

2023
SUMMARY
OF BENEFITS



CATO

CATO is proud to provide competitive Medical Plans with in-network and out-of-network benefits administered through Healthgram. The Prescription Drug Plan is administered by Express Scripts.

	ELIGIBILITY	EFFECTIVE DATE	COMMENTS		COST	
			Basic	Enhanced	Basic	Enhanced
Group Health Plan – Healthgram	All full-time Associates must either elect the Basic or Enhanced plan or waive coverage by the 15th of the month prior to your effective date of coverage via CATO Connect.	First of the month following 60 days of continuous full-time employment.	70% major medical coverage \$2,650 annual in-network deductible \$35 Office Visit copay \$65 Specialist copay *There is an additional 50% premium for associates and their dependents if they are tobacco users. ** There is an additional charge of \$200/month if you cover a spouse who is eligible for coverage elsewhere and declines coverage.	80% major medical coverage \$1,250 annual in-network deductible \$25 Office Visit copay \$50 Specialist copay *There is an additional 50% premium for associates and their dependents if they are tobacco users. ** There is an additional charge of \$200/month if you cover a spouse who is eligible for coverage elsewhere and declines coverage.	Pre-tax Deductions Bi-Weekly: • Associate Only: \$47.67 • Associate +Child(ren): \$143.71 • Associate +Spouse: \$217.02 • Family: \$235.44 Monthly: • Associate Only: \$103.28 • Associate +Child(ren): \$311.37 • Associate +Spouse: \$470.22 • Family: \$510.12	Pre-tax Deductions Bi-Weekly: • Associate Only: \$112.34 • Associate +Child(ren): \$228.09 • Associate +Spouse: \$344.49 • Family: \$373.70 Monthly: • Associate Only: \$243.41 • Associate +Child(ren) \$494.20 • Associate +Spouse: \$746.39 • Family: \$809.69
Prescription Drugs – Express Script	All full-time Associates enrolled in a health insurance plan.	First of the month following 60 days of continuous full-time employment.	Deductible: \$50 Copays at a Participating Pharmacy: • Generic: \$20 • Brand Formulary: \$40 • Brand Non-Formulary: \$80 Copays for Mail Order Program: • Generic: \$40 • Brand Formulary: \$80 • Brand Non-Formulary: \$160	Deductible: \$50 Copays at a Participating Pharmacy: • Generic: \$10 • Brand Formulary: \$35 • Brand Non-Formulary: \$50 Copays for Mail Order Program: • Generic: \$20 • Brand Formulary: \$70 • Brand Non-Formulary: \$100	Included in health insurance premium	
Dental Insurance – Healthgram	All full-time Associates must either elect the dental plan or waive coverage by the 15th of the month prior to your effective date of coverage via CATO Connect.	First of the month following 60 days of continuous full-time employment.	100% preventive and 80% for basic dental care 50% for major dental care \$1,500 annual benefit per participant \$50 deductible		Pre-tax Deductions: Bi-Weekly: • Associate Only: \$11.87 • Associate + Child(ren): \$21.36 • Associate +Spouse: \$28.46 • Family: \$37.95 Monthly: • Associate Only: \$25.71 • Associate + Child(ren): \$46.27 • Associate +Spouse: \$61.67 • Family: \$82.22	
Vision Plan – Eyemed	All full-time Associates must either elect or waive coverage by the 15th of the month prior to your effective date of coverage via CATO Connect.	First of the month following 60 days of continuous full-time employment.	\$10 exam copay \$15 materials copay for prescription glasses OR \$150 allowance for contact lenses and the fitting and evaluation exam		Pre-tax Deductions Bi-Weekly: • Associate Only: \$3.36 • Associate +Spouse: \$6.73 • Family: \$10.83 Monthly: • Associate Only: \$7.29 • Associate +Spouse: \$14.58 • Family: \$23.46	
Group Term Life Insurance	All full-time Associates enrolled in a health insurance plan.	First of the month following 60 days of continuous full-time employment.	Policy amount based on annual base salary: • Up to \$30,000: 1.5X annual base salary • Over \$30,000: 2X annual base salary		100% paid by CATO	

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	ELIGIBILITY	EFFECTIVE DATE	COMMENTS	COST
Voluntary & Dependent Life Insurance	All full-time Associates enrolled in a health insurance plan	First of the month following 60 days of continuous full-time employment	Associate Amount: \$10,000 - \$750,000 (in \$10,000 increments) • Spouse: \$10,000 • Child(ren): \$5,000 each	Premium for Associate based on age and salary Bi-Weekly: • Spouse: \$1.28 • Child(ren): \$0.37 Monthly: • Spouse: \$2.77 • Child(ren): \$0.80
Short-Term Disability Insurance	All full-time Associates enrolled in a health insurance plan	First of month, one year from date of hire, if enrolled in a health plan	Pays 60% of salary in the event of a total disability; 14 day elimination period; \$1,000 maximum weekly benefit	Paid by CATO
Long-Term Disability Insurance	All full-time Associates enrolled in a health insurance plan	First of month, one year from date of hire, if enrolled in a health plan	Pays 60% of salary tax-free in the event of a total disability; 90 day elimination period; \$10,000 maximum monthly benefit	Associate pays premium on an after tax basis; \$0.71 per \$100 of pay
Voluntary AD&D	All full-time Associates enrolled in a health insurance plan	First of the month following 60 days of continuous full-time employment	Accidental death and dismemberment insurance offered in amounts from \$25,000-\$500,000	Voluntary premium based on coverage amount selected
Medical Flexible Spending Account	All full-time Associates	January 1 or July 1 following 12 consecutive months of full-time employment	Pre-tax salary deferral to pay for unreimbursed health care expenses	\$4/month administration fee for one or both spending accounts
Dependent Care Flexible Spending Account	All full-time Associates	First of the month following 60 days of continuous full-time employment.	Pre-tax salary deferral to pay for unreimbursed dependent care expenses	\$4/month administration fee for one or both spending accounts
Employee Stock Purchase Plan	All Associates (excluding temporary or seasonal Associates)	April 1 or October 1	Associates may contribute 1%-10% of their pay to buy CATO stock at a 15% discount. An annual lump sum option is available	N/A
401(k) Profit Sharing Plan	Associates over 21 years of age, who have worked 1,000 hours in a 12 month period from date of hire	January 1, April 1, July 1 or October 1 (after meeting all eligibility requirements)	Associates may contribute up to 75% of salary up to the annual IRS maximum. CATO may match up to 3% based on Company profits	None
Employee Stock Ownership Plan (ESOP)	Associates over 21 years of age, who have worked 1,000 hours in a 12 month period from date of hire	January 1 or July 1 (after meeting all eligibility requirements)	Discretionary contributions, including profit sharing, made by CATO	None
Paid Time Off (PTO)	All full-time Associates	Hire date	Based on length of service	Paid by CATO
Holidays	All full-time Associates	Hire date	Home Office/DC: • 9 paid holidays; New Year's Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving (2 days) and Christmas (2 days) Field Associates: • 7 paid holidays; Refer to Policies and Procedures for more details	Paid by CATO
Funeral Pay	All full-time Associates	Hire date	Up to 3 days paid leave due to a death in the immediate family	Paid by CATO
Jury Duty Pay	All full-time Associates	Hire date	Paid for scheduled hours missed	Paid by CATO (maximum of 10 days per calendar year)
Credit Union	All Associates	Hire date	Corporate America Family Credit Union	None
Merchandise Discount	All Associates and family members living in the same household	Hire date	20% discount on all items purchased at CATO, It's Fashion! and Versona Stores	None

Who is Eligible?

All full-time Associates who work a minimum of 30 hours per week are eligible for the full-time insurance coverage. Additionally, dependent children under the age of 26 are eligible for medical coverage under your plan. This does not apply to Dental or Vision Insurance coverage, as these benefits have dependent children restrictions to age 19, or 25 if a full-time student.

When is my insurance effective?

Insurance is effective the first of the month following an Associate's 60th day of full-time employment.

How do I enroll?

It is the Associate's responsibility to complete the online Group Health Insurance Enrollment Forms by the 15th of the month prior to their effective date of coverage. To enroll in benefits go to <https://associates.catocorp.com>, the web address for CATO Connect. To successfully enroll in benefits, you must complete each form by either enrolling in or waiving each benefits offered. Failure to do so will result in no benefit coverage until the next annual open enrollment period. Under the Affordable Care Act (ACA), a record of your election must be made available for government audit, if requested.