductible before the plan pays bene- fits for most prescription drugs.
Use any medical provider or hospital?		\checkmark	\checkmark	\checkmark	BCBS National is the only plan that requires you to use in-network medical providers to receive benefits.
Have an HSA?			\checkmark	\checkmark	CDHPs allow you and Caterpillar to contribute to an HSA.
Have an HSA, but with a lower annual out-of-pocket maximum?			\checkmark		UHC Consumer Choice (CDHP) has an HSA, but the annual out-of-pocket maximum is lower than in the UHC Consumer Max (CDHP).
Have coverage for autism/ABA therapy?	\checkmark				BCBS National is the only plan that includes coverage for autism/ ABA therapy.

Dental Benefits (Included with your medical plan premium)

CIGNA DEN	ITAL BENEFITS
Annual deductible (does not apply to preventive services)	\$50 for individual \$100 for family
Annual maximum (amount the plan will pay per person per year)	\$2,000 per person for members age 18 and older (no maximum for members younger than age 18)
Preventive care (two cleanings per 12-month period, annual exams and X-rays)	Covered at 100%, not subject to deductible; annual maximum applies
Basic services (fillings, root canals, periodontics and oral surgery)	You pay 20% after deductible
Major services (crowns, bridges, partials and dentures, or implants)	You pay 50% after deductible
Orthodontia (for dependents age 21 and younger)	Plan pays 50% up to \$1,500 lifetime maximum per person

Vision Benefits (Included with your medical plan premium) Below is a summary of benefits when using VSP providers.

VSP - FC	OR GLASSES
Eye exams Once per calendar year	You pay a \$20 copay
Lenses Once per calendar year	You pay a \$20 copay for standard lenses (single vision, lined bifocal/trifocal)
Frames Every other calendar year	You pay a \$20 copay; receive up to \$200 allowance for one pair of frames
VSP - FOR C	ONTACT LENSES
Contact lens exam Once per calendar year	You pay up to a \$60 copay
Contact lenses (in lieu of lenses and frames)	Receive up to \$140 allowance per calendar year
Medically necessary contact lenses (limited to members whose vision can't be corrected through glasses)	You pay a \$20 copay per calendar year in lieu of lenses and frames

Hearing Aid Benefits (Included with your medical plan premium)

Hearing aids	You're eligible for new hearing aids every 60 months through Epic Hearing Healthcare.
Getting started	Call Epic at 1-866-956-5400 to register and speak with a counselor who will assess your needs and coordinate a referral to a provider near you. Use an Epic Hearing Healthcare network provider to receive the maximum coverage.



Tax-Savings Accounts

	HEALTH C	ARE FSA	DEPENDENT CARE FSA ¹
	General Purpose	Limited Purpose	
Contribution limit	\$3,050,	/year	\$5,000/year per individual or married couple (\$2,500/year if married and filing a separate tax return)
Caterpillar health care plan option the FSA can pair with	BCBS National or UHC Choice Plus (PPO)	UHC Consumer Choice (CDHP) or UHC Consumer Max (CDHP)	N/A
Eligible expenses²	Out-of-pocket medical , prescription drug, dental and vision care expenses for you and your dependents	Out-of-pocket dental and vision care expenses for you and your dependents	Dependent day care expenses for children up to age 13 and family members who live with you and are incapable of self-care
What happens to unused funds after December 31	You can carry over unused next year if you re-enroll a \$75 to the FSA in 2024.		Any unused funds left in the account after December 31 are forfeited.
Who administers the benefit		UHC	

¹Depending on your household income, it may be more advantageous to claim dependent day care expenses on your federal income tax return. You can't use both methods. For more information, please consult your tax advisor.

²Eligible expenses are determined by the Internal Revenue Service. For a complete listing of eligible expenses, visit irs.gov to view IRS Publication 502 (Health Care) or Publication 503 (Dependent Care).

Health Savings Account (HSA)

(For UHC Consumer Choice or UHC Consumer Max CDHP participants)

	HSA ¹
Who is eligible to contribute?	There are certain legal requirements to be eligible to open and contribute to an HSA. For details, see <i>IRS Publication 969</i> or <i>HealthEquity.com/caterpillar</i> . If you enroll in an HS using the online enrollment process, you'll be prompted to confirm your eligibility and provide authorization.
	\$4,150 for individual coverage \$8,300 for employee + spouse, child(ren) or family coverage
2024 contribution limit	During the year you turn age 55 and up to age 65, you can contribute an additional \$1,000.
(pretax and post-tax combined)	If your spouse has their own HSA, your combined contribution totals are subject to the family contribution limit.
	Contributions you make through Caterpillar's payroll deductions are on a pretax basis You can also contribute post-tax funds into your account – up to the annual contribution limit – and then deduct those contributions on your annual tax return.
Caterpillar health care plan option the HSA can pair with	UHC Consumer Choice (CDHP) or UHC Consumer Max (CDHP)
Eligible expenses ²	Out-of-pocket medical, prescription drug, dental, vision and hearing expenses for you and your dependents
How much money	Consumer Choice CDHP: \$300 employee only coverage / \$600 employee + spouse, child(ren) or family coverage
does Caterpillar contribute in January 2024?	Consumer Max CDHP: \$550 employee only coverage / \$1,100 employee + spouse, child(ren) or family coverage
	Certain restrictions may apply. See IRS Publication 969 for details.
What happens to unused funds at year-end?	You can carry over unused funds from year to year. And the account is yours to keep you change plans or retire. Once your balance reaches \$1,000, you have the option to invest in mutual funds.
Who administers the benefit?	HealthEquity
For more information	on HSAs, see <i>HealthEquity.com/caterpillar</i> .
¹ Your HSA is an account	t with HealthEquity. It's not administered by Caterpillar, is not an employer-sponsored plan and is no

¹ 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.

² Eligible expenses are determined by the Internal Revenue Service. For a complete listing of eligible expenses, visit irs.gov to view IRS Publication 502 (Health Care).

Other Benefits, Programs and Resources

edical plans through Voya can help protect you from out-of-pocket expenses and can complement your age. You pay the full cost for this coverage. urance ce <i>Benefits.com</i> for details and enroll through <i>ift.com.</i> eceive access to a nationwide network of attorneys for a will and estate planning, real estate, traffic tickets, land-
ce <i>Benefits.com</i> for details and enroll through <i>ift.com.</i> eceive access to a nationwide network of attorneys for a
natters, bankruptcy and more.
Benefits.com for details and enroll through ift.com.
ction Pro Plus protect your identity while you focus on s suspicious activity, they will alert you. A privacy ork to address the issue and restore your name.
<i>Benefits.com</i> for details and enroll through ift.com.
discounts to insure your auto and home with top-rated and sit <i>YourChoiceVoluntaryBenefits.com</i> for details.
an that allows you to use any vet anywhere. ates on two different plans through Nationwide.
Benefits.com for details.

If the content of this communication or any representations made by any person regarding the plans conflict with or are inconsistent with the provisions of the plan documents, the provisions of the plan documents are controlling. To the fullest extent permitted by law, Caterpillar Inc. reserves 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.

This information doesn't constitute an offer of continued employment with Caterpillar.



Contacts

Please refer to the contact information below, *benefits.cat.com* or the Summary of Benefits and Coverage or Summary Plan Descriptions on *CatHealthEnrollment.bswift.com* (click on Learn, Resource Library and then the Plan Documents tile) for further information about your benefits.

BENEFIT	VENDOR	WEBSITE	PHONE NUMBER
Health Care and Voluntary Benefits Assistance	Caterpillar Health Enrollment Center	CatHealthEnrollment.bswift.com	1-833-735-2127
Medical	Blue Cross Blue Shield of IL	bcbsil.com/caterpillar	1-844-228-2227
	BCBS Caterpillar NetWork	MyBlueElementlL.com	1-888-228-1120
	UnitedHealthcare (UHC)	myuhc.com	1-866-228-4215
Second Opinion Service	2nd.MD (free second opinion for UHC members)	<i>2nd.md/caterpillar</i> or download the 2nd.MD mobile app	1-866-269-3534
Medical- Virtual Visits	MDLive (BCBS members)	<i>MDLIVE.com/bcbsil</i> or download MDLive's mobile app	1-888-676-4204
	UHC virtual care partners (UHC members)	<i>myuhc.com/virtualvisits</i> or download the UHC mobile app	N/A
Prescription Drugs	Magellan Rx	MagellanRx.com/member/login	1-877-228-7909
	Magellan Rx Specialty Pharmacy - Specialty Medications	N/A	1-866-554-2673
	AllianceRx Walgreens Pharmacy - Mail Order (Home Delivery)	AllianceRxWP.com/home-delivery	1-866-840-1222 (TTY 1-800-925-0178)
Dental	Cigna Dental	myCigna.com	1-800-244-6224
Vision	VSP	VSP.com	1-800-877-7195 (TTY 1-800-428-4833)
Flexible Spending Accounts	UnitedHealthcare	myuhc.com	1-866-228-4215
Health Savings Account	HealthEquity	HealthEquity.com/caterpillar	1-844-311-9732
Other Benefits	Caterpillar Health Enrollment Center - Accident, Hospital Indemnity and Critical Illness Insurance - Group Legal - ID Protection	Visit YourChoiceVoluntaryBenefits.com for details and enroll through CatHealthEnrollment.bswift.com	1-833-735-2127
	Mercer Your Choice - Auto/home/ renter's - Pet Insurance	YourChoiceVoluntaryBenefits.com	1-877-294-8948



HR COMMUNICATIONS AB-4400 100 NE ADAMS STREET PEORIA, IL 61629



Enroll by Nov. 17

BENEFITS ANNUAL ENROLLMENT FOR 2024 IS HERE! • NEW WAY TO ENROLL!

- MAKE YOUR ELECTIONS BY THE DEADLINE.

FIRST LAST ADDRESS CITY, STATE ZIP

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