

2017
BENEFITS
ENROLLMENT
GUIDE



CATO

WELCOME TO YOUR BENEFITS



Health Insurance Plans for 2017

CATO offers two different health insurance plans available to Associates and their eligible dependents. These plans are: the Basic Plan, as well as the Enhanced Plan. This will allow you to continue to choose the coverage that is most appropriate for you and your dependents. More details can be found in this booklet on pages 3 and 4. Healthgram administers the medical and dental plans. The PPO network for your medical plans is the Cigna Choice Fund PPO Network. You may log into www.healthgram.com to search for a provider in your area, or call 1-866-904-9081 for assistance searching providers.

health**connect** 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.

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.

How to 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 enrollment date of coverage. To enroll in benefits for 2017, go to <https://associates.catocorp.com>. To successfully enroll in benefits, you must complete each form by either enrolling or waiving each benefit offered. Failure to do so will result in no benefit coverage until the next annual enrollment period. Health Plan Required Notices are posted to the Resource Tab. A copy of group health plan notices are available free of charge by contacting the Human Resource Department.

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 visa 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 to pay a penalty. The penalty for 2017 will be \$695 and half that amount for each uninsured child under age 18 up to a maximum of \$2,085.



MEDICAL - BASIC PLAN

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. The chart below summarizes our benefits for the Basic Plan. The network is the Cigna, Choice Fund PPO Network.

Services	In-Network	Out-of-Network
Deductible	\$2,000 per calendar year (Maximum of 2/family)	\$5,000 per calendar year (Maximum of 2/family)
Per Confinement Deductible	\$250 per confinement	\$500 per confinement
Out-of-Pocket Limit (Includes medical deductible, coinsurance and copays)	\$6,150 per member (Maximum of 2/family)	\$12,000 per member (Maximum of 2/family)
Lifetime Maximum	Unlimited	Unlimited
Physician Services – Primary Care Office Visits – Specialist Office Visits	100% after \$30 copay 100% after \$60 copay	50% after deductible 50% after deductible
Routine Child Care	100% after \$30 copay (up to age 16)	50% (up to age 16)
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 \$60 copay	
Emergency Care – Copay – Hospital Services – Physician Services	\$250 (waived if admitted) 70% after copay (deductible waived) 70% after copay (deductible waived)	\$250 (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%** 70%** 100%** 100%** 70%** 50%
***Prescription Drugs – Generic – Formulary – Non-Formulary – Specialty Drug	Retail (30-day supply) \$20 \$40 \$80 \$130	Mail Order (90-day supply) \$40 \$80 \$160 Not applicable
Prescription Drugs Deductible	\$50 per calendar year (\$100 maximum/family)	

*Please check your Summary Plan Description for full benefits.

** After in-network deductible.

***Compound drugs above the cost of \$100 require prior authorization. Step Therapy, Prior Authorization & Drug Quantity Management Programs apply. Mail Order encouraged for maintenance medications (higher copays applied for retail medications).

MEDICAL - ENHANCED PLAN



The Enhanced Plan network is the Cigna, Choice Fund PPO Network.

Services	In-Network	Out-of-Network
Deductible	\$900 per calendar year (Maximum of 2/family)	\$2,700 per calendar year (Maximum of 2/family)
Per Confinement Deductible	\$250 per confinement	\$500 per confinement
Out-of-Pocket Limit (Includes medical deductible, coinsurance and copays)	\$4,400 per member (Maximum of 2/family)	\$9,700 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
Routine Child Care	100% after \$25 copay (up to age 16)	60% (up to age 16)
Cancer Screenings (Mammograms, prostate antigen testing, pap smears, etc.)	100% no copay or deductible	100% no copay or 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	\$250 (waived if admitted) 80% after copay (deductible waived) 80% after copay (deductible waived)	\$250 (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 – Generic – Formulary – Non-Formulary – Specialty Drug	Retail (30-day supply) \$10 \$35 \$50 \$100	Mail Order (90-day supply) \$20 \$70 \$100 Not applicable
Prescription Drugs Deductible	\$50 per calendar year (\$100 maximum/family)	

*Please check your Summary Plan Description for full benefits.

** After in-network deductible.

***Compound drugs above the cost of \$100 require prior authorization. Step Therapy, Prior Authorization & Drug Quantity Management Programs apply. Mail Order encouraged for maintenance medications (higher copays applied for retail medications).



BASIC PLAN CONTRIBUTIONS

Associate Basic Plan Contributions Effective January 1, 2017

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	\$45.41	\$98.38
Associate + Child(ren)	\$103.34	\$223.90
Associate + Spouse	\$156.06	\$338.13
Family	\$169.30	\$366.82

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	\$68.11	\$147.57
Associate + Child(ren)	\$155.00	\$335.84
Associate + Spouse	\$234.09	\$507.20
Family	\$253.95	\$550.22

*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 eligible to enroll for medical coverage with their employer and denies that coverage, CATO will charge an additional \$200 per month to carry your spouse on CATO's Group Health Plan.

	ADDITIONAL SPOUSAL CONTRIBUTION	
	Bi-Weekly Contributions	Monthly Contributions
Associate + Spouse	\$248.37	\$538.13
Family	\$261.61	\$566.82

	ADDITIONAL SPOUSAL CONTRIBUTION FOR TOBACCO USERS	
	Bi-Weekly Contributions	Monthly Contributions
Associate + Spouse	\$326.40	\$707.20
Family	\$346.26	\$750.22

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 Hotline at 704-551-7268 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, 2017

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	\$80.78	\$175.03
Associate + Child(ren)	\$164.02	\$355.38
Associate + Spouse	\$247.72	\$536.72
Family	\$268.73	\$582.25

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	\$121.18	\$262.55
Associate + Child(ren)	\$246.04	\$533.08
Associate + Spouse	\$371.57	\$805.06
Family	\$403.09	\$873.36

*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 eligible to enroll for medical coverage with their employer and denies that coverage, CATO will charge an additional \$200 per month to carry your spouse on CATO's Group Health Plan.

	ADDITIONAL SPOUSAL CONTRIBUTION	
	Bi-Weekly Contributions	Monthly Contributions
Associate + Spouse	\$340.02	\$736.72
Family	\$361.04	\$782.25

	ADDITIONAL SPOUSAL CONTRIBUTION FOR TOBACCO USERS	
	Bi-Weekly Contributions	Monthly Contributions
Associate + Spouse	\$463.87	\$1,005.06
Family	\$495.40	\$1,073.36

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 Hotline at 704-551-7268 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. You can choose to enroll regardless of whether you choose to enroll in health care coverage. The chart below summarizes your benefits.

Services	
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, 2017

The chart below details an Associate's various 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	\$8.53	\$18.49
Associate + Child(ren)	\$15.36	\$33.27
Associate + Spouse	\$20.46	\$44.34
Family	\$27.29	\$59.13



VISION



The CATO Vision Plan is administered by VSP. The Vision Plan is a standalone plan. 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 – Standard OR – Premium	Maximum copay up to \$60 (in addition to 15% discount on contact lens exam services)
Frames*	\$15 copay; \$150 allowance, 20% off balance over \$150 (any available frame at provider location)
Standard Plastic Lenses* – Single Vision – Bifocal – Trifocal – Lenticular – Standard Progressive Lens – Premium Progressive Lens	\$15 copay \$15 copay \$15 copay \$15 copay \$15 copay \$15 copay; Associate pays balance less average discount of 20-25%
Lens Options – UV Treatment – Tint (Solid and Gradient) – Standard Plastic Scratch Coating – Standard Polycarbonate (Adult) – Standard Polycarbonate (Kids Under 19) – Standard Anti-Reflective Coating – Polarized – Other Add-Ons	\$16 \$17 \$17 \$31-35 \$0 \$41 Average of 20-25% discount Average of 20-25% discount
Contact Lenses (allowance includes materials only) – Conventional – Disposable – Medically Necessary – Lasik or PRK from U.S. Laser Network	\$0 copay; \$150 one time allowance \$0 copay; \$150 allowance \$0 copay; Paid-in-Full 15% off retail price or 5% off promotional price
Frequency – Examination – Lenses or Contact Lenses – Frames	Once every 12 months Once every 12 months Once every 24 months

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

Associate Vision Plan Contributions Effective January 1, 2017

The chart below details an Associate's various 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	\$2.50	\$5.42
Associate + One	\$5.00	\$10.84
Family	\$8.05	\$17.44



BASIC AND VOLUNTARY LIFE

Basic Term Life and AD&D Insurance

CATO 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. The Company pays the full cost of this benefit.

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. Evidence of Insurability (EOI) is required for amounts over the guarantee issue amount. Some plan highlights and the rates are provided below:

Benefit Detail	
Associate Amount*	1x, 2x or 3x annual salary
Associate Guarantee Issue Amount	\$150,000
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	<24	\$0.045
	25-29	\$0.045
	30-34	\$0.062
	35-39	\$0.089
	40-44	\$0.134
	45-49	\$0.223
	50-54	\$0.402
	55-59	\$0.643
	60-64	\$0.800
	65-69	\$1.450
	70-74	\$3.710

CATO also offers dependent life insurance for spouse and children's coverage at the rates provided below.

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

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 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. Single coverage is offered at \$0.02 per \$1,000 of benefit and family coverage is offered at \$0.045 per \$1,000 of benefit.

Short-Term Disability Income Benefits

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. To be eligible for short-term disability, you must be enrolled in the Health Plan:

Benefit Detail	
Benefits Begin	15 th 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 \$0.43 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 UnitedHealthcare Global at 800-527-0218 or 410-453-6330, and provide them with ID number 322541. A program description is available at www.Lincoln4Benefits.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 four 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 1-855-891-3684 or visit Lincoln4Benefits.com (Web ID = LifeKeys)



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, 2016) 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

The maximum you may set aside for the healthcare account is **\$2,500**. A provision in the plan allows for a carryover of unused funds up to \$500 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?

You will receive a flex debit card loaded with the amount you designate for 2017. This card will be mailed to your home address.

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 \$900 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: A spouse or child for whom the Associate is the legal guardian.

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 Limit: 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

1-866-904-9081

www.healthgram.com



Prescription Drugs

Express Scripts

1-800-818-6634

www.express-scripts.com



Vision

VSP

1-800-877-7195

www.vsp.com



Life and Disability

Lincoln Financial Group

1-800-423-2765

www.lfg.com



The information in this Benefit Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.

