Critical Illness Insurance

Explore Your Benefits & Costs



Your CHOICE Voluntary Benefits

Group Name: Caterpillar Inc.
Group Number: 737534

There are more than just medical bills to pay after a heart attack, stroke, or other unexpected covered medical condition. Critical Illness Insurance provides a benefit payment that can help.
This document includes expanded cost and benefit information for Critical Illness Insurance. As you explore, keep in mind:

Coverage is always Guaranteed Issue.

Employees get an annual Wellness Benefit of $50 for completing an eligible health screening test.

Benefit payments go directly to you. Use them however you'd like!

Critical Illness Insurance pays a lump-sum benefit if you are diagnosed with a covered illness or condition on or after your coverage effective date. Critical Illness Insurance doesn't replace your medical coverage; instead, it complements it. **The benefit payments don't *go out* to pay for medical bills or treatments you may need, instead they *come in*—directly to you—to be used however you'd like.** Choose this supplemental health insurance product to help lessen the financial impact of a covered illness.

Critical Illness Insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

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Who is eligible for Critical Illness Insurance?

- **You -** All eligible employees.
- **Your spouse -** If you have coverage on yourself, you may enroll your spouse, as long as your spouse is not covered under your employer's plan as an employee. Your spouse will be covered for the same Critical Illness benefits as you are. The use of "spouse" in this document means a person insured as a spouse as described in the applicable rider. Definition and/or age may vary by state.
- **Your children -** If you have coverage on yourself; your natural children, stepchildren, adopted children are eligible to be covered under your employer's plan, from birth to age 26. Your children will be covered for the same Critical Illness benefits as you are and one premium amount covers all of your eligible children. If both you and your spouse are covered under this policy as an employee; then only one, but not both, may cover the same children for Critical Illness Insurance. If the parent who is covering the children stops being insured as an employee, then the other parent may apply for children's coverage. Definition and/or age may vary by state and/or your benefit plan.

How much coverage is available?

You have the option to enroll in supplemental coverage in the amount(s) below.

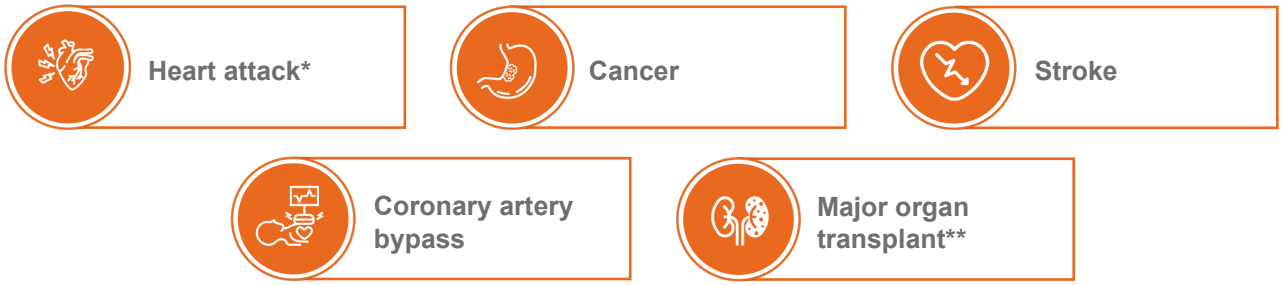
	Coverage Amount
For you	You can elect a critical Illness benefit amount of $10,000 or $20,000
Your spouse*	You can elect a spouse critical illness benefit amount of 50% of employee benefit
Your children**	You can elect a children's critical illness benefit amount of 50% of employee benefit

"Spouse" may include domestic partners or civil union partners as defined by your employer's plan.

**Children up to age 26.

What's covered by Critical Illness Insurance?

Critical Illness Insurance provides a benefit payment for the diagnosis of a covered illness or condition such as:



*A sudden cardiac arrest is not in itself considered a heart attack.

**Listed in the certificate of coverage as "major organ transplant," which means the irreversible failure of your heart, lung, pancreas, entire kidney or liver, or any combination thereof, determined by a physician specialized in care of the involved organ

Sample benefit amounts

Benefits are payable at 100% of the Critical Illness benefit amount shown above unless otherwise stated. Use your benefit payment however you'd like.

Covered Condition	% of Benefit
Heart attack*	100 %
Cancer	100%
Stroke	100%
Major organ transplant **	100%
Coronary artery bypass	50%

*A sudden cardiac arrest is not in itself considered a heart attack.

**Listed in the certificate of coverage as "major organ transplant," which means the irreversible failure of your heart, lung, pancreas, entire kidney or liver, or any combination thereof, determined by a physician specialized in care of the involved organ.

This is only a small preview of the benefits available to you.

See the full Schedule of Benefits further in this document.

How much does Critical Illness Insurance cost?

The table below shows how much you'll pay for Critical Illness Insurance. Rates are dependent on your age and amount of coverage selected.

4-Tier Rating
Monthly Rates
Employee: $10,000 Spouse: $5,000 Child(ren): $5,000
Includes Wellness Benefit Rider

Non-Tobacco User					Tobacco User				
Attained Age	EE Only	EE+SP	EE+CH	Family	Attained Age	EE Only	EE+SP	EE+CH	FAMILY
Under 25	$3.00	$4.50	$3.00	$4.50	Under 25	$4.60	$6.90	$4.60	$6.90
25-29	$3.40	$5.10	$3.40	$5.10	25 - 29	$5.20	$7.80	$5.20	$7.80
30-34	$4.10	$6.15	$4.10	$6.15	30 - 34	$6.30	$9.45	$6.30	$9.45
35-39	$5.20	$7.80	$5.20	$7.80	35 - 39	$7.50	$11.25	$7.50	$11.25
40-44	$7.20	$10.80	$7.20	$10.80	40 - 44	$10.90	$16.35	$10.90	$16.35
45-49	$7.90	$11.85	$7.90	$11.85	45 - 49	$13.60	$20.40	$13.60	$20.40
50-54	$9.80	$14.70	$9.80	$14.70	50 - 54	$17.60	$26.40	$17.60	$26.40
55-59	$14.20	$21.30	$14.20	$21.30	55 - 59	$22.40	$33.60	$22.40	$33.60
60-64	$16.30	$24.45	$16.30	$24.45	60 - 64	$26.00	$39.00	$26.00	$39.00
65-69	$20.30	$30.45	$20.30	$30.45	65 - 69	$32.60	$48.90	$32.60	$48.90
70+	$28.60	$42.90	$28.60	$42.90	70 +	$46.30	$69.45	$46.30	$69.45

4-Tier Rating Monthly Rates Employee: $20,000 Spouse: $10,000 Child(ren): $10,000 Includes Wellness Benefit Rider									
Non-Tobacco User					Tobacco User				
Attained Age	EE Only	EE+SP	EE+CH	Family	Attained Age	EE Only	EE+SP	EE+CH	FAMILY
Under 25	$6.00	$9.00	$6.00	$9.00	Under 25	$9.20	$13.80	$9.20	$13.80
25-29	$6.80	$10.20	$6.80	$10.20	25 - 29	$10.40	$15.60	$10.40	$15.60
30-34	$8.20	$12.30	$8.20	$12.30	30 - 34	$12.60	$18.90	$12.60	$18.90
35-39	$10.40	$15.60	$10.40	$15.60	35 - 39	$15.00	$22.50	$15.00	$22.50
40-44	$14.40	$21.60	$14.40	$21.60	40 - 44	$21.80	$32.70	$21.80	$32.70
45-49	$15.80	$23.70	$15.80	$23.70	45 - 49	$27.20	$40.80	$27.20	$40.80
50-54	$19.60	$29.40	$19.60	$29.40	50 - 54	$35.20	$52.80	$35.20	$52.80
55-59	$28.40	$42.60	$28.40	$42.60	55 - 59	$44.80	$67.20	$44.80	$67.20
60-64	$32.60	$48.90	$32.60	$48.90	60 - 64	$52.00	$78.00	$52.00	$78.00
65-69	$40.60	$60.90	$40.60	$60.90	65 - 69	$65.20	$97.80	$65.20	$97.80
70+	$57.20	$85.80	$57.20	$85.80	70 +	$92.60	$138.90	$92.60	$138.90

Schedule of Benefits

The table below presents a more detailed list of the conditions covered under Critical Illness Insurance. Please note that the covered condition/diagnosis must happen on or after your coverage effective date. Benefits are payable at 100% of the Critical Illness benefit amount unless otherwise stated. For a list of standard exclusions and limitations, please refer to the limitations and exclusions section later in this document. For a complete description of your benefits, along with applicable provisions, conditions on benefit determination, exclusions and limitations, see your certificate of insurance and any riders.

Covered Condition	% of Benefit
Heart attack*	100%
Cancer	100%
Stroke	100%
Sudden cardiac arrest	100%
Major organ transplant (includes Major Organ Failure & End Stage Renal (Kidney) Failure)**	100%
Coronary artery bypass	50%
Carcinoma in situ	50%
Type 1 Diabetes	100%
Transient ischemic attacks (TIA)	10%
Ruptured or dissecting aneurysm	10%
Abdominal aortic aneurysm	10%
Thoracic aortic aneurysm	10%
Open heart surgery for valve replacement or repair	25%

Covered Condition	% of Benefit
Severe burns	100%
Transcatheter heart valve replacement or repair	10%
Coronary angioplasty	10%
Implantable/internal cardioverter defibrillator (ICD) placement	25%
Pacemaker placement	10%
Benign brain tumor	100%
Skin cancer	10%
Bone marrow transplant	100%
Stem cell transplant	100%
Permanent paralysis	100%
Loss of sight	100%
Loss of hearing	100%
Loss of speech	100%
Coma	100%
Multiple sclerosis	100%
Amyotrophic lateral sclerosis (ALS)	100%
Parkinson's disease	100%
Advanced dementia, including Alzheimer's disease	100%
Huntington's disease	100%
Muscular dystrophy	100%
Infectious disease (hospitalization requirement)***	25%
Addison's disease	10%
Myasthenia gravis	50%
Systemic lupus erythematosus (SLE)	50%
Systemic sclerosis (scleroderma)	10%

* A sudden cardiac arrest is not in itself considered a heart attack.

**Major organ transplant means the irreversible failure of your heart, lung, pancreas, entire kidney or liver, or any combination thereof, determined by a physician specialized in care of the involved organ.

***Diagnosis of a severe infectious disease by a Doctor, including COVID-19, when a diagnosis occurs on or after the group's coverage effective date; AND Confinement to a Hospital or a transitional facility for 5 or more consecutive days.

Benefits for insured children

In addition to the covered conditions mentioned above, coverage for your insured children includes:

Covered Condition	% of Benefit
Cerebral palsy	100%
Congenital birth defects	100%

Covered Condition	% of Benefit
Cystic fibrosis	100%
Down syndrome	100%
Gaucher disease, type II or III	100%
Infantile Tay-Sachs	100%
Niemann-Pick disease	100%
Pompe disease	100%
Sickle cell anemia	100%
Type 1 diabetes	100%
Type IV glycogen storage disease	100%
Zellweger syndrome	100%

Multiple benefit payments

You may receive a lump-sum benefit payment for each covered condition. There is no limit with the exception of skin cancer to the number of payments you may receive for each covered condition under your plan. Additional details are provided in the certificate of coverage.

You may receive a benefit payment up to 100% of the Critical Illness benefit amount for each different diagnosis, up to the total maximum benefit. (A definition of “different diagnosis” is provided in the certificate of coverage).

What else is included?

Receive $50 to use however you’d like

Wellness Benefit

The Wellness Benefit provides an annual benefit if you complete a covered health screening test whether or not there is any out-of-pocket cost to you.

- Employees benefit amount is $50. Spouse’s benefit amount is $50.
- Children receive 100% of your benefit amount per child.

The Critical Illness Insurance available through your employer includes the following additional benefits. For a complete description of your benefits, along with applicable provisions, conditions on benefit determination, exclusions and limitations, see your certificate of insurance and any riders.

Take your coverage with you

Portability

If you are in a situation where your eligibility for benefits is changing, such as reduced hours, termination from employment, or a life event such as divorce, you may want to continue your insurance coverage. Portability allows you to continue your coverage under the same group policy by paying your premiums directly to the insurance company.

Specified Conditions Rider

Specified Conditions Rider

A Specified Condition Diagnosis Benefit provides a benefit for the diagnosis of a covered mental illness and neurodevelopment disorder on or after your coverage effective date. Employees, spouses, and children covered for Critical Illness Insurance under the Policy, are covered for the Specified Conditions Rider.

Total Maximum: payable once per covered person's lifetime.

Exception: A Diagnosis of Autism Spectrum Disorder Level 3 or Autism Spectrum Disorder Level 2 or Autism Spectrum Disorder Level 1 does not count toward the total maximum; each level is only payable once per a Covered Person's lifetime.

Specified Condition Diagnosis Benefit		Benefit Amount
Autism Spectrum Disorder Level 1		$250
Autism Spectrum Disorder Level 2		$1,000
Autism Spectrum Disorder Level 3		$5,000/$10,000 (depending on your election)

Specified Condition Facility Confinement Benefit*
If you, your spouse, or child are diagnosed with bipolar disorder or Depressive disorder that results in a Confinement to a Facility, we will pay you a Specified Condition Facility Confinement benefit. This benefit is payable if the Confinement occurs on or after the coverage effective date regardless of when the Specified Condition is Diagnosed.

Confined or Confinement means that on the advice of a Health Care Provider, your assignment to a bed as a resident inpatient in a Hospital, Rehabilitation Facility or Transitional Care Facility. Being admitted to an Observation Unit for 20 hours or more also meets the definition of Confined or Confinement.

There must be a charge for room and board for the Confinement, other than in any government, military or veterans' facility or Observation Unit.

A Specified Condition Facility Confinement benefit is payable up to a total maximum of two times per a Covered Person's lifetime.This pays a benefit amount of 25% of your enrolled Benefit Amount.

Specified Condition	CI Employee Benefit Amount $10,000			CI Employee Benefit Amount $20,000		
	EE	SP	CH	EE	SP	CH
Bipolar disorder	$2,500	$1,250	$1,250	$5,000	$2,500	$2,500
Depressive disorder	$2,500	$1,250	$1,250	$5,000	$2,500	$2,500

*Confined or Confinement means that on the advice of a Health Care Provider, your assignment to a bed as a resident inpatient in a Hospital, Rehabilitation Facility or Transitional Care Facility. Being admitted to an Observation Unit for 20 hours or more also meets the definition of Confined or Confinement. There must be a charge for room and board for the Confinement, other than in any government, military or veterans' facility or Observation Unit.

Receive a benefit for an infectious condition

Infectious Condition Additional Benefit Rider

If you are diagnosed with COVID-19** this pays a benefit amount of $100. If you are hospitalized for COVID-19** and there is a room & board charge for that hospitalization, this pays a benefit amount of $1,000. Confinement is specifically defined in the certificate and also includes assignment to an observation unit in a Hospital for at least 20 consecutive hours.

A benefit is payable up to a maximum of 1 time per Covered Person per Calendar year.

The Infectious Disease benefit under the Quality of Life module is payable when diagnosis of a severe infectious disease by a doctor results in confinement to a Hospital or a transitional facility for 5 or more consecutive days.

Based on the provisions of your certificate of coverage and rider, you may be eligible to receive benefits under both if you are diagnosed and hospitalized for a covered infectious disease or condition. Note that these are not coordinated benefits and eligibility for one does not assume or mean eligibility for the other. For a complete description of your benefits, along with applicable provisions, condition on benefit determination, exclusions and limitations, see your certificate of coverage and any riders.

****A COVID-19 diagnosis must be confirmed by a medical professional**

Exclusions and limitations

There are no exclusions and limitations.

*Exclusions and limitations vary by state and by your employer's plan. Please review your certificate of coverage for details.

Questions?

Enrollment instructions will be provided by your employer. If you have additional questions before you enroll, please call:

- Bswift Call Center at (833) 735-2127 or go to CatHealthEnrollment.bswift.com
- Voya Employee Benefits Customer Service at (877) 236-7564 or go to https://presents.voya.com/EBRC/CAT

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination. Critical Illness Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy form #RL-CI4-POL-16; Certificate form #RL-CI4-CERT2-20; Spouse Rider form #RL-CI4-SPR2-20; Children's Rider form #RL-CI4-CHR2-20; Continuation Rider form #RL-CI4-CNT2-20; Absence from Employment Premium Waiver Rider form #RL-CI4-AEPW-20;Wellness Benefit Rider form #RL-CI4-WELL2-20; Waiver of Premium Rider form #RL-CI4-WOP-16; Infectious Condition Additional Benefit Rider form #RL-CI4-ICBR-22; Specified Condition Benefit Rider form #RL-C14-SCR-23; Benefit Enhancement Rider form #RL-C14-BER-23; and Additional Services Rider form #RL-CI4-VAS-20. Form numbers, provisions and availability may vary by state and employer's plan.

CI 2.1 Only

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