

EssentialCare®



VOLUNTARY LIMITED BENEFITS PROGRAM



EMPLOYEE BENEFIT ENROLLMENT GUIDE

For Massachusetts Residents:

This health plan, alone, does not meet Minimum Creditable Coverage standards and will not satisfy the individual mandate that you have health insurance. Please see the back page for additional information.

LIMITED BENEFIT MEDICAL PLAN DISCLOSURE — CONNECTICUT EMPLOYEES

THIS LIMITED HEALTH BENEFITS PLAN DOES NOT PROVIDE COMPREHENSIVE MEDICAL COVERAGE. IT IS A BASIC OR LIMITED BENEFITS POLICY AND IS NOT INTENDED TO COVER ALL MEDICAL EXPENSES. THIS PLAN IS NOT DESIGNED TO COVER THE COSTS OF SERIOUS OR CHRONIC ILLNESS. IT CONTAINS SPECIFIC DOLLAR LIMITS THAT WILL BE PAID FOR MEDICAL SERVICES, WHICH MAY NOT BE EXCEEDED. IF THE COST OF SERVICES EXCEEDS THOSE LIMITS, THE BENEFICIARY, NOT THE INSURER, IS RESPONSIBLE FOR PAYMENT OF THE EXCESS AMOUNTS. THE SPECIFIC DOLLAR LIMITS ARE LISTED IN THE MEDICAL SCHEDULE OF BENEFITS SECTION OF THE SPD.

HOW TO ENROLL, MAKE CHANGES, AND CANCEL COVERAGE BY TELEPHONE

Please call 1-866-484-0851 to enroll in the plan. You may make changes or cancel coverage by telephone within 30 days of completing your telephone enrollment. You will be prompted to enter your PIN CODE plus the last four digits of your Social Security number.

Call 1-800-269-7783 (toll free) to make changes or cancel coverage by telephone. You may cancel or reduce coverage at any time. Remember, it will take up to two or three weeks for the changes or cancellation to be reflected on your paycheck. Coverage will continue as long as you have a paycheck deduction.

PIN CODE: 245__ __ __ __
Last four digits of your Social Security number.

VOLUNTARY LIMITED BENEFITS PROGRAM OVERVIEW

EssentialCare® is a voluntary limited benefit program designed to help you pay for health insurance costs resulting from sickness or injury. As a position eligible retail or salon employee of ULTA, you are eligible to enroll in the program within 30 days of your hire date or during the 30-day open enrollment period. If you do not enroll within 30 days of your hire date or open enrollment date, you and your dependents will have to wait until the next open enrollment or until you have a qualifying life event. A qualifying life event is defined as a change in your status due to one of the following:

- *Marriage or divorce* • *Birth or adoption of a child(ren)* • *Termination* • *Loss of insurance coverage by your spouse* • *Death of an immediate family member* • *Medicare entitlement* • *Employer bankruptcy* • *Loss of dependent status* • *Loss of prior coverage.*

In addition, you may request a special enrollment (for yourself, your spouse and/or eligible dependents) within 60 days (1) of termination of coverage under Medicaid or a State Children's Health Insurance Program (SCHIP), or (2) upon becoming eligible for SCHIP premium assistance under this medical benefit.

Who is Eligible?

As an ULTA employee holding one of the following positions, you are eligible to enroll in the program.

Retail Positions

Arch Expert (including Lead)
Boutique Lead
Cashier (including Lead)
Key Holder
Prestige Consultant
Prestige Lead
All Store Planogram Positions
Task
Part-time Distribution & Corporate Positions

Salon Positions

Apprentice (State Street Only)
Designer 1 & 2
Esthetician 1 & 2
Guest Coordinator

Covering Your Dependents

You can cover members of your family under the medical/Rx and dental plans. You can cover your spouse, same sex domestic partner and/or dependent children up to age 26.

When Coverage Begins

Your coverage begins the Monday following a payroll deduction. If you have enrolled and have not seen a deduction on your paycheck, please contact EssentialCare customer service to see when your payroll deduction will begin.

When Coverage Ends

You may cancel your coverage at any time. When you cancel your coverage in the middle of a payroll cycle, your coverage will not be terminated until the end of the next payroll cycle. Therefore, you will have one more payroll deduction and coverage for another pay period.

If you miss six consecutive weeks of payroll deductions and you don't pay these missed premiums directly to Planned Administrators, Inc. (PAI), your coverage will end. Once coverage is cancelled or ends due to nonpayment of premiums, you will not be eligible to re-enroll until the next open enrollment period, unless you have a qualifying life event.

*Seasonal & temporary employees excluded

Member ID Cards

Show your ID card to the provider at the time of service. These cards are for identification purposes and providers will use them to verify eligibility status for benefits. You will receive discounts through the Beech Street Network and Caremark Pharmacy Network.

Deductibles and Maximum Benefits

Your deductibles and maximum benefits are based on your benefit year (September 1 - August 31). If you are covering dependents in the plan, each dependent will have his or her own deductible and maximum annual benefit.

Locating A Doctor 866.907.3619

Once enrolled, you can visit www.beechstreet.com, or call to find local providers and/or facilities in the network.

Prescription Drug Coverage

If you enroll in any of the medical plans, you are automatically covered by the prescription drug program through Caremark. Caremark has a national network with over 58,000 participating pharmacies. Present your ID card at a participating pharmacy to receive discounts for prescriptions. Save your receipt and file a claim for reimbursement. The plan pays \$20 per prescription with a maximum of three per month. Prescription drug benefits are not subject to the annual maximum or the annual outpatient maximum.

SUPPLEMENTARY BENEFITS

Term Life Benefit/Accidental Death

If selected, the Term Life Benefit provides you and/or you and your dependents with \$20,000 of life insurance payable to the beneficiary you choose and an additional \$20,000 benefit should the death be caused by an accident. You are covered 24 hours a day for any cause of death (except suicide during the first two years).

Life Benefit	\$20,000
Accidental Death Benefit	\$20,000

Short-Term Disability

If enrolled, the plan pays 50 percent of your base pay (not including tips and commissions) up to \$150 per week for up to 26 weeks — with a 14 day waiting period — for a disability due to or resulting from a nonoccupational injury or sickness. If you become pregnant after enrolling in short-term disability, you will be eligible to receive benefits for that pregnancy. However, if you were being treated for pregnancy at the time your short-term disability coverage begins, you will not be eligible to receive benefits for that specific pregnancy.

Short-term disability benefits are not available to persons employed in California, Hawaii, New Jersey, New York, and Rhode Island as these states already have state sponsored short-term disability benefits.

Dental Benefit

If you selected dental coverage, you choose the dentist. After a \$50 deductible per member per covered year, the plan pays up to \$750 for covered services.

- There is no waiting period for exams, intraoral films and bitewings. Each is covered at 80 percent.
- There is a three-month waiting period for fillings, oral surgery, and repairs for crowns, bridges and dentures. Each is covered at 60 percent.
- There is a 12-month waiting period for periodontics, endodontics, crowns, bridges and dentures. Each is covered at 50 percent.

If you have any questions about your coverage, please contact

EssentialCare Customer Service Toll Free at 866.740.4006.

Representatives (including English and Spanish-speaking and a translation service for more than 100 languages) are available Monday through Friday, 8:30 a.m. to 8 p.m. Eastern Time.

To view your Summary Plan Description (SPD), claim forms, explanation of benefits, claim status and to locate a doctor, visit: www.essentialcare.com/members/ULTAbeauty.aspx.

This voluntary limited health benefits plan does not provide comprehensive medical coverage. It is a basic or limited benefits policy and is not intended to cover all medical expenses. The plan is not designed to cover the costs of serious or chronic illness. It contains specific dollar limits that will be paid for medical services which may not be exceeded. If the cost of services exceeds those limits, the beneficiary and not the insurer is responsible for payment of the excess amounts. The specific dollar limits are noted in the plan designs.

The EssentialCare Medical/Rx and Dental Plans are underwritten by BCS Insurance Company, Oakbrook Terrace, IL under policy form numbers 24.220 and 26.212. The Term Life, Accidental Death and Short-Term Disability Plans are underwritten by BCS Life Insurance Company, Oakbrook Terrace, IL under policy form number 62.200.

For Massachusetts Residents:

This health plan, alone, does not meet Minimum Creditable Coverage standards that are effective January 1, 2009, as part of the Massachusetts Health Care Reform Law because the health plan imposes an overall annual maximum benefit for covered core services. If you purchase this health plan only, you will not satisfy the statutory requirement that you have health insurance meeting these standards. If this health plan is offered to you through your place of employment, contact your employer or other plan sponsor to determine if it offers other health plan options that meet Minimum Creditable Coverage standards. Your employer or other plan sponsor also may offer supplemental plans you can add to this insured health plan in order to meet Minimum Creditable Coverage. If you want to learn about other health plan options available to individuals, you may contact the Division of Insurance by calling (617) 521-7794 or visiting its Web site at www.mass.gov/doi, or the Connector by calling 1-877-MA-ENROLL or visiting its Web site at www.mahealthconnector.org.

THIS DISCLOSURE IS FOR MINIMUM CREDITABLE COVERAGE STANDARDS THAT ARE EFFECTIVE JANUARY 1, 2009. BECAUSE THESE STANDARDS MAY CHANGE, REVIEW YOUR HEALTH PLAN MATERIAL EACH YEAR TO DETERMINE WHETHER YOUR PLAN MEETS THE LATEST STANDARDS. If you have questions about this notice, you may contact the Division of Insurance by calling (617) 521-7794 or visiting its Web site at www.mass.gov/doi.

EssentialCare®

BCS Insurance Company

Underwriter for the Medical/Rx
and Dental Plans

Oakbrook Terrace, Illinois

BCS Life Insurance Company

Underwriter for the Term Life/Accidental
Death and Short-Term Disability Plans

Oakbrook Terrace, Illinois

PAI

Plan administered by
Planned Administrators, Incorporated

8906 Two Notch Road
Columbia, South Carolina
www.essentialcare.com

BENEFITS AT A GLANCE

Medical/Rx	Standard Plan	Premier Plan
Annual Maximum ²	\$5,000 ¹	\$10,000 ¹
OUTPATIENT MEDICAL EXPENSE BENEFITS MAXIMUM	\$2,000	\$2,000
Physician's Office Visits:		
Per Visit Amount	\$85	\$85
Maximum Number of Visits	Subject to Outpatient Maximum	Subject to Outpatient Maximum
Diagnostic Laboratory:		
Per Testing Day	\$100	\$100
Maximum Number of Labs	Subject to Outpatient Maximum	Subject to Outpatient Maximum
X-ray Procedures:		
Per Testing Day	\$100	\$100
Maximum Number of Labs	Subject to Outpatient Maximum	Subject to Outpatient Maximum
Surgical/Anesthesia Services		
Per Surgical Procedure	\$500	\$500
Anesthesia ³	\$100	\$100
Maximum Number of Surgeries	Subject to Outpatient Maximum	Subject to Outpatient Maximum
Emergency Room Benefits		
Emergency Room Benefit – Sickness	\$200	\$200
Emergency Room Benefit – Accident ⁴	\$500	\$500
Maximum Number of Emergency Room Visits ⁵	Subject to Outpatient Maximum	Subject to Outpatient Maximum
INPATIENT MEDICAL EXPENSE BENEFITS		
Maximum Number of Stays	Subject to Annual Maximum	Subject to Annual Maximum
Hospital Services⁶		
Standard Per Day Amount	\$400	\$600
Intensive Care Unit Per Day Amount ⁷	\$800	\$1,200
Surgical/Anesthesia Services		
Per Surgical Procedure	\$1,000	\$2,000
Anesthesia ³	\$200	\$400
Maximum Number of Surgeries	Subject to Annual Maximum	Subject to Annual Maximum
Prescription Coverage Benefit⁸		
Per Prescription Amount	\$20	\$20
Maximum Number of Prescriptions	3 per month	3 per month

RATES*

Cost Per Pay Period		Employee Only	Employee +1	Family
Bi-Weekly Paycheck				
Standard Medical/Rx Plan		\$49.64	\$109.22	\$173.76
Premier Medical/Rx Plan		\$63.84	\$140.44	\$223.42
Dental Benefit		\$10.46	\$20.92	\$34.52
Term Life/Accidental Death Benefit		\$3.62	\$4.42	\$4.42
Short-Term Disability Benefit	Below Age 65	\$8.22	N/A	N/A
	65+ Older	\$16.46		

* Rates are half if weekly.

¹ In or out of network coverage

² All benefits reflect a per covered person per policy year basis.

³ Payable per surgical procedure.

⁴ Covers off the job accidents only.

⁵ Includes emergencies for sickness or accidents.

⁶ Requires a minimum of 24 hour stay.

⁷ Paid in addition to standard care benefit.

⁸ Not subject to outpatient or annual maximum.

To receive additional information, obtain answers to your questions, or to enroll in this plan, call 1-866-484-0851.

To **ACCESS DOCTORS** or **VERIFY COVERAGE** before receiving your ID card, supply your provider with the following information:

- Your Name
- EssentialCare Customer Service number: 1-866-740-4006
- Member ID#
- Claims mailing address –
PAI, P.O. Box 6702 Columbia, SC 29260

Your doctor may call EssentialCare at 1-866-740-4006 to receive information on your benefits, deductibles and benefit maximums.

Important Information

This is a limited benefit medical insurance plan and is not considered major medical insurance. This plan is renewable at the option of the policyholder and as an employer sponsored benefit; it may not be purchased as an individual policy. This form is intended as a brief summary of the limited benefit plan. The group policy issued to your employer is the official document governing the provisions of the plan. State mandated benefits that apply to this plan will be included even if they are not described on this form.

Your health insurance ID card will be sent in the mail along with information on how to access your Summary Plan Description (SPD). If you are age 65 or older, or if you or your dependents are eligible for Medicare and you are enrolled in the Essential Care plan, contact your Human Resource Department for the Medicare Part-D notice.

Voluntary Limited Benefit Medical Plan

This benefit packet is intended as a brief summary of the EssentialCare Voluntary Limited Benefit Medical Plan. The group policy issued to your employer is the official document governing the provisions of this plan. State mandated benefits that apply to this plan will be included even if they are not described in this benefit packet. When you enroll, you will be issued a Summary Plan Description that includes more detailed information. For questions regarding plan specifications, please call 1-866-740-4006.

Covered Medical Expenses

Hospital Bills, Doctor Bills, Lab and X-ray, Home Health Care, Medical Equipment and Supplies, Prescription Drugs, Therapy (see Summary Plan Description for specific therapy coverage).

Rules

For medical expenses to be covered they MUST:

- Be administered and ordered by a physician
- Be medically necessary for the diagnosis and treatment of and treatment of sickness or injury
- Not be excluded by the group policy

Exclusions and Limitations*

Medical

No benefits will be paid for losses caused by or resulting from:

- intentionally self-inflicted injuries, suicide or any attempt while sane or insane;
- declared or undeclared war;
- serving on full-time active duty in the Armed Services;
- the Covered Person's commission of a felony;
- work-related injury or sickness, whether or not benefits are payable under Workers' Compensation or similar law;

No benefits will be paid for:

- eye examinations for glasses; any kind of eye glasses, or vision prescriptions;
- hearing examinations or hearing aids;
- dental care or treatment other than care of sound, natural teeth and gums required on account of injury to the Covered Person resulting from an accident that happens while such person is covered under the policy, and rendered within six months of the accident;
- services rendered in connection with cosmetic surgery, except cosmetic surgery that the Covered Person needs for breast reconstruction following a mastectomy or as a result of an accident that happens while such person is covered under the policy. Cosmetic surgery for an accidental injury must be performed within 90 days of the accident causing the injury and while such person's coverage is in force;
- services provided by a member of the Covered Person's immediate family;

Pre-existing conditions: Pre-existing condition waiting periods are waived under this benefit plan.

Dental: The plan will pay only for procedures specified on the Schedule of Covered Procedures in the Group Policy. The exclusions and limitations may vary by state. Many procedures covered under the plan have waiting periods and limitations on how often the plan will pay for them within a certain time frame.

Short-Term Disability:

No benefit is payable with respect to any Total Disability caused by or resulting from:

- attempted suicide or intentionally self-inflicted injury, while sane or insane;
- voluntary taking of poison; voluntary inhalation of gas; voluntary taking of a drug or chemical;
- declared or undeclared war or act of war;
- commission of or attempt to commit a felony, or participation in a riot;
- engaging in an illegal occupation;
- release of nuclear energy;
- operating, riding in, or descending from any aircraft (including a hang glider); This does not apply to the insured while a passenger on a licensed, commercial, nonmilitary aircraft;
- injury or sickness for which the insured has or had a right to payment under any Workers' Compensation or similar law..

Short-term disability benefits are not available to persons who work in California, Hawaii, New Jersey, New York, and Rhode Island.

Term Life: No Life Insurance benefits will be payable under the Policy for death caused by suicide or self destruction, or any attempt at it, whether sane or insane, within 24 months after the person's coverage under the Policy became effective.

*Limitations and exclusions may vary by state, please see your Summary Plan Description (SPD) for a detailed listing.