

Accident Insurance

Explore Your Benefits & Costs

Your CHOICE
Voluntary Benefits

Group Name: Caterpillar Inc.
Group Number: 737534

Cleaning the gutters. Yoga class. Soccer practice. Life offers plenty of opportunities for accidental injuries. When an injury happens, Accident Insurance can help. This document includes expanded cost and benefit information for Accident 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 how you'd like!

Accident 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 lessen the financial impact of a covered accident.

Accident 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.

ReliaStar Life Insurance Company
a member of the Voya® family of companies

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How much does it cost?

You have the option to elect supplemental Accident Insurance to meet your needs.

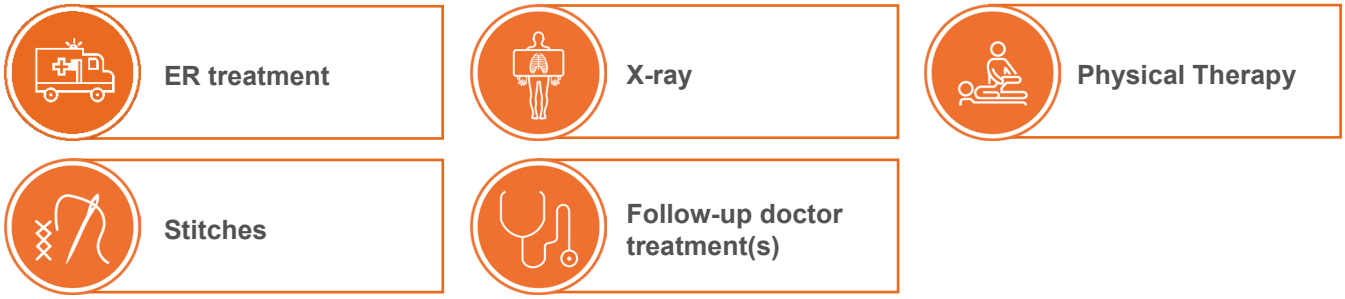
This table shows your rates for Accident Insurance. The cost provided below includes Accident Insurance premium and a fee for Voya Travel Assistance.

Monthly Rates *Low Plan*			
Employee	**Employee and Spouse**	**Employee and Children**	**Family**
$2.83	$5.66	$6.08	$8.91

Monthly Rates *High Plan*			
Employee	**Employee and Spouse**	**Employee and Children**	**Family**
$5.81	$11.64	$12.50	$18.33

What's covered?

Accident Insurance provides a benefit payment after a covered accident that results in specific injuries and treatments. You may be required to seek care for your injury within a set amount of time. Some of the specific covered treatments and conditions we pay benefits for include those shown below. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.



Sample payment amounts

If one of these events happens to you, and your claim is approved, you'd receive a benefit payment in the amount listed below. Use it however you'd like:

Accident-related treatment	Low	High
Emergency room treatment	$150	$300
X-ray	$50	$75
Physical Therapy (up to 10 per accident)	$30	$50
Stitches (sutures for lacerations, up to 2")	$40	$60
Follow-up doctor treatment	$60	$100
Hospital admission	$1,000	$2,000
Hospital confinement (per day, up to 365 days)	$225	$300

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

See the full Schedule of Benefits toward the end of this document.

Who is eligible for Accident 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 Accident 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 Accident 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 Accident 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.

What else is included?

The Accident Insurance available through your employer also features 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.



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.



Keep coverage during a leave of absence

Continuation of Insurance

Continuation allows you to maintain your current Accident Insurance coverage for yourself, your spouse and children during an employer-approved leave of absence.



Take your coverage with you

Portability

If you are in a situation where you will lose eligibility for benefits, such as reduced hours, termination 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.

For a list of standard exclusions and limitations, please refer to the end of this document. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.

Additional non-insurance service(s)

Access **support** next time you travel

Voya Travel Assistance

Being in an unfamiliar place can cause stress, especially if something goes wrong. Voya Travel Assistance offers you and your dependents services when traveling 100 miles or more from home, including: medical assistance services, emergency medical transport services, travel assistance services such as pre-trip and cultural information, security services and accessible technology.

Voya Travel Assistance services are provided by International Medical Group, Inc., Indianapolis, IN.

Schedule of Benefits

The following list is a summary of the benefits provided by Accident Insurance. You may be required to seek care for your injury within a set amount of time. Note that there may be some variations by state. For a list of standard exclusions and limitations, go to the end of this document. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.

- ✓ **Your coverage includes a Sport Accident Benefit.** This means that if your accident occurs while participating in an organized sporting activity (as defined in the certificate of coverage); the benefit amounts in the accident hospital care, accident care or common injuries sections will be increased by 50%; to a maximum additional benefit of $2,000.
- ✓ **Your coverage includes a Motor Vehicle Safety Benefit.** This means that when an injury is sustained while you are wearing a properly fastened safety belt or helmet at the time of the covered accident, the benefit amounts listed in the Accident Hospital Care, Accident Care or Common Injuries sections will be increased by 25% to a maximum additional benefit of $1,000. A copy of the accident report or other accident records documenting the proper safety belt or helmet use must be submitted with any proof of claim. "Motor vehicle" does not include motorized scooters, e-bikes, minibikes, or pocket bikes.

Event	Low	High
Accident Hospital Care		
Surgery (open abdominal, thoracic)	$800	$1,200
Surgery (exploratory or without repair)	$125	$175
General Anesthesia	$100	$200
Blood, plasma, platelets	$400	$600
Hospital admission	$1,000	$2,000
Hospital confinement per day (up to 365 days)	$225	$300
Critical care unit (CCU) Admission	$1,000	$1,500
Critical care unit confinement (per day, up to 30 days)	$350	$450
Rehabilitation facility confinement (per day, up to 90 days)	$150	$200
Observation Unit Stay	$200	$300
Induced Coma (up to 14 days)	$100	$150
Non-Induced Coma (duration of 14 or more days)	$11,500	$17,000

Event	Low	High
Transportation (per trip, up to 3 per accident)	$500	$750
Lodging (per day, up to 30 days)	$120	$180
Pet Boarding	$15	$20
Family care (per child/adult up to 45 days)	$20	$30
Accident Care		
Initial doctor visit	$60	$100
Urgent care facility treatment	$150	$225
Emergency room treatment	$150	$300
Ground ambulance	$250	$500
Air ambulance	$1,000	$2,000
Follow-up doctor treatment	$60	$100
Home Health Care	$50	$75
Chiropractor Treatment (up to 6 per accident)	$30	$50
Prescription Medicine	$10	$15
Medical equipment	$75	$200
Physical or Occupational Therapy (per treatment up to 10)	$30	$50
Speech therapy (per treatment up to 10)	$30	$50
Mental Health Therapy (per treatment up to 10)	$30	$50
Prosthetic device (one)	$500	$750
Prosthetic device (two or more)	$800	$1,200
Major diagnostic exam	$125	$275
Outpatient surgery	$150	$225
Outpatient IV Infusion Therapy	$25	$40
X-ray	$50	$75
Lab Service	$50	$75
Common Injuries		
Burns second degree, at least 36% of total body surface area	$1,000	$1,250
Burns third degree, at least 2% but less than 4% of the total body surface area	$4,500	$7,500
Burns third degree, 4% or more of the total body surface area	$10,000	$15,000
Skin grafts	50% of the burn benefit	50% of the burn benefit
Emergency dental work: crown	$250	$350
Emergency dental work: extraction	$60	$90
Eye injury (removal of foreign object)	$60	$100
Eye injury (surgery)	$225	$350
Torn knee cartilage (surgery with no repair or if cartilage is shaved)	$150	$225
Torn knee cartilage (surgical repair)	$500	$800
Laceration[1] (treated no sutures)	$20	$30
Laceration[1] (sutures up to 2”)	$40	$60
Laceration[1] (sutures 2” – 6”)	$160	$240
Laceration[1] (sutures over 6”)	$320	$480

Event	Low	High
Puncture Wound	$25	$50
Ruptured disk (surgical repair)	$500	$800
Tendon/ligament/rotator cuff (exploratory arthroscopic surgery with no repair)	$275	$425
Tendon/ligament/rotator cuff (one, surgical repair)	$550	$825
Tendon/ligament/rotator cuff (two or more, surgical repair)	$800	$1,225
Concussion	$150	$300
Traumatic Brain Injury	$1,250	$1,750
Paralysis (monoplegia)	$5,000	$10,000
Paralysis (hemiplegia)	$10,000	$15,000
Paralysis (paraplegia)	$12,000	$16,000
Paralysis (quadriplegia)	$16,000	$24,000
Dislocations Complete[2]/Complete Requiring Surgical Repair[3]		
Hip joint	$3,200/6,400	$4,000/$8,000
Knee	$2,000/$4,000	$2,500/$5,000
Ankle or foot bone(s) (other than toes)	$1,200/$2,400	$1,700/$3,400
Shoulder	$1,500/$3,000	$2,000/$4,000
Elbow	$900/$1,800	$1,250/$2,500
Wrist	$900/$1,800	$1,250/$2,500
Finger/toe	$250/$500	$300/$600
Hand bone(s) (other than fingers)	$900/$1,800	$1,250/$2,500
Lower jaw	$900/$1,800	$1,250/$2,500
Collarbone	$900/$1,800	$1,250/$2,500
Incomplete dislocations	25% of the complete amount	25% of the complete amount
Fractures Non-Surgical Repair Fracture[4]/ Fracture Requiring Surgical Repair[5]		
Hip	$2,500/$5,000	$5,000/$10,000
Leg	$1,800/$3,600	$2,700/$5,400
Ankle	$1,500/$3,000	$2,250/$4,500
Heel	$1,500/$3,000	$2,250/$4,500
Kneecap	$1,500/$3,000	$2,250/$4,500
Foot (excluding toes, heel)	$1,500/$3,000	$2,250/$4,500
Upper arm	$1,750/$3,500	$2,400/$4,800
Forearm, hand, wrist (except fingers)	$1,500/$3,000	$2,250/$4,500
Finger, toe	$200/$400	$300/$600
Vertebral body	$2,800/$5,600	$4,000/$8,000
Vertebral processes	$1,200/$2,400	$1,750/$3,500
Pelvis (except coccyx)	$2,750/$5,500	$3,500/$7,000
Coccyx	$300/$600	$450/$900
Bones of face (except nose)	$1,000/$2,000	$1,300/$2,600
Nose	$500/$1,000	$650/$1,300

Event	Low	High
Upper jaw	$1,250/$2,500	$1,600/$3,200
Lower jaw	$1,200/$2,400	$1,750/$3,500
Collarbone	$1,200/$2,400	$1,750/$3,500
Rib or ribs	$350/$700	$450/$900
Skull – simple except bones of face	$1,250/$2,500	$1,500/$3,000
Skull – depressed except bones of face	$2,500/$5,000	$4,000/$8,000
Sternum	$300/$600	$400/$800
Shoulder blade	$1,500/$3,000	$2,250/$4,500
Chip fractures	25% of the Non-Surgical Repair	25% of the Non-Surgical Repair

[1]Laceration benefits are a total of all lacerations per accident. Payable once per covered accident. If your injury qualifies as both a laceration and puncture wound, only one benefit in the higher amount will be payable.

[2]Complete separated joint that does not require a surgical repair. If you receive more than one dislocation in the same covered accident, a benefit is payable for all dislocations. However, the benefit amount will be no more than two times the benefit amount for the joint involved which pays the highest benefit amount. Other limitations and maximums may apply.

[3]Completely separated joint that requires surgical repair. If you receive more than one dislocation in the same covered accident, a benefit is payable for all dislocations. However, the benefit amount will be no more than two times the benefit amount for the joint involved which pays the highest benefit amount. Other limitations and maximums may apply.

[4]Fracture that does not require a surgical repair. If you receive more than one fracture in a covered accident, a benefit is payable for all fractures. However, the benefit will be no more than two times the benefit amount listed for the bone which pays the highest benefit amount.

[5]Fracture that does require surgical repair. If the doctor diagnoses the fracture as a chip fracture, the benefit will be reduced to a percentage of what would have been paid for a Non-Surgical Repair Fracture of the same bone. If you receive more than one fracture in a covered accident, a benefit is payable for all fractures. However, the benefit will be no more than two times the benefit amount listed for the bone which pays the highest benefit amount.

Exclusions and limitations

Standard exclusions for the Certificate, Spouse Accident Insurance, and Children's Accident Insurance are listed below. (These may vary by state.) For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.

Benefits are not payable for any loss caused in whole or directly by any of the following*:

- Participation or attempt to participate in a felony or illegal activity.
- An accident while the covered person is operating a motorized vehicle while intoxicated. Intoxication means the covered person's blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the accident occurred.
- Suicide, attempted suicide or any intentionally self-inflicted injury, while sane or insane.
- War or any act of war, whether declared or undeclared, other than acts of terrorism.
- Loss sustained while on active duty as a member of the armed forces of any nation. We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Alcoholism, drug abuse, or misuse of alcohol or taking of drugs, other than under the direction of a doctor.
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- Operating, or training to operate, or service as a crew member of, or jumping, parachuting or falling from, any aircraft or hot air balloon, including those which are not motor-driven. Flying as a fare-paying passenger is not excluded. Performing these acts as part of your employment with the employer is not excluded.
- Engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting, kite surfing or any similar activities.

- Practicing for, or participating in, any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.
- Any sickness or declining process caused by a sickness.

*Definition and limitations/exclusions may vary by state.

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. Accident Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy Form #RL-ACC3-POL-16; Certificate Form #RL-ACC3-CERT-2-23; and Rider Forms: Spouse Accident Rider Form #RL-ACC3-SPR2-23, Children's Accident Rider Form #RL-ACC3-CHR2-23, Wellness Benefit Rider Form #RL-ACC3-WELL2-23, Accidental Death & Dismemberment (AD&D) Rider Form #RL-ACC3-ADR2-23, Catastrophic Accident Rider Form #RL-ACC3-CAR2-23, Off Job Accident Disability Income Rider form #RL-ACC3-DIR-16, Sickness Hospital Confinement Rider Form #RL-ACC3-HCR-16, Waiver of Premium Rider form #RL-ACC3-WOP-16, Absence from Employment Premium Waiver Rider form #RL-ACC3-AEPW-23; Continuation of Insurance Rider form #RL-ACC3-CNT2-23. Form numbers, provisions and availability may vary by state and employer's plan.

ACC2.3 Only

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