

INDITEX

ZARA Massimo Dutti

HAWAII EMPLOYEES 2016 BENEFITS GUIDE

We are excited to offer you a robust, comprehensive and flexible benefits package that can fit your needs and those of your family. Our most important goal is to make your benefits enrollment process as smooth and informative as possible.

This guide provides important information about your benefits and contributions. Carefully consider your benefit needs for the plan year.

Important: Outside of this enrollment period, you may only make benefit changes if you experience a qualified life event (e.g. birth, marriage, divorce, loss of spouse health coverage, etc.).

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Zara is proud to provide a high quality benefits package to enhance your life.

ELIGIBILITY & WAITING PERIOD

Who Is Eligible to Participate?

You are eligible to participate in the benefits program if you are scheduled to work 20 or more hours per week, whether paid hourly or by a yearly salary.

New Hire Waiting Periods

Coverage will be effective on the 1st of the month following four weeks of employment.

Which Family Members Can Be Covered?

When you enroll yourself in the benefits program, you may also cover your eligible dependents. Please review your dependent's eligibility to ensure they meet the requirements to be covered under Zara's benefit plans.

Eligible dependents may include your:

- Legal Spouse ("Spouse" means the person recognized as a covered employee's husband or wife under the laws of the state where the covered employee was married.)
- Domestic Partner
- Dependent Children are covered up to the end of the birth month in which they turn:
 - Medical: age 26 regardless of student status
 - Dental: age 26 regardless of student status
 - Vision: age 26 regardless of student status

Qualified Life Events

After your initial enrollment period, you may only make changes to your benefit elections during the annual enrollment period, unless you have a qualified family status change as defined by the IRS. If a qualified change in status occurs, you are permitted to make changes consistent with the event.

Qualified Life Events, as defined by the IRS, may include:

- Marriage or divorce
- Gain or loss of an eligible dependent for reasons such as birth, adoption, court order, disability, death, marriage or reaching the dependent child age limit.
- Changes in your Spouse's employment affecting benefit eligibility.

If any of these changes occur, it is your responsibility to add or remove your dependent(s) within 31 days of the date of the qualifying event.

Any inconsistency between terms of this document and any plan document or insurance contract will be governed by the plan document or insurance contract. Although Zara expects to continue these benefit plans indefinitely, Zara necessarily reserves the right to amend, modify or discontinue the plans at any time.

Our medical and vision plans are bundled together. UHA is our coverage provider. To verify that a doctor or facility is in the UHA network, visit, www.UHAhealth.com and select “Find a Provider” or call member services at (808) 532-4000. Outlined below is our medical plan overview. See page 4 for our vision plan overview.

UHA MEDICAL PLAN OVERVIEW

	UHA 3000 PLAN	
Medical Plan Provisions	In-Network	Out-of-Network
Deductible (Indiv. / Family)	\$200 / \$600	\$200 / \$600
Coinsurance: Paid by Carrier	80%	80%
Primary Care Physician (PCP) / Specialist Copay	\$12 Copay	\$12 Copay plus difference between actual charge and allowed charge.
Adult Preventive Care Office Visit:	No Copay	No Copay
Out-of-Pocket Max (including Deductible)	\$2,200 / \$6,600	\$2,200 / \$6,600
Inpatient Hospital	Ded + 20%	Ded + 20%
Outpatient Surgery	Ded + 20%	Ded + 20%
Emergency Room	Ded + 20%	Ded + 20%
Maximum Lifetime	Unlimited	
Rx Deductible	None	
RX Out-of-Pocket Max	\$3,850 per person / \$5,200 family	
Rx Retail (30 Day Supply) Generic/Brand/Non Formulary	\$7 / \$20 / \$40*	Not Covered
Rx Mail Order (90 Day Supply) Generic/Brand/Non Formulary	\$7 / \$20 / \$40	Not Covered
Out-of-Network UCR Level	N/A	Fee Schedule
Dependent Age Limit	To age 26	

	UHA 3000
Employee	\$0
Employee + 1	\$95.81
Family	\$191.62

EMPLOYEE MEDICAL & VISION CONTRIBUTIONS (24 TIMES PER YEAR)

Routine eye exams are important! They can help doctors find early warning signs of health issues like diabetes, high cholesterol, high blood pressure and more.

UHA VISION PLAN OVERVIEW

UHA Vision 100 Plan

Eye Examination

- Plan pays 100% of the eligible charge for one eye examination and refraction per member, per calendar year

Appliances

- Up to \$130 every calendar year towards the purchase of eyeglasses, contact lenses, frames, lenses, or any combination thereof

Vision Care Providers

Members have the choice of going to a participating or non-participating UHA vision provider who must be a licensed Ophthalmologist (M.D.) or Optometrist (O.D.)

Limitations And Exclusions

The following services are not covered:

- Contact lens fitting
- Repair or replacements of frame parts and accessories
- Sunglasses
- Prescription inserts for diving masks
- Nonprescription industrial safety goggles
- Tinting of glasses

How To File A Vision Claim For Services From A Non-Participating Provider

- Present your UHA member identification card to the provider of services
- Send your receipt or invoice and copy of your UHA medical card

Via Mail:

700 Bishop Street, Suite 300
Honolulu, HI 96813

Via Fax:

(866) 572-4393

- All claims must be filed within one year from the date of service; claims filed after one year will not be paid

If you have any questions about your vision plan benefits, please contact UHA Customer Services at (808) 532-4000, or 1-800-458-4600 from the neighbor islands.

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A healthy smile means a healthy you. Dental care is a vital component of your health. Don't forget to schedule regular dental visits every 6 months.

AETNA	LOW POS		HIGH POS	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Dental Plan Provisions				
Deductible (Single / Family) Waived for Preventive	\$75 / \$225		\$50 / \$100	
Coinsurance (Coins.): Paid by Carrier				
Diagnostic / Preventive	90%	90%	100%	100%
Basic	50%	50%	80%	80%
Endodontics / Periodontics	50%	50%	80% / 50%	80% / 50%
Major / Implants	50%	50%	50% / Not Covered	50% / Not Covered
Orthodontia (Child Only)	50%		50%	
Orthodontia Lifetime Maximum	\$1,000		\$1,000	
Calendar Year Maximum	\$1,000		\$1,500	
Out-of-Network UCR Level	N/A	Maximum Allowable Charge	N/A	80th Percentile
Dependent Age Limit	Age 26			

AETNA DENTAL PLAN OVERVIEW

You have the option to choose from two Aetna dental plans: the Low POS, or the High POS which offers enhanced benefits.

To find a provider go to www.aetna.com and select "find a doctor". Select the dental PPO/PDN with PPO II network when searching for dentists.

	LOW POS	HIGH POS
Employee	\$2.36	\$7.78
Employee + Spouse	\$8.14	\$20.61
Employee + Child	\$8.60	\$21.95
Family	\$12.98	\$26.23

EMPLOYEE DENTAL CONTRIBUTIONS (24 TIMES PER YEAR)



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401(K) RETIREMENT PROGRAM

Visit our 401(k) plan website at: www.adp.vantage.adp.com to enroll and to learn more about your retirement plan and account features like SaveSmart® and automatic Account Rebalancing.

Zara's 401(k) account number is #421629.

401(k) Plan

Your 401(k) plan was created to help replace your paycheck when you retire. So plan for what's ahead and get ready for this phase in your life today. You can get there by taking one step at a time.

To help you reach your retirement goals:

Your 401(k) plan is set up as an automated enrollment feature using the ADP retirement services portal. This means 3% will be deducted from your pre-tax pay and invested in your plan's default fund for you. You can always opt out if now is not the time for you to start saving for your retirement.

Did you opt out in the past but are ready to enroll in your retirement plan today? Login to your retirement plan website, enter your credentials or login as a new user.

- If you need to take a guided tour to learn why your retirement plan is an important part of your financial future: select the "learn more" tab at <http://www.adprsportal.com/learnmore-netsecure/>. You can also review your ZARA enrollment kit to get all the information you need.
- Remember your plan matches up to 6%. Consider saving enough to get the full plan match. If you're not saving enough, you could be missing out on money that could be yours. Login to your ADP account online to increase your contributions.
- Review the benefits and details of your 401(k) plan.

Stay on track and maximize the benefits of your retirement plan

Designate an account beneficiary. Submit your completed beneficiary form to your employer or complete this step online.

Select automatic account features like SaveSmart® and automatic Account Rebalancing to help make savings and portfolio management easier.

Consider consolidating your retirement accounts into your ZARA 401(k) account: call 1-866-mykplan (1-866-695-7526) and have an ADP rollover specialist assist you.

Review the **Fee Disclosure Rule** in the benefits section at inet.inditex.com – Once you become an eligible employee, we will provide you with the Fee Disclosure Statement. This statement will help you to understand the fees involved with your 401(k).

If you have questions about your 401(k) Retirement Plan, contact the ADP Retirement Service Information Line: 1-866-mykplan (1-866-695-7526).

Plan Review

Eligibility: 21 years of age / 1 year of service by the next plan entry date (with 1000 hours)

Contribution Types: Pre-tax, Roth 401(k)

Plan Maximum: up to 90% of your compensation

Employer Contribution: 50% of the first 6x% of your salary deferrals*

Match Vesting: fully vested after 3 years of service**

Non-elective Contributions: Fully vested after 6 years of service**

*There may be special requirements for you to receive your company contributions.

**Your contributions and any amounts you rolled into the plan, adjusted for gains and losses, are 100% years.

You need to take action if you wish to enroll in the medical and vision, or dental plan. To do so, you must fill out the applicable enrollment form. For medical and vision coverage please complete the UHA form. Dental elections can be made using the Zara Enrollment Form.

Please complete all applicable sections and submit completed forms to Benefits USA & PR at: Benefits@us.inditex.com.

IMPORTANT: To enroll your dependent(s) in medical and vision, or dental benefits, you must submit the following verification documents. All documents must be submitted in English.

Documents written in a foreign language must be accompanied by notarized translations.

A dependent is defined as a spouse, state-registered domestic partner, and children.

Valid Dependent Verification Documents:

1. ADDING A SPOUSE:

- a. Marriage certificate AND current proof of:
- b. Common residence, such as a utility bill, mortgage note or lease agreement, or
- c. Financial interdependency, such as a shared bank account with financial information blacked out

2. ADDING A DOMESTIC PARTNER: is verified by the submission of two forms of proof from the list of categories described below:

- a. Certificate/card of state registered domestic partnership, or
- b. Proof of common residence, such as a utility bill, mortgage note or lease agreement, or
- c. Proof of financial interdependency, such as a shared bank account with financial information blacked out
- d. Petition for domestic partnership or legal unions; or
- e. Legal union documents

3. ADDING CHILD/CHILDREN DEPENDENT(S): (one of the following)

- a. Page 1 of your federal tax return from last year that shows the child's name as a son or daughter. (Please black out financial information on the form)
- b. Birth certificate or Certificate of Live birth showing the name of the parent who is the subscriber or the subscriber's spouse or qualified registered domestic partner
- c. Certificate or adoption decree
- d. Court-ordered parenting plan
- e. Qualified Medical Support Order

Evidence needs to be submitted to Benefits USA & PR at Benefits@us.inditex.com. Dependents will not have coverage until we receive the required information.

BENEFITS HELP DESK

Our Benefits Help Desk is designed to be your personal benefits answer and support service for a wide range of benefits and insurance issues. It is staffed by dedicated professionals who will work with you personally until your question is answered or benefits issue is resolved.

All inquiries and personal data are completely confidential — information collected from you is only provided to the organizations you authorize. The Help Desk complies with all HIPAA regulations.

You can access the Benefits Help Desk **toll-free at 877-373-6535**.

The staff is available from 8am–8pm EST, Monday through Friday. After hours, you can leave a voice mail message — your call will be returned within 24 hours (or on Monday, if received during the weekend).

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