



2020 ascena Benefits Guide

About Enrollment

ascena is proud to offer all full time associates enrollment in a full suite of health and welfare benefit offerings. All eligible associates will be provided the option of enrolling in their choice of Medical, Dental, Vision, Flexible Spending Account, Disability and Life Insurance benefits. In addition ascena will provide all full time associates a company provided Short-Term Disability (STD) and Basic Life Insurance Benefit at no cost to the associate.

For more information on our full time benefits package please be sure to thoroughly review this 2020 benefits guide as well as all important benefit materials currently available on **myBenefits Portal**. **myBenefits Portal** is accessible directly via myAssociate HUB via single sign on.

When Can I Enroll?

Newly hired ascena associates are eligible to enroll in benefits coverage which will take effect on the first of the month following (or coincident with) 30 days from their date of hire*. Associates who wish to elect benefits coverage will need to enroll online at **myBenefits Portal** within 30 days of their date of hire. **myBenefits Portal** is accessible directly via single sign on from myAssociate HUB.

If you do not enroll in coverage during your initial new hire enrollment window, the next opportunity to enroll will be during the annual enrollment period. The annual enrollment period is typically held during the Fall at ascena. Elections processed during the annual enrollment period will take effect on January 1st of the following plan year.

Who Can I Cover?

You can enroll yourself and your eligible dependents in medical, dental, vision, and/or life insurance benefits. Eligible dependents include your:

- Legal spouse**
- Child(ren) up to age 26 regardless of marital or student status
- Unmarried child(ren) of any age who can't support themselves due to a disability and who are totally dependent on you

What if Things Change?

You can't change your coverage during the plan year unless you have a qualified life event. You must make any eligible changes within 30 days of the event. Qualified life events include, but are not limited to:

- Marriage, legal separation, or divorce
- Birth or legal adoption of a child
- Death of your spouse or a dependent child

For more information on qualified life events and when your new coverage will become effective, visit **myBenefits Portal** accessible directly via myAssociate HUB.

Your new coverage will take effect within 60 days of the event if you, your spouse, or your eligible dependent child loses coverage under Medicaid or a state Children's Health Insurance Program (CHIP) or becomes eligible for state-provided premium assistance.



*Full Time Temporary associates will have a coverage effective date on the first of the month following (or coincident with) 60 days from their date of hire.

**Spousal surcharge may apply if your spouse has access to medical coverage through their respective employer.



Medical Benefits At-a-Glance and Cost of Coverage

The information below is a summary of medical coverage only. Please log into [myBenefits Portal](#) to view plan summaries detailing coverage information, limitations, and exclusions.

Any deductibles, copays, and coinsurance percentages shown in the chart below are amounts for which **you** are responsible.

BENEFIT	AETNA HSA PLUS		AETNA HRA PLUS		AETNA HSA	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual Calendar Year Deductible						
Individual	\$1,650	\$4,450	\$1,650	\$4,450	\$2,250	\$4,250
Family	\$3,300	\$8,900	\$4,700	\$13,100	\$4,500	\$8,500
Out-of-Pocket Maximum*						
Individual	\$4,500	\$8,500	\$4,500	\$8,500	\$6,750	\$14,500
Family	\$9,000	\$17,000	\$13,000	\$25,000	\$13,500	\$29,000
Coinsurance (portion you pay)	30%	50%	30%	50%	30%	60%
Physician Services						
Office Visit	30%	50%	30%	50%	30%	60%
Specialist Visit	30%	50%	30%	50%	30%	60%
Preventive care	Covered 100%	50%	Covered 100%	50%	Covered 100%	60%
Lab and X-ray Services	30%	50%	30%	50%	30%	60%
Inpatient Hospital Services (per admission)	30%	50%	30%	50%	30%	60%
Emergency Treatment						
Urgent Care Copay	30%	50%	30%	50%	30%	60%
Emergency room copay	30%	30%	30%	30%	30%	30%
PRESCRIPTION DRUGS						
Retail (30-day supply)						
Generic	30%, \$4 Min / \$15 Max		30%, \$4 Min / \$15 Max		30%, \$4 Min / \$15 Max	
Preferred brand	30%, \$20 Min / \$50 Max		30%, \$20 Min / \$50 Max		30%, \$20 Min / \$50 Max	
Non-preferred brand	30%, \$40 Min / \$80 Max		30%, \$40 Min / \$80 Max		30%, \$40 Min / \$80 Max	
Mail Order (90-day supply)						
Generic	30%, \$10 Min / \$35 Max		30%, \$10 Min / \$35 Max		30%, \$10 Min / \$35 Max	
Preferred brand	30%, \$50 Min / \$125 Max		30%, \$50 Min / \$125 Max		30%, \$50 Min / \$125 Max	
Non-preferred brand	30%, \$100 Min / \$200 Max		30%, \$100 Min / \$200 Max		30%, \$100 Min / \$200 Max	
ASSOCIATE CONTRIBUTIONS (PER BI-WEEKLY PAYCHECK)						
Associate Only	\$62.48		\$62.48		\$19.74	
Associate + Spouse	\$157.34		\$157.34		\$43.42	
Associate + Child(ren)	\$130.16		\$130.16		\$35.52	
Family	\$230.28		\$230.28		\$76.97	

Note: Deductibles, copays and coinsurance accumulate toward the out-of-pocket maximums. Usual, Customary and Reasonable charges apply for all out-of-network benefits.

Associate working in Hawaii, Puerto Rico, or California may qualify to enroll in medical coverage through location specific vendors. For detailed information please log into [myBenefits Portal](#) and view plan summaries under your medical tile.



Dental Benefits

Dental coverage is important to your overall health and wellness. You can enroll in dental benefits through Delta Dental for yourself and your family. The dental plans feature a network of dentists and specialists who have agreed to provide services at a discounted price. If you use these in-network providers, you'll pay less. The Delta Dental PPO and Delta Dental PPO Basic plans allow you to see providers outside of the network, but you'll pay more. The information below is a summary of coverage only. For plan summaries that offer detailed information about your coverage please log into myBenefits Portal.

Dental Benefits At-a-Glance and Cost of Coverage

Any deductibles, copays, and coinsurance percentages shown in the chart below are amounts for which **you** are responsible.

BENEFIT	DELTA DENTAL PPO	DELTACARE USA (NOT AVAILABLE IN MN)	DELTA DENTAL PPO BASIC (ONLY AVAILABLE IN MN)
Annual Calendar Year Maximum	\$2,000	None	\$1,000
Calendar Year Deductible			
Individual	\$50	\$0	\$0
Family	\$150	\$0	\$0
Preventive Services (no deductible)	0%	Copay based on service	0%
Basic Services	20%	Copay based on service	20%
Major Services	50%	Copay based on service	40%
Orthodontia (adults and children up to age 26)			
Lifetime Maximum	\$1,500	Copay based on service	\$1,000
ASSOCIATE CONTRIBUTIONS (PER BI-WEEKLY PAYCHECK)			
Associate Only	\$16.89	\$7.10	\$7.10
Associate + Spouse	\$32.35	\$13.01	\$13.01
Associate + Child(ren)	\$37.66	\$13.17	\$13.17
Family	\$58.47	\$20.66	\$20.66

Vision Benefits

ascena offers you and your dependents vision coverage through EyeMed. The information below is a summary of coverage only. For plan summaries that offer detailed information about your coverage please log into myBenefits Portal.

Vision Benefits At-a-Glance and Cost of Coverage

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Exam	\$15 Copay	\$40 Reimbursement
Lenses (Single/Bifocal/Trifocal)	\$20/\$20/\$20 Copay	\$45/\$65/\$85 Reimbursement
Frames	\$170 Allowance	\$58 Reimbursement
Contact Lenses Instead of Glasses		
Conventional/Disposable Medically Necessary	\$170/\$170 Allowance Paid in Full	\$105/\$105 Reimbursement \$200 Reimbursement
ASSOCIATE CONTRIBUTIONS (PER BI-WEEKLY PAYCHECK)		
Associate Only	\$3.02	
Associate + Spouse	\$5.23	
Associate + Child(ren)	\$5.15	
Family	\$8.55	

*ID Card not required for vision services.

Definitions to keep on hand.

Coinsurance The percentage of total costs that you pay out-of-pocket for covered expenses after your deductible.

Copay (Copayment) The set fee you pay out-of-pocket for certain services, such as doctor's office visit or prescription.

Deductible The amount you pay out-of-pocket before the health plan starts to pay its share of covered expenses.

Network The plan's preferred doctors, pharmacists, and/or other health care providers. When you use in-network providers, you pay less because they have agreed to prenegotiated pricing. Also called in-network.

Out-of-Pocket Maximum The most you pay each year out-of-pocket for covered expenses. Once this maximum is reached, the health plan pays 100% of covered expenses.

Preventive Care Services you receive to stay healthy. These include annual physicals, wellness screenings, and well-baby care.



Income Protection Benefits

ascena offers a variety of plans to provide replacement income for you or your beneficiaries in the event of disability, accident, or death.

Basic Life

ascena provides you with basic life insurance in the amount of 1x base salary up to \$1,500,000.

Supplemental Life and AD&D

You can purchase Supplemental Life insurance for yourself, your spouse, and your child(ren). In addition to Supplemental Life, ascena also provides you the opportunity to purchase an Accidental Death and Dismemberment policy for yourself. Note: To purchase supplemental life coverage for either your spouse or child(ren), you must enroll in associate coverage.

Short-Term Disability

ascena provides all full-time associates with a company provided Short-Term Disability (STD) benefit. If you aren't able to work after 7 consecutive days of disability due to an eligible injury or illness, this benefit pays 100% of your weekly pay for the first 8 weeks of your disability after the waiting period, then 70% of pay for a total of up to 26 weeks of disability. ascena pays the full cost of this coverage.

Long-Term Disability

ascena associates are provided the opportunity to purchase Long-Term Disability (LTD) insurance. This benefit pays a portion of your income if you continue to be disabled and your short-term disability benefits end. To qualify, you must be disabled for 180 days. LTD benefits provide you with 60% of your annual base pay up to a \$12,500 monthly maximum. ascena automatically defaults associates into the LTD benefit as a new hire. If you do not wish to participate you must log in to **myBenefits Portal** to waive coverage during your new hire enrollment window. You pay the full cost of this coverage.

Get More Information

For more information on all full-time associate benefit offerings please be sure to log into **myBenefits Portal**. **myBenefits Portal** can be reached directly via single sign on from myAssociate HUB and is your destination for all important benefit plan documents.

Have a question or need assistance? All questions can be directed to our team at myBenefits Support. To reach a representative from myBenefits Support please dial **855-436-7177** (Option 2, then Option 5, then Option 4).

Additional Benefits

Health Savings Account

- ▶ The Aetna HSA and Aetna HSA Plus medical plan options feature a Health Savings Account, or HSA. A Health Savings Account allows you to set aside money on a pre-tax basis which you can use to cover your eligible out-of-pocket health care expenses. You can use your HSA to pay for immediate health care expenses now or save for expenses later in life. Unused funds in your HSA will rollover from year to year and you keep any money in your HSA if you leave ascena. Each year you can contribute up to \$3,550 if you have single coverage, or \$7,100 if you have family coverage.

Spending Accounts*

- ▶ You can use the Health Care FSA to pay for eligible health care expenses such as medical, dental, or vision plan deductibles, copays, coinsurance, and prescription drugs. Each year, you can contribute up to \$2,700 on a pre-tax basis to this account. Associates enrolled in the HSA plan are not eligible to open a Health Care FSA.
- ▶ You can use the Dependent Care FSA for eligible child and elder care expenses so you (and your spouse) can work or go to school. Each year, you can contribute up to \$5,000 on a pre-tax basis to this account (\$2,500 maximum if you are married and file separate tax returns).

Employee Assistance Program

Through the Employee Assistance Program (EAP), you and eligible members of your household have 24/7 access to confidential counseling to help you address issues such as relationship struggles, drug and alcohol abuse, financial hardship, and general stress or depression. The EAP is available 24 hours, seven days a week.

401(k) Savings Plan

Eligible associates can participate in the ascena Retail Group, Inc. 401(k) Savings Plan. For more information on the company match and full vesting schedule please please log into myAssociate HUB.

*Associates earning in excess of \$125,000 in 2019 with ascena are not eligible to participate in the Dependent Care FSA in 2020.