



## REQUIRED NOTICES

### NOTICE OF HIPAA PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

This notice applies to the privacy practices of the health plans listed below. As affiliated (related) entities, we might share your protected health information and the protected health information of others on your insurance policy as needed for payment or health care operations.

The Cato Corporation's Health Plan

The Cato Corporation's Flexible Spending Account Plan

#### Our Legal Duty

This Notice describes our privacy practices, which include how we might use, disclose (share or give out), collect, handle, and protect our members' protected health information. We are required by certain federal and state laws to maintain the privacy of your protected health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your protected health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect April 14, 2004 and is not intended to amend any prior notice of The Cato Corporation's privacy practices.

We reserve the right to change our privacy practices and the terms of this notice at any time, as long as law permits the changes. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all protected health information that we maintain, including protected health information we created or received before we made the changes. If we make a significant change in our privacy practices, we will change this notice and send the new notice to our health plan subscribers within sixty days of the effective date of the change.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

#### Uses and Disclosures of Medical Information

##### Primary Uses and Disclosures of Protected Health Information

We use and disclose protected health information about you for payment and health care operations. The federal health care Privacy Regulations generally do not "preempt" (or take precedence over) state privacy or other applicable laws that provide individuals greater privacy protections. As a result, to the extent state law applies, the privacy laws of a particular state, or other federal laws, rather than the HIPAA Privacy Regulations, might impose a privacy standard under which we will be required to operate. For example, where such laws have been enacted, we will follow more stringent state privacy laws that relate to uses and disclosures of the protected health information concerning HIV or AIDS, mental health, substance abuse/chemical dependency, genetic testing, reproductive rights. In addition to these state law requirements, we also may use or disclose protected health information in the following situations:

**Payment:** We might use and disclose your protected health information for all activities that are included within the definition of "payment" as written in the Federal Privacy Regulations. For example, we might use and disclose your protected health information to pay claims for services provided to you by doctors, hospitals, pharmacies and others for services delivered to you that are covered by your health plan. We might also use your information to determine your eligibility for benefits, to coordinate benefits, to examine medical necessity, to obtain premiums, and to issue explanations of benefits to the person who subscribes to the health plan in which you participate.

**Health Care Operations:** We might use and disclose your protected health information for all activities that are included within the definition of "health care operations" as defined in the Federal Privacy Regulations. For example, we might use and disclose your protected health information to determine our premiums for your health plan, to conduct quality assessment and improvement activities, to engage in care coordination or case management, and to manage our business.

## REQUIRED NOTICES



**Business Associates:** In connection with our payment and health care operations activities, we contract with individuals and entities (called “business associates”) to perform various functions on our behalf or to provide certain types of services (such as member service support, utilization management, subrogation, or pharmacy benefit management). To perform these functions or to provide the services, our business associates will receive, create, maintain, use, or disclose protected health information, but only after we require the business associates to agree in writing to contract terms designed to appropriately safeguard your information.

**Other Covered Entities:** In addition, we might use or disclose your protected health information to assist health care providers in connection with their treatment or payment activities, or to assist other covered entities in connection with certain aspects of their health care operations. For example, we might disclose your protected health information to a health care provider when needed by the provider to render treatment to you, and we might disclose protected health information to another covered entity to conduct health care operations in the areas of quality assurance and improvement activities, or accreditation, certification, licensing or credentialing.

### Other Possible Uses and Disclosures of Protected Health Information

The following is a description of other possible ways in which we might (and are permitted to) use and/or disclose your protected health information.

**To You or with Your Authorization:** We must disclose your protected health information to you, as described in the Individual Rights section of this notice. You may give us written authorization to use your protected health information or to disclose it to anyone for any purpose not listed on this notice. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures that we made as permitted by your authorization while it was in effect.

Without your written authorization, we might not use or disclose your protected health information for any reason except those described in this notice.

**Disclosures to the Secretary of the U.S. Department of Health and Human Services:** We are required to disclose your protected health information to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with the federal Privacy Regulations.

**To Plan Sponsors:** Where permitted by law, we may disclose your protected health information to the plan sponsor of your group health plan to permit the plan sponsor to perform plan administration functions. For example, a plan sponsor may contact us seeking information to evaluate future changes to your benefit plan. We may also disclose summary health information (this type of information is defined in the Federal Privacy Regulations) about the enrollees in your group health plan to the plan sponsor to obtain premium bids for the health insurance coverage offered through your group health plan or to decide whether to modify, amend or terminate your group health plan.

**To Family and Friends:** If you agree (or, if you are unavailable to agree), such as in a medical emergency situation we might disclose your protected health information to a family member, friend or other person to the extent necessary to help with your health care or with payment for your health care.

**Underwriting:** We might receive your protected health information for underwriting, premium rating or other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits. We will not use or further disclose this protected health information received under these circumstances for any other purpose, except as required by law, unless and until you enter into a contract of health insurance or health benefits with us.

**Health Oversight Activities:** We might disclose your protected health information to a health oversight agency for activities authorized by law, such as: audits; investigations; inspections; licensure or disciplinary actions; or civil, administrative, or criminal proceedings or actions. Oversight agencies seeking this information include government agencies that oversee: (i) the health care system; (ii) government benefit programs; (iii) other government regulatory programs; and (iv) compliance with civil rights laws.

**Abuse or Neglect:** We might disclose your protected health information to appropriate authorities if we reasonably believe that you might be a possible victim of abuse, neglect, domestic violence or other crimes.

**To Prevent a Serious Threat to Health or Safety:** Consistent with certain federal and state laws, we might disclose your protected health information if we believe that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.



## REQUIRED NOTICES

**Coroners, Medical Examiners, Funeral Directors, and Organ Donation:** We might disclose protected health information to a coroner or medical examiner for purposes of identifying you after you die, determining your cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We also might disclose, as authorized by law, information to funeral directors so that they may carry out their duties on your behalf. Further, we might disclose protected health information to organizations that handle organ, eye, or tissue donation and transplantation.

**Research:** We might disclose your protected health information to researchers when an institutional review board or privacy board has: (1) reviewed the research proposal and established protocols to ensure the privacy of the information; and (2) approved the research.

**Inmates:** If you are an inmate of a correctional institution, we might disclose your protected health information to the correctional institution or to a law enforcement official for: (1) the institution to provide health care to you; (2) your health and safety and the health and safety of others; or (3) the safety and security of the correctional institution.

**Workers' Compensation:** We might disclose your protected health information to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.

**Public Health and Safety:** We might disclose your protected health information to the extent necessary to avert a serious and imminent threat to your health or safety or the health or safety of others.

**Required by Law:** We might use or disclose your protected health information when we are required to do so by law. For example, we must disclose your protected health information to the U.S. Department of Health and Human Services upon their request for purposes of determining whether we are in compliance with federal privacy laws.

**Legal Process and Proceedings:** We might disclose your protected health information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we might disclose your protected health information to law enforcement officials.

**Law Enforcement:** We might disclose to a law enforcement official limited protected health information of a suspect, fugitive, material witness, crime victim, or missing person. We might disclose protected health information where necessary to assist law enforcement officials to capture an individual who has admitted to participation in a crime or has escaped from lawful custody.

**Military and National Security:** We might disclose to military authorities the protected health information of Armed Forces personnel under certain circumstances. We might disclose to federal officials protected health information required for lawful intelligence, counterintelligence, and other national security activities.

**Other Uses and Disclosures of Your Protected Health Information:** Other uses and disclosures of your protected health information that are not described above will be made only with your written authorization. If you provide us with such an authorization, you may revoke the authorization in writing, and this revocation will be effective for future uses and disclosures of protected health information. However, the revocation will not be effective for information that we already have used or disclosed in reliance on your authorization.

### **Individual Rights**

**Access:** You have the right to look at or get copies of the protected health information contained in a designated record set, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot reasonably do so. You must make a request in writing to obtain access to your protected health information. You may obtain a form to request access by using the contact information listed at the end of this notice. You may also request access by sending a letter to the address at the end of this notice. If you request copies, we might charge you a reasonable fee for each page, and postage if you want the copies mailed to you. If you request an alternative format, we might charge a cost-based fee for providing your protected health information in that format. If you prefer, we will prepare a summary or an explanation of your protected health information, but we might charge a fee to do so.

## REQUIRED NOTICES



Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

### **YOUR RIGHTS:**

You have the following rights regarding Health Information we have about you:

**Right to Inspect and Copy.** You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, you must make your request, in writing, to Privacy Official The Cato Corporation 8100 Denmark Rd. Charlotte, N.C. 28273. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

**Right to an Electronic Copy of Electronic Medical Records.** If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

**Right to Get Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

**Right to Amend.** If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing, to Privacy Official The Cato Corporation 8100 Denmark Rd. Charlotte, N.C. 28273. Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to Privacy Official The Cato Corporation 8100 Denmark Rd. Charlotte, N.C. 28273.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to Privacy Official The Cato Corporation 8100 Denmark Rd. Charlotte, N.C. 28273. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

### **HIPAA Notice of Special Enrollment Rights**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).



## REQUIRED NOTICES

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid, or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or obtain more information, contact Human Resources.

### Women's Preventive Services

Non-grandfathered plans and issuers are required to provide coverage without cost sharing consistent with these guidelines in the first plan year that begins on or after August 1, 2012.

- A. Gestational diabetes screenings for pregnant women
- B. Human Papilloma Virus (HPV) DNA testing for women >29 every three (3) years
- C. Counseling on Sexually Transmitted Infections (STIs) for sexually active women
- D. Annual HIV screening and counseling for sexually active women
- E. At least one (1) Wellness Preventive Care visit annual for adult women. More if needed to cover all preventive services.
- F. Annual screening/counseling for interpersonal/domestic violence for women
- G. Breastfeeding counseling for pregnant/post-partum women
- H. Certain breast pumps for pregnant/post-partum women
- I. Contraceptives/Sterilizations for women with reproductive capacity
- J. The following contraceptive methods (with a prescription) for women with reproductive capacity:

Cervical caps	Generic oral contraceptives
Diaphragms	Transdermal contraceptives
Injections	NuvaRing®
Implantable Rods	Emergency contraception (aka "the Morning After pill")
IUDs	

### Women's Health and Cancer Rights Act Annual Enrollment Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of the mastectomy, including lymphedema

If you would like more information on WHCRA benefits, contact Healthgram at 1-866-904-9081.

### Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## REQUIRED NOTICES



### Premium Assistance Under Medicaid and The Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office, or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

To see if any more states have added a premium assistance program since August 10, 2017, or for more information on special enrollment rights, you can contact either: U.S. Department of Labor, Employee Benefits Security Administration at [www.dol.gov/ebsa](http://www.dol.gov/ebsa) or 1-866-444- EBSA (3272), or U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services at [www.cms.hhs.gov](http://www.cms.hhs.gov) or 1-877- 267-2323, Menu Option 4, Ext. 61565. OMB Control Number 1210-0137 (expires 10/31/2018).

State	Program	Website	Phone Number
Alabama	Medicaid	<a href="http://www.myalhipp.com">www.myalhipp.com</a>	1-855-692-5447
Alaska	Medicaid	<a href="http://health.hss.state.ak.us/dpa/programs/medicaid/">http://health.hss.state.ak.us/dpa/programs/medicaid/</a>	1-888-318-8890 (Outside Anchorage) 907-269-6529 (Anchorage)
Colorado	Medicaid	<a href="http://www.colorado.gov/hcpf">http://www.colorado.gov/hcpf</a>	1-800-221-3943
Florida	Medicaid	<a href="https://www.flmedicaidplrecovery.com/">https://www.flmedicaidplrecovery.com/</a>	1-877-357-3268
Georgia	Medicaid	<a href="http://dch.georgia.gov/">http://dch.georgia.gov/</a>	1-404-656-4507
Indiana	Medicaid	<a href="http://www.in.gov/fssa">http://www.in.gov/fssa</a>	1-800-889-9949
Iowa	Medicaid	<a href="http://www.dhs.state.ia.us/hipp/">www.dhs.state.ia.us/hipp/</a>	1-888-346-9562
Kansas	Medicaid	<a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a>	1-800-792-4884
Kentucky	Medicaid	<a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a>	1-800-635-2570
Louisiana	Medicaid	<a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a>	1-888-695-2447
Maine	Medicaid	<a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a>	1-800-977-6740 TTY: 1-800-977-6741
Massachusetts	Medicaid and CHIP	<a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a>	1-800-462-1120
Minnesota	Medicaid	<a href="http://www.dhs.state.mn.us/id_006254">http://www.dhs.state.mn.us/id_006254</a>	1-800-657-3739
Missouri	Medicaid	<a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>	1-573-751-2005
Montana	Medicaid	<a href="http://medicaid.mt.gov/member">http://medicaid.mt.gov/member</a>	1-800-694-3084
Nebraska	Medicaid	<a href="http://www.ACCESSNebraska.ne.gov">www.ACCESSNebraska.ne.gov</a>	1-855-632-7633
Nevada	Medicaid	<a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a>	1-800-992-0900
New Hampshire	Medicaid	<a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a>	1-603-271-5218
New Jersey	Medicaid CHIP	<a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>	1-609-631-2392 1-800-701-0710
New York	Medicaid	<a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a>	1-800-541-2831
North Carolina	Medicaid	<a href="http://www.ncdhs.gov/dma">http://www.ncdhs.gov/dma</a>	1-919-855-4100
North Dakota	Medicaid	<a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a>	1-800-755-2604
Oklahoma	Medicaid and CHIP	<a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>	1-888-365-3742



## REQUIRED NOTICES

Oregon	Medicaid	<a href="http://www.oregonhealthykids.gov">http://www.oregonhealthykids.gov</a> <a href="http://www.hijossaludablesoregon.gov">http://www.hijossaludablesoregon.gov</a>	1-800-699-9075
Pennsylvania	Medicaid	<a href="http://www.dpw.state.pa.us/hipp">http://www.dpw.state.pa.us/hipp</a>	1-800-692-7462
Rhode Island	Medicaid	<a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>	1-401-462-5300
South Carolina	Medicaid	<a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a>	1-888-549-0820
South Dakota	Medicaid	<a href="http://dss.sd.gov">http://dss.sd.gov</a>	1-888-828-0059
Texas	Medicaid	<a href="https://www.gethipptexas.com/">https://www.gethipptexas.com/</a>	1-800-440-0493
Utah	Medicaid and CHIP	<a href="http://health.utah.gov/medicaid">http://health.utah.gov/medicaid</a> <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a>	1-866-435-7414
Vermont	Medicaid	<a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a>	1-800-250-8427
Virginia	Medicaid CHIP	<a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a>	1-800-432-5924 1-855-242-8282
Washington	Medicaid	<a href="http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx">http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx</a>	1-800-562-3022 ext. 15473
West Virginia	Medicaid	<a href="https://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx">https://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx</a>	1-877-598-5820
Wisconsin	Medicaid	<a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a>	1-800-362-3002
Wyoming	Medicaid	<a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a>	1-307-777-7531

To see if any more States have added a premium assistance program since August 10, 2017, or for more information on special enrollment rights, you can contact either: U.S. Department of Labor, Employee Benefits Security Administration at [www.dol.gov/ebsa](http://www.dol.gov/ebsa) or 1-866-444-EBSA (3272) or U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services at [www.cms.hhs.gov](http://www.cms.hhs.gov) or 1-877-267-2323, Menu Option 4, Ext. 61565. OMB Control Number 1210-0137 (expires 10/31/2017)

## Important Notice from The Cato Corporation (Cato) About Your Prescription Drug Coverage and Medicare

The Cato Corporation is required to provide all Medicare eligible participants in The Cato Corporation's Medical Plan with this Creditable Coverage Notice about your current prescription drug coverage with The Cato Corporation and about your options under Medicare's prescription drug coverage. Please read this notice carefully and keep it where you can find it. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The Cato Corporation has determined that the prescription drug coverage offered under The Cato Corporation is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

**When Can You Join A Medicare Drug (Part D) Plan?** You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

**When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?** If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

## REQUIRED NOTICES



### **What Happens To Your Current The Cato Corporation Coverage If You Decide to Join A Medicare Drug Plan?** If

you decide to join a Medicare drug plan, your current The Cato Corporation Health Plan coverage will not be affected. For most persons covered under the plan, The Cato Corporation plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about what program pays first and what program pay second, see the Plan's Summary Plan Description or contact at the telephone number or web address listed herein.

If you do decide to join a Medicare Part D (drug) plan and drop your current The Cato Corporation medical/drug coverage, be aware that you and your dependents will be able to get this coverage back, but only during any open enrollment period under The Cato Corporation medical plan.

**When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?** You should also know that if you are Medicare-eligible and drop or lose your current coverage with The Cato Corporation and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

**For More Information About This Notice Or Your Current Prescription Drug Coverage...** For further information, please contact Human Resources at 704-551-7250.

**NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through changes. You also may request a copy of this notice at any time. CMS Form 10182-CC, Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

**For More Information About Your Options Under Medicare Prescription Drug Coverage...** More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov).
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 800-772-1213 (TTY 800-325-0778).

## Health Care Reform Requirements

Under the 2010 Patient Affordable Health Care Act, Cato is required to provide a Summary of Benefits and Coverage (SBC) to all Associates. As an Associate, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a SBC, which summarizes important information about any health coverage option in a standard format, to help you compare across options. You are responsible for providing a copy of the notice to your dependents who are covered under the plan. The SBC contains:

- Comparison of medical plans
- Glossary of terms
- Claim examples

The SBC is located at <https://associates.catocorp.com> or contact Human Resources at 704-551-7250. A paper copy is also available, free of charge, by calling Human Resources. Reviewing the SBC is an important part of selecting or renewing your health care choices.