

2023  
EMPLOYEE  
BENEFITS  
REQUIRED  
NOTICES



CATO

For all notices contained in this document, the name Cato will be used for the official plan sponsor name, The Cato Corporation.

## SPECIAL ENROLLMENT NOTICES

If you are declining enrollment for yourself or your dependents (including your spouse or registered domestic partner (RDP)) 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 toward 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).

In addition, 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 either of the following two events occur, you will have 60 days after the date of the event to request enrollment in your employer's plan:

- Your dependents lose Medicaid or CHIP coverage because they are no longer eligible.
- Your dependents become eligible for a state's premium assistance program.

To take advantage of special enrollment rights, you must experience a qualifying event and provide the employer plan with timely notice of the event and your enrollment request. Employees must contact the Benefits Department. To request special enrollment or obtain more information, contact the Benefits Department at 704-551-7250.

## WOMEN'S HEALTH AND CANCER RIGHTS

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. These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you have any questions about coverage for mastectomies and post-operative reconstructive surgery, please contact the Benefits Department.

## 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).

Under California State law, if your Plan provides benefits for obstetrical services your benefits will include coverage for postpartum services. Coverage will include benefits for inpatient care and a home visit or visits, which shall be in accordance with the medical criteria, outlined in the most current version of or an official update to the "Guidelines for Perinatal Care" prepared by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists or the "Standards for Obstetric-Gynecologic Services" prepared by the American College of Obstetricians and Gynecologists. Coverage for obstetrical services as an inpatient in a general Hospital or obstetrical services by a Physician shall provide such benefits with durations limits, deductibles, coinsurance factors, and copayments that are no less favorable than for physical illness generally.

## NOTICE OF AVAILABILITY OF HIPAA NOTICE OF PRIVACY PRACTICES

The Cato Employer Health and Welfare Plan (each "Plan") maintains a Notice of Privacy Practices that provides information to individuals whose protected health information (PHI) will be used or maintained by the Plan. If you would like a copy of the Plan's Notice of Privacy Practices, please contact the Privacy Official The Cato Corporation 8100 Denmark Rd. Charlotte, N.C. 28273.

Notices are also posted on the portal at [www.healthgram.com](http://www.healthgram.com).

## MEDICARE PART D – NOTICE OF CREDIBLE COVERAGE

### Important Notice from Cato About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Cato (the “Plan Sponsor”) and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. 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 Plan Sponsor has determined that the prescription drug coverage offered by the Cato Plan 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 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.

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

If you decide to join a Medicare drug plan, your current Plan Sponsor coverage may be affected. Moreover, If you do decide to join a Medicare drug plan and drop your current Plan Sponsor coverage, be aware that you and your dependents may not be able to get this coverage back.

Please contact the person listed at the end of this notice for more information about what happens to your coverage if you enroll in a Medicare Part D prescription Drug Plan.

### When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the Plan Sponsor 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) 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...

Contact the person listed below for further information. **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 the Plan Sponsor changes. You also may request a copy of this notice at any time.

# REQUIRED NOTICES

## 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 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice.** If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	10/14/22
Name of Entity/Sender:	The Cato Corporation
Contact-Position/Office:	Benefits Department
Address:	8100 Denmark Rd. Charlotte, N.C. 28273
Phone Number:	704-551-7250

## 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 the Benefits Department at 704-551-7250. A paper copy is also available, free of charge, by calling the Benefits Department at 704-551-7250. Reviewing the SBC is an important part of selecting or renewing your health care choices.



# 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)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2022. Contact your state for more information on eligibility.

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://myalhipp.com/">http://myalhipp.com/</a> <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	1-866-251-4861
Arkansas	Medicaid	<a href="http://myarhipp.com/">http://myarhipp.com/</a>	1-855-MyARHIPP (855-692-7447)
California	Medicaid	<a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a>	1-916-445-8322
Colorado	Medicaid and CHIP	<a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a>	1-800-221-3943/ State Relay 711 1-800-359-1991/ State Relay 711
Florida	Medicaid	<a href="https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html">https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html</a>	1-877-357-3268
Georgia	Medicaid	<a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>	1-678-564-1162, Press 2
Indiana	Medicaid	<a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>	1-877-438-4479 1-800-457-4584
Iowa	Medicaid and CHIP	<a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a>	1-800-338-8366
Kansas	Medicaid	<a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>	1-800-792-4884
Kentucky	Medicaid	<a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihhipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihhipp.aspx</a> <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a>	1-855-459-6328 1-877-524-4718
Louisiana	Medicaid and CHIP	<a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a>	1-888-342-6207 (Medicaid hotline) 1-855-618-5488 (LaHIPP)
Maine	Medicaid	<a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>	1-800-442-6003 TTY: Maine relay 711
Massachusetts	Medicaid and CHIP	<a href="https://www.mass.gov/mashealth/pa">https://www.mass.gov/mashealth/pa</a>	1-800-862-4840 TTY: 1-617-886-8102
Minnesota	Medicaid	<a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</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://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>	1-800-694-3084
Nebraska	Medicaid	<a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>	Phone: 1-855-632-7633 Lincoln: 1-402-473-7000 Omaha: 1-402-595-1178
Nevada	Medicaid	<a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a>	1-800-992-0900
New Hampshire	Medicaid	<a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a>	1-603-271-5218
New Jersey	Medicaid and 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.nifamilycare.org/index.html">http://www.nifamilycare.org/index.html</a>	1-609-631-2392 1-800-701-0710
New York	Medicaid	<a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>	1-800-541-2831
North Carolina	Medicaid	<a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</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>	1-844-854-4825
Oklahoma	Medicaid and CHIP	<a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>	1-888-365-3742
Oregon	Medicaid	<a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a>	1-800-699-9075
Pennsylvania	Medicaid	<a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a>	1-800-692-7462
Rhode Island	Medicaid and CHIP	<a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>	1-855-697-4347 or 1-401-462-0311 (Direct Rlte Share Line)
South Carolina	Medicaid	<a href="https://www.scdhhs.gov">https://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="http://gethipptexas.com/">http://gethipptexas.com/</a>	1-800-440-0493
Utah	Medicaid and CHIP	<a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a>	1-877-543-7669
Vermont	Medicaid	<a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a>	1-800-250-8427
Virginia	Medicaid and CHIP	<a href="https://www.coverva.org/en/famis-select">https://www.coverva.org/en/famis-select</a> <a href="https://www.coverva.org/en/hipp">https://www.coverva.org/en/hipp</a>	1-800-432-5924 1-800-432-5924
Washington	Medicaid	<a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a>	1-800-562-3022
West Virginia	Medicaid and CHIP	<a href="https://dhr.wv.gov/bms/">https://dhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a>	1-304-558-1700 1-855-699-8447
Wisconsin	Medicaid and CHIP	<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://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a>	1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either: U.S. Department of Labor Employee Benefits Security Administration [www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa) 1-866-444-EBSA (3272) or U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services [www.cms.hhs.gov](http://www.cms.hhs.gov) 1-877-267-2323, Menu Option 4, Ext. 61565.

## YOUR RIGHTS AND PROTECTIONS AGAINST SURPRISE MEDICAL BILLS

### WHEN YOU GET EMERGENCY CARE OR GET TREATED BY AN OUT-OF-NETWORK PROVIDER AT AN IN-NETWORK HOSPITAL OR AMBULATORY SURGICAL CENTER, YOU ARE PROTECTED FROM SURPRISE BILLING OR BALANCE BILLING.

#### What is “balance billing” (sometimes called “surprise billing”)?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

“Out-of-network” describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called “balance billing.” This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

“Surprise billing” is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider. You are protected from balance billing for:

#### Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You can't be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

#### Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections.

You're never required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

When balance billing isn't allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
  - o Cover emergency services without requiring you to get approval for services in advance (prior authorization).
  - o Cover emergency services by out-of-network providers.
  - o Base what you owe the provider or facility (cost-sharing) on what it would pay an in network provider or facility and show that amount in your explanation of benefits.
  - o Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

# REQUIRED NOTICES

If you believe you've been wrongly billed, you may contact your state or federal agencies:

State		State	
Arizona	<a href="https://www.azleg.gov/legtext/53leg/2R/summary/H.SB1064_04-25-18_CHAPTERED.DOCX.htm">https://www.azleg.gov/legtext/53leg/2R/summary/H.SB1064_04-25-18_CHAPTERED.DOCX.htm</a>	Missouri	<a href="https://insurance.mo.gov/consumers/health/managingcost.php">https://insurance.mo.gov/consumers/health/managingcost.php</a>
Colorado	<a href="https://www.cga.ct.gov/2015/act/pa/2015pa-00146-r00sb-00811-pa.htm">https://www.cga.ct.gov/2015/act/pa/2015pa-00146-r00sb-00811-pa.htm</a>	New Hampshire	<a href="https://www.nh.gov/insurance/media/bulletins/2019/documents/ins-19-015-ab-hb-1809-nh-balance-billing-and-network-adequacy-laws.pdf">https://www.nh.gov/insurance/media/bulletins/2019/documents/ins-19-015-ab-hb-1809-nh-balance-billing-and-network-adequacy-laws.pdf</a>
Delaware	<a href="https://delcode.delaware.gov/sessionlaws/ga141/chp096.shtml">https://delcode.delaware.gov/sessionlaws/ga141/chp096.shtml</a>	New Jersey	<a href="https://www.state.nj.us/dobi/division_consumers/insurance/outofnetwork.html">https://www.state.nj.us/dobi/division_consumers/insurance/outofnetwork.html</a>
Florida	<a href="https://www.flsenate.gov/Committees/BillSummaries/2016/html/1387">https://www.flsenate.gov/Committees/BillSummaries/2016/html/1387</a>	New Mexico	<a href="https://www.nmlegis.gov/Sessions/19%20Regular/final/SB0337.pdf">https://www.nmlegis.gov/Sessions/19%20Regular/final/SB0337.pdf</a>
Georgia	<a href="http://www.legis.ga.gov/Legislation/20192020/194379.pdf">http://www.legis.ga.gov/Legislation/20192020/194379.pdf</a>	New York	<a href="https://www.dfs.ny.gov/consumers/health_insurance/surprise_medical_bills">https://www.dfs.ny.gov/consumers/health_insurance/surprise_medical_bills</a>
Illinois	<a href="https://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=096-1523">https://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=096-1523</a>	North Carolina	<a href="https://blog.bcbsnc.com/2019/06/the-costs-of-surprise-medical-billing/">https://blog.bcbsnc.com/2019/06/the-costs-of-surprise-medical-billing/</a>
Indiana	<a href="http://www.ciproms.com/2018/02/new-indiana-law-takes-effect-address-surprise-billing/">http://www.ciproms.com/2018/02/new-indiana-law-takes-effect-address-surprise-billing/</a>	Pennsylvania	<a href="https://www.legis.state.pa.us/cfdocs/legis/LI/consCheck.cfm?txtType=HTM&amp;ttl=35&amp;div=0&amp;chpt=33">https://www.legis.state.pa.us/cfdocs/legis/LI/consCheck.cfm?txtType=HTM&amp;ttl=35&amp;div=0&amp;chpt=33</a>
Iowa	<a href="https://www.legis.iowa.gov/docs/publications/BF/1069201.pdf">https://www.legis.iowa.gov/docs/publications/BF/1069201.pdf</a>	Texas	<a href="https://capitol.texas.gov/tlodocs/86R/billtext/pdf/SB01264F.pdf#navpanes=0">https://capitol.texas.gov/tlodocs/86R/billtext/pdf/SB01264F.pdf#navpanes=0</a>
Maryland	<a href="https://www.psafinancial.com/2019/09/protecting-patients-from-surprise-medical-bills-benefit-minute/">https://www.psafinancial.com/2019/09/protecting-patients-from-surprise-medical-bills-benefit-minute/</a>	Virginia	<a href="https://lis.virginia.gov/cgi-bin/legp604exe?201+sum+HB189&amp;201+sum+HB189">https://lis.virginia.gov/cgi-bin/legp604exe?201+sum+HB189&amp;201+sum+HB189</a>
Mississippi	<a href="https://www.beckershospitalreview.com/finance/mississippi-residents-may-have-an-out-for-surprise-medical-bills.html">https://www.beckershospitalreview.com/finance/mississippi-residents-may-have-an-out-for-surprise-medical-bills.html</a>	West Virginia	<a href="http://www.wvlegislature.gov/wvcode/ChapterEntire.cfm?chap=16&amp;art=29D&amp;section=4">http://www.wvlegislature.gov/wvcode/ChapterEntire.cfm?chap=16&amp;art=29D&amp;section=4</a>

Visit [No Surprises Act | CMS](#) or call the No Surprises Help Desk at 1-800-985-3059 for more information about your rights under federal law.

## HIPAA PRIVACY

A copy of the Notice of Privacy Practices for your plan is posted on the portal at healthgram.com. Log into your member portal and click on Notice of Privacy Practices. A paper copy may also be requested by writing to: The Cato Corporation 8100 Denmark Rd. Charlotte, N.C. 28273. This Notice describes how health information about you may be used and disclosed and how you can get access to this information. This Notice provides you with information to protect the privacy of your confidential health care information, hereafter referred to as protected health information (PHI). The Notice also describes the privacy rights you have and how you can exercise those rights. Please review it carefully.

If you have any questions about this Notice, please contact the Benefits Department at 704-551-7250.

This Notice is effective on October 24, 2022.

## OUR COMMITMENT REGARDING YOUR PERSONAL HEALTH INFORMATION:

The Company is committed to maintaining and protecting the confidentiality of our employees' personal information. This Notice of Privacy Practices applies to the Cato Employee Benefit Plan. The Plans are required by federal and state law to protect the privacy of your individually identifiable health information and other personal information. We are required to provide you with this Notice about our policies, safeguards and practices. When the Plans use or disclose your PHI, the Plans are bound by the terms of this Notice, or the revised Notice, if applicable.

## OUR OBLIGATIONS:

We are required by law to:

- Maintain the privacy of protected health information
- Give you this notice of our legal duties and privacy practices regarding health information about you
- Follow the terms of our notice that is currently in effect

## HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:

**The following describes the ways we may use and disclose health information that identifies you ("Health Information"). Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to the Privacy Official The Cato Corporation 8100 Denmark Rd. Charlotte, N.C. 28273 .**

**For Treatment:** We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

**For Payment:** We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment.

**For Health Care Operations:** We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may use and disclose information to make sure the obstetrical or gynecological care you receive is of the highest quality. We also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.



**Appointment Reminders:** Treatment Alternatives and Health Related Benefits and Services: We may use and disclose Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

**Individuals Involved in Your Care or Payment for Your Care:** When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

**Research:** Under certain circumstances, we may use and disclose Health Information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Before we use or disclose Health Information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Health Information.

## SPECIAL SITUATIONS:

**As Required by Law:** We will disclose Health Information when required to do so by international, federal, state or local law. To Avert a Serious Threat to Health or Safety. We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

**Business Associates:** We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

**Organ and Tissue Donation:** If you are an organ donor, we may use or release Health Information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.

**Military and Veterans:** If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military. **Workers' Compensation:** We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks:** We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities:** We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Data Breach Notification Purposes:** We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement:** We may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors:** We may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.

**National Security and Intelligence Activities:** We may release Health Information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective Services for the President and Others:** We may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

**Inmates or Individuals in Custody:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

## USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT OUT

**Individuals Involved in Your Care or Payment for Your Care:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

**Disaster Relief:** We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

## YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Uses and disclosures of Protected Health Information for marketing purposes; and
2. Disclosures that constitute a sale of your Protected Health Information.

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 the 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 the 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 the 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.



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