## ANNUAL ENROLLMENT 2026 Benefits

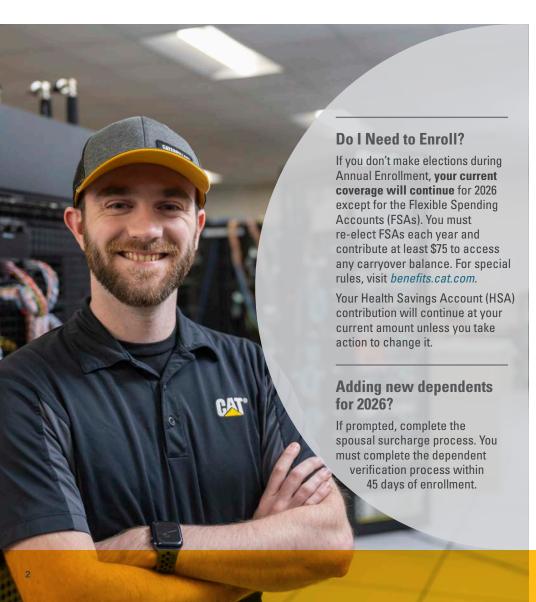
Enroll October 29 - November 12, 2025





### Welcome to your 2026 Caterpillar Benefits

The 2026 Benefits Annual Enrollment period is Oct. 29 - Nov. 12, 2025. 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 2026?

We're making a few small changes for next year. Check out *benefits.cat.com* for details about all your benefits.

| Medical Plan Premiums                          | For 2026, you'll see small increases for all plan options.<br>Even with these changes, our premiums remain lower<br>than what most other companies offer.   |
|--|---|
| Healthcare Bluebook                            | New name! Beginning Jan. 1, 2026, Healthcare Bluebook will be known as <b>Valenz Bluebook</b> .  For security purposes, you'll need to enter the last four digits of your Social Security number to log in. |
| Health Savings Account                         | Annual contribution limits are increasing to \$4,400 for individual coverage or \$8,750 if you cover dependents. If you're age 55 or older, you can contribute an additional \$1,000.                       |
| Health Care Flexible<br>Spending Account (FSA) | Annual contribution limit is increasing to \$3,300.  You can carry over unused funds up to \$660 into next year if you re-enroll and contribute at least \$75 to the FSA in 2026.                           |
| Dependent Care FSA                             | Annual contribution limit is increasing to \$7,500 (\$3,750 if married and filing a separate tax return).   |



#### **How to Enroll**

You can enroll, drop or change your coverage for health (medical, Rx, dental, vision), voluntary supplemental medical, group legal and/or Flexible Spending Accounts between Oct. 29 - Nov. 12, 2025. If you're eligible, you can elect or change your HSA contribution at any time.

#### Go Paperless!

Sign up for electronic communications to receive your benefit communications by email. It's faster and you'll save a tree. To opt in, visit CatHealthEnrollment.bswift.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. Choose from one of three ways to make your elections.



CatHealthEnrollment.bswift.com

Access single sign-on links on Cat@work and benefits.cat.com.



By Phone

1-833-735-2127



**By Mobile Device** 

bswift benefits app

Download the bswift benefits app from your favorite app store.

#### **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



#### TWO WAYS TO GET THE MOST FROM YOUR HEALTH CARE DOLLARS

Did you know that treatment options can vary widely depending on the provider and where you live? Caterpillar is committed to ensuring employees and their families are fully informed about their health condition before making major medical decisions. That's why we offer two ways to ensure you receive the most up-to-date treatment from high-quality, fair-priced providers. Here's how:

- Get peace of mind with an expert second opinion.

  If you're enrolled in one of Caterpillar's Blue Cross
  Blue Shield or UnitedHealthcare medical plan options, you and your covered dependents have free access to expert medical opinions through 2nd.MD. If you're feeling unsure about a new or existing diagnosis, or if you want to explore alternate treatment options, 2nd.MD's top board-certified specialists will connect with you by video or phone to:
  - -Confirm a new or existing diagnosis
  - -Discuss an ongoing condition
  - -Explore alternate treatment options

2nd.MD has an extensive network of top board-certified specialists treating a wide range of conditions. A 2nd.MD consultation is **required for bone**, **spine**, **joint or carpal tunnel syndrome conditions** that may require surgery. Once you make a request, 2nd.MD will handle collecting your medical records and scheduling a video or phone visit when it's convenient for you.

Visit www.2nd.md/caterpillar or download the 2nd.MD app to set up your online account or call 1-866-269-3534.

#### To get the best care

Caterpillar wants you and your covered family members to get the right care at the right time with the best results.



Find providers who rate well for your specific procedure. Some providers are better than others at certain procedures. The price they charge can vary by hundreds — or even thousands — of dollars. With Valenz Bluebook (formerly Healthcare Bluebook), it's easy to find medical providers and facilities that offer high value care — the highest quality

care at a fair price.



When you search for and use a high-value/Fair Priced™ provider within a 12-month period, you can **receive a debit card worth \$25 – \$1,500**, depending on the procedure (subject to ordinary income tax).

Visit healthcarebluebook.com/cc/Caterpillar (access code: Caterpillar) to get started. For security purposes, you'll need to enter the last four digits of your Social Security number to log in.

 $\epsilon$ 

#### **Medical Plan Options**

| IN-NETWORK   | TRADITIONAL PLANS  |  |  |  |
|--|--|--|--|--|
| III III III  | BCBS National  | UHC Choice Plus (PPO)  |  |  |
| A 11.1 cl.1  | Individual: \$600  | Individual: \$1,000  |  |  |
| Annual deductible  | Family: \$1,200  | Family: \$2,000  |  |  |
| Annual out-of-pocket maximum <sup>1</sup>  | Individual: \$2,500 Individual: \$3,500 Family: \$5,000 Family: \$7,000 (excludes Rx drugs)  |  |  |  |
| Medical coinsurance  | You pay 20   | 0% after deductible  |  |  |
| Health Savings<br>Account (HSA)<br>Contribution  | N/A  | N/A  |  |  |
| Preventive care  | No charge in-network. All plan options of  | cover certain preventive care services.  |  |  |
| Office visit   | Primary: You pay a \$20 copay<br>Specialist: You pay a \$40 copay  | You pay 20% after deductible   |  |  |
| Hospital   | You pay 2  | 0% after deductible  |  |  |
| Urgent care  | Visit: You pay a \$20 copay<br>Procedures: You pay 20%<br>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 (fee is waived if admitted) |  |  |  |
|  |  |  |  |  |
| PHARMACY   | BCBS National  | UHC Choice Plus (PPO)  |  |  |
| PHARMACY Caterpillar Pharmacy Network  |  | UHC Choice Plus (PPO) ens and CPRxN³ and their affiliates  |  |  |
| Caterpillar  | Walmart, Kroger, Walgre  |  |  |  |
| Caterpillar<br>Pharmacy Network  | Walmart, Kroger, Walgre  | ens and CPRxN³ and their affiliates  |  |  |
| Caterpillar<br>Pharmacy Network<br>Annual deductible   | Walmart, Kroger, Walgre  | ens and CPRxN <sup>3</sup> and their affiliates  |  |  |
| Caterpillar<br>Pharmacy Network  | Walmart, Kroger, Walgre<br>Do<br>Tier 0  | ens and CPRxN³ and their affiliates es not apply You pay a \$0 copay Walmart or Kroger: You pay a \$5 copay  |  |  |
| Caterpillar Pharmacy Network Annual deductible  Retail <sup>4</sup> up to a                          | Walmart, Kroger, Walgre<br>Do<br>Tier 0<br>Tier 1  | ens and CPRxN³ and their affiliates  es not apply  You pay a \$0 copay  Walmart or Kroger: You pay a \$5 copay  Walgreens or CPRxN³: You pay a \$10 copay  |  |  |
| Caterpillar Pharmacy Network Annual deductible  Retail <sup>4</sup> up to a                          | Walmart, Kroger, Walgre<br>Do<br>Tier 0<br>Tier 1<br>Tier 2  | ens and CPRxN³ and their affiliates es not apply You pay a \$0 copay Walmart or Kroger: You pay a \$5 copay Walgreens or CPRxN³: You pay a \$10 copay You pay 20% (\$35 min / \$70 max)  |  |  |
| Caterpillar Pharmacy Network Annual deductible  Retail <sup>4</sup> up to a                          | Walmart, Kroger, Walgrei Do Tier 0 Tier 1 Tier 2 Tier 3 Tier 4   | ens and CPRxN³ and their affiliates  es not apply  You pay a \$0 copay  Walmart or Kroger: You pay a \$5 copay Walgreens or CPRxN³: You pay a \$10 copay  You pay 20% (\$35 min / \$70 max)  You pay 50% (\$85 min / \$135 max)  |  |  |
| Caterpillar Pharmacy Network Annual deductible  Retail <sup>4</sup> up to a                          | Walmart, Kroger, Walgrei Do Tier 0 Tier 1 Tier 2 Tier 3 Tier 4   | ens and CPRxN³ and their affiliates  es not apply  You pay a \$0 copay  Walmart or Kroger: You pay a \$5 copay Walgreens or CPRxN³: You pay a \$10 copay  You pay 20% (\$35 min / \$70 max)  You pay 50% (\$85 min / \$135 max)  You pay 50% (\$110 min / \$210 max)   |  |  |
| Caterpillar Pharmacy Network Annual deductible  Retail <sup>4</sup> up to a                          | Walmart, Kroger, Walgrer  Do  Tier 0  Tier 1  Tier 2  Tier 3  Tier 4  2026 MON  (INCLUDES MEDICAL, PRESCRIPTION                            | ens and CPRxN³ and their affiliates  es not apply  You pay a \$0 copay  Walmart or Kroger: You pay a \$5 copay Walgreens or CPRxN³: You pay a \$10 copay  You pay 20% (\$35 min / \$70 max)  You pay 50% (\$85 min / \$135 max)  You pay 50% (\$110 min / \$210 max)   |  |  |
| Caterpillar<br>Pharmacy Network<br>Annual deductible<br>Retail <sup>4</sup> up to a<br>30-day supply | Walmart, Kroger, Walgree  Do  Tier 0  Tier 1  Tier 2  Tier 3  Tier 4  2026 MON (INCLUDES MEDICAL, PRESCRIPTION BCBS National               | ens and CPRxN³ and their affiliates  es not apply  You pay a \$0 copay  Walmart or Kroger: You pay a \$5 copay Walgreens or CPRxN³: You pay a \$10 copay  You pay 20% (\$35 min / \$70 max)  You pay 50% (\$85 min / \$135 max)  You pay 50% (\$110 min / \$210 max)  ATHLY PREMIUMS6  ION DRUGS, DENTAL AND VISION BENEFITS)  UHC Choice Plus (PPO) |  |  |
| Caterpillar Pharmacy Network Annual deductible  Retail <sup>4</sup> up to a 30-day supply            | Walmart, Kroger, Walgree  Do Tier 0  Tier 1  Tier 2  Tier 3  Tier 4  2026 MON (INCLUDES MEDICAL, PRESCRIPTION BCBS National                | es not apply  You pay a \$0 copay  Walmart or Kroger: You pay a \$5 copay Walgreens or CPRxN³: You pay a \$10 copay  You pay 20% (\$35 min / \$70 max)  You pay 50% (\$85 min / \$135 max)  You pay 50% (\$110 min / \$210 max)  ATHLY PREMIUMS6 ION DRUGS, DENTAL AND VISION BENEFITS)  UHC Choice Plus (PPO)  \$105                                |  |  |

The federal annual out-of-pocket maximum for 2026 is \$10,600 / \$21,200 which includes deductibles, coinsurance and copays. These amounts are subject to change each year.

| IN-NETWORK                                      | CONSUMER DIRECTED HEALTH PLANS   |  |  |  |
|---|--|--|--|--|
|   | UHC Consumer Choice (CDHP)   | UHC Consumer Max (CDHP)  |  |  |
| Annual deductible                               | Employee only: \$1,750<br>If you enroll dependents: \$3,500  | Employee only: \$3,000<br>If you enroll dependents: \$6,000  |  |  |
| Annual out-of-pocket maximum <sup>1</sup>       | Employee only: \$3,500<br>If you enroll dependents: \$7,000<br>(includes Rx drugs)   | Employee only: \$5,000<br>If you enroll dependents: \$10,000<br>(includes Rx drugs)  |  |  |
| Medical coinsurance                             | You pay 20% after deductible   |  |  |  |
| Health Savings<br>Account (HSA)<br>Contribution | Caterpillar contributes: 2Caterpillar contributes: 2Employee only: \$300Employee only: \$550If you enroll dependents: \$600If you enroll dependents: \$1,100   |  |  |  |
| Preventive care                                 | No charge in-network. All plan optio   | ns cover certain preventive care services.   |  |  |
| Office visit                                    | You pay  | 20% after deductible   |  |  |
| Hospital  | You pay  | 20% after deductible   |  |  |
| Urgent care                                     | You pay 20% after deductible   |  |  |  |
| Emergency care                                  | You pay  | 20% after deductible   |  |  |
| PHARMACY  | UHC Consumer Choice (CDHP)   | UHC Consumer Max (CDHP)  |  |  |
| Caterpillar<br>Pharmacy Network                 | Walmart, Kroger, Walgreens and CPRxN³ and their affiliates   |  |  |  |
| Annual deductible                               | You pay the full contracted price until you meet the annual deductible. After you meet the deductible, you pay the copay/coinsurance as shown in the table below.  The deductible is waived for specific medications on the Preventive Drug List. <sup>5</sup> |  |  |  |
|   |  | oinsurance as shown in the table below.  |  |  |
|   |  | oinsurance as shown in the table below.  |  |  |
| Retail <sup>4</sup> un to a                     | The deductible is waived for specific  | oinsurance as shown in the table below.<br>c medications on the Preventive Drug List. <sup>5</sup>   |  |  |
| Retail <sup>4</sup> up to a<br>30-day supply    | The deductible is waived for specific  | oinsurance as shown in the table below. c medications on the Preventive Drug List. You pay a \$0 copay Walmart or Kroger: You pay a \$5 copay  |  |  |
|   | The deductible is waived for specific  Tier 0  Tier 1  | oinsurance as shown in the table below. c medications on the Preventive Drug List. You pay a \$0 copay Walmart or Kroger: You pay a \$5 copay Walgreens or CPRxN <sup>3</sup> : You pay a \$10 copay   |  |  |
|   | The deductible is waived for specific  Tier 0  Tier 1  Tier 2  | oinsurance as shown in the table below. c medications on the Preventive Drug List. You pay a \$0 copay  Walmart or Kroger: You pay a \$5 copay Walgreens or CPRxN3: You pay a \$10 copay  You pay 20% (\$35 min / \$70 max)  |  |  |
|   | The deductible is waived for specific Tier 0 Tier 1 Tier 2 Tier 3 Tier 4   | vinsurance as shown in the table below.  c medications on the Preventive Drug List.  You pay a \$0 copay  Walmart or Kroger: You pay a \$5 copay Walgreens or CPRxN³: You pay a \$10 copay  You pay 20% (\$35 min / \$70 max)  You pay 50% (\$85 min / \$135 max)  |  |  |
|   | The deductible is waived for specific Tier 0 Tier 1 Tier 2 Tier 3 Tier 4   | insurance as shown in the table below. c medications on the Preventive Drug List.5  You pay a \$0 copay  Walmart or Kroger: You pay a \$5 copay Walgreens or CPRxN3: You pay a \$10 copay  You pay 20% (\$35 min / \$70 max)  You pay 50% (\$85 min / \$135 max)  You pay 50% (\$110 min / \$210 max)  |  |  |
|   | The deductible is waived for specific Tier 0 Tier 1 Tier 2 Tier 3 Tier 4  2026 MC (INCLUDES MEDICAL, PRESCRIF  | winsurance as shown in the table below.  medications on the Preventive Drug List.5  You pay a \$0 copay  Walmart or Kroger: You pay a \$5 copay Walgreens or CPRxN3: You pay a \$10 copay  You pay 20% (\$35 min / \$70 max)  You pay 50% (\$85 min / \$135 max)  You pay 50% (\$110 min / \$210 max)  ONTHLY PREMIUMS6  PTION DRUGS, DENTAL AND VISION BENEFITS)                                |  |  |
| 30-day supply                                   | The deductible is waived for specific Tier 0 Tier 1 Tier 2 Tier 3 Tier 4  2026 MC (INCLUDES MEDICAL, PRESCRIF  | insurance as shown in the table below. c medications on the Preventive Drug List.5  You pay a \$0 copay  Walmart or Kroger: You pay a \$5 copay Walgreens or CPRxN3: You pay a \$10 copay  You pay 20% (\$35 min / \$70 max)  You pay 50% (\$85 min / \$135 max)  You pay 50% (\$110 min / \$210 max)  ONTHLY PREMIUMS6 PTION DRUGS, DENTAL AND VISION BENEFITS)  UHC Consumer Max (CDHP)        |  |  |
| 30-day supply<br>Employee only                  | The deductible is waived for specific Tier 0 Tier 1 Tier 2 Tier 3 Tier 4  2026 MC (INCLUDES MEDICAL, PRESCRIF UHC Consumer Choice (CDHP) \$70  | vinsurance as shown in the table below. c medications on the Preventive Drug List.5  You pay a \$0 copay  Walmart or Kroger: You pay a \$5 copay Walgreens or CPRxN3: You pay a \$10 copay  You pay 20% (\$35 min / \$70 max)  You pay 50% (\$85 min / \$135 max)  You pay 50% (\$110 min / \$210 max)  DNTHLY PREMIUMS6 PTION DRUGS, DENTAL AND VISION BENEFITS)  UHC Consumer Max (CDHP)  \$40 |  |  |

<sup>&</sup>lt;sup>5</sup>Caterpillar Drug Formulary, CDHP Preventive Drug List and Network Pharmacy Directory can be found at benefits.cat.com.

\$245

Family

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. For part-time employees, the premiums are 1.5x the amounts shown.

\$140

<sup>&</sup>lt;sup>2</sup>You must be enrolled in the plan prior to October 1 to receive the company contribution.

<sup>&</sup>lt;sup>3</sup>CPRxN is Community Pharmacy Prescription Drug Network.

<sup>&</sup>lt;sup>4</sup>Mail order (home delivery) is available through Walgreens Mail Service. Contact Prime Therapeutics Pharmacy for specialty medications.

<sup>&</sup>lt;sup>6</sup>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.

#### Which Medical Plan Option is Right for You?

Use **Emma EnrollPro** – a simple enrollment tool on *CatHealthEnrollment.bswift.com* – to learn which plan might be the best fit for you. Consider these items to help you decide:

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

#### **Dental Benefits** (Included with your medical plan premium)

| CIGNA DENTAL BENEFITS  |  |  |  |
|--|--|--|--|
| Annual deductible (does not apply to preventive services)                          | \$50 for individual<br>\$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<br>(two cleanings per 12-month period, annual exams<br>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<br>(crowns, bridges, partials and dentures, or implants)            | You pay 50% after deductible   |  |  |
| Orthodontia<br>(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 - FOR GLASSES   |  |  |  |  |
|---|--|--|--|--|
| <b>Eye exams</b><br>Once per calendar year  | You pay a \$20 copay   |  |  |  |
| <b>Lenses</b><br>Once per calendar year   | You pay a \$20 copay for standard lenses (single vision, lined bifocal/trifocal) |  |  |  |
| Frames<br>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<br>Once per calendar year   | You pay up to a \$60 copay   |  |  |  |
| Contact lenses<br>(in lieu of lenses and frames)  | Receive up to \$140 allowance per calendar year                                  |  |  |  |
| Medically necessary contact lenses<br>(limited to members whose vision can't<br>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 <b>1-866-956-5400</b> 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. |

10

#### **Tax-Savings Accounts**

|   | HEALTH C   | ARE FSA  | DEPENDENT CARE FSA <sup>1</sup>  |
|---|--|--|--|
|   | General Purpose  | Limited Purpose  |  |
| Contribution limit  | <b>\$3,300</b> /year <sup>2</sup>  |  | \$7,500/year per individual or<br>married couple (\$3,750/year if<br>married and filing a separate<br>tax return) <sup>2</sup>     |
| Caterpillar health<br>care plan option the<br>FSA can pair with | BCBS National or<br>UHC Choice Plus (PPO)  UHC Consumer<br>Choice (CDHP) or UHC<br>Consumer Max (CDHP)                       |  | All plans  |
| Eligible expenses <sup>3</sup>                                  | Out-of-pocket medical,<br>prescription drug,<br>dental and vision care<br>expenses for you and<br>your dependents            | Out-of-pocket dental<br>and vision care<br>expenses for you and<br>your dependents | Dependent day care expenses<br>for children up to age 13 and<br>family members who live with you<br>and are incapable of self-care |
| What happens to<br>unused funds after<br>December 31            | You can carry over unused funds up to \$660 into next year if you re-enroll and contribute at least \$75 to the FSA in 2026. |  | Any unused funds left in the account after December 31 are forfeited.  |
| Who administers the benefit                                     | UHC  |  |  |

Depending 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.

<sup>2</sup>For new hires and mid-year changes: To enroll or change your FSA contribution for the current plan year, you must make your election by November 1.

<sup>3</sup>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) or Publication 503 (Dependent Care).



#### **Health Savings Account (HSA)**

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

|  | HSA <sup>1</sup>   |  |  |
|--|--|--|--|
| 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 HSA using the online enrollment process, you'll be prompted to confirm your eligibility and provide authorization. For specific eligibility questions, contact the <i>Caterpillar Health Enrollment Center</i> .  |  |  |
|  | \$4,400 for individual coverage<br>\$8,750 for employee + spouse, child(ren) or family coverage  |  |  |
| 2026   | During the year you turn age 55 and up to age 65, you can contribute an additional \$1,000.  |  |  |
| contribution limit<br>(pretax and post-tax<br>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<br>care plan option the<br>HSA can pair with      | UHC Consumer Choice (CDHP) or UHC Consumer Max (CDHP)  |  |  |
| Eligible expenses <sup>2</sup>                                       | Out-of-pocket medical, prescription drug, dental, vision and hearing expenses for you and your dependents  |  |  |
| How much money<br>does Caterpillar<br>contribute in<br>January 2026? | Consumer Choice CDHP: \$300 employee only coverage / \$600 employee + spouse, child(ren) or family coverage  Consumer Max CDHP: \$550 employee only coverage / \$1,100 employee + spouse, child(ren) or family coverage  For new hires and mid-year changes: To receive the company contribution in the current plan year, you must be enrolled in the plan prior to October 1. To enroll or change your HSA contribution for the current plan year, you must make your election by November 1. 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 if you change plans or retire. Once your balance reaches \$1,000, you have the option to invest in mutual funds.   |  |  |
| Who administers the account?   | HealthEquity   |  |  |

For more information on HSAs, see *HealthEquity.com/caterpillar*.

<sup>1</sup> 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.

<sup>2</sup> 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**

|   | BENEFIT   |
|---|---|
| Voluntary<br>Supplemental<br>Medical Plans                | Voluntary supplemental medical plans through Voya can help protect you from significant or unexpected out-of-pocket expenses and can complement your Caterpillar medical coverage. You pay the full cost for this coverage.  Options include:  ✓ Accident Insurance  ✓ Hospital Indemnity Insurance  ✓ Critical Illness Insurance  Visit YourChoiceVoluntaryBenefits.com for details and enroll through CatHealthEnrollment.bswift.com. |
| Group Legal<br>Insurance Plan                             | Through ARAG, you can receive access to a nationwide network of attorneys for a variety of issues such as will and estate planning, real estate, traffic tickets, landlord disputes, family law matters, bankruptcy and more.  Visit YourChoiceVoluntaryBenefits.com for details and enroll through CatHealthEnrollment.bswift.com.   |
| Identity<br>Protection                                    | Let Allstate Identity Protection Pro Plus protect your identity while you focus on your life. If Allstate detects suspicious activity, they will alert you. A privacy advocate will do the legwork to address the issue and restore your name.  Visit YourChoiceVoluntaryBenefits.com for details and enroll through CatHealthEnrollment.bswift.com.  |
| Auto, Home/<br>Renter's and<br>Home Disaster<br>Insurance | Take advantage of group discounts to insure your auto and home with top-rated and well-known companies. Visit <i>YourChoiceVoluntaryBenefits.com</i> for details and to enroll.   |
| Pet Insurance   | Protect your pet with a plan that allows you to use any vet anywhere. Receive group discount rates on two different plans through Nationwide.  Visit YourChoiceVoluntaryBenefits.com for details and to enroll.   |

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 (scroll down and click on the Resource Library link, then look under Summary Plan Descriptions) for further information about your benefits.

| BENEFIT   | VENDOR   | WEBSITE  | PHONE NUMBER                           |
|---|--|--|--|
| Health Care and<br>Voluntary Benefits<br>Assistance | Caterpillar Health<br>Enrollment Center  | CatHealthEnrollment.bswift.com   | 1-833-735-2127                         |
| Medical   | Blue Cross Blue<br>Shield of IL  | bcbsil.com/caterpillar   | 1-844-228-2227                         |
| Modiodi   | BCBS Caterpillar NetWork   | MyBlueElementIL.com  | 1-888-228-1120                         |
|   | UnitedHealthcare (UHC)   | myuhc.com  | 1-866-228-4215                         |
| Second Opinion<br>Service                           | 2nd.MD (free second opinion service)   | 2nd.md/caterpillar or download the 2nd.MD mobile app   | 1-866-269-3534                         |
| Medical-  | MDLive<br>(BCBS members)   | MDLIVE.com/bcbsil or<br>download MDLive's mobile app   | 1-888-676-4204                         |
| Virtual Visits                                      | UHC virtual care partners<br>(UHC members)   | myuhc.com/virtualvisits or<br>download the UHC mobile app  | N/A                                    |
|   | Prime Therapeutics<br>(formerly Magellan Rx)   | web.primetherapeutics.com/<br>member/login   | 1-877-228-7909                         |
| Prescription<br>Drugs                               | Prime Therapeutics<br>Pharmacy - Specialty<br>Medications (formerly<br>Magellan Rx)  | PrimeTherapeutics.com/<br>specialtypharmacy/patient  | 1-866-554-2673                         |
|   | Walgreens Mail Service<br>- Mail Order<br>(Home Delivery)  | WalgreensMailService.com   | 1-866-840-1222<br>(TTY 1-800-925-0178) |
| Dental  | Cigna Dental   | myCigna.com  | 1-800-244-6224                         |
| Vision  | VSP  | VSP.com  | 1-800-877-7195<br>(TTY: 711)           |
| Flexible Spending Accounts                          | UnitedHealthcare   | myuhc.com  | 1-866-228-4215                         |
| Health Savings<br>Account                           | HealthEquity   | HealthEquity.com/caterpillar   | 1-844-311-9732                         |
| Commuter<br>Account                                 | EZ Receipts, a HealthEquity company  | HealthEquity.com/caterpillar   | 1-877-924-3967                         |
| Other Benefits                                      | Caterpillar Health Enrollment Center - Accident, Hospital Indemnity and Critical Illness Insurance - Group Legal - ID Protection | Visit<br>YourChoiceVoluntaryBenefits.com<br>for details and enroll through<br>CatHealthEnrollment.bswift.com | 1-833-735-2127                         |
|   | Mercer Your Choice - Auto/home/renter's and home disaster insurance - Pet Insurance  | YourChoiceVoluntaryBenefits.com  | 1-877-294-8948                         |

14 1

INDICIA

# **CATERPILLAR®**

HR COMMUNICATIONS AB-4400 100 NE. ADAMS STREET PEORIA, IL 61629 RRST LAST ADDRESS CITY, STATE, ZIP

Make your elections by the deadline.