

ENROLLMENT GUIDE

Part-Time Employee /
2023-2024



ZARA

WELCOME TO OPEN ENROLLMENT 2023
OPEN ENROLLMENT IS SEPTEMBER 5 - 19, 2023.

**ZARA USA is proud to provide a high quality
benefits package to enhance your life.**

Our comprehensive and competitive benefits program is an important component of your total compensation package. This guide provides valuable information to help you better manage your health and your financial security. During this open enrollment, you have the opportunity to review your coverage needs, consider the benefit plans available to you and select benefits that will provide the most value to you.

While we encourage all employees to review and confirm their benefits in ADP, if you do not actively enroll in benefits, your current elections will continue with the exception of Flexible Spending Account (FSA). **You will need to actively make an election if you would like to make FSA contributions for the 2023-24 plan year.**

For a smooth enrollment process, you should have your dependent(s) name, date(s) of birth and Social Security Numbers readily available.

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

For assistance in a language other than English, please refer to the contact list on the last page of this guide and request to speak with a representative in your preferred language. Keep in mind that not all languages are available.

01

USING YOUR BENEFITS

ELIGIBILITY

ENROLLMENT INSTRUCTIONS

BENEFITS HELP DESK

02

YOUR BENEFITS

HEALTH & WELLNESS

SAVINGS AND FINANCES

VOLUNTARY BENEFITS

01

USING YOUR BENEFITS



ELIGIBILITY



**ENROLLMENT
INSTRUCTIONS**



BENEFITS HELP DESK

INDEX



ELIGIBILITY

Who Is Eligible to Participate?

Part-Time Employees: You are eligible to participate in the benefits program if you have worked an average of 30 hours per week over the measurement period. Employees working a minimum of 20 hours per week are eligible for the Voluntary Benefits offered through the Hartford and for our Aetna Accident plan.

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 USA'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.) (Spouses can be covered on the Voluntary Life plan only.)
- Domestic Partner* (Domestic Partners can be covered on the Voluntary Life plan only.)
- Dependent children covered up to the end of the birth month in which they turn 26 regardless of student status for medical, dental and vision.

*Please note that premium payments towards domestic partners and/or dependent children of a domestic partner will be processed on a post-tax basis.



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 of a child, adoption, court order, disability, death, marriage or reaching the dependent child age limit.
- Changes in your Spouse's employment status that affect dependent child benefit eligibility.

If you experience a qualifying life event, it is your responsibility to make the necessary changes to your plan on www.myadp.com within 30 days of the event date.



ENROLLMENT INSTRUCTIONS

IMPORTANT: To enroll your dependent(s) in medical, dental and/or vision benefits, you must submit dependent verification documents.

Evidence needs to be submitted through the ADP Dependent Verification System (MyADP) by the deadline. Dependents will not have coverage until we receive the required information.

NOTE: If you start your elections but do not complete the enrollment process, your changes will not be submitted.

To enroll in benefits, go to: www.myadp.com

First Time Users

- First Time users click on *"Register Here"* to register.
- Enter Registration code: **INDITEXUSA-zara1234**
- Follow the instructions to establish a new user ID and secure password.
- From the dashboard, choose *"Benefits"* then *"Enrollments"* to continue to enroll.

Return Users

- Enter your Username and Password
- From the Dashboard, select Benefits
- From the Annual Enrollment tile, click *"Enroll Now"* to begin your elections.

Please note that your elections are not completed until you select *"Confirm Elections"* and receive a confirmation email from ADP.

02

YOUR BENEFITS



HEALTH & WELLNESS



SAVING & FINANCES



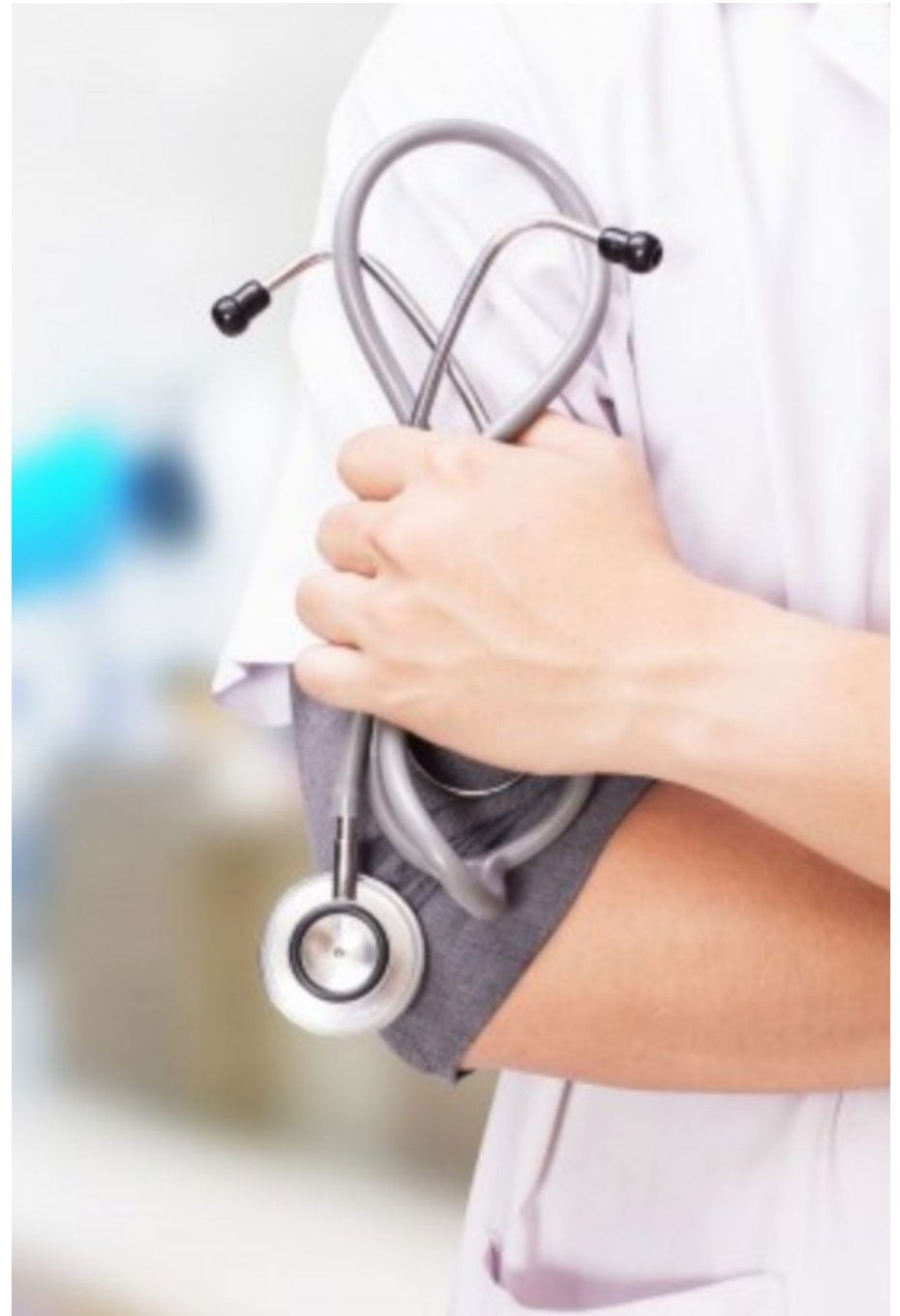
VOLUNTARY BENEFITS

INDEX

YOUR BENEFITS

HEALTH & WELLNESS

< INDEX





Click here to access
PLAN SUMMARIES

MEDICAL

Login to www.myCigna.com:

We encourage you to register for a myCigna account to view your personalize dashboard, electronic ID card information and search for providers and costs.

ZARA remains committed to providing comprehensive benefits while keeping your cost affordable and competitive. Our Medical and Dental coverage will remain with Cigna for the upcoming plan year. Although ZARA faced a difficult double digit medical renewal this year, we are pleased to share that the company has decided to absorb the entire increase and reduce employee contributions for the 2023-2024 plan year!

Medical Plan Overview

Cigna is our medical coverage provider. You have the option to select our High Deductible Health Plan (HDHP).

The plan offers full coverage for in-network preventive care. The HDHP offers the flexibility to see any provider, but you will pay less out of pocket when you use Cigna network providers. Please review the following pages carefully as you make your elections for the upcoming plan year.

To find a provider or facility in the Cigna Medical Open Access Plus network (OAP), go to www.Cigna.com, and click on “Find a Doctor” at the top of the screen. Then follow the prompts to search for care through your employer-sponsored coverage.

- Cigna members can login to www.myCigna.com to search within the plan’s network or call Member Services at **1-800-244-6224**.
- For pre-enrollment support, you may contact Cigna at **1-800-401-4041** 24 hours a day, 7 days a week.

We highly recommend you contact Cigna’s Pre-enrollment support line for any questions or assistance.



Click here to access
PLAN SUMMARIES

MEDICAL

ID Cards

If you enroll in coverage for the first time, you will receive a new medical ID card. Hardcopies will be sent to your home address within the first two weeks of October. **Keep in mind that they will arrive in an unmarked envelope.** If you do not make any changes to your medical plan election during Open Enrollment, you will not receive a new ID card in the mail. Your current ID card will remain active for the 2023-24 plan year.

After your benefits effective date, if you need to access an ID Card electronically you can download the image of your card with the Cigna Mobile App. You can also access the card by logging in to the Member Portal on www.mycigna.com.

HDHP / HSA Plan

Under this plan option, you pay the full cost of your medical services – including prescription drugs – until you reach your annual deductible. Once you meet the plan's deductible, you are responsible for 30% of medical expenses, and you will pay a copay for prescriptions.

If you enroll in our HDHP you also have the option to open a Health Savings Account (HSA). The Health Savings Account is only available to employees who enroll in our Cigna HDHP plan.

If you enroll in our HDHP plan with an HSA, you may elect to have pre-tax contributions deducted from your pay on a per payroll basis, 24 times per plan year. Additionally, Zara will be offering an employer contribution for those who are enrolled in the HDHP in conjunction with an HSA! Please review the Health Savings Account section for additional information.

Please note, you may enroll in the HDHP Plan with or without an HSA option.



HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

This medical plan is designed to offer “minimum essential coverage” in order to help employees meet the requirements under Health Care Reform. Keep in mind that there are increased out-of-pocket costs should you require certain types of health care (with the exception of preventive health care which is covered at 100% and no deductible). Consider your health coverage needs carefully.

How the HDHP Works

- You pay the negotiated contract rate for services until you reach your deductible (\$4,000 for an individual, \$8,000 for family), and then, the plan takes over at 70% coverage in-network until you reach the plan’s annual out-of-pocket maximum.
- You do not pay anything at the time of the visit. There are no copays in this plan. Your Explanation of Benefits (EOB) posted on the Cigna website will show you the amount you owe.
- The negotiated contract rate for services is the negotiated rate between Cigna and your provider. This rate is usually lower than the provider’s normal cost for services.
- The Cigna HDHP covers preventive screenings and routine annual physicals at 100%. The deductible does not apply for this important health benefit.
- Eligible prescription drug expenses are subject to the Deductible. This means that you are responsible for the full negotiated contract cost of your medications until you reach your single or family Deductible. Once the single or family Deductible is met, your drugs are covered with a copay.

NOTE: Our HDHP Plan is compatible with a Health Savings Account (HSA). HSAs allow members to set aside pre-tax money to pay for future Healthcare expenses. Per IRS regulations, individuals may not have both an FSA (Medical Expense Reimbursement Account) and a Health Savings Account.

HDHP Participants

If you have a balance in a healthcare FSA on October 1, including pending claims that have not been cleared your account by September 30, you cannot begin your own HSA contributions or receive any employer contributions until January 1, 2024. This is a legal requirement under HSA regulations. Be sure to check your FSA balance and submit your claims for reimbursement before the end of the calendar year, if you plan on electing a Cigna high deductible health plan and would like to contribute to a health savings account in the new plan year.

Please review the following pages for additional information.



HEALTH SAVINGS ACCOUNT (HSA)

A Health Savings Account (HSA) is a tax favored account to which individuals and employers may make contributions. Earnings on contributions accumulate tax-free, and HSA funds are not taxed when used to pay for qualified medical expenses.

If you elect the HDHP Plan with HSA in ADP, an HSA will be established for you at HSA Bank. For 2023, the IRS maximum annual contributions to an HSA are: \$3,850 for single coverage and \$7,750 for family coverage. For 2024, the IRS maximum annual contributions to an HSA are: \$4,150 for single coverage and \$8,300 for family coverage. A catch-up contribution (for ages 55 and older) of up to \$1,000 is also permitted.

An eligible employee will receive the maximum employer contribution; \$500 (single), \$1,000 (family) as long as they are actively employed with Zara on both funding dates. Funding will be deposited into HSA accounts twice per year – as determined by the company. For new hires, Employer Funding will be pro-rated based on date of hire. The IRS Maximum Contribution includes both employee and employer contributions.

There are specific rules about who is eligible to contribute to an HSA; how much may be contributed to an HSA; and which medical expenses are reimbursable by the HSA. A failure to comply with such requirements could result in the loss of the tax-favored treatment and potentially in excise taxes.



HEALTH SAVINGS ACCOUNT (HSA) F.A.Q.

Q. WHAT IS A HEALTH SAVINGS ACCOUNT (HSA)?

A. An HSA is a tax-exempt trust or custodial account that you establish to pay or reimburse eligible health expenses for you and/or your tax dependents. You must be an eligible individual to establish an HSA. Available funds may be accessed as soon as there is money in your account, or they may be invested for future growth. You own the HSA, so it stays with you if you leave the company or leave the work force. Unused funds will remain in your account from year to year. There is no use-it-or-lose-it rule with an HSA.

Q. WHO QUALIFIES AS AN ELIGIBLE INDIVIDUAL TO ESTABLISH AND CONTRIBUTE TO AN HSA?

A. An eligible individual must: 1) Be enrolled in our HDHP Plan; 2) Not have any other health coverage that is not a compliant HDHP or that is not permitted under law (ex. traditional-type medical coverage or

Health Care FSA coverage through a spouse; 3) Not be enrolled in any part of Medicare; and 4) Have a valid U.S. address and, if a visa holder, be a properly registered as a resident alien. Please Note: Neither the eligible individual nor his/her lawful spouse, if applicable, may contribute to an HSA if either is covered by a Standard Health Care FSA. Prior to establishing the HSA, HSA Bank will verify your name, social security number and date of birth in compliance with Section 326 of the USA Patriot Act.

Q. WHAT ARE THE TAX BENEFITS OF AN HSA?

A. You can claim a federal tax deduction for contributions that you make to your HSA. Accrued interest, capital gains or other earnings on the assets in your HSA are not taxed. Distributions from your HSA are not taxed if you use the funds for eligible health expenses. If you receive distributions for other

reasons, the amount that you withdraw will be subject to ordinary income taxes and a 20% penalty (20% penalty is waived for account holders age 65 or older). You may avoid owing income tax and penalties if you deposit the equivalent amount of the distributions back into your HSA by the due date of your tax returns, including extensions, for the tax year in which the distributions were made. Currently, Alabama, California and New Jersey subject HSA contributions to state income taxes. Please note that state law is subject to change at any time.

Q. WHO IS RESPONSIBLE FOR ENSURING THAT MY HSA CONTRIBUTIONS DO NOT EXCEED IRS LIMITS?

A. You are responsible for ensuring that your contributions do not exceed IRS limits.

Q. WHAT HAPPENS IF I AM NOT COVERED BY AN

Continued on next page



HEALTH SAVINGS ACCOUNT (HSA) F.A.Q.

Continued from prior page

HDHP FOR THE ENTIRE CALENDAR YEAR?

A. Under the “full contribution rule” (or “last month rule”), individuals may make a full year’s contribution based on the HDHP coverage in effect on December 1st so long as the individual remains eligible to contribute to an HSA for a thirteen-month “testing period” that starts on December 1st and runs until the following December 31st. For example, an individual who enrolls in HDHP coverage in July 2023 would be able to contribute only 6/12 of the 2023 annual contribution limit under the standard rules; however, using the full contribution rule, the employee could make the full 2023 annual contribution so long as the individual remains eligible to contribute to an HSA from December 1st, 2023, through December 31st, 2024. If an individual takes advantage of the full contribution rule and fails to remain an eligible individual for the entire testing period (e.g., drops HDHP coverage in June 2024), then the difference between what that person would have been allowed to contribute

without the last month rule and the amount actually contributed would be includable in gross income in the year the individual first failed to remain an eligible individual during the testing period, and such amounts would also be subject to a 10% penalty tax.

Q. WHAT HEALTH EXPENSES CAN I PAY FOR USING MY AVAILABLE HSA FUNDS?

A. An eligible expense is defined as those health expenses described in Section 213 (d) of the Internal Revenue Code. For example, medical, prescription, dental or vision expenses that you incur while you satisfy deductibles and/or coinsurance are qualified expenses. Available funds can also be used to pay COBRA premiums, original Medicare premiums for seniors and Long-Term Care insurance premiums. You may not use your available HSA funds to pay your health insurance premium costs.

You can find detailed information about eligible health care expenses in IRS Publication 502 on the IRS website at www.irs.gov/publications/p502.index.html.

Q. CAN SOMEONE WHO IS ENROLLED IN MEDICARE PART A AND/OR PART B CONTRIBUTE TO AN HSA?

A. No. Once an individual enrolls in Medicare, they are no longer eligible to contribute, and they must pro-rate their annual contribution for the tax year in which they enroll in Medicare. However, an individual who is Medicare eligible but not enrolled may contribute to an HSA.

Q. IS THE HSA PART OF MY HEALTH INSURANCE PLAN?

A. No, while the HSA may work in conjunction with the HDHP, it is a separate product and is not an insurance policy.



PRESCRIPTION DRUG BENEFITS

Prescription drug list

The Cigna Prescription Drug List outlines the generic and brand medications your plan covers. You can view your plan's drug list online at www.Cigna.com/PDL or on the **myCigna** App or website. You can also use the Price a Medication tool on the myCigna App or website to price your medication and check for lower-cost alternatives. Our health plan utilizes the Standard formulary.

Mail-Order Pharmacy Benefits

Enrollees have the opportunity to sign up for mail order pharmacy benefits through Cigna Home Delivery PharmacySM. If you've been prescribed a maintenance or long-term medication, you may want to sign up for this service and receive your prescriptions right to your door!

To get started with Home Delivery, first, set up your profile by calling Cigna Customer Service at **800-835-3784**. Please be sure to have your Cigna ID number, shipping and billing information on hand when you call.

Once your profile is set up, you may ask your Doctor to send your prescription electronically to Cigna Home Delivery Pharmacy or ask Cigna Customer Service to contact your Doctor for your prescription orders. Be sure to have your Doctor's contact information and medication name handy when you call. New orders may take 7-10 business days to process. Overnight delivery is available.

CIGNA 90 Now

The Cigna 90 Now program offers an alternative to using mail order for your maintenance medications. This program offers a retail pharmacy network that allows you to fill a 90 day prescription for maintenance medications. The participating pharmacies include CVS and Walmart. For a complete listing, see the Rx90 network on www.myCigna.com and www.cigna.com. You can still use CIGNA Home Delivery if you prefer to have medications delivered to your home.

Prior Authorization: If you are prescribed a medication that requires prior authorization, you should instruct your providers to contact Cigna to obtain the prior authorization. Once the prescription is approved, Cigna will contact your provider or pharmacist and let them know your prescription is ready to be filled.

GREAT NEWS! There are no deductible, out-of-pocket maximum or copay changes to the HDHP Plan for the 2023-2024 plan year!

	HDHP	
Medical Plan Highlights	In-Network	Out-of-Network
HSA Funding (Indiv. / Family)		\$500 / \$1,000
Calendar Year Deductible (Indiv. / Family)	\$4,000 / \$8,000	\$5,000 / \$10,000
Coinsurance: Paid by Carrier	70%	50%
Primary Care Physician (PCP) / Specialist Copay	Ded + 30%	Ded + 50%
Calendar Year Out-of-Pocket Max (including Deductible)	\$6,250 / \$12,500	\$7,500 / \$15,000
Inpatient Hospital	Ded + 30%	Ded + 50%
Outpatient Surgery	Ded + 30%	Ded + 50%
Emergency Room	Ded + 30%	Ded + 30%
Rx Deductible	Subject to Medical Deductible	
Rx Retail (30 Day Supply) Generic/Brand/Non Formulary	\$20 / \$40 / \$70	Ded + 20%
Rx Mail Order (90 Day Supply) Generic/Brand/Non Formulary	2x Retail	Not Covered
Out-of-Network UCR Level*	N/A	150% of Medicare
Dependent Age Limit	To Age 26	

* Out-of-network benefits are subject to usual, customary and reasonable (UCR) allowances as determined by Cigna. Amounts in excess of usual, customary and reasonable allowances are the responsibility of the member. **Note:** This chart does not describe all covered services. Please review the plan summaries for complete coverage information.

Employee Medical Contributions (24 times per plan year)

Please review contributions carefully. Contribution changes will take effect on October 1, 2023.

CIGNA	HDHP
Employee	\$16.97
Employee + Child(ren)	\$130.03



MDLIVE VIRTUAL VISITS

(MEDICAL AND BEHAVIORAL
HEALTH)

If you have cold or flu symptoms, a sore throat, a sinus infection, allergy, rash or other minor illness, you can skip the doctor's office and receive medical care from the comfort of your home through Cigna's partnership with MDLIVE.

Virtual care options

Cigna partners with MDLIVE® for minor medical and behavioral health virtual care. This can be accessed via www.myCigna.com. This benefit allows you to consult with a doctor through video conference using your smartphone, tablet or computer. Board-certified doctors can diagnose your condition, recommend treatment and send a prescription directly to your pharmacy, if needed.

The cost for virtual visits through MD Live is subject to deductible and coinsurance for our HDHP/HSA plan.

Connect with virtual care your way.

- Talk to an MDLIVE medical provider on demand on www.myCigna.com
- Schedule an appointment with an MDLIVE provider or licensed therapist on www.myCigna.com
- Call MDLIVE 24/7 at **888-726-3171**



SAVE MONEY ON HEALTH CARE EXPENSES

No one wants to spend any more than necessary on health care. Here are some ways to be a smart health care consumer and save money.

Stay in your network. Seeing a doctor in your network will almost always cost you less. Use in-network convenience care clinics. For minor illnesses and injuries, convenience care clinics located in pharmacies, grocery stores and other retail stores provide quick, affordable care.

Use the emergency room only for true emergencies. For non-life-threatening emergencies, visit an urgent care center instead of the emergency room. You'll get treated more quickly and pay less.

Ask for generic drugs. You can save up to 80% compared to brand-name drugs.

Limit hospital visits. Many procedures like MRIs and colonoscopies cost less when done at independent outpatient centers instead of a hospital. Outpatient surgery is also less expensive than hospitalization.

Get regular preventive care. Getting checkups, immunizations and other health screenings can help detect health problems early when they are less expensive to treat.



TALKING WITH YOUR DOCTOR ABOUT HEALTH CARE COSTS

If you need help navigating your benefits, contact one of the below resources:

- **Cigna Member Services:** Call the number on the back of your ID card - **800-244-6224**
- **Health Advocate:** **866-799-2731**
- **Benefits Help Desk:** **877-373-6535** or **benefitshelpdesk@epicbrokers.com**
- **ZARA Benefits Team:** **benefits@us.inditex.com**

Remember: Certain services may require precertification or prior approval from the health plan provider to qualify services for payment. Typically, in-network providers will obtain the required precertification and approval. For out-of-network services, it is the member's responsibility to handle the precertification process.

You may contact Cigna member services first to determine if precertification is necessary and if the provider is out-of-network.

Don't be afraid to ask about the costs and benefits of different treatment options and make choices that are right for you.

When your doctor recommends tests –

To make sure you don't spend time and money on unnecessary tests, ask your doctor why the test is needed and where you can have it done at the lowest cost.

Estimate your costs - Utilize the resources on the Cigna member website or MyCigna App to get cost estimates before you get care.

If your doctor recommends surgery or hospital-

ization – Ask if there are other treatment options that don't require surgery or if the procedure can be done on an outpatient basis. If you do need surgery, make sure the hospital, the surgeon and any other specialists your doctor refers you to are in the network.

When your doctor writes you a prescription – Ask if there are less expensive generic drugs or even over-the-counter medications that might work for you. Ask if you can improve your condition without drugs by changing your eating habits or getting more exercise.



FLEXIBLE SPENDING ACCOUNTS (FSAs)

Flexible Spending Accounts (FSAs) allow you to set aside money from your paycheck to pay Health Care and Dependent Care expenses with tax-free dollars. When you contribute to FSAs, your pre-tax contributions reduce your taxable income.

Be sure to estimate carefully as you cannot change your contribution amount during the year unless you have a qualifying life event.

IRS regulations stipulate that you may not enroll in both a Healthcare Flexible Spending Account (FSA) and open a Health Savings Account (HSA).

How the Accounts Work

- You estimate your eligible expenses for the year and decide how much you want to contribute to either or both an FSA Health Care and FSA Dependent Care account.
- The amount you choose will be deducted from each paycheck throughout the year before income taxes and Social Security taxes are calculated.
- As you have eligible expenses, you can be reimbursed from your accounts with tax-free dollars.
- The total amount you choose to contribute to your Health Care FSA is available immediately on the first day of the plan year. You can spend the dollars in your Dependent Care FSA as they are deposited each pay period.
- Health Care and Dependent Care Accounts are separate. The money in one account cannot be used to pay for expenses from the other account.
- If you enroll in the Health Care FSA, you will receive a debit card that you can use to pay for eligible health care expenses at the point of service. Otherwise, you can pay for services and submit a claim for reimbursement or request reimbursement online.
- If you enroll in the Dependent Care FSA, you will pay for services and submit a claim for reimbursement or request reimbursement online at **www.BenefitResource.com**.

Continued on next page



ACCOUNT	USED FOR	MAXIMUM ANNUAL CONTRIBUTION
Health Care FSA	Medical, dental and vision expenses, such as deductibles, coinsurance, copays, glasses and contact lenses, orthodontia and other qualified expenses	\$3,050
Dependent Care FSA	Dependent care expenses such as day care and after school programs for children under age 13, or elder care expenses, so you and your spouse can work or attend school full time	\$5,000, or \$2,500 if married and filing separate tax returns

- You cannot change your contribution amount during the year unless you have a qualifying life event.
- With the Health Care FSA, you can rollover up to \$610 in unused funds at the end of the year.
- The Dependent Care FSA is a use-it-or-lose-it account. Any unused funds left in your account at the end of the year will be forfeited.
- FSA contributions do not automatically rollover from one year to the next. You must re-enroll each year to participate.
- To enroll in Health or Dependent Care FSA offerings, go to **www.myadp.com**.

Questions about your FSA?

Go to **www.BenefitResource.com**, or call **800-473-9595** to speak with a flexible spending account specialist. To view your account, log on to **www.BenefitResource.com**.



Click here to access
PLAN SUMMARIES

DENTAL

You may enroll in our Cigna High PPO Plan.

To verify that a dentist is in the Cigna Total DPPO network, visit www.mycigna.com. You may search for network dentists before your benefits become active by visiting www.cigna.com by selecting “Find a Doctor, Dentist or Facility” and following prompts to search by type of dentist or by dentist name. When asked to select a plan, choose “DPPO/EPO > Total Cigna DPPO”

Cigna does not issue dental ID cards. Members don’t need an ID card to receive care from network dentists. Simply make your appointment and provide identification to the office staff. They can verify your coverage with Cigna. You can also access a digital ID card after your benefits are effective and you have activated your www.myCigna.com account.

Dental Work in Progress

If you are currently receiving general dentistry treatment:

If you enroll in the plan for the first time during Open Enrollment, your Cigna dental plan may not cover charges for services that are already in progress. Treatments that may be considered “in progress” are those that started while you were covered under another dental plan but not finalized before your Cigna dental plan becomes effective.

Examples of these services are root canal therapy, crowns, partials, dentures, bridges. If you started a treatment/service under another carrier that has not been completed once your ZARA benefits are effective, the claim should first be filed with the other carrier.

If you are currently receiving Orthodontic treatment:

You could qualify for “orthodontia in progress” coverage if your teeth are being actively moved (by bands or appliances, such as braces) when your coverage starts.

Your benefit amount is determined by your plan’s coinsurance level for orthodontia and the months of active treatment you have left when your plan starts.

Your plan contributes to your costs until the lifetime orthodontia maximum has been met or until active treatment is done (whichever comes first.).

For more detailed information, please review the work in progress flyers located in the benefits library on www.zarabenefits.com.



GREAT NEWS! There are no changes to our dental benefit plans for the 2023-2024 plan year!

HIGH PPO		
Dental Plan Highlights	In-Network	Out-of-Network
Calendar Year Deductible (Single / Family) Waived for Preventive	\$50 / \$150	\$100 / \$300
Coinsurance (Coins.): Paid by Carrier		
Diagnostic / Preventive (cleanings 2x per year; x-rays)	100%	100%
Basic (simple extractions; fillings*)	80%	80%
Endodontics (root canal therapy) / Periodontics (gum services)	80%	80%
Major (crowns; inlays; onlays) / Implants	50% / Not Covered	50% / Not Covered
Orthodontia (Child Only)	50%	
Orthodontia Lifetime Maximum	\$1,000	
Calendar Year Maximum	\$1,500	
Out-of-Network UCR Level	N/A	80th Percentile
Dependent Age Limit		To Age 26

* Silver fillings are covered under the plan. Composite fillings are covered for front teeth only.

Note: This chart does not describe all covered services. Please review the plan summaries for complete coverage information.

WellnessPlus® Progressive Maximum

The Cigna dental plan includes a progressive calendar year maximum. In year 1, the maximum is \$1,500. Members can progress to a higher calendar year maximum the next plan year by utilizing class 1 preventive services during the previous year. The maximum will increase \$100 each year up to an \$1,800 maximum. Additional information can be found in the document library on www.zarabenefits.com.

Employee Dental Contributions (24 times per plan year)

Please review contributions carefully. There are no changes to dental plan contributions for the 2023-2024 plan year!	
CIGNA	HIGH PPO
Employee	\$6.52
Employee + Child(ren)	\$18.71

GREAT NEWS! There are no changes to our vision benefits for the 2023-2024 plan year!

VISION

Vision Plan Overview

To search for an EyeMed provider or facility, visit www.eyemed.com, and click on "Find a Provider." Enter your zip code, select the "INSIGHT" network, and click "Get Results." You may also call **866-804-0982**.

VISION PLAN

Vision Plan Highlights	In-Network	Out-of-Network Reimbursements
Vision Exam	\$20 Copay	Up to \$30
Materials (Lenses & Frames OR Contacts in Lieu of Glasses)		
Lenses for Eyewear (Once every 12 months) Single / Bifocal / Trifocal	\$20 Copay	Up to \$25 / \$40 / \$60
Frames (Once every 12 months) For frames that exceed your allowance, you may receive an additional 20% discount on the overage.	No Copay, Up to \$150 allowance, 20% discount off balance over \$150	Up to \$75
Contact Lenses (Once every 12 months)		
Conventional	No Copay, Covered up to \$180, 15% discount off overage	Up to \$144
Disposable	No Copay, Covered up to \$180	Up to \$144
Medically Necessary	No Copay, Covered in Full	Up to \$300
Dependent Age Limit	To Age 26	

NOTE: This chart does not describe all covered services. Please review the plan summaries for complete coverage information.

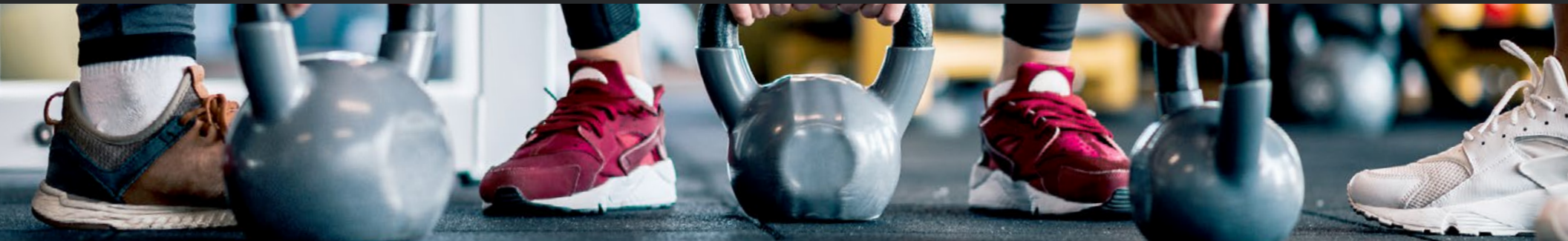
Employee Vision Contributions (24 times per plan year)

Please review contributions carefully. There are no changes to vision plan contributions for the 2023-2024 plan year!

EYEMED	VISION PLAN
Employee	\$1.83
Employee + Child(ren)	\$3.31



Click here to access
PLAN SUMMARIES



WELLNESS & SUPPORT PROGRAMS

You must be enrolled in our Cigna medical plan to participate in this program.



Click here to access
PLAN SUMMARIES

Wellness is a priority at ZARA. That's why we partner with Healthy Business Group (HBG) to provide enrolled employees access to complementary wellness benefits through FitOn.

FitOn

FitOn is a digital platform that makes it easy to share amazing fitness experiences.

FitOn allows you to take classes using its digital currency, "FitOn Credits". Each month, 32 credits, provided by Zara, are added to your account. The credits are awarded on the 1st of the month and unused credits cannot be carried over month to month.

Use your credits to reserve gym or studio classes, activate gym memberships and gain unlimited access to the best digital fitness & wellness content.

Please review the document library for additional information on this program.

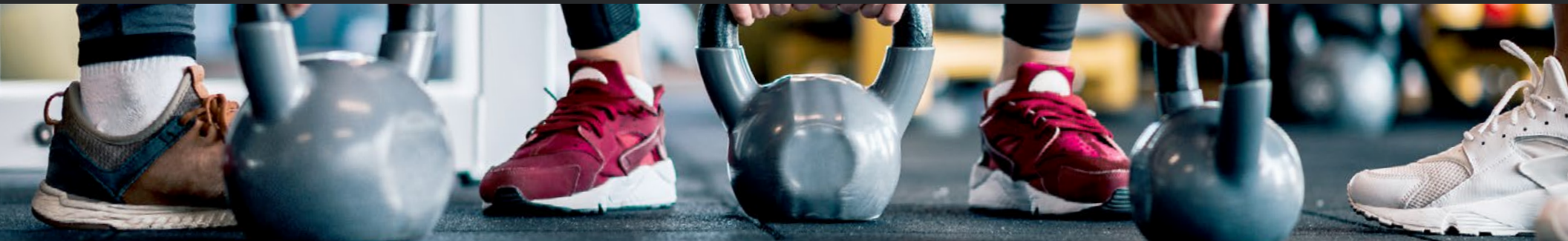
Here's how to Get Started:

1. Go to [Fitonhealth.com/register](https://fitonhealth.com/register)
2. Enter your preferred email and create a password
3. Verify your eligibility with your full legal name, DOB and *zipcode (if you move update your zip code via ADP)
4. After signing in, click the Digital Tab for on-demand unlimited workouts or tap on the "In-Person" tab to find a favorite gym or studio to select a membership or reserve an upcoming class or gym day pass.

Questions?

Contact c.haskins@hbgnow.com or support@fitonhealth.com

You may also visit the website at fitonhealth.com/hbg



WELLNESS & SUPPORT PROGRAMS

All ZARA employees may participate in this program.

Start Making Your Life Easier

To register visit <https://clients.brighthorizons.com/zara>. You will need to enter your First Name, Last Name, Work Email, Employee ID, Country, and Zip Code to begin the registration process. After your initial registration you may log in to the Bright Horizons site using the personal username and password you created when registering.

Download the App: Search "back-up care" in the **App Store** or **Google Play**

Please note if you are utilizing the Back-Up Care mobile application you will also need the below credentials:

Employer Username: Zara

Password: Benefits4You

Bright Horizons Back-Up Care

Trying to make work and family fit? Our Bright Horizons benefit can provide the support your family needs. Bright Horizons Enhanced Family Supports™ offers discounts on top child care, tutoring, elder care, summer camp, and STEM learning providers for your family. Services include:

- Back-up child care in high-quality centers or your own home
- In-home back-up care for adult and elder loved ones, even if they live in another state
- Health and safety policies that set the standard for the industry
- Easy booking online
- On-the-go reservations through our mobile app

The Bright Horizons program also includes premium access to Sittercity. A premium

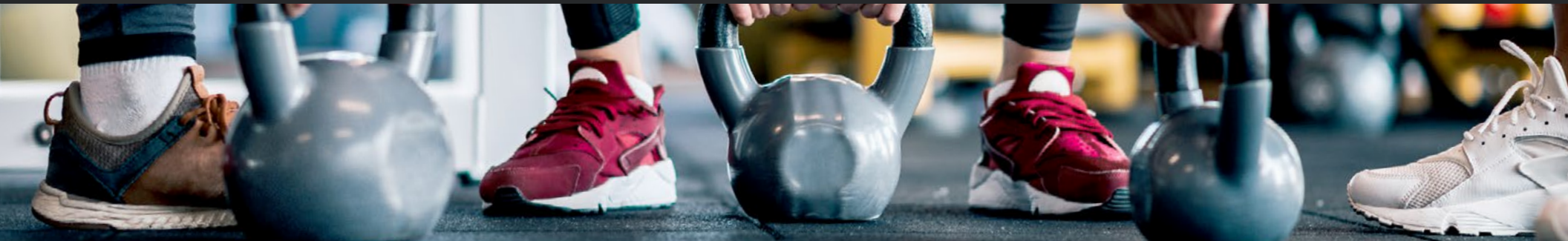
Sittercity membership enables you to quickly find babysitters, housekeepers, pet care, and more, and includes unlimited basic background checks at no cost.

To access these tools and resources, go to your Bright Horizons benefit page and navigate to the "Find Sitters" or Sittercity tile. This will bring you to ZARA's Sittercity homepage, where you will create a username and password to gain access and begin your search.

Cost of care varies based on geographic region, type, number of children or pets, and age of care recipients. Keep in mind that the use of Sittercity does not impact your back-up care use allowance.

Please be sure to visit the document library for additional information on this benefit.

Please note that this information is subject to change for the 2024 Calendar year.



WELLNESS & SUPPORT PROGRAMS

All ZARA employees may participate in this program.



Click here to access
PLAN SUMMARIES

Health Advocate

Zara has partnered with Health Advocate to offer you personalized support to improve your health and well-being, **all at no cost to you!**

We know our health care system can be pretty tricky to navigate and it helps to have a service to advocate on your behalf when health care claims/issues become too complex to solve on your own.

A Personal Health Advocate understands the intricacies of the health care system and how to navigate through it. He or she will help you should you have medical questions, or need assistance in locating the right healthcare resource. Advocates are registered nurses (backed by a staff of medical directors and administrative experts) who will assist you with healthcare related issues, such as:

- Finding the appropriate medical providers for your health needs.
- Finding resources for second opinions.

- Coordinating benefits between dental, medical, worker's compensation and disability carriers.
- Assuring correct application of provider network status.
- Managing health services for elderly parents.
- Assistance negotiating reductions in out-of-network fees above reasonable and customary amounts and more.

How to Access Health Advocate Services:

If at any time you or an immediate member of your family (including parents and parents-in-law) has a question or needs assistance, please contact Health Advocate. Simply identify yourself as a ZARA employee.

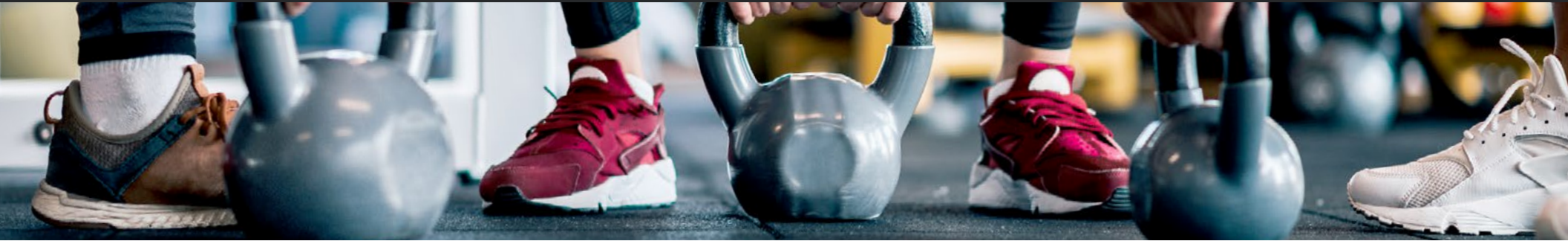
Toll-Free: 866-799-2731

E-mail: answers@healthadvocate.com

Web: HealthAdvocate.com/members



Please note that this information is subject to change for the 2024 Calendar year.



WELLNESS & SUPPORT PROGRAMS

You must be enrolled in our Cigna medical plan to participate in this program.



Click here to access
PLAN SUMMARIES

Cigna Healthy Pregnancies, Healthy Babies® Program

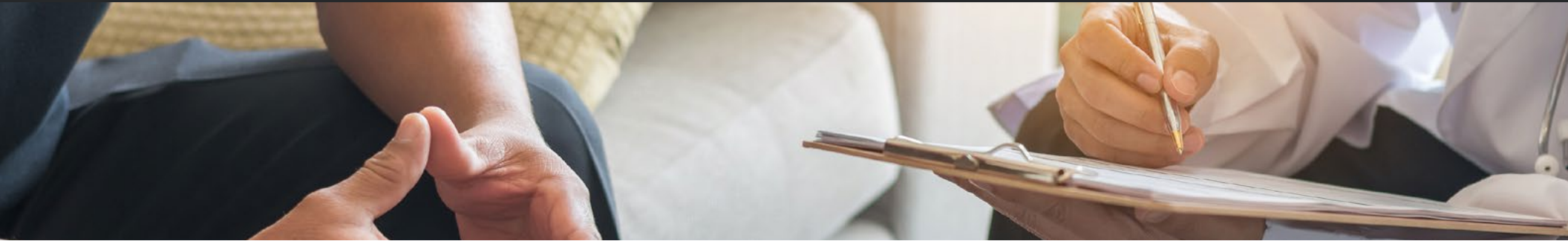
If you are expecting, we want to ensure mom and baby stay as healthy as possible. That's where the Cigna Healthy Pregnancies, Healthy Babies® program comes in.

To support you along your journey, you'll get:

- Helpful guidance and support on everything from infertility and preconception planning to post-delivery information.
- A guide to help you learn about pregnancy and babies, including topics like prenatal care, exercise, stress, depression and more.
- Support from a qualified maternity specialist who can give you helpful pregnancy tips including how to handle your discomfort during pregnancy to birthing classes and how to receive maternity benefits.
- Access to an audio library of health topics.

When you enroll in Cigna Healthy Pregnancies, Healthy Babies and complete the program, including your postpartum check-in, you'll be eligible to receive a \$150 gift card if you enroll in the first trimester or a \$75 gift card if you enroll in the second trimester.

For more information about our Healthy Pregnancies, Health Babies program, please call Cigna at **800-615-2906**.



EMPLOYEE ASSISTANCE PROGRAM (EAP)

Connecting to the EAP Online:

For 24-hour, confidential access to your EAP benefits and tools to help you enhance your work, health and life, simply visit www.resourcesforliving.com.

User Name: **INDTX** | Password: **eap**

Employees have access to our Employee Assistance Program called Aetna Resources For Living. They offer a wide range of counseling, work/life and community resources designed to help people cope with the challenges of today's complex work and personal environments.

You may be struggling with stress at work, seeking financial or legal advice, or coping with the death of a loved one. Maybe you just want to strengthen your relationships with your family.

Your benefit offers assistance and support for all these concerns and more:

- Stress, grief and loss
- Relationship problems
- Workplace conflicts
- Legal & financial planning
- Child and elder care

How Does It Work?

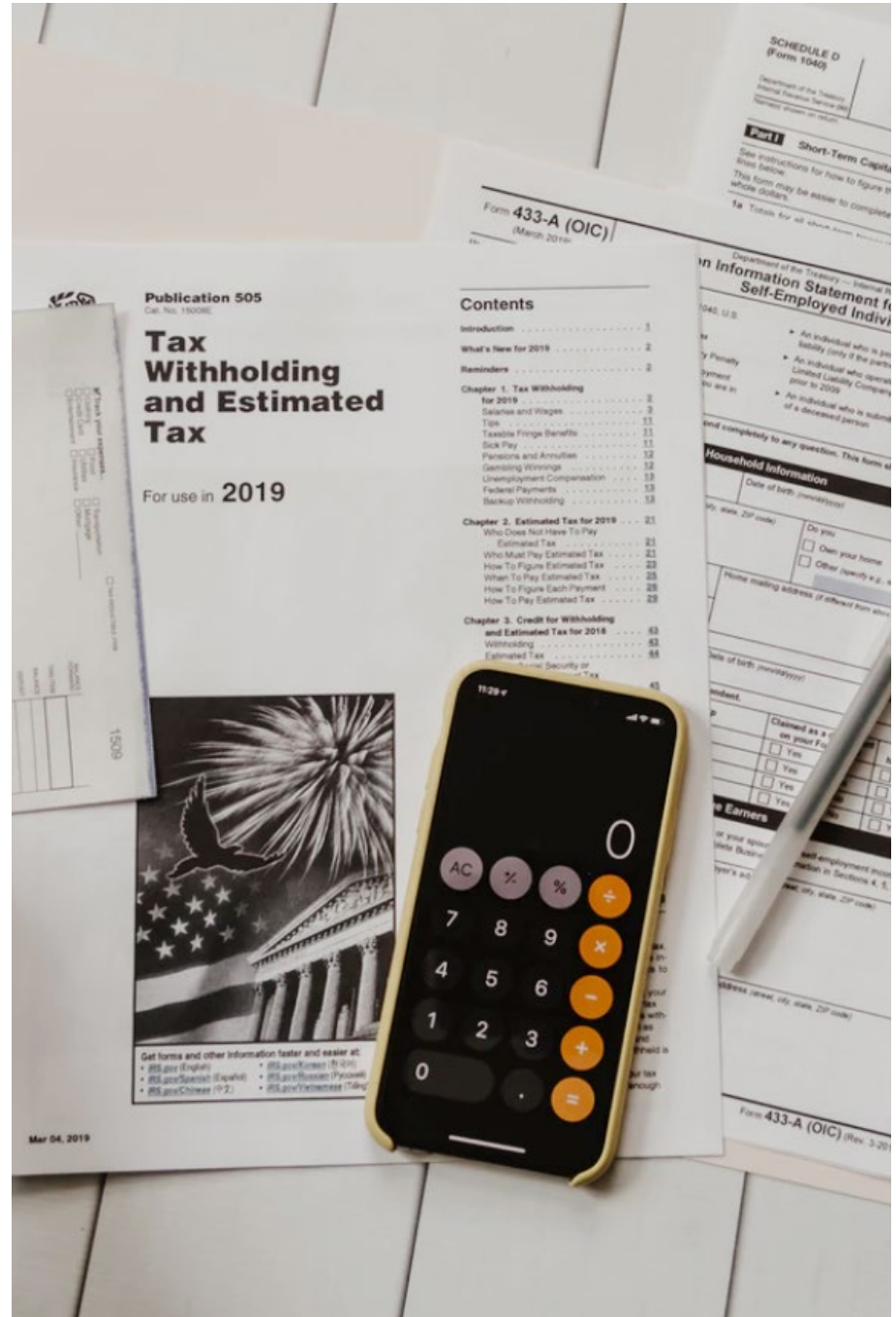
Accessing Aetna Resources For Living is easy. Simply call their toll-free number **888-238-6232**. A specialist will help you (confidentially) identify the nature of your problem and the appropriate resources to address it.

You are eligible for up to three counseling sessions per issue per year with licensed professionals at no cost to you! Sessions are available face-to-face, by phone or through televideo.

YOUR BENEFITS

SAVING & FINANCES

< INDEX



401(K) RETIREMENT PROGRAM

Your 401(k) plan was designed to provide you with financial security once you retire. With Zara's contribution match, you can get there one step at time.

To be eligible to participate in the 401(k) plan, you must be age 21 and complete one (1) year of service. Your entry date will be the first day of the month coinciding with or following the date you satisfy the eligibility requirements.

To help you reach your retirement goals: Your 401(k) plan managed by John Hancock, is set up with an automated enrollment feature. This means that, upon completion of your eligibility requirement, you will automatically be enrolled in Zara's 401(k) plan. Thereafter, 3% of your gross income will be deducted from your paycheck and invested in your plan's default fund for you. You may also log into your account to change your automatic elections.

To enroll, simply log into:
www.myplan.johnhancock.com

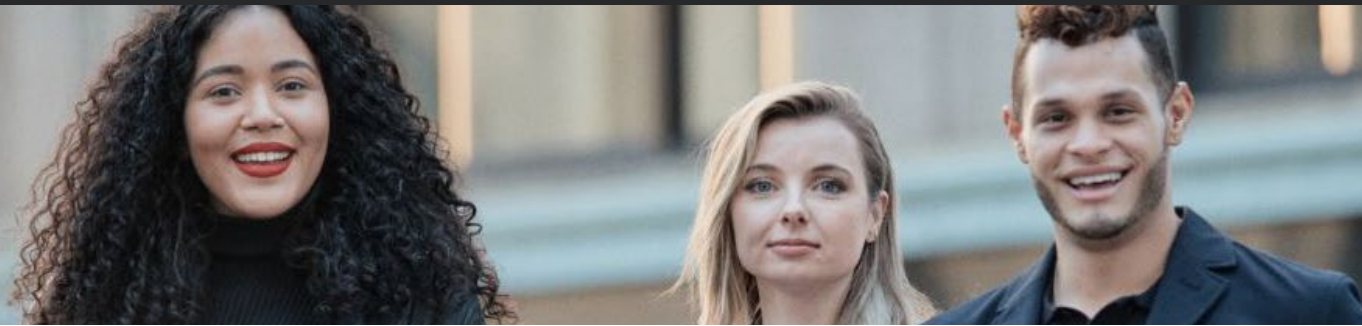
Remember, your plan matches 50% up to 6% of your contribution. Consider saving enough to get the full plan match. Keep in mind that, once enrolled, you will need to remain with the company a minimum of 3 years to be fully vested and keep 100% of your Employer matching contributions.

Visit our 401(k) plan website at:
<https://myplan.johnhancock.com/login>
to enroll and to learn more about your retirement plan and some great account features like Automatic Increase and Automatic Account Rebalancing.

Helpful Tips:

- 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.
- Elect automatic account features like automatic Account Rebalancing to help make savings and portfolio management easier.

Consider consolidating your retirement accounts into your ZARA USA 401(k) account. If you have any additional questions about your 401(k) Retirement Plan, you may contact the John Hancock Retirement Services Team at **800-294-3575**.



TRANSPORTATION

Save money on your work-related transportation costs by setting aside pre-tax dollars in our transit and parking spending accounts. You may choose to set aside up to \$300 pre-tax per month for mass transit expenses and up to \$300 pre-tax per month for parking expenses.

On the first pay period of the month, the appropriate amount will be deducted pre-tax from your paycheck and credited to your parking and transit accounts.

You may change the amount you are contributing or stop your contributions at any time during the year.

Transit expenses include ferry, subway, train and bus travel. Parking expenses include parking at a station to take another mode of transportation to work or parking at your workplace.

Expenses that are not covered include mileage, tolls, parking at your residence and airport parking.

Questions concerning your Parking and Transit benefits?

You may visit the BRI website at www.BenefitResource.com, or contact Participant Services at **800-473-9595** or **ParticipantServices@BenefitResource.com**.

Log into BRiWeb

BRiWeb is your secure participant login for managing your accounts, viewing balances and submitting claims for eligible parking expenses. To log in, go to www.BenefitResource.com, click on Participants in the secure login section and enter:

Company Code: zarausa

Login ID selected and provided by Zara

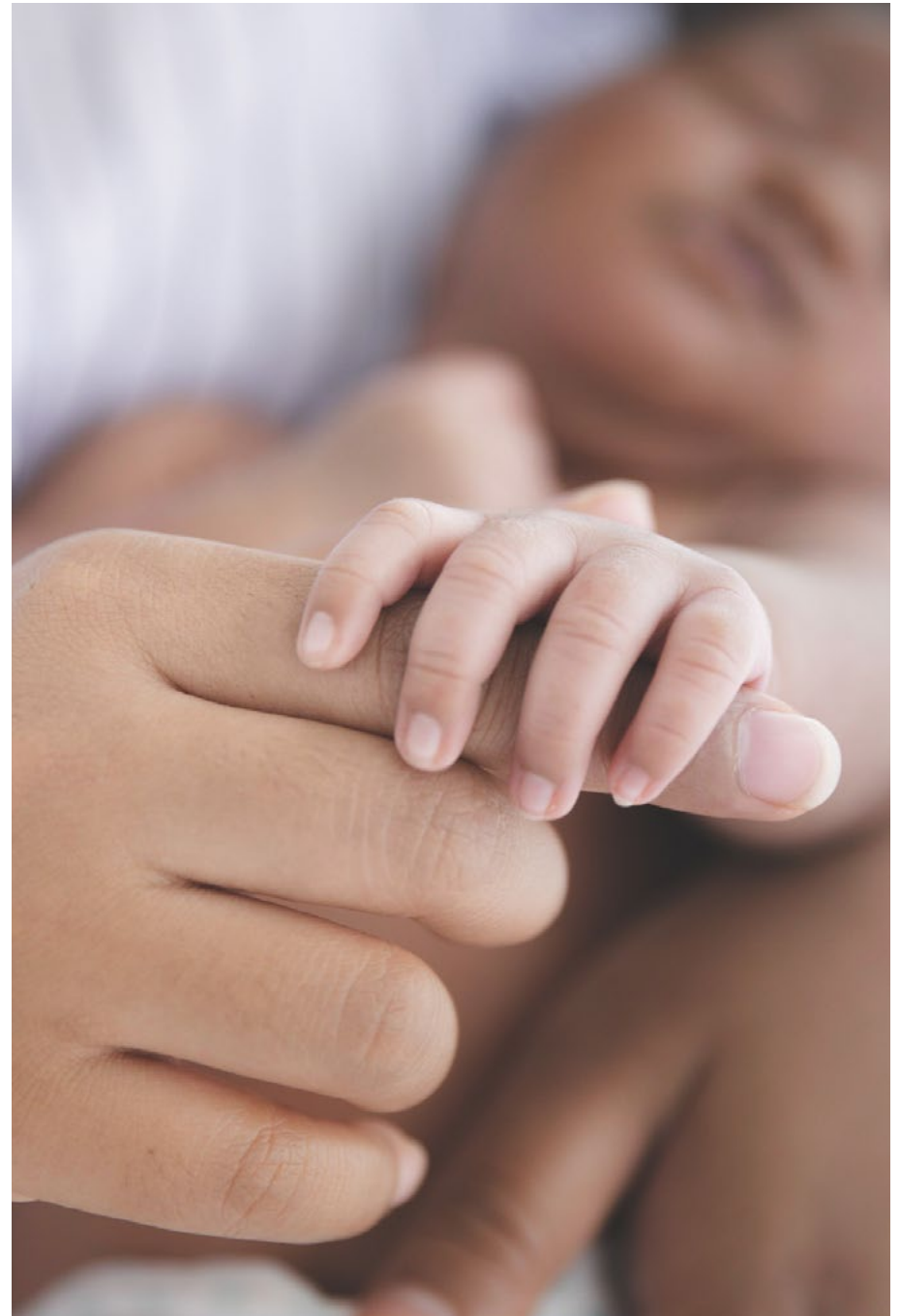
Initial Password: 5-digit home zip code

Follow the prompts to select a new Login ID and Password. A confirmation code will be sent to your email or through a text message.

YOUR BENEFITS

VOLUNTARY BENEFITS

< INDEX





VOLUNTARY LIFE, DISABILITY & ACCIDENT INSURANCE

ZARA USA partners with both The Hartford and Aetna to provide benefits that help you protect your paycheck and your family. You have the option to enroll in these policies online during your initial enrollment period. Employees working a minimum of 20 hours per week are eligible for these Voluntary benefits.

The Hartford Group Term Life Insurance

Group Term Life helps provide financial protection in the event that something were to happen to you. Term life is a simple and inexpensive form of life insurance, which builds no cash value. Rates change with age.

Employees may purchase coverage on their own life in \$10,000 increments up to a maximum of \$250,000 (not to exceed 5x your salary). The guarantee issue (GI) amount is \$150,000. During this open enrollment employees currently enrolled in coverage may increase their election by one increment of \$10,000 up to the GI without needing EOI. Those who are not enrolled require Evidence of Insurability (EOI) for any amount of coverage elected.

Employees may also purchase coverage for their spouse in increments of \$5,000 to a maximum of \$100,000 (not to exceed 50% of the employee's

election). The guarantee issue (GI) amount is \$30,000 and premiums are based on the employee's age. During this open enrollment employees with spouses currently enrolled in coverage may increase their election by one increment of \$5,000 up to the GI without needing EOI. Those who are not enrolled require EOI for any amount of voluntary spouse life insurance elected. Child life insurance is available in \$5,000 or \$10,000 (not to exceed 50% of the employee's election). During open enrollment no EOI is required. The full child life benefit can be elected with no medical questions.

Please remember to designate your beneficiary(ies) for this great benefit!

The Hartford Short Term Disability Insurance

The Hartford Voluntary Short-Term Disability (STD) insurance provides income by replacing a portion of your pay if you're injured or too sick to



work for an extended period. Think of it as insurance for your paycheck. The voluntary STD plan covers absences related to:

- Illnesses that last several weeks
- Recovery after surgery
- Accidents outside the workplace
- Pregnancy if your first prenatal appointment occurs after your coverage begins.

Weekly STD benefit payments can help you keep up with your bills while you're out of work. You can also spend the money on food, child care, gas, clothing and other necessities. The benefit is 60% of your salary to a maximum of \$750 per week. Benefits end at recovery or at 26 weeks. Pre-existing condition limitations apply.

PLEASE NOTE: Employees working in NJ, HI, RI & CA are not eligible for voluntary short term disability, as these states provide a rich statutory short-term disability benefit to you.

The Hartford Long-Term Disability Insurance

The Hartford Voluntary Long-Term Disability (LTD) coverage replaces a portion of your pay to help you meet your income needs while you're out of work. You're paid whether you become sick or are hurt on or off the job. The plan covers 60% of your salary to a maximum of \$5,000 per month. Benefits begin at 180 days after disability and end at recovery or 5 years. Pre-existing condition limitations apply.

You'll receive benefit payments each month that can help you keep up with your bills. You can also spend the money on food, child care and other necessities.

If you choose not to enroll in our Voluntary Life or LTD plans during your new hire enrollment period but wish to enroll now, Evidence of Insurability will be required in order to enroll in coverage.

Aetna Accident Plan

Are you prepared for the unexpected costs that come along with an accidental injury?

While medical plans typically cover care for an injury, they don't cover the unexpected costs that come with it. The Aetna Accident Plan can help. The plan pays cash benefits directly to you when you have a covered accident. You can use the money for expenses like coinsurance, deductibles or everyday expenses.



PET INSURANCE

You can purchase pet insurance through Nationwide to help with the cost of a wide range of pet-related health care expenses. Bring your pet to any veterinarian you want, and simply submit your claim for reimbursement. After you satisfy a \$250 annual deductible, you get a percentage back!

Nationwide – Monthly Premiums

Monthly premiums are determined by state of residence and species (cat/dog). These are set rates regardless of the age or breed of your pet. Plans also include a Free Vet Helpline that provides “24/7” expert pet advice from a licensed Veterinarian.

Nationwide also offers plans for avian and exotic pets!

For more information on Pet Insurance, visit <http://www.petinsurance.com/inditexusa>, or call **877-738-7874**.



ADDITIONAL ZARA PERKS

In addition to our Health and Welfare benefits, Zara has relationships with vendors to offer discounts and perks to our employees. Below are just a few perks currently available ranging from discounts on products, services, memberships, travel, events **AND MUCH MORE!**

- AT&T: up to 15% discount on qualifying AT&T services.
- Citibike (NY employees only): Discount on annual membership.
- Employee Discount Card
- LA Fitness (Corporate Membership)

- New York Sports Club (Corporate Membership)
- Working Advantage: up to 60% on ticketed events and online shopping.
- Exclusive discounts on hotels, sports, concerts, theater, movie tickets and theme park tickets nationwide.
- T-Mobile: Discount on services, products, accessories and much more!

Scan the Benefits QR code in your store's break room for a current list of available discounts and perks!

QUESTIONS?

If you need help navigating your benefits, you may contact:

- **Cigna Pre-Enrollment at 800-401-4041**
Available 24 hours a day, 7 days a week.
- **Health Advocate at 866-799-2731**
Available 24 hours a day, 7 days a week.
- **The EPIC Benefits Help Desk at 877-373-6535, benefitshelpdesk@epicbrokers.com**
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 returned on Monday, if received over the weekend).
- **The ZARA Benefits Team at benefits@us.inditex.com**



These resources are designed to be your personal benefits answer and support for a wide range of benefits and insurance issues. They are 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.