Caterpillar Employee Assistance Program

Coverage Period: 01/01/2023 – 12/31/2023

Summary of Benefits and Coverage: What this Plan Covers & What it Costs **Coverage for:** All coverage tiers | **Plan Type: EAP**

This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.CatBenefitsCenter.com or by calling 1-877-228-4010.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	**$0**	See the chart starting on page 2 for your costs for services this plan covers.
Are there other deductibles for specific services?	No.	You don't have to meet **deductibles** for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an out–of–pocket limit on my expenses?	No.	There's no limit on how much you could pay during a coverage period for your share of the cost of covered services.
What is not included in the out–of–pocket limit?	This plan has no **out-of-pocket limit.**	Not applicable because there's no **out–of–pocket limit** on your expenses.
Is there an overall annual limit on what the plan pays?	Yes, between one and six counseling sessions per year, per unique presenting problem.	This plan will pay for covered services only up to this limit during each coverage period, even if your own need is greater. You're responsible for all expenses above this limit. This chart starting on page 2 describes *specific* covered services, such as office visits.
Does this plan use a network of providers?	Yes. For a list of network providers call 1-866-228-0565.	When you access services through the EAP vendor the plan will pay for services up to the annual limits (six sessions with an EAP counselor, per year, per unique presenting problem). Be aware, if you extend services beyond the session limits of the EAP or are referred for specialized or longer-term services beyond the limits of the EAP you will be responsible for ensuring services are paid by other health plan benefits and may be responsible for some or all of the expenses. The EAP vendor may refer for specialized or longer-term services at any time when the presenting problem is deemed, by the vendor, to be beyond the scope of the EAP.
Do I need a referral to see a specialist?	No.	The EAP provides assessment, short term counseling, referrals and ongoing support for a variety of personal problems. While the EAP may refer you to a specialist at any time, it is your responsibility to ensure coverage for specialist services.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 4. See your policy or plan document for additional information about **excluded services**.

Questions: Call 1-877-228-4010 or visit us at www.CatBenefitsCenter.com.
If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/healthreform or www.cciio.cms.gov call 1-877-228-4010 to request a copy.

- **Copayments** are fixed dollar amounts (for example, $15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is $1,000, your **coinsurance** payment of 20% would be $200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges $1,500 for an overnight stay and the **allowed amount** is $1,000, you may have to pay the $500 difference. (This is called **balance billing**.)
- This plan may encourage you to use network **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use a Network Provider	Your Cost If You Use a Non-network Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	N/A		----------none----------
	Specialist visit	N/A		
	Other practitioner office visit	N/A		
	Preventive care/screening/immunization	N/A		----------none----------
If you have a test	Diagnostic test (x-ray, blood work)	N/A		----------none----------
	Imaging (CT/PET scans, MRIs)	N/A		----------none----------
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at wwwcathealthbenefits.com.	Generic drugs	N/A		----------none----------
	Preferred brand drugs	N/A		----------none----------
	Non-preferred brand drugs	N/A		----------none----------
	Specialty drugs	N/A		----------none----------
If you have	Facility fee (e.g., ambulatory surgery center)	N/A		----------none----------

Questions: Call 1-877-228-4010 or visit us at www.CatBenefitsCenter.com.
If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/healthreform or www.cciio.cms.gov call 1-877-228-4010 to request a copy.

Common Medical Event	Services You May Need	Your Cost If You Use a Network Provider	Your Cost If You Use a Non-network Provider	Limitations & Exceptions
outpatient surgery	Physician/surgeon fees	N/A		----------none----------
If you need immediate medical attention	Emergency room services	N/A		----------none----------
	Emergency medical transportation	N/A		----------none----------
	Urgent care	N/A		----------none----------
If you have a hospital stay	Facility fee (e.g., hospital room)	N/A		----------none----------
	Physician/surgeon fee	N/A		----------none----------
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	N/A		----------none----------
	Mental/Behavioral health inpatient services	N/A		----------none----------
	Substance use disorder outpatient services	N/A		----------none----------
	Substance use disorder inpatient services	N/A		----------none----------
If you are pregnant	Prenatal and postnatal care	N/A		----------none----------
	Delivery and all inpatient services	N/A		----------none----------
If you need help recovering or have other special health needs	Home health care	N/A		----------none----------
	Rehabilitation services	N/A		----------none----------
	Habilitation services	N/A		----------none----------
	Skilled nursing care	N/A		----------none----------
	Durable medical equipment	N/A		----------none----------
	Hospice service	N/A		----------none----------
If your child needs dental or eye care	Eye exam	N/A		----------none----------
	Glasses	N/A		----------none----------
	Dental check-up	N/A		----------none----------

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Acupuncture
- Hearing aids
- Routine foot care

Questions: Call 1-877-228-4010 or visit us at www.CatBenefitsCenter.com.
If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/healthreform or www.cciio.cms.gov call 1-877-228-4010 to request a copy.

- Bariatric surgery
- Chiropractic care
- Cosmetic surgery
- Dental care (Adult)
- Infertility treatment
- Long-term care
- Private-duty nursing
- Routine eye care (Adult)
- Services provided by a specialist for treatment of diagnosable or longer-term behavioral health conditions
- Treatment that cannot be resolved within the 6-session limit.
- Weight loss programs

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Non-emergency care when traveling outside the U.S.

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-877-228-4010. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877267-2323 x61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact: Morneau Shepell at 1-866-228-0565 or Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage." **This plan or policy does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-877-228-4010.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-877-228-4010.

Chinese (中文): 如果需要中文的帮助，请拨打这个号码 1-877-228-4010.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-877-228-4010.

To see examples of how this plan might cover costs for a sample medical situation, see the next page.

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.

This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby
(normal delivery)

- **Amount owed to providers:** $7,540
- **Plan pays** $0
- **Patient pays** $7,540

Sample care costs:

Hospital charges (mother)	$2,700
Routine obstetric care	$2,100
Hospital charges (baby)	$900
Anesthesia	$900
Laboratory tests	$500
Prescriptions	$200
Radiology	$200
Vaccines, other preventive	$40
Total	**$7,540**

Patient pays:

Deductibles	$
Copays	$
Coinsurance	$
Limits or exclusions	$
Total	**$7,540**

Managing type 2 diabetes
(routine maintenance of a well-controlled condition)

- **Amount owed to providers:** $5,400
- **Plan pays** $0
- **Patient pays** $5,400

Sample care costs:

Prescriptions	$2,900
Medical Equipment and Supplies	$1,300
Office Visits and Procedures	$700
Education	$300
Laboratory tests	$100
Vaccines, other preventive	$100
Total	**$5,400**

Patient pays:

Deductibles	$
Copays	$
Coinsurance	$
Limits or exclusions	$
Total	**$5,400**

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

✘ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

✘ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **copayments**, **deductibles**, and **coinsurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Questions: Call 1-877-228-4010 or visit us at www.CatBenefitsCenter.com.
If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/healthreform or www.cciio.cms.gov call 1-877-228-4010 to request a copy.