YOUR TOTAL REWARDS Healthcare Benefits

2018 Healthcare Benefits for Employees Covered by the UAW Central Labor Agreement

CATERPILLAR®

Take action! (it's REALLY important this year!)

You have new, very different options to choose from for 2018. **It's important to review your options before making your selection.**

- » If you're currently in the Blue Cross Blue Shield EPO, you'll default into the 2018 BCBS National EPO.
- » If you're currently in the PPO option, you'll default into the 2018 UHC Choice Plus PPO.

If you'd like to receive important benefits communications electronically, update your delivery preference by calling the Caterpillar Benefits Center at **1-877-228-4010** or visiting **resources.hewitt.com/cat > Your Profile > Manage communications**.

Did you move within the past year?

…Or even 5 years ago?

Make sure your contact info is up to date so you don't miss out on important announcements.

» You can easily update it at:
Cat @work > My Personal Information
(under the top navigation bar on the homepage)
or by calling the
HR Service Center at **1-800-447-6434**.

Questions?

If you can't find the answers you're looking for in here, make sure you visit **benefits.cat.com** (click the 2018 UAW Healthcare tile on the homepage). We have FAQs, drug lists, IRS info and more there.

If you still can't find the answers you're looking for, call the UAW 2018 Healthcare hotline at **309-675-1700**. Leave a message with your name, phone number and a brief description of your question, and a benefits professional will return your call within 3 business days.

Vendor contact info is also listed throughout the booklet for certain benefits.

2018 Healthcare Plan Options

Employee costs/co-insurance and full-time employee monthly premiums shown. Health Savings Account (HSA) seed amount is annual.

	Traditional Plan Options		Consumer-Directed Health Plan Options	
	BCBS National (EPO)	**UHC Choice Plus (PPO)**	**UHC Consumer Choice (CDHP)**	**UHC Consumer Max (CDHP)**
Individual Deductible	$500	$800	$1,500*	$3,000*
Family Deductible	$1,000	$1,600	$3,000	$6,000
Individual MOOP	$2,000	$3,000	$3,000*	$5,000*
Family MOOP	$4,000	$6,000	$6,000	$10,000
Medical Co-insurance (in-network / out-of-network)	20% / 100%	20% / 50%	20% / 50%	20% / 50%
Office Visit – Primary care	$20 co-pay	Co-insurance after deductible	Co-insurance after deductible	Co-insurance after deductible
Office Visit – Specialist	$40 co-pay	Co-insurance after deductible	Co-insurance after deductible	Co-insurance after deductible
Preventive care/screenings/ immunizations	No charge in-network	No charge in-network	No charge in-network	No charge in-network
Employee-Only Premium	$125	$70	$45	$25
Employee + Spouse Premium	$313	$175	$113	$63
Employee + Child(ren) Premium	$250	$140	$90	$50
Family Premium	$438	$245	$158	$88
Annual HSA seed from Caterpillar	Not eligible for HSA	Not eligible for HSA	$250 / $500	$500 / $1,000

**On the CDHP options, the individual deductibles and individual MOOPs only apply to those enrolled in the employee-only coverage tier. For all other coverage tiers, you must meet the family deductible and family MOOP. See pg. 6 for details.*

*If you're subject to the spousal surcharge, it's **$145** per month in addition to your premium.*

Notice the annual HSA seed amounts:

- The 1st number is the amount Caterpillar will deposit in your HSA if you enroll in employee-only coverage.
- The 2nd number is the amount Caterpillar will deposit in your HSA if you enroll in any other coverage tier.

You must open an HSA through Caterpillar's designated HSA vendor (HealthEquity) to receive company contributions.

MOOP = Maximum Out-Of-Pocket limit. Helps protect you financially in case of an unexpected and expensive health event.

New plan option type:
CDHP = Consumer-Directed Health Plan

Provider Networks

The Blue Cross Blue Shield (BCBS) National EPO option follows the Blue Cross Blue Shield network. The UnitedHealthcare (UHC)-administered options (Choice Plus PPO and CDHPs) follow the UHC network, or if you're in certain Illinois counties, the Caterpillar NetWork.

It's always a good idea to make sure your provider is in your network before getting services. To search for a provider, call UHC or BCBS or visit their websites, or use the Castlight healthcare transparency tool.

Healthcare Benefit Enhancements:

- Lower, more stable premiums
- Larger risk pool
- Lower spousal surcharge (for 2018, $145 vs. $241)
- Equal access to benefits
- Coverage options to fit your needs
- Enhanced vision benefits
- Office visits covered in all plan options
- Chiropractic care now covered in the UnitedHealthcare-administered plan options ($700 annual benefit). (Blue Cross Blue Shield EPO also covers chiropractic care but with different limits; no change from your 2017 EPO option.)
- **No health risk assessment penalty – You won't have to pay a higher premium for not completing it.**

Hearing aid coverage differences:

On the 2018 plan options, you're eligible for new hearing aids every 60 months. (Under your current plan, it's every 36 months.) There may also be some network differences, depending on where you live.

Improved healthcare benefits for competitive wage employees (Morton & York):

- Immediate access to full healthcare benefits; three-year wait eliminated
- No need to purchase separate dental and prescription drug coverage
- Access to hearing aid benefits

Consumer-Directed Health Plans (CDHPs) vs. Traditional Plan Options

The UnitedHealthcare-administered CDHP options and the traditional PPO plan option provide you and your covered family members with comprehensive medical coverage with the **same** services, **same** network providers and **same** network discounts. (The traditional Blue Cross Blue Shield EPO option also provides comprehensive medical coverage, but it uses a different provider network and may provide different services and network discounts.)

So, how are they different?

First, the easy answers:

- CDHPs have higher deductibles than traditional health plan options. But remember—many preventive services are covered 100% by the plan even if you have not yet met your deductible.
- CDHPs can be paired with a Health Savings Account ***(tax savings opportunities!)***. Per IRS rules, you're not eligible to contribute to an HSA if you're covered by a traditional health plan option. See page 7 for HSA info.

Here's where it gets a little tricky.

With the Caterpillar CDHP options:

- Prescription claims count toward your deductible (they don't in the traditional plan options). This means you must pay the full cost of prescriptions until you meet your deductible (you'll get the Caterpillar-negotiated rate if you use a network pharmacy, though). ***EXCEPTIONS:*** Many preventive meds. *(This is a super-short explanation—make sure to see page 7 for more info on how this works.)*
- Prescription claims also count toward your maximum out-of-pocket (MOOP) limit. (In the traditional plan options, they don't. There's a much higher limit.) **See pg. 6 for a full explanation**.
- Family deductibles work differently.

In a traditional plan option:	In a CDHP option:
If someone in your family meets the individual deductible, the plan will begin paying co-insurance benefits for that person.	If you're enrolled in any coverage tier other than employee-only coverage, such as employee + spouse or family coverage, you must meet the entire family deductible (not the individual deductible) before the plan pays co-insurance benefits for anyone.
Once the healthcare expenses of two or more people in your family combine to meet the family deductible, the plan will begin paying co-insurance benefits for all covered members of your family.	One person can meet the entire family deductible, or it can be met through multiple family members.

Preventive Benefits

All the plan options cover many preventive services at **no charge to you** when you use an in-network provider.

Examples:

- Annual physicals/wellness exams
- Recommended immunizations at certain ages (i.e. annual flu shots, routine childhood vaccinations, shingles vaccine at age 60+)
- Recommended screenings at certain ages (i.e. annual mammogram age 40+, colonoscopy once every 10 years age 50+)
- Annual routine gynecological exam which includes a pelvic and breast exam (pap smears are covered once every 3 years for women ages 21-65).

The Caterpillar healthcare plan follows the U.S. Preventive Services Task Force Grade A and B recommendations. For more info on covered preventive care services visit:

- **www.healthcare.gov/center/regulations/prevention.html**
- **www.uspreventiveservicestaskforce.org**
- **www.cdc.gov/vaccines**

For specific coverage details, contact UHC or BCBS.

TIP: Preventive services need to be coded properly in order to be processed as 100% covered. For example, if you go for a wellness exam, but also mention you're having other issues, such as a sore throat, the doctor's office may code the exam as diagnostic rather than preventive. Make sure to confirm with your doctor that the coding of your visit/service is considered "preventive."

Maximum Out-of-Pocket Amounts

The **healthcare plan maximum out-of-pocket (MOOP) limit** is the most you'll have to pay during a plan year for covered services.* After the MOOP limit is reached, the plan pays 100% of the costs for covered services for the rest of the plan year. MOOP limits for each plan option are shown on pg. 3.

- For the CDHP options (UHC Consumer Choice and UHC Consumer Max), medical AND prescription claims count toward your MOOP.
- For the traditional health plan options (BCBS National EPO and UHC Choice Plus PPO), only the amount you pay for medical claims (not prescription claims) counts toward your MOOP. ***But…***
- There's also a **federal MOOP** that applies to medical AND prescription claims for CDHP and traditional plan options. Once the federal MOOP is met ($7,350 for individual-only coverage; $14,700 for +1 or family coverage), you don't have to pay ANY medical or prescription co-pays/co-insurance, no matter which plan option you're enrolled in.

How MOOPs work with employee + spouse, child(ren) or family coverage:

Like deductibles, healthcare plan MOOPs are **embedded** in the traditional plan options (PPO and EPO), but NOT the CDHP options (except for the federal MOOPs). For traditional plan options, "embedded" means that once one person meets the **individual MOOP limit** (no matter which coverage tier he/she is enrolled in), the plan pays 100% of the costs for covered services for that person for the rest of the plan year. Once the healthcare expenses of two or more members of the family combine to reach the **family MOOP limit,** the plan pays 100% of the costs for covered services for EVERYONE in the family for the rest of the plan year.

In the CDHP options, if you're enrolled in any coverage tier other than employee-only coverage, you must meet the entire **family MOOP limit** (not the individual MOOP limit) before the plan pays 100% of the costs for covered services for anyone. One person can meet the entire family MOOP limit, or it can be met through the combined healthcare expenses of multiple family members. But…the **federal MOOP limits** ARE embedded in the CDHPs, so if the **individual federal MOOP limit** is lower than the **healthcare plan's family MOOP limit** (as it is with the UHC Consumer Max option) and someone meets it, the plan will begin paying 100% of the costs for covered services for that person.

See the examples below:

Traditional plan option example:	CDHP option example:
Michael and his 3 children are enrolled in the **UHC Choice Plus PPO option:** Michael 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. Two of his kids also end up having some major health expenses, so Michael and his children reach the **plan's family MOOP limit** of $6,000. At that time, the plan begins paying 100% of the covered healthcare costs of all 3 kids. But, Michael still must pay the prescription co-pays/co-insurance for himself and his children until they meet the **federal MOOP limit**.	Mia, her spouse and her son are enrolled in the **UHC Consumer Max CDHP option:** Mia's son develops a serious illness and has to be hospitalized. His expenses meet the **individual MOOP limit** of $5,000, **but**, because he's enrolled in family coverage in the CDHP, the **family MOOP limit** or the **individual federal 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** of $7,350. At that time, the plan begins paying 100% of his covered healthcare costs, including his prescription costs, since he's enrolled in a CDHP. Mia is on some expensive medications, and her spouse also has some major health expenses. Together they eventually reach the **plan's family MOOP limit** ($10,000). After that, the plan also begins paying 100% of both of their covered healthcare costs (including prescription costs).

**Only in-network expenses count toward your MOOP.*

Prescription Drug Benefits

Our pharmacy benefit manager is OptumRx, and our prescription drug benefit follows the **Caterpillar Drug Formulary** (list of covered medications). If your medication isn't on the formulary, it's not covered (ask your doctor for an alternative option). The formulary uses a tier system: the lower the tier your medication is in, the less you pay. You'll also pay less for your medications at a network pharmacy.

If you enroll in one of the CDHP options, you must meet the deductible before the prescription drug benefits kick in. That means you'll be paying the full Caterpillar-negotiated prices (if you use a network pharmacy) of prescriptions until then. ***EXCEPTIONS:*** Certain preventive medications are covered before you meet your deductible. If your prescription is on the CDHP Preventive Drug List, you will pay the Caterpillar Drug Formulary tier co-pay/co-insurance amounts, whether or not you've met your deductible. See the example scenarios below.

Drug Tier	Network* Walmart, Kroger, Walgreens, CPRxN	Out-of-Network (All other pharmacies)	Walgreens Mail Service (90-day supply)
Tier 0	$0	$20	$0
Tier 1	$0 Walmart/Kroger $5 Walgreens/CPRxN	$20	$15
Tier 2	20% co-ins $25 min / $60 max	30% co-ins $50 min / $120 max	20% co-ins $75 min / $180 max
Tier 3 (includes compounds)	50% co-ins $75 min / $125 max	50% co-ins $150 min / $250 max	50% co-ins $225 min / $375 max
Tier 4 (includes most specialty**)	50% co-ins $100 min / $200 max	50% co-ins $150 min / $250 max	Not offered

*Includes affiliates of Walmart, Kroger and Walgreens.
**The network pharmacy for specialty medications is Magellan Rx.
CPRxN = Community Pharmacy Prescription Drug Network

What's so special about specialty medications?

Specialty medications are high-cost prescription meds that treat complex conditions and require special handling and monitoring. They may be injected, inhaled, applied topically or taken orally. They may be self-administered or given in a doctor's office. The network pharmacy for specialty meds is Magellan Rx. The specialty products list is on **benefits.cat.com > U.S. Rx**.

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

Here's how the prescription drug benefits work with the CDHP options:

Example 1: **You have strep throat!** Your doctor prescribes an antibiotic, and you get it at a network pharmacy. You haven't met your deductible yet, so you must pay the full negotiated cost of the prescription (not just the co-pay/co-insurance amount). It's generic, so that saves you some money. You end up paying about $11 *(you would have paid $0 on the tier system if you'd already met your deductible).*

Example 2: Your cholesterol levels have gotten a little worrisome so your doctor prescribes a daily medication. You check the CDHP Preventive Drug List, and it's on there. The drug formulary co-pays/co-insurance will apply. You check the Caterpillar Drug Formulary, and, because it's a brand-name drug (not a generic) it's Tier 3. You will pay between $75 and $125 for it at a network pharmacy.

TIP: To save more money, ask your doctor if a generic version may work for you.

Health Savings Account

If you enroll in the UHC Consumer Choice CDHP or Consumer Max CDHP option, you'll have the opportunity to pair it with a Health Savings Account (HSA).

What's in it for you?

Triple tax savings!

1. You can contribute tax-free money into the account—through pre-tax payroll deduction and/or by deducting other contributions on your annual tax return.
2. Your HSA deposits earn tax-free interest, and after you reach $1,000, you can invest it in mutual funds and allow it to grow tax-free (Mutual fund investments are subject to investment risks).
3. You can withdraw the money tax-free to pay for qualified medical expenses for you and your tax dependents (even if your dependents aren't covered by your health plan).

What's the catch?

Well, there are specific legal requirements to open and contribute to an HSA. The IRS requires you to be covered by an HSA-qualified health plan and not by any other health coverage, such as a traditional health plan (for example, secondary coverage through your spouse's plan), Medicare, TRICARE or a Health Care Flexible Spending Account (if your spouse has an FSA through his/her employer, that disqualifies you from opening and contributing to an HSA). Exceptions include vision and dental coverage, prescription drug discount programs, secondary coverage in another high-deductible health plan, etc.

For more info on eligibility, see IRS Publication 969.

Visit HealthEquity.com/Caterpillar from any computer or mobile device to access video tutorials, HSA member guide, FAQs, calculators, webinar recordings and more!

If you have questions about HSAs, call HealthEquity toll-free at **1-844-311-9732** (available 24/7).

NOTE: *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.*

What makes it even better?

Free money!!

If you establish your HSA through **HealthEquity** (Caterpillar's designated HSA vendor), Caterpillar will deposit seed money into your account to help build it. You sign up for a CDHP, open your HSA and the seed money is yours. There's no requirement for you to contribute to get the funds. They'll be deposited in early January, as soon as administratively possible. For the seed amounts, see pg. 3.

And, to sweeten it even more, once you or Caterpillar put money in your account, it's yours FOREVER. There's no "use it or lose it" rule.

TIP: The premiums for the CDHP options are much lower than the traditional plan option premiums. So, to build your account without feeling too much of a burn in your wallet, try contributing at least the difference between your CDHP premium and one of the traditional plan options' premiums. If you don't use all of your HSA funds in 2018, they'll still be there for you to use the next year. With a traditional plan option, the money you would have paid in premiums would be gone, even if you didn't use your healthcare benefits much throughout the year.

Annual HSA contribution limits for 2018:

- Employee-only coverage: $3,450
- Family coverage (includes employee + spouse, child(ren) & family tiers): $6,900
- During the year you turn age 55 and every year after, you can contribute an additional $1,000.

The limits include what Caterpillar contributes and what you (or anyone else) contribute to your account. Also, if your spouse has his/her own HSA, your combined contribution totals are subject to the family contribution limit.

How do I use it? 3 ways to pay:

- Use your HSA debit card the same way you'd use a bank debit card
- Use online billpay through the HealthEquity website
- Pay out-of-pocket, then reimburse yourself from your HSA

Vision, Dental & Virtual Visits

Vision Benefits

Vision benefits are included with your healthcare premium, so no matter which medical plan option you choose, you (and any enrolled dependents) will be automatically enrolled in vision coverage.

Vision benefit administrator = **VSP**

New vision benefit highlights: NEW!

- $20 co-pay for one eye exam per year
- $60 co-pay for one contact lens exam per year
- $160 benefit for frames every 2 years –OR– $140 for contacts (instead of glasses) every year
- $20 co-pay for standard lenses once per year
- $20 co-pay for "medically necessary" contact lenses (designated by a doctor in cases where a patient's vision cannot be corrected through the use of glasses)

("Year" = calendar year, not rolling months)

Using your VSP benefit is easy:

1. Register at VSP.com. Once your coverage is effective on January 1, 2018, review your benefit info.
2. To find a VSP doctor or see if your current doctor is in the VSP network, visit VSP.com or call 800-877-7195.
3. At your appointment, tell them you have VSP. There's no ID card necessary. If you'd like a card as a reference, you'll be able to print one at VSP.com.

And…VSP handles the rest! There are no claim forms to complete when you see a VSP provider.

Dental Benefits

Dental benefits are included in each healthcare plan option and premium. Caterpillar dental benefits are administered by Cigna Dental and will be the same in 2018 as they are in 2017:

- $50 individual / $100 family annual deductible (except for preventive care)
- $1,500 annual maximum benefit per covered person 18 and over
- $1,500 orthodontia lifetime maximum (dependents age 21 and under)
- Sealants covered every three years under age 14
- Common benefits and coverage levels:

Preventive (no deductible)	100%
Fillings, basic dental	80%
Crowns, bridges, dentures	50%
Orthodontia	50%

If you have questions, contact Cigna Dental:
myCigna.com or **1-800-244-6224**

Coming in 2018 to your UnitedHealthcare plan options:

VIRTUAL VISITS!

Need a doctor's advice, but don't feel like trekking all the way to their office for an appointment? A virtual visit lets you see and talk to a doctor from your mobile device or computer. When you use one of the provider groups in UHC's virtual visit network, you have benefit coverage for certain nonemergency medical conditions like the flu, cold, pink eye, rashes and fevers.

The benefit coverage amounts are the same as a regular office visit. Applicable costs must be paid by you at the time of the virtual visit and will apply toward your deductible and out-of-pocket maximum. You can use a credit or debit card to pay, including a Health Savings Account debit card if you have one.

Find a virtual provider

To find out which virtual visit provider groups are in the network, log in to myuhc.com (this info will also be available through the **Castlight transparency tool**.

How does it work?

The first time you use a virtual visit provider, you'll need to set up an account with that virtual visit provider group. You'll need to complete the patient registration process to gather medical history, pharmacy preference, primary care physician contact information and insurance information.

Each time you have a virtual visit:

1. You'll be asked some brief medical questions, including questions about your current medical concern.
2. You will then be connected using secure live audio and video technology to a doctor licensed to deliver care in the state you're in at the time of your visit.
3. You and the doctor will discuss your medical issue, and if appropriate, the doctor may write a prescription* for you. (It will be submitted electronically to the pharmacy of your choice.)

* Prescription services may not be available in all states.

Flexible Spending Accounts

A **Flexible Spending Account (FSA)** allows you to set aside money for certain expenses before taxes are deducted from your paycheck. This means the amount of income your taxes are based on will be lower, so your tax liability will be lower.

Long story short: With an FSA, you can reduce your taxes while paying for things you'd have to pay for anyway.

We offer 3 types of FSAs administered through UnitedHealthcare (UHC):

1. Health Care FSA (traditional plan options):

- Set aside up to **$2,600** a year for medical, prescription, vision, hearing and dental expenses for you and your eligible dependents *(the contribution limit has increased for 2018!)*
- Pay for out-of-pocket expenses for deductibles, co-insurance, co-pays and cost share

You can carry over up to $500 for the following plan 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't** have a regular Health Care FSA if you want to be eligible to open a Health Savings Account. **Instead, you can have a…**

2. Limited Purpose Health Care FSA (CDHP Options):

***NEW for 2018:**

- Set aside up to **$2,600** a year for vision and dental expenses **ONLY** for you and your eligible dependents.
- Same as the regular Health Care FSA, you can carry over up to $500 for the following plan year as long as you re-enroll in the Limited Purpose or regular Health Care FSA and elect to contribute at least $75, but any funds over $500 left in your FSA after Dec. 31 are forfeited.

Planning to sign up for the Consumer Choice or Consumer Max CDHP?

This is the type of Health Care FSA you can pair with a Health Savings Account. If you're currently in the Health Care FSA and will have funds leftover at the end of the year, sign up for the Limited Purpose Health Care FSA, and those funds will roll over into it.

3. Dependent Care FSA:

- Set aside up to **$5,000** a year for daycare expenses for these eligible dependents while you're working, looking for work or in school full-time:
  - Children under age 13
  - Qualifying child/relative or spouse physically or mentally incapable of caring for him/herself and who lives in the same residence as the taxpayer for more than half the year.

Keep in Mind:

- You **can't** use the Dependent Care FSA to pay for health care expenses for dependents
- It's "use it or lose it" — any funds left in your FSA after Dec. 31 are forfeited (there's no carryover).
- Occasionally, certain employees' maximum annual contribution election amount may be reduced to comply with Section 129 of the Internal Revenue Code regarding highly compensated employees. If you and your spouse both have the opportunity to enroll in a Dependent Care FSA, it is generally better for both of you to enroll and split the election amount to possibly avoid this contribution reduction.

P.S. You can enroll in a Dependent Care FSA no matter which healthcare plan option you choose, or even if you don't enroll in a health plan option through Caterpillar.

How do I use the FSA funds?

3 Ways to Pay:

- Pay using your FSA debit card
- Pay out-of-pocket and submit a claim form to UHC for reimbursement
- Some medical, dental and prescription drug claims will automatically roll to your FSA for payment (you can disable this if you want to use the FSA debit card instead—contact UHC for info)

Get more info about FSAs at benefits.cat.com. Remember, you must re-enroll each year and elect to contribute at least $75 to continue participating or use your rollover funds.

What's Next?

Your Benefits To Do List

For Benefits Annual Enrollment:

1 **Now through the end of 2017: Watch for more information.**
We'll provide you with more benefit materials and learning opportunities throughout the year to help you prepare for annual enrollment.

You can also check out the 2018 UAW Healthcare section on **benefits.cat.com**, where we'll add more info in the coming months.

2 **August: Attend an informational meeting.**
Learn more about your 2018 healthcare options at on-site meetings with Caterpillar benefits professionals.

3 **September: Meet the healthcare benefit vendors.**
Attend a healthcare benefits fair **Sept. 27** at the Caterpillar Visitors Center in Peoria. Caterpillar healthcare benefit vendors, including HealthEquity, UnitedHealthcare, Blue Cross Blue Shield, VSP and Cigna, will be there to answer your questions. Spouses/adult dependents are also welcome to attend.

4 **October/November: Attend an annual enrollment meeting.**
Your local HR team will host on-site meetings to review your healthcare plan options and provide instructions for the annual enrollment process.

5 **November 6-24, 2017: Annual enrollment window.**
Enroll in your healthcare benefits for 2018.

Most importantly, enroll in your 2018 healthcare benefits by the deadline!

In the event that 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.

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