INDITEX

ENROLLMENT GUIDE

Part-Time ACA: Employees Working 30 or More Hours Over Measurement Period 2026-2027



Start Here

ZARA Massimo Dutti BERSHKA

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WELCOME

Dear Team,

At Inditex, our people are at the heart of everything we do. We are committed to providing benefits that support you and your family through every stage of life, helping you prioritize your health, well-being, and financial future.

Each year, we thoughtfully evaluate our benefits to ensure they continue to meet the evolving needs of our teams while providing meaningful coverage, flexibility, and valuable resources.

This guide has been created to help you better understand the benefits available to you, compare your options, and make informed decisions during enrollment. We encourage you to take the time to explore the programs and choose the coverage that best supports you and your loved ones.

Thank you for your passion, dedication, and the impact you make every day. It is a privilege to support you with benefits that reflect our commitment to your well-being.

Sincerely,

Wendy Berkowitz
Head of Human Resources, United States

INDITEX 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. Be sure to review your coverage needs, consider the benefit plans available to you and select benefits that will provide the most value to you.

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

IMPORTANT: You may only make changes to your benefits during the plan year 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 **Resources page** in this guide and request to speak with a representative in your preferred language. Keep in mind that not all languages are available.

Use this interactive guide to explore your benefit options. Just click on each section on the left to quickly and easily find the benefit information you need.



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ELIGIBILITY

Who Is Eligible to Participate?

You are eligible to participate in the benefits program if you have worked an average of 30 hours per week or more over the measurement period.

New Hire Waiting Periods

Medical/Rx, Dental and Vision:

- **Corporate:** Coverage will be effective on the 1st of the month following the date of hire.
- **Store:** Coverage will be effective on the 1st of the month following 60 days of employment.

Life, Disability and Voluntary Benefits:

- Coverage will be effective on the 1st of the month following date of hire.

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 our 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**[1] ("Domestic Partner" means an individual who has a committed, long-term relationship with the employee, shares the employee's primary residence, and is jointly responsible for common living and financial obligations. Both individuals must be at least 18 years old, not married to or partnered with another person, and not related by blood in a manner that would prohibit marriage under applicable law.) (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/Rx, dental and vision.

[1] **Please note that under federal law, domestic partners are not considered legal spouses. As a result, domestic partner benefits do not qualify for the same tax treatment as legal spouses. Premium payments towards domestic partners and/or dependent children of a domestic partner will be processed on a post-tax basis unless they are considered a tax dependent under IRS Code Sec. 105(b). You will see this noted on your paycheck as imputed income.**

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ELIGIBILITY

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.
- Change in employment status of the employee, spouse, or dependent that affects eligibility.
- 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.

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.

Otherwise, your next available opportunity to make changes will be during the next annual open enrollment period.



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ENROLLMENT INSTRUCTIONS

IMPORTANT: To enroll your dependent(s) in medical/Rx, 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 information 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.

Returning Users

- Enter your Username and Password
- From the Dashboard, select Benefits

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



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RESOURCES

BENEFITS QUESTIONS?

The resources listed here 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.

Don't forget to visit our benefits website at **www.zarabenefits.com** for additional information and resources.

Cigna Pre-Enrollment
800-401-4041
Available 24 hours a day, 7 days a week

Health Advocate
866-799-2731
Available 24 hours a day, 7 days a week

The Benefits Help Desk
877-373-6535
benefitshelpdesk@epicbrokers.com
Available from 8am–8pm ET, 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).

Inditex Benefits Team
benefits@us.inditex.com



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MEDICAL/RX

Inditex remains committed to providing comprehensive benefits while keeping your cost affordable and competitive.

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.

Medical/Rx Plan Overviews

Cigna is our medical/Rx coverage provider. You have the opportunity to enroll in 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.

The HDHP utilizes Cigna's Open Access Plus Network (OAP). To find an in-network provider or facility, 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.

If you are considering joining our health plan, we highly recommend you contact Cigna's Pre-enrollment support line for any questions or assistance.

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Click here to access PLAN SUMMARIES

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HDHP / HSA Plan

Under this plan option, you pay the full cost of your medical services – including prescription drugs – until you reach your plan year 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, Inditex offers 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.

Click here to access
PLAN SUMMARIES

ID Cards

All employees who enroll in coverage will receive a medical/Rx ID card at their home address. ID cards are issued for each covered individual, including dependents.

Keep in mind that they will arrive in an unmarked envelope.

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**.

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HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

This medical/Rx 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 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.

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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.

Please review the following pages for additional information.



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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/Rx expenses.

If you elect the HDHP Plan with HSA in ADP, an HSA will be established for you at HSA Bank. For 2026, the IRS maximum annual contributions to an HSA are: $4,400 for single coverage and $8,750 for family coverage. For 2027, the IRS maximum annual contributions to an HSA are: $4,500 for single coverage and $9,000 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 the company 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 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.

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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 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

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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 2026 would be able to contribute only 6/12 of the 2026 annual contribution limit under the standard rules; however, using the full contribution rule, the employee could make the full 2026 annual contribution so long as the individual remains eligible to contribute to an HSA from December 1st, 2026 through December 31st, 2026 through December 31st, 2027. 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 2027), 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.

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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 plans utilize the Standard formulary.

Mail-Order Pharmacy Benefits

Enrollees have the opportunity to sign up for mail order pharmacy benefits through Cigna Home Delivery Pharmacy℠. 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.

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MEDICAL/RX

	HDHP	
MEDICAL/RX PLAN HIGHLIGHTS	**IN-NETWORK**	**OUT-OF-NETWORK**
HSA Funding (Indiv. / Family)	$500 / $1,000	
Plan 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%
Plan 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/Rx Contributions (24 times per plan year)

	HDHP	
CIGNA	**EMPLOYEE**	**EMPLOYER**
Employee	$18.44	$282.54
Employee + Child(ren)	$141.28	$429.25

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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 MDLive 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**



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MEDICAL/RX

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.



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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**
- **Inditex 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 hospitalization – 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.



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FLEXIBLE SPENDING ACCOUNTS

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.**

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FLEXIBLE SPENDING ACCOUNTS

ACCOUNT	USED FOR	MAXIMUM ANNUAL CONTRIBUTION
Health Care FSA	Medical/Rx, dental and vision expenses, such as deductibles, coinsurance, copays, glasses and contact lenses, orthodontia and other qualified expenses	$3,400
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	$7,500 or $3,750 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 $680 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.**



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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 your new hire or 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 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.**

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DENTAL

	HIGH PPO	
DENTAL PLAN HIGHLIGHTS	**IN-NETWORK**	**OUT-OF-NETWORK**
Plan 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	
Plan 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 plan year maximum. In year 1, the maximum is $1,500. Members can progress to a higher plan year maximum the next plan year by utilizing class 1 preventive services (such as a routine cleaning) 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)

CIGNA	HIGH PPO	
	EMPLOYEE	**EMPLOYER**
Employee	$7.15	$9.23
Employee + Child(ren)	$20.52	$13.65

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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 Disposable Medically Necessary	No Copay, Covered up to $180, 15% discount off overage No Copay, Covered up to $180 No Copay, Covered in Full	Up to $144 Up to $144 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)

	VISION PLAN	
EYEMED	EMPLOYEE	EMPLOYER
Employee	$1.83	$0.47
Employee + Child(ren)	$3.31	$0.82



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WELLNESS & SUPPORT PROGRAMS

Employees who work 30 hours or more per week may participate in this program.

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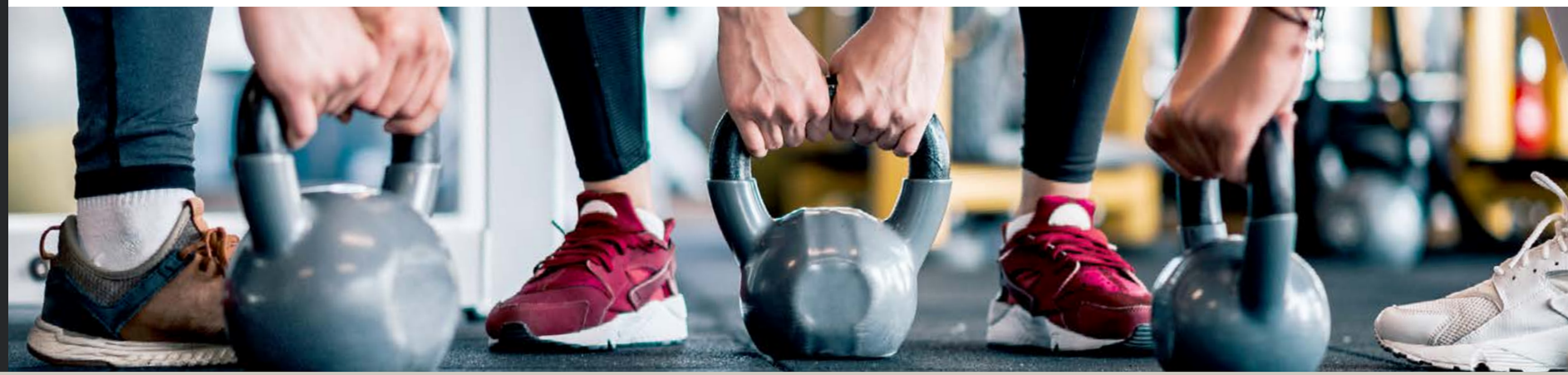
Pursue healthy habits with access to Wellhub!

Wellhub is an all-in-one subscription service that partners with top gyms and well-being apps to offer convenient access to fitness and wellness resources that support your overall health.

Your Wellhub subscription provides access to over 10,000 gyms, studios, and live classes as well as over 30 well-being apps, covering topics such as nutrition, meditation, sleep, and healthy habits.

Wellhub is employee paid – there are many plan options, all designed to accommodate your budget and wellness needs. Specific gyms and apps are available in different Wellhub plans. Browse the website or download the app to see what's offered in each plan and view the entire network of gym partners.

1. Download the Wellhub app, or go to **wellhub.com/en-us**
2. Search company Zara and verify using your Employee ID on INET
3. Create your free account
4. Choose the plan that best fits you



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WELLNESS & SUPPORT PROGRAMS

All Inditex employees may participate in this program.

Start Making Your Life Easier

To register visit **my.brighthorizons.com** and click "Join Today". Then select "Zara USA" from the dropdown and enter the requested details to verify your employment. Click "Confirm Email Address" in your confirmation email to continue filling out your information.

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. Membership is free for employees and comes with 10 back up days per year.

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 the 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.



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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 2027 Calendar year.

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All Inditex employees may participate in this program.

Health Advocate

Inditex 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/Rx 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 2027 Calendar year.

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You must be enrolled in one of our Cigna medical/Rx plans to participate in this program. You must sign up for the program in order to participate.

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Cigna Healthy Pregnancies, Healthy Babies® Program

If you or your covered spouse is 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**.



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EMPLOYEE ASSISTANCE PROGRAM (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.

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



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USA 401(K) RETIREMENT PROGRAM

The 401(k) plan at Zara USA enables eligible employees to save and invest for retirement through salary contributions, complemented by Zara's matching contributions.

To participate in the 401(k) plan, you must:

- **Be at least 21 years old,**
- **Complete three (3) months of service, and**
- **Have worked at least 250 hours worked.**

Your entry date will be the first day of the payroll period following the date you satisfy the eligibility requirements.

Automatic Enrollment:

Your 401(k) Plan managed by Mercer Wise is set up with an automatic enrollment feature. If you do nothing, the automatic enrollment period is 30 days. You will receive an email or mailing 30 days prior to your auto-enrollment date. This notice will inform you when the automatic 3% before-tax contributions will begin from your paychecks and give you the option to elect to withhold a different percentage or opt out if you choose. Auto enrollment will increase annually by 1% until reaching 6%.

Matching Contributions:

After completing six (6) months of service and 500 hours of service, the company will match 50% of elective deferrals that do not exceed 6% of your compensation. Ensure your contribution rate is 6% or more to receive the full match. You need to remain with the company for a minimum of 3 years to be fully vested and retain 100% of your employer matching contributions.

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.** Complete this step online or call a Mercer Wise representative for assistance.
- **Elect automatic account features** like Automatic Increase to help make savings and portfolio management easier.
- **Consider consolidating** your retirement accounts into your Zara USA & Related Companies 401(k) Plan account.

Questions and Support:

If you have any questions about your Zara USA & Related Companies 401(k) Plan, please visit **mercerwise.com** or feel free to call a Mercer Wise representative at **833-637-2379 (**833-MER-CERW) (Weekdays 8 am to 10 pm ET and Saturdays 9 am to 5:30 pm ET).

Navigating The Mercer Wise Website

Review additional flyers on **zarabenefits.com** to learn how to navigate the Mercer Wise website and access retirement planning tools.

How To Enroll

Visit our 401(k) plan website at **mercerwise.com** to enroll and to learn more about your retirement plan and some great account features like Automatic Increase and automatic rebalancing of your investments.

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TRANSPORTATION

Save money on your work-related transportation costs by setting aside pre-tax dollars in our transit and parking spending accounts.

For 2026, you may choose to set aside up to $340 pre-tax per month for mass transit expenses and up to $340 pre-tax per month for parking expenses. **IRS limits are subject to change for the 2027 Calendar year.**

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.

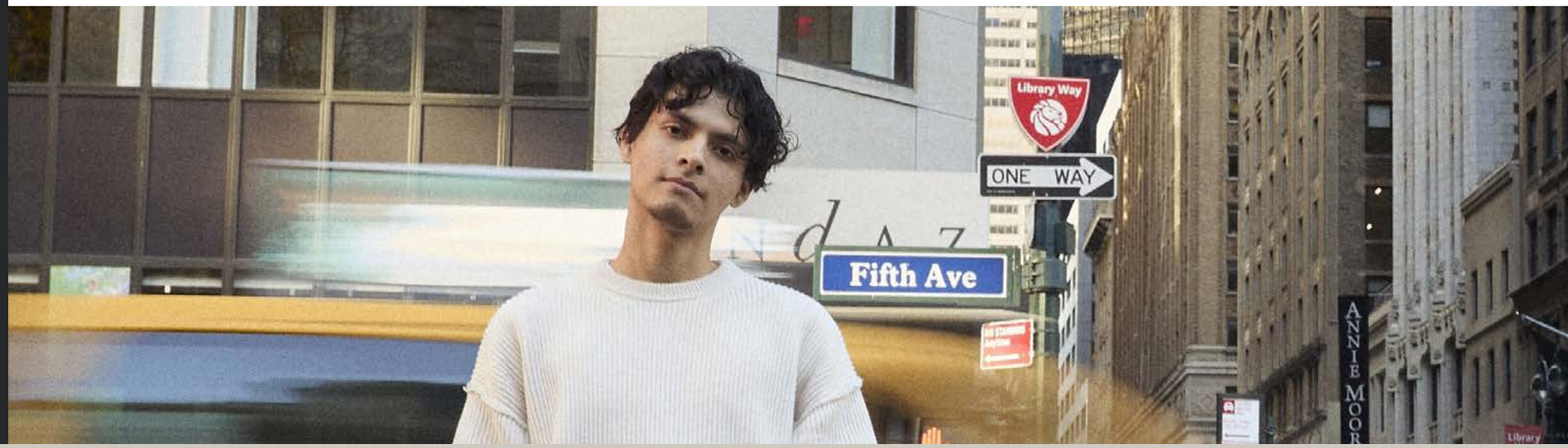
You may change the amount you are contributing or stop your contributions at any time during the year.

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.**



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LIFE & DISABILITY INSURANCE

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

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 and coverage reduces to 65% at age 65 and to 50% at age 70. Changes take effect on the October 1st following your birthday.

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.

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.

Child life insurance is available in $5,000 or $10,000 (not to exceed 50% of the employee's election).

When you first become eligible, you can elect to purchase Voluntary Life Insurance coverage for yourself and your family up to the GI amounts. Any elections made above the GI amounts will require you to submit Evidence of Insurability (EOI). Employees who wish to enroll in a future year may be required to submit EOI, depending on the coverage amount selected.

If your election(s) require Evidence of Insurability (EOI), you will be prompted to complete the applicable EOI form(s). Your selected benefit will not become effective until the EOI is submitted to and approved by The Hartford.



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LIFE & DISABILITY INSURANCE

Inditex partners with The Hartford 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.

The Hartford Short-Term Disability

Employees may choose to purchase Voluntary Short-Term Disability coverage. The Voluntary STD plan covers up to 26 weeks following a 7-day waiting period for accident and sickness. Weekly benefits are 60% of compensation up to $750 per week. This coverage is paid by the employee on a post-tax basis and will vary depending on age. Pre-existing limitations apply.

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

Employees who waive coverage when first eligible but wish to enroll in a future year are required to submit EOI.

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 $12,000 per month. Benefits begin at 180 days after disability and end at recovery or 5 years. This benefit is paid 100% by employees on a post-tax basis and will vary depending on age. 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 LTD plan during your new hire enrollment period but wish to enroll in the future, Evidence of Insurability will be required in order to enroll in coverage.



Click here to access
PLAN SUMMARIES

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USING YOUR BENEFITS

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- Resources

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- Medical/Rx
- Flexible Spending Accounts
- Dental
- Vision
- Wellness
- EAP

SAVINGS & FINANCE

- 401(k)
- Transportation
- Life & Disability Insurance

VOLUNTARY BENEFITS

- Accident, Hospital & Critical Illness
- Pet Insurance
- Additional Perks

VOLUNTARY ACCIDENT, HOSPITAL & CRITICAL ILLNESS

The Hartford Accident Insurance

This benefit pays cash benefits for covered accidental injuries to you or your covered family member including ambulance rides, bone fractures and dislocations, emergency room and urgent care visits, burns and more. There are two plans for you to choose from.

The Hartford Hospital Indemnity Insurance

This plan pays cash benefits for hospital admittance. Coverage is available for you and your eligible dependents.

The Hartford Critical Illness/Specified Disease Insurance

This insurance provides a lump sum payment if you or your covered family member is diagnosed with a serious medical condition covered by the plan. Elections can be made in $5,000 increments up to $30,000. There is a $50 per person per year Wellness Benefit available to those who complete a preventive screening.

You have the choice to enroll in any or all of the Hartford Voluntary Benefit plan offerings. Costs for these plans are paid 100% by employees on a post-tax basis and will vary depending on coverage levels. More detailed information is available on the Benefits Portal.



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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 **https://benefits.petinsurance.com/zara** or call **877-738-7874**.

Costs for these plans are paid 100% by employees on a post-tax basis and will vary depending on coverage levels. More detailed information is available on the Benefits Portal.



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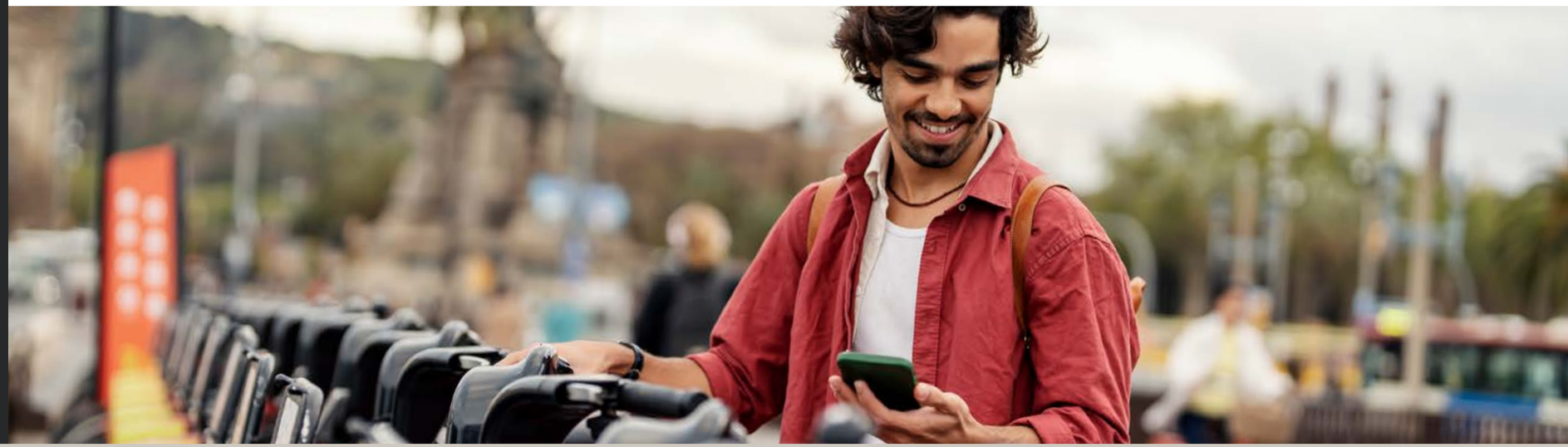
ADDITIONAL PERKS

Discounts and Perks

In addition to our Health and Welfare benefits, Inditex 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.
- Discount on memberships for bikes in the following areas:
  - NYC, Hoboken, and Jersey City: Citibike
  - Boston: Bluebikes
  - SF Bay Area: Bay Wheels
  - Portland: Biketown
  - DC Area (Montgomery, Virginia, DC): Capital Bikeshare
  - Ohio: CoGo
  - Chicago: Divvy
- Employee Discount Card
- Wellhub
- 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!



INDITEX

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Inditex has made every attempt to ensure the accuracy of the information described in this enrollment guide. This guide is not an official plan document and does not provide a complete description of your benefit plans. Any discrepancy between this guide and the insurance contracts, summary plan descriptions (SPDs) or any other legal documents that govern the plans of benefits described in this enrollment guide will be resolved according to those documents. Any examples, such as infographics provided in this guide are purely illustrative in nature, and actual plan costs and coverage will differ based on coverage selected. Inditex reserves the right to amend or discontinue the benefits described in this enrollment guide in the future, as well as change how eligible employees and Inditex share plan costs at any time. This enrollment guide creates neither an employment agreement of any kind nor a guarantee of continued employment with Inditex.