

2024
BENEFITS
OPEN
ENROLLMENT



CATO



2024 OPEN ENROLLMENT OCTOBER 23, 2023 - NOVEMBER 10, 2023

Health Insurance Plans for 2024

CATO is proud to provide competitive Medical Plans with In-Network and Out-of-Network benefits administered through Healthgram. We utilize the Cigna, OAP (Open Access Plus) Network. More details can be found in this booklet on pages 4 and 5. The Prescription Drug Plan is administered by Express Scripts. You may log into www.healthgram.com to search for a provider in your area, or call 866-904-9081 for assistance.

healthconnect:

- healthconnect is your one stop shop for all questions related to medical, dental and prescription coverage. Call 866-904-9081 to be connected with an Advisor. Your personal Advisor will know you by name and develop a one-on-one relationship with you. Your advisor can help you:
 - Find the right Doctor
 - Find the most appropriate & cost effective facilities
 - Resolve insurance issues
 - Explain benefits
 - Estimate medical costs
 - Receive health reminders

Changes for 2024:

Deductibles for the Basic Medical Plan will increase from \$2,650 to \$2,900 In-Network and from \$6,625 to \$7,250 for Out-of-Network (See Page 4).

Who is Eligible?

All full-time Associates who work a minimum of 30 hours per week and their eligible dependents are eligible for the full-time insurance coverage. Eligible dependents are as follows:

- Legally married spouse
- Dependent Child(ren): Medical coverage and dependent life insurance coverage up to the age 26.
- Dental and Vision coverage up to age 19 or up to age 25, if a full-time student.

How to Enroll and How to Obtain Information

To enroll in benefits for 2024, go to <https://associates.catocorp.com>. Enrollment begins October 23, 2023 and ends November 10, 2023. To review the Summaries of Benefits and Coverage, additional required notices regarding the health plan, and other information regarding our benefit plans, please see the Resource tab at <https://associates.catocorp.com>. You can also request and receive, free of charge, a paper copy of the Summary of Benefits and Coverage, other required disclosures, and plan descriptions by contacting the Human Resources Department at 704-551-7250.

ELIGIBILITY AND ENROLLMENT



When Can I Make Changes After Enrolling?

Because your deductions are taken on a pre-tax basis, changes to the plan can be made only during Open Enrollment or within 31 days of a “change in family status” per Federal Regulations. Only specific events qualify as a change in family status. Qualifying events include:

- Marriage
- Divorce
- Legal Separation
- Death of your spouse or dependent
- Birth or adoption of a child by you
- Dependent attaining age 26
- Termination or commencement of employment of your spouse
- A switch from part-time to full-time employment (or vice versa) by you or your spouse
- A significant change in the health coverage of you or your spouse attributable to your spouse’s employment

Therefore, unless there is a change in family status, no changes can be made by an Associate, including cancellation of coverage, until each annual Open Enrollment. If there is a change in family status, it is the Associate’s responsibility to notify the Benefits Department within 31 days of the change.

Please note: Proof of the change in status is required.

Healthcare Reform Individual Mandate

The individual mandate, under the Affordable Care Act, requires all full-time Associates to be enrolled in healthcare benefits or pay a penalty. In 2019 the penalty associated with the Affordable Care Act’s individual mandate was reduced to zero. Certain states, however, have their own state-based individual mandates and related penalties for non-compliance.





MEDICAL - BASIC PLAN

CATO is proud to provide competitive Medical Plans with In-Network and Out-of-Network benefits administered through Healthgram. The Basic Plan network is the Cigna, OAP (Open Access Plus) Network. The Prescription Drug Plan is administered by Express Scripts.

Services	BASIC PLAN	
	In-Network	Out-of-Network
Deductible	\$2,900 per calendar year (Maximum of 2/family)	\$7,250 per calendar year (Maximum of 2/family)
Per Confinement Deductible	\$250 per confinement	\$500 per confinement
Out-of-Pocket Maximum (Includes medical deductible, coinsurance and copays)	\$8,500 per member (Maximum of 2/family)	\$17,000 per member (Maximum of 2/family)
Lifetime Maximum	Unlimited	Unlimited
Physician Services – Primary Care Office Visits – Specialist Office Visits	100% after \$35 copay 100% after \$65 copay	50% after deductible 50% after deductible
Cancer Screenings (Mammograms, prostate antigen testing, pap smears, etc.)	100% deductible waived	50% deductible waived
Preventive Care Services – Routine Physicals – Vaccinations (includes Gardasil)	100% no copay or deductible 100% no copay or deductible	50% no deductible 50% no deductible
Urgent Care	100% after \$65 copay	
Emergency Care – Copay – Hospital Services – Physician Services	\$350 (waived if admitted) 70% after copay (deductible waived) 70% after copay (deductible waived)	\$350 (waived if admitted) 70% after copay (deductible waived) 70% after copay (deductible waived)
Services Payable After Deductible – Maternity Care – Maternity Facility Charges – Chiropractic Care – Surgery – Diagnostic Lab	70% 70% 70% (up to 52 visits/year) 70% 70%	50% 50% 50% (up to 52 visits/year) 50% 50%
Hospital Services After Deductible – Per Confinement Deductible – Inpatient – Outpatient	\$250 70% 70%	\$500 50% 50%
Special Services After Deductible – Ambulance Services – Durable Medical Equipment – Home Health Care – Hospice – Skilled Nursing Facility – Ambulatory Surgical Facility	70% 70% 100% 100% 70% 70%	70% after in network deductible 70% after in network deductible 100% after in network deductible 100% after in network deductible 70% after in network deductible 50%
Prescription Drugs Prescription Drug Program (see page 6 for details) – Generic – Formulary – Non-Formulary – Specialty Drug*	Up to a 90-day supply of maintenance medications available exclusively at Walgreens and Express Scripts Mail Order. Retail Copay / Mail Order Copay \$20 / \$40 \$40 / \$80 \$80 / \$160 20% / Not Applicable	Not Applicable
Prescription Drugs Deductible	\$50 per calendar year (\$100 maximum/family)	

**Compound drugs above the cost of \$100 require prior authorization.

***Plan covers up to a 30-day supply. Should you have questions regarding your specialty medication, please call NFP RX Solutions at 888-201-9175.

MEDICAL - ENHANCED PLAN



CATO is proud to provide competitive Medical Plans with In-Network and Out-of-Network benefits administered through Healthgram. The Enhanced Plan network is the Cigna, OAP (Open Access Plus) Network. The Prescription Drug Plan is administered by Express Scripts.

Services	ENHANCED PLAN	
	In-Network	Out-of-Network
Deductible	\$1,250 per calendar year (Maximum of 2/family)	\$3,750 per calendar year (Maximum of 2/family)
Per Confinement Deductible	\$250 per confinement	\$500 per confinement
Out-of-Pocket Maximum (Includes medical deductible, coinsurance and copays)	\$4,750 per member (Maximum of 2/family)	\$10,450 per member (Maximum of 2/family)
Lifetime Maximum	Unlimited	Unlimited
Physician Services – Primary Care Office Visits – Specialist Office Visits	100% after \$25 copay 100% after \$50 copay	60% after deductible 60% after deductible
Cancer Screenings (Mammograms, prostate antigen testing, pap smears, etc.)	100% no copay or deductible	60% no deductible
Preventive Care Services – Routine Physicals – Vaccinations (includes Gardasil)	100% no copay or deductible 100% no copay or deductible	60% no deductible 60% no deductible
Urgent Care	100% after \$50 copay	
Emergency Care – Copay – Hospital Services – Physician Services	\$350 (waived if admitted) 80% after copay (deductible waived) 80% after copay (deductible waived)	\$350 (waived if admitted) 80% after copay (deductible waived) 80% after copay (deductible waived)
Services Payable After Deductible – Maternity Care – Maternity Facility Charges – Chiropractic Care – Surgery – Diagnostic Lab	80% 80% 80% (up to 52 visits/year) 80% 80%	60% 60% 60% (up to 52 visits/year) 60% 60%
Hospital Services After Deductible – Per Confinement Deductible – Inpatient – Outpatient	\$250 80% 80%	\$500 60% 60%
Special Services After Deductible – Ambulance Services – Durable Medical Equipment – Home Health Care – Hospice – Skilled Nursing Facility – Ambulatory Surgical Facility	80% 80% 100% 100% 80% 80%	80% 80% 100% 100% 80% 60%
Prescription Drugs Prescription Drug Program (see page 6 for details) – Generic – Formulary – Non-Formulary – Specialty Drug*	Up to a 90-day supply of maintenance medications available exclusively at Walgreens and Express Scripts Mail Order. Retail Copay / Mail Order Copay \$10 / \$20 \$35 / \$70 \$50 / \$100 20% / Not Applicable	Not Applicable
Prescription Drugs Deductible	\$50 per calendar year (\$100 maximum/family)	

**Compound drugs above the cost of \$100 require prior authorization.

***Plan covers up to a 30-day supply. Should you have questions regarding your specialty medication, please call NFP RX Solutions at 888-201-9175.



PRESCRIPTION DRUGS

Cato/Express Scripts Individual Medications Management Program

- CATO has enlisted NFP Rx Solutions' team of pharmacists, to manage an Individual Medications Management Program coordinated with Express Scripts.
- If you are taking drugs like Epipen, Solodyn, Livixil, Oracea, for conditions like allergies, acne, pain, or rosacea, then you will be contacted by an NFP Rx Solutions Pharmacist via letter to provide drug alternatives to help you save.

Specialty Drug Program

- Specialty medications will only be dispensed in a 30-day supply.
- NFP Rx Solutions' team of pharmacists manage a Specialty Copay Savings Program coordinated with Express Scripts.
- If you are taking specialty drugs like Humira, Ravicti, Gilenya, Sprycel and Neupogen to name a few for conditions like rheumatoid arthritis, multiple sclerosis, HIV, and cancer - then you could qualify for Copay Assistance and you will be notified by an NFP Rx Solutions Pharmacist.
- Specialty Drug Copays are 20%.
- This program provides access to manufacturer copay programs, where eligible, to offset out-of-pocket costs for specialty medications.
- All Associates and their dependents currently prescribed specialty medications will be contacted by the NFP Rx Solutions team via letter to register for the program. Upon receipt of the letter, members should contact Rx Solutions at 888-201-9175 to enroll in the available programs through the medication's manufacturer.

Maintenance Medications

You have two ways of getting a 3-month supply of maintenance medications and SAVING money!

Choose Home Delivery



Get your 3-month supply delivered to you by the Express Scripts PharmacySM

Express Scripts will call your doctor to get a new 3-month prescription.

- You can get free standard shipping.
- You can talk to your Express Scripts pharmacist from the privacy of your own home, any time of the day or night.
- You can take advantage of an extended payment plan to make managing your budget as easy as managing your medicine.

Call 800-818-6634 or visit www.Express-Scripts.com if you have questions.

Find a Pharmacy



Get your 3-month supply filled exclusively at any Walgreens's pharmacy.

Ask the Walgreens Pharmacist how to transfer your prescription or how to start a new one.

To find a Walgreens pharmacy near you go to www.walgreens.com.

This program for your maintenance medications is only available through Walgreens Pharmacy.

Prescriptions other than maintenance medicines (for example an antibiotic to treat a sinus infection) can be filled at any in-network Express Scripts Pharmacy.

BASIC PLAN CONTRIBUTIONS



Associate Basic Plan Contributions Effective January 1, 2024

The charts below detail an Associate’s various payroll contributions (both bi-weekly and monthly) for the Basic Plan offered by CATO. These rates include medical, prescription drug, short-term disability and company-paid life insurance.

	ASSOCIATE PAYROLL CONTRIBUTIONS FOR BASIC PLAN COVERAGE	
	Bi-Weekly Contributions	Monthly Contributions
Associate Only	\$47.05	\$101.94
Associate + Child(ren)	\$148.02	\$320.71
Associate + Spouse	\$223.54	\$484.33
Family	\$242.50	\$525.42

Associates and their covered dependents that are tobacco users are not eligible for the lower, non-smokers Associate contribution, and therefore will be required to pay the following rates.

	ASSOCIATE PAYROLL CONTRIBUTIONS FOR TOBACCO USERS*	
	Bi-Weekly Contributions	Monthly Contributions
Associate Only	\$70.57	\$152.91
Associate + Child(ren)	\$222.01	\$481.03
Associate + Spouse	\$335.30	\$726.49
Family	\$363.76	\$788.14

*If a tobacco-user avails themselves of the smoking cessation program, they may qualify for non-tobacco user rates. See required notices below.

If your Spouse is offered Medical coverage with their current employer and made a choice to decline the coverage. CATO will allow them to be covered under the group health plan at an additional charge of \$200 per month.

	ADDITIONAL SPOUSAL CONTRIBUTION	
	Bi-Weekly Contributions	Monthly Contributions
Associate + Spouse	\$315.84	\$684.33
Family	\$334.81	\$725.42

	ADDITIONAL SPOUSAL CONTRIBUTION FOR TOBACCO USERS	
	Bi-Weekly Contributions	Monthly Contributions
Associate + Spouse	\$427.61	\$926.49
Family	\$456.06	\$988.14

NOTICE OF AVAILABILITY OF REASONABLE ALTERNATIVE STANDARD (SMOKING CESSATION PROGRAM):
 Rewards for participating in a smoking cessation program are available to all Associates. If you think you might be unable to meet a standard for a reward under this smoking cessation program, you might qualify for an opportunity to earn the same reward by different means. Contact the Benefits Department at 704-551-7250 and we will work with you (and if you wish, with your doctor) to find a smoking cessation program with the same reward that is right for you in light of your health status.



ENHANCED PLAN CONTRIBUTIONS

Associate Enhanced Plan Contributions Effective January 1, 2024

The charts below detail an Associate's various payroll contributions (both bi-weekly and monthly) for the Enhanced Plan offered by CATO. These rates include medical, prescription drug, short-term disability and company-paid life insurance.

	ASSOCIATE PAYROLL CONTRIBUTIONS FOR ENHANCED PLAN COVERAGE	
	Bi-Weekly Contributions	Monthly Contributions
Associate Only	\$115.71	\$250.71
Associate + Child(ren)	\$234.94	\$509.03
Associate + Spouse	\$354.82	\$768.78
Family	\$384.91	\$833.98

Associates and their covered dependents that are tobacco users are not eligible for the lower, non-smokers Associate contribution, and therefore will be required to pay the following rates.

	ASSOCIATE PAYROLL CONTRIBUTIONS FOR TOBACCO USERS*	
	Bi-Weekly Contributions	Monthly Contributions
Associate Only	\$173.57	\$376.06
Associate + Child(ren)	\$352.42	\$763.57
Associate + Spouse	\$532.22	\$1,153.14
Family	\$577.38	\$1,250.99

*If a tobacco-user avails themselves of the smoking cessation program, they may qualify for non-tobacco user rates. See required notices below.

If your Spouse is offered Medical coverage with their current employer and made a choice to decline the coverage. CATO will allow them to be covered under the group health plan at an additional charge of \$200 per month.

	ADDITIONAL SPOUSAL CONTRIBUTION	
	Bi-Weekly Contributions	Monthly Contributions
Associate + Spouse	\$447.13	\$968.78
Family	\$477.22	\$1,033.98

	ADDITIONAL SPOUSAL CONTRIBUTION FOR TOBACCO USERS	
	Bi-Weekly Contributions	Monthly Contributions
Associate + Spouse	\$624.53	\$1,353.14
Family	\$669.69	\$1,450.99

NOTICE OF AVAILABILITY OF REASONABLE ALTERNATIVE STANDARD (SMOKING CESSATION PROGRAM): Rewards for participating in a smoking cessation program are available to all Associates. If you think you might be unable to meet a standard for a reward under this smoking cessation program, you might qualify for an opportunity to earn the same reward by different means. Contact the Benefits Department at 704-551-7250 and we will work with you (and if you wish, with your doctor) to find a smoking cessation program with the same reward that is right for you in light of your health status.

DENTAL



The CATO Dental Plan is administered by Healthgram. The Dental Plan is a standalone plan (not part of the Cigna network). You can choose to enroll regardless of whether you choose to enroll in health care coverage. The chart below summarizes your benefits.

Services	Member Cost
Calendar Year Deductible	\$50 (Maximum of 3 per family)
Calendar Year Maximum	\$1,500 per covered member
Preventive Services	100% (cleanings and x-rays)
Basic Services	80% (extractions, anesthetic, periodontal diseases, injection of antibiotic, re-lining of dentures every 2 years)
Major Services	50% (inlays, crown restoration, installation of full or partial dentures, initial installation of fixed bridgework)

Associate Dental Plan Contributions Effective January 1, 2024

The chart below details an Associate's payroll contributions (both bi-weekly and monthly) for the Dental Plan offered by CATO.

	ASSOCIATE PAYROLL CONTRIBUTIONS FOR DENTAL COVERAGE	
	Bi-Weekly Contributions	Monthly Contributions
Associate Only	\$12.22	\$26.48
Associate + Child(ren)	\$22.00	\$47.66
Associate + Spouse	\$29.32	\$63.52
Family	\$39.09	\$84.69





VISION

The CATO Vision Plan is administered by EyeMed. You can choose to enroll regardless of whether you choose to enroll in health care coverage. The chart below summarizes your benefits.

Services	Member Cost
Exam (with dilation as necessary)	\$10 copay
Contact Lens Fit and Follow-Up <ul style="list-style-type: none"> - Standard - Premium 	\$40 copay 10% off retail price
Frames*	\$0 copay; \$150 allowance, 20% off balance over \$150 (any available frame at provider location)
Standard Plastic Lenses* <ul style="list-style-type: none"> - Single Vision - Bifocal - Trifocal - Lenticular - Standard Progressive Lens - Premium Progressive Lens Tiers 1-3 - Premium Progressive Lens Tier 4 	\$15 copay \$15 copay \$15 copay \$15 copay \$15 copay \$35-\$60 copay \$15 copay; 20% off retail price less \$120 allowance
Lens Options <ul style="list-style-type: none"> - UV Treatment - Tint (Solid and Gradient) - Standard Plastic Scratch Coating - Standard Polycarbonate (Adult) - Standard Polycarbonate (Kids Under 19) - Standard Anti-Reflective Coating - Other Add-Ons 	\$15 \$15 \$15 \$40 \$0 \$45 20% off retail price
Contact Lenses (allowance includes materials only) <ul style="list-style-type: none"> - Conventional - Disposable - Medically Necessary - Lasik or PRK from U.S. Laser Network 	\$0 copay; \$150 allowance, then 15% off balance over \$150 \$0 copay; \$150 allowance \$0 copay; Paid-in-Full 15% off retail price or 5% off promotional price
Frequency <ul style="list-style-type: none"> - Examination - Lenses or Contact Lenses - Frames 	Once every 12 months Once every 12 months Once every 24 months
EyeMed Perks <ul style="list-style-type: none"> - Know Before You Go out-of-pocket cost estimator allows you to get a feel for what you might pay before you even step foot into a store or doctor's office. - Tool includes simple definitions of common products and add-ons, all while calculating a range of costs. 	Members Only Specials Just go to eyemed.com, register and you're set to shop the savings. And if you have the EyeMed Members App, pull up the offer at the store — no printing!
	Hearing Health Discounts EyeMed members get more than just great vision benefits — you get access to hearing discounts through Amplifon Hearing Health Care. Call 877-203-0675 to schedule a hearing exam today.

*One \$15 copay for both frames and lenses when purchased together.

Associate Vision Plan Contributions Effective January 1, 2024

The chart below details an Associate's payroll contributions (both bi-weekly and monthly) for the Vision Plan offered by CATO.

	ASSOCIATE PAYROLL CONTRIBUTIONS FOR VISION COVERAGE	
	Bi-Weekly Contributions	Monthly Contributions
Associate Only	\$3.36	\$7.29
Associate + One	\$6.73	\$14.58
Family	\$10.83	\$23.46

BASIC AND VOLUNTARY LIFE



Basic Term Life and AD&D Insurance

CATO pays the full cost and provides all eligible full-time Associates enrolled in the Health Plan with basic term life insurance coverage and matching accidental death and dismemberment (AD&D) insurance.

Associate's Annual Salary	Coverage Amount
Up to \$30,000	1½x annual salary
\$30,000 or higher	2x annual salary to a maximum of \$350,000 for basic term life
Maximum Amount	Up to \$350,000 for basic term life (salary driven)

Voluntary Term Life

In addition to basic term life insurance coverage, CATO offers all eligible full-time Associates enrolled in the Health Plan the opportunity to purchase voluntary coverage for themselves and their dependents through Lincoln Financial Group. Associates currently participating in this benefit may increase coverage by 2 increments (or \$20,000 total) with no evidence of insurability (EOI). Associates who did not previously participate in this benefit may elect up to \$20,000 with no EOI.

Benefit Detail	
Associate Amount*	\$10,000 - \$750,000 (in \$10,000 increments)
Spouse Amount*	\$10,000
Dependent Child(ren) Amount	\$5,000
Maximum Amount	\$750,000

The Basic Life and Voluntary Term Life insurance combined maximum amount is \$1,100,000 (with evidence of insurability).

*Benefit is reduced at age 65.

Rates (per \$1,000 of benefit)	Age	Monthly Rate
Associate	0-29	\$.045
	30-34	\$.062
	35-39	\$.089
	40-44	\$.134
	45-49	\$.223
	50-54	\$.402
	55-59	\$.643
	60-64	\$.800
	65-69	\$1.45
	70+	\$3.71

Dependent Life Insurance

Benefit Detail	Bi-Weekly Rate	Monthly Rate
Spouse Rate (\$10,000 of coverage)	\$1.28	\$2.77
Child(ren) Rate (\$5,000 of coverage)	\$0.37	\$0.80
Family Rate (\$10,000/\$5,000 of coverage)	\$1.65	\$3.57



VOLUNTARY AD&D AND DISABILITY

Voluntary AD&D Insurance

In addition to basic accidental death and dismemberment (AD&D) coverage, CATO offers all eligible full-time Associates enrolled in the Health Plan the opportunity to purchase voluntary coverage for themselves and their dependents. Associates are able to select benefit amounts up to 10x their annual salary; ranging from \$25,000 to \$500,000 in coverage. Family members may be insured for a portion of the benefit amount.

Benefit Detail	Monthly Rate per \$1,000
Associate Only	\$0.02
Family	\$0.045

Short-Term Disability Income Benefits

To be eligible for short-term disability, you must be enrolled in the Health Plan. Short-Term Disability Income Benefits are provided in the event that an eligible Associate becomes disabled for more than 14 days due to an approved, non-work related illness, injury or pregnancy. The plan pays 60% of an eligible Associate's weekly base earnings, to a maximum of \$1,000 per week for a qualified disability. CATO pays the full cost of this benefit and coverage automatically begins the first of the month one year after your full-time hire date.

Benefit Detail	
Benefits Begin	15th day
Benefits Payable/Duration	Up to 11 weeks or until you are no longer disabled (whichever is sooner)
Percentage of Income Replaced	60% of weekly base earnings
Maximum Benefit Amount	\$1,000/week

Long-Term Disability Income Benefits

Long-Term Disability Income Benefits are provided in the event that an eligible Associate becomes disabled for more than 90 days due to an approved, non-work related illness or injury. The plan pays 60% of an eligible Associate's monthly base earnings, to a maximum of \$10,000 per month for a qualified disability. The Associate pays the full cost of this benefit at \$0.71 per \$100 of base pay and coverage automatically begins the first of the month one year after your full-time hire date. To be eligible for long-term disability, you must be enrolled in the Health Plan:

Benefit Detail	
Benefits Begin	91 st day
Benefits Payable/Duration	Up to Social Security Normal Retirement Age (SSNRA)
Percentage of Income Replaced	60% of monthly base earnings
Maximum Benefit Amount	\$10,000/month

Should an Associate be 60 years of age or older at the time of their disability, they will be eligible for the benefits based on their age as shown in the certificate.

VALUE ADDED SERVICES



Who is Eligible?

CATO provides all eligible full-time Associates enrolled in the Health Plan with basic term life insurance coverage which makes you eligible for the Lincoln Financial Value Added Services.

TravelConnectSM Travel Assistance Services

Medical Emergency Evacuation and Transportation: Includes arrangement and payment for transportation of the patient to the nearest medical facility able to treat the injury or illness. Once the patient can travel home, includes arrangement and payment for the trip.

Dependent Child Transportation: If a medical emergency leaves no parents available, includes arrangement and payment for the child's trip home or arrangement and payment for a family member to travel to and care for the child.

Travel Monitoring: Includes care management when the traveler has a medical emergency. Services vary from case to case but can include: medical record requests and reviews to ensure treatment is appropriate; intermediary services; medical translation services for the patient and/or the family; or communication between the patient and family back home.

And Much More:

- Assistance with corrective lenses or medical device replacement
- Arrangement for the delivery of medications, vaccines or blood
- Updates to family, employer and/or home physician
- Repatriation of a deceased traveler
- Security and political evacuation assistance
- Destination info — weather, currency and more
- Emergency travel arrangements and funds transfer
- Lost or stolen travel documents assistance
- Language translation services
- Medical and dental referrals

To use TravelConnectSM services, call On Call International at 866-525-1955, or visit [MyOnCallPortal](#) and enter your group ID: LFGTravel123. A program description is available at [MyOnCallPortal.com](#).

Employee Connect – Employee Assistance Program (EAP)

We offer confidential guidance and resources for you or an immediate household family member.

- In-person help with short-term issues; up to five sessions per person, per issue, per year
- Toll-free phone and web access 24/7 Unlimited phone access to legal, financial and work-life services
- A 25% discount on in-person consultations with network lawyers
- Financial consultations and referrals
- Work/life services for assistance with child care, finding movers, kennels and pet care, vacation planning, and more.

To learn more about the Lincoln Financial EmployeeConnect program, visit [www.Lincoln4Benefits.com](#) or [www.GuidanceResources.com](#) (user name = LFGsupport; password = LFGsupport1), or talk with a specialist at 888-628-4824.



VALUE ADDED SERVICES

LifeKeys

Lifekeys Services will help you meet life's challenges.

EstateGuidance® Will Preparation

Create your will online — easily and economically. Follow a step-by-step guide through the entire process, and then use online instructions to execute your will. You can:

- Name an executor to manage your estate
- Choose a guardian for your children
- Specify wishes for your property
- Provide funeral and burial instructions

GuidanceResources® Online

GuidanceResources® Online is the place to go for articles, tutorials, streaming videos and "Ask the Expert" personal responses on topics such as:

- Law and regulations
- Money and investments
- Family and relationships
- Health and wellness
- Work and education
- Leisure and home

Identity Theft

Identity theft is one of the fastest-growing crimes in the U.S. Be sure you have the information you need to recognize and prevent it. Our online resource helps you:

- Spot the warning signs
- Take steps to protect your cell phone, computer and tax records from fraud
- Lessen the damage and repair your credit if identity theft occurs
- Link to essential resources such as credit reporting bureaus, the FBI Internet Crime Complaint Center, ID Theft Resource Center, and more.

Services for Your Beneficiaries

Services are available for up to one year after a loss, and include:

- A combination totaling six in-person sessions for grief counseling, or legal or financial information and unlimited phone counseling
- Financial services
- Legal support
- Support with day-to-day concerns

To access LifeKeys services, call 855-891-3684 or visit: www.GuidanceResources.com (enter Web ID: Lifekeys).

To learn more about the Lincoln Financial EmployeeConnect program, visit www.Lincoln4Benefits.com or www.GuidanceResources.com (user name = LFGsupport; password = LFGsupport1), or talk with a specialist at 888-628-4824.

FLEXIBLE SPENDING ACCOUNTS (FSAs)



Healthcare FSA

CATO offers all eligible full-time Associates (who have been employed for 12 consecutive months and whose full-time hire date was on or before January 1, 2023) the opportunity to enroll in a Healthcare FSA. Healthcare FSAs allow Associates to set aside pre-tax dollars taken through payroll deductions to pay for expenses not covered by the medical, vision or dental plan in which they may be enrolled. Some eligible expenses include:

- Deductibles
- Coinsurance
- Copays
- Eye exams and glasses
- Hearing exams and hearing aids
- Smoking cessation programs and prescriptions
- Orthodontic expenses
- LASIK surgery

The maximum you may set aside for the healthcare account is \$3,050. A provision in the plan allows for a carryover of unused funds up to \$610 into the next calendar year.

Dependent Care FSA

CATO also offers all eligible full-time Associates (immediately upon hire) the opportunity to enroll in a Dependent Care FSA. Dependent Care FSAs allow Associates to set aside pre-tax dollars taken through payroll deductions to pay for expenses related to the care and supervision of your child or elder dependent. Some eligible expenses include:

- Before/after school care
- Day camps
- Eldercare
- Care at licensed nursery schools or child care centers
- Care provided in or outside your home during working hours

The maximum you may set aside for the dependent care account is \$5,000 per household.

When Will I Receive My Flex Card?

If your current Flex Card expires December 31, 2023 you will receive a new card, otherwise your current card will be reloaded with the new amount you designate for 2024.





HELPFUL TERMS

Beneficiary: A spouse, child, charity or any entity or person to whom the policyholder would like to leave his or her assets.

Copay: A fixed amount required by the insurance company to be paid by the Associate for each outpatient visit or drug prescription.

Coinsurance: An 80/20 coinsurance plan with a \$1,250 deductible requires the Associate to pay 20% of the covered costs after the deductible has been paid, while the insurance company will be liable for the remaining 80% (Example based on Enhanced plan).

Contribution: The amount paid by the Associate for insurance coverage, which is usually paid on a regular basis (each pay period).

Deductible: The amount an Associate pays out-of-pocket before the insurance company will pay for expenses.

Dependent: Legally married spouse. **Dependent Child(ren):** Medical coverage and dependent life insurance coverage up to age 26. Dental and Vision coverage up to age 19 or up to age 25, if a full-time student.

Full-time: CATO Associates employed on a regular basis, working an average of at least 30 hours per week, every week of the year.

Generic Drug: When the patent protection for a brand-name drug expires, generic versions of the drug can be offered for sale if the FDA agrees; generic drugs are often less expensive than brand-name drugs.

Inpatient: A patient who is admitted to a hospital or clinic for treatment that requires at least one overnight stay.

In-Network: Services rendered by a participating provider will be payable at the "preferred" benefit level.

Outpatient: A patient who receives treatment at a hospital, as in an emergency room or clinic, but is not hospitalized.

Out-Of-Pocket Maximum: The maximum amount that the covered Associate will pay for deductible, coinsurance and medical copays before the insurance company pays 100% of covered claims for the remainder of the calendar year (does not include excluded expenses).

Part-time: Associates employed to work on a regular schedule of less than 30 hours every week throughout the year. Occasional and temporary work weeks are not sufficient causes to change an Associate's status to full-time. A part-time associate must average at least 30 hours per week over the last 12 months to qualify for benefits.

Per Confinement Deductible: The amount an Associate pays out-of-pocket each time he/she is admitted to the hospital.

Plan Allowance: The Plan allowance is the amount that the plan, at its sole discretion, has determined to be the maximum amount payable for a non-preferred provider covered service. Charges in excess of the Plan allowance will not be considered covered expenses under this Plan. The Plan will reimburse the actual charge billed if it is less than the Plan allowance. A complete listing of the Plan Allowance charges is located at www.healthgram.com. The Plan allowance only applies to non-preferred providers (see Schedule of Benefits).

Pre-certification: If pre-certification is not obtained, a penalty will apply and benefits will be reduced and/or denied. Hospital admissions, outpatient surgeries and other procedures require pre-certification.

Preferred Provider: A provider who has elected to participate in the Plan or through a network supplementary to the Plan.

Specialist: A physician whose practice is limited to a particular branch of medicine or surgery – usually separate from your Primary Care Physician.

CONTACT INFORMATION



Medical/Dental

Healthgram

866-904-9081

www.healthgram.com



Prescription Drugs

Express Scripts

800-818-6634

www.express-scripts.com



Vision

EyeMed

866-723-0513

www.eyemedvisioncare.com



Life and Disability

Lincoln Financial Group

800-423-2765

www.lfg.com



The information in this Benefits Open Enrollment Guide is presented for informational purposes only. Your right to benefits will be governed by the applicable plan documents. In the event of any discrepancies between this Benefits Open Enrollment Guide and the applicable plan documents, the plan documents will control. If you have any questions about this Benefits Open Enrollment Guide, contact the Human Resources Department at 704-551-7250.

CATO