

About Your Benefits

July 2021–June 2022

US MAINLAND

Contents

When Can I Enroll?	1
How To Enroll	2
Medical	3
Prescription	5
Telemedicine	6
Dental	7
Vision	9
Health FSA	11
Dependent Care FSA	12
Life Insurance/AD&D	13
Disability	14
Ancillary Benefits	15
Voluntary Benefits	16
Wellness Benefits	17
Other Benefits	18
401(k) Retirement Plan	19
When Benefits End	20
Enrollment Checklist	21
Provider Contacts	22

About This Benefits Summary: The Urban Outfitters, Inc. plan year runs from July 1, 2021 through June 30, 2022. This benefits summary describes the highlights of our benefits in nontechnical language. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official plan documents and not the information in this benefits summary. If there is any discrepancy between the description of benefits in this summary and the official plan documents, the language of the official plan documents shall prevail. Please refer to the plan-specific documents for detailed plan information. Any of these benefits may be modified at the sole discretion of Urban Outfitters, Inc. Plan documents, amendments, and summaries of material modifications may be found online at my.adp.com. This benefits summary may not be reproduced or redistributed in any form or by any means without express, prior permission in writing from Urban Outfitters, Inc.

When Can I Enroll?

You Have Three Opportunities to Enroll:

- **Newly Eligible:** As a new hire or newly eligible employee within 30 days of your hire or eligibility date.
- **Annual Enrollment:** During Annual Enrollment, typically in May each year for an effective date of July 1st.
- **Qualifying Life Events**

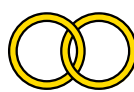
Qualifying Life Event (QLE)

In accordance with IRS regulations, benefit elections you make during Annual Enrollment are binding through the duration of the plan year (July 1, 2021–June 30, 2022). The only exception to this rule occurs if you experience a Qualifying Life Event.

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	Mark Your Calendar!				

- You have 30 days from the date of the event to declare your qualifying life event and make your benefit elections (60 days for QLEs associated with CHIP and Medicaid; 90 days for QLEs associated with birth or adoption).
- New elections will be retroactive to the date of the QLE. Once you have declared your QLE, you will receive audit information requesting sufficient proof items via email and a hard copy letter. The information you provide will be used to audit dependents added.

Common Qualifying Life Events include:



Marriage/Add a domestic partner



Birth or Adoption¹



Divorce/Remove a domestic partner



Gain or loss of other coverage



Death of a spouse/
domestic partner
or dependent



Receipt of a
qualified medical
support order



Gain or loss of eligibility for Medicaid, a state Children's Health Insurance Program (CHIP) or a premium assistance subsidy under either of these programs²

¹90-day election period

²60-day election period

To declare your Qualifying Life Event

- Log onto your Benefits page through my.adp.com, then click on "Report a Qualifying Change"
- Select an event from the drop-down list, enter a valid event date, make your elections, and then select "Confirm Enrollment"

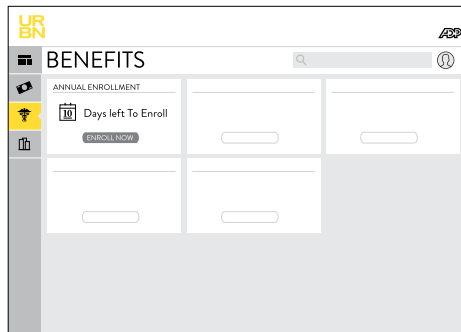
Questions about reporting your QLE? Please contact the Benefits Department at benefitsdepartment@urbn.com

How To Enroll

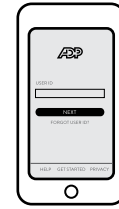


DESKTOP

Navigate to **my.adp.com**
Registration Code: **UOINC-UOINC**

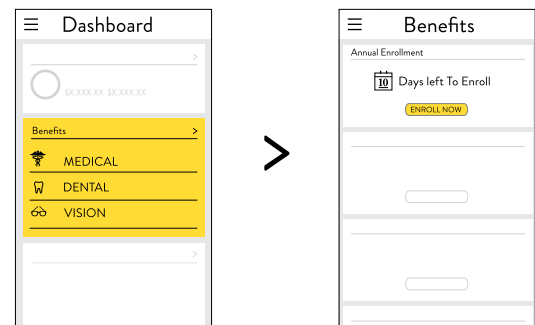


Navigate to **Benefits** to make your elections



MOBILE

Download **ADP Mobile** from the app store
Registration Code: **UOINC-UOINC**



Navigate to **Benefits** to make your elections



Verify Dependents

If you are adding dependents to your plans, you will need to enter your dependent information online when enrolling. You will then receive a letter and list of required documentation in the mail. Please follow the instructions outlined in the documents to verify your added dependents.

An Eligible Dependent is Defined as:

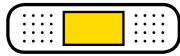
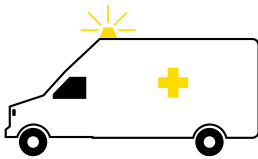
- A legal spouse
- A domestic partner
– *notarized URBN domestic partner affidavit required*
- A child up to age 26 regardless of student status, marital status, financial dependence or residence
- Any age mentally or physically disabled child (who became disabled prior to age 26)

La versión en español de la guía Acerca de sus beneficios está disponible en la sección de Beneficios de **my.adp.com** en Formularios y documentos del plan.

Medical

Independence 

Plan Options	Base Plan	Core Plan
Higher cost at the point of service	✓	
Lower cost at the point of service		✓
Less deducted out of your paycheck	✓	
More deducted out of your paycheck		✓
Same hospital and physician network	✓	✓



Benefit Description	Base Plan		Core Plan	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Annual Deductible	Individual: \$0 Family: \$0	Individual: \$2,500 Family: \$5,000	Individual: \$0 Family: \$0	Individual: \$500 Family: \$1,000
Out-of-Pocket Maximum	Individual: \$2,500 Family: \$5,000	Individual: \$10,000 Family: \$20,000	Individual: \$1,000 Family: \$2,000	Individual: \$3,000 Family: \$6,000
Primary Care Visits	\$20 copay	50%	\$15 copay	50%
Specialist Visits	\$40 copay	50%	\$30 copay	50%
Hospital (Inpatient & Outpatient)	75%	50%	90%	50%
Emergency Room	\$100 copay (waived if admitted)		\$100 copay (waived if admitted)	
Mental Health (Outpatient)	\$40 copay	50%	\$30 copay	50%
Mental Health (Inpatient)	75%	50%	90%	50%

Medical



Independence 

Independence 

✓ ID Card

- **If you are newly enrolled:** you will receive an ID card around your benefit effective date.
- **If you are currently enrolled and not making changes:** you will not receive a new ID card.
- **If you are currently enrolled and making changes:** you will keep the same ID number and you will receive a new ID card around your benefit effective date.
- Will be sent to the address on file for you in ADP.
- If you have misplaced your ID card, call IBC at **1-800-ASK-BLUE** and request that they send you a new one.
- Receive a text message when your ID card is on its way. Text IBX to 73529.

Employee Pre-tax Bi-weekly Contributions

Coverage Levels	Base Plan	Core Plan
Employee 	\$ 58.82	\$ 74.51
Employee +1	\$ 132.97	\$ 168.25
Family 	\$ 179.23	\$ 228.92



Did You Know?

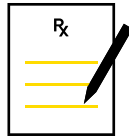
- You can find in-network providers through the IBC portal at **ibx.com > get care > find doctors and hospitals > find doctors, hospitals, medical equipment, and specialty services**. Be sure to choose National Blue Card PPO as your provider. You can also find in-network providers by using the **IBX app**.
- Out-of-network providers may bill you for the difference between the plan allowance (known as “Usual, Customary and Reasonable” or “UCR” fee) and the provider’s actual charge. It is important to note that all percentages for out-of-network services are percentages of UCR, not the provider’s actual charge.
- Medical plan runs on the calendar year, not the URBN plan year (July – June).
- Sign up for IBX Wire and get text alerts with personalized reminders about your health and notifications about important plan information. Text IBX to 73529 to sign up.



Summary of Benefits and Coverage (SBC)

SBCs detail your medical/prescription benefits. You may view and/or print a copy by visiting the Forms & Plan Documents section of your benefits page.

Prescription



Plan Design

- Retail generic prescriptions cost \$10.
- Maintenance generic prescriptions cost \$10 for three months, then move to \$25 a month when picking up at the pharmacy.
- Maintenance generic prescriptions cost \$25 for a three-month prescription through mail order.

Prescription Drugs	Retail	Mail Order
Generic	\$10	\$25
Preferred	\$30	\$75
Non-Preferred	\$50	\$125
Dispensing Limit	Up to 34 days	Up to 90 days



Maintenance Drugs

Maintenance drugs, beginning with the 4th refill, must be filled through the Express Scripts mail order program. If you choose to fill a maintenance drug at a retail pharmacy more than 3 times, you will be charged the Mail Order copay.

When you choose the Express Scripts mail order program, you will receive a 3-month supply at 2.5 times the retail copay, thereby saving you money. You can also pick up a 3-month supply of medication at CVS & Walgreens retail locations for the cost of a mail order copay.

✓ ID Card

- You will receive around the time of your benefit effective date.
- Will be sent to the address on file for you in ADP.
- If you misplaced your ID card, call Express Scripts at **1-844-550-2711** and request that they send you a new one.

🔍 Did You Know?

- When you enroll in either of URBN's medical plans, you are automatically enrolled in prescription coverage at no extra cost.



Express Scripts Mail Order Program

- You can contact a registered pharmacist 24 hours a day, 7 days a week with any questions.
- Order refills online, by mail, or by phone – anytime day or night. To order online, register at **express-scripts.com**. Refills are usually delivered within 3 to 5 days after your order is received.

Telemedicine

MDLIVE®

Did You Know?

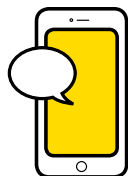
- Your copay for each visit is only \$10 vs. \$20/\$15 for an in-person primary care visit.
- Network includes pediatricians.
- You must be enrolled in medical to utilize Telemedicine.
- Due to statutory regulations, only video consultation is allowed in Idaho.

Commonly Treated Conditions

General Health		Mental Health
<ul style="list-style-type: none">• Acne• Allergies• Asthma• Bronchitis• Cold & Flu• Constipation & Diarrhea• Fever• Gout• Headache• Infections	<ul style="list-style-type: none">• Insect Bites• Joint Aches & Pains• Nausea & Vomiting• Pink Eye• Rashes• Sinus Infection• Sore Throat• Sports Injury• Sunburn• Urinary Tract Infection	<ul style="list-style-type: none">• Anxiety & Depression• Child Behavior Issues• Post Traumatic Stress Disorder• Sleep Disorders• Marital & Relationship Issues• Smoking Addiction• Mood Swings• Substance Abuse• Eating Disorders• Obsessive Compulsive Disorder

Contacting an MDLIVE Doctor

There are three convenient ways to reach an MDLIVE doctor:



Phone

888-632-2738



Webcam & Internet

mdlive.com/urbn



Mobile App

App Store & Google Play

Dental



Plan Options	Base Plan	Core Plan
\$1,000 annual allotment to use on coverage	✓	
\$2,500 annual allotment to use on coverage		✓
Lower annual deductible		✓
Orthodontia for dependent kids up to age 19	✓	
Adult Orthodontia and no age limit for kids		✓

Benefit Description	Base Plan		Core Plan	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Annual Deductible*	Individual: \$50 Family: \$150	Individual: \$100 Family: \$300	Individual: \$25 Family: \$75	Individual: \$50 Family: \$150
Annual Benefit Maximum	\$1,000/person (combined in & out-of-network)		\$2,500/person (combined in & out-of-network)	
Type A - Preventative	90%	80%	100%	100%
Type B - Basic Restorative	80%	70%	80%	80%
Type C - Major Restorative	50%	40%	60%	60%
Type D - Orthodontia	50%	50%	50%	50%
	Orthodontia only available to children under 19		Orthodontia available to children <u>and</u> adults	
Orthodontia Lifetime Maximum	\$1,000/person (combined in & out-of-network)		\$2,000/person (combined in & out-of-network)	

*Annual Deductible only applies to Basic and Major Services.

Dental





✓ ID Card

- You will receive around the time of your benefit effective date.
- An ID card is not required to receive service.
- To use your dental coverage tell your in-network provider your Social Security number.

🔍 Did You Know?

- If your Dentist asks, the group number for both plans is **19267**.
- Both “PPO” and “Premier” dental providers are in-network under Delta Dental.
- You can find in-network providers at **deltadentalins.com**.
- Dental plan runs on the calendar year, not the URBN plan year (July–June).

Employee Pre-tax Bi-weekly Contributions

Coverage Levels	Base Plan	Core Plan
Employee 	\$ 6.95	\$ 15.76
Employee +1	\$ 13.38	\$ 30.47
Family 	\$ 21.64	\$ 49.01

Benefits – What’s Covered?

Type A - Preventive

- Prophylaxis (cleanings)
- Oral Examinations
- Child Fluoride Applications
- X-rays

Type B - Basic Restorative

- Sealants
- Space Maintainers
- Fillings
- Simple Extractions

Type C - Major Restorative

- Crowns/Inlays/Onlays
- Endodontics
- General Anesthesia
- Oral Surgery
- Periodontics
- Bridges
- Dentures

Type D - Orthodontia

- Braces
- Retainers
- Expanders

Vision

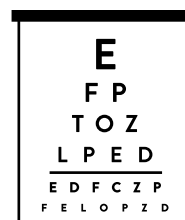


Plan Options	Base Plan	Core Plan
Vision exam and eyewear coverage	✓	✓
Increased allowance for frames and contacts		✓
\$20 copay for anti-reflective coating		✓
\$20 copay for contact lens exam (in lieu of glasses)		✓

Benefit Description	Base Plan		Core Plan	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Benefits Available Exam Lenses Frames Contact Lenses (in lieu of glasses)	Every 12 months Every 12 months Every 12 months Every 12 months		Every 12 months Every 12 months Every 12 months Every 12 months	
Eye Examination	\$10 copay	\$45 allowance	\$10 copay	\$45 allowance
Prescription Glasses	\$20 copay	See lens & frames below	\$20 copay	See lens & frames below
Frames	Up to \$150 allowance, +20% off any amount over your allowance	\$70 allowance	Up to \$250 allowance, +20% off any amount over your allowance	\$70 allowance
Lenses Single Vision Lined Bifocal Lined Trifocal Standard Progressives	Covered in full Covered in full Covered in full Covered in full	\$30 allowance \$50 allowance \$65 allowance \$50 allowance	Covered in full Covered in full Covered in full Covered in full	\$30 allowance \$50 allowance \$65 allowance \$50 allowance
Anti-Reflective Coating	Discount Only	N/A	\$20 copay	N/A
Contact Lenses (in lieu of glasses) Includes Exam & Fitting	Up to \$150 allowance, up to \$60 copay for exam (fitting & evaluation)	\$105 allowance	Up to \$250 allowance, \$20 copay for exam (fitting & evaluation)	\$105 allowance

Important Plan Note: Providers in the VSP "Choice" network are considered to be in-network.

Vision





ID Card

- You will **not** receive an ID card from VSP.
- To use your vision coverage, you can print out a paper card through the VSP website or tell your in-network provider your Social Security number.

Did You Know?

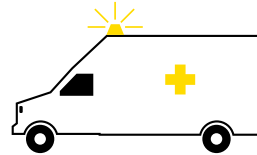
- You can find in-network providers through the VSP website at [vsp.com](https://www.vsp.com) by clicking “Find a Doctor.”
- If you go out of network, you must pay 100% of the cost up front, but you can submit for reimbursement through VSP.
- You can receive the following discounts through VSP
 - 20% off additional glasses and sunglasses, including lens options, from any VSP provider within 12 months of your last well-eye exam.
 - Average of 15% off Laser Vision Correction regular price or 5% off the promotional price; discounts are only available from contracted facilities.

Employee Pre-tax Bi-weekly Contributions

Coverage Levels	Base Plan	Core Plan
Employee 	\$ 2.02	\$ 4.67
Employee +1	\$ 4.04	\$ 9.35
Family 	\$ 6.51	\$ 15.06

Health FSA

PAYFLEX®



What is a Health FSA?

A Health Flexible Spending Account (FSA) allows you to set aside money on a pre-tax basis for health expenses for you and your dependents.

- Eligible expenses include deductibles, coinsurance, copayments, dental expenses, and vision care. You may view a full listing of eligible expenses at payflex.com > **individuals** > **common expenses**.
- The minimum annual election is \$100; the maximum annual election is \$2,750 per plan year.

Determining Your Annual Election

Use the tools on payflex.com to determine your out-of-pocket health expenses and annual election.

To determine your Health FSA bi-weekly deductions, divide your total annual election amount by the number of pay periods in the plan year (26).

If you are eligible after the start of the FSA plan year, divide your total election by the number of pay periods remaining in the plan year.

Receiving Reimbursement

FSA

You may receive automatic reimbursement on qualified Health FSA expenses by using the PayFlex Card™, or you may submit claims. Visit payflex.com for more reimbursement information.

Important FSA Dates

- You may incur claims throughout the plan year, which runs July 1, 2021 to June 30, 2022.
- You are afforded an additional 90 days from the end of the plan year (until September 28th) to submit any claims that you have incurred during the plan year.

After the Claim Deadline

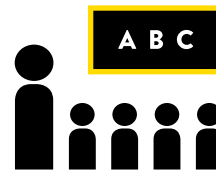
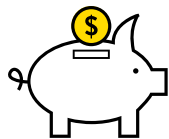
- You are able to roll over up to \$550 of unused Health FSA funds into the next plan year. Any funds over \$550 that remain in your Health FSA will be forfeited in accordance with IRS regulations.
- Any balance of \$50 or less that remains after September 28th will be forfeited.

Health FSA Reminders

- ⚠ Annual re-enrollment is required for Health FSA plans.
- ⚠ All expenses must be for incurred expenses, not for future expenses. Expenses cannot have been previously reimbursed and must not be reimbursable by insurance or any other source.
- To obtain a new FSA card, you may log onto payflex.com or call **1-844-PAYFLEX**.

Dependent Care FSA

PAYFLEX®



What is a Dependent Care FSA?

A Dependent Care Flexible Spending Account (DC FSA) allows you to set aside money on a pre-tax basis for dependent care expenses for your child, disabled parent, or disabled spouse.

- Eligible expenses include payments to day care, preschool costs, after school care and elder care. You may view a full listing of eligible expenses at [payflex.com > individuals > common expenses](https://payflex.com/individuals/common-expenses).
- The minimum annual election is \$100; the maximum annual election is \$5,000 per Plan year (\$5,000 is the maximum amount both you & your spouse may contribute to a Dependent Care FSA in a calendar year in accordance with IRS regulations).

Determining Your Annual Election

Use the tools on payflex.com to determine your dependent care expenses and annual election.

To determine your Dependent Care FSA bi-weekly deductions, divide your total annual election amount by the number of pay periods in the plan year (26). *If you are eligible after the start of the FSA plan year, divide your total election by the number of pay periods remaining in the plan year.*

Receiving Reimbursement



The PayFlex Card™ **cannot** be used for Dependent Care FSA expenses. You will need to submit claims for reimbursement. Visit payflex.com to learn about dependent care claim submission options.

Important FSA Dates

- You may incur claims throughout the plan year, which runs July 1, 2021 to June 30, 2022.
- You are afforded an additional 90 days from the end of the plan year (until September 28th) to submit any claims that you have incurred during the plan year.

Use It or Lose It!

- After **September 28th**, any funds that remain in your Dependent Care FSA will be forfeited in accordance with IRS regulations.
- Rollover of Dependent Care FSA funds is **not** permitted.

Dependent Care FSA Reminders

- The Dependent Care FSA is for dependent care expenses. If your dependents incur eligible health expenses, this should be included in your Health FSA election.
- ⚠️ Annual re-enrollment is required for the Dependent Care FSA plan.
- ⚠️ Dependent care expenses must be for services received, not for future services.
- You will only receive reimbursement for dependent care expenses that allow you or your spouse to actively work, seek employment or attend school on a full-time basis.
- Reimbursement for dependent care expenses cannot exceed your account balance.

Life Insurance



Basic Life and Accidental Death & Dismemberment Insurance



- ✓ 100% URBN paid
- ✓ No election required
- ✓ Basic Life & AD&D = 1x salary up to \$100,000

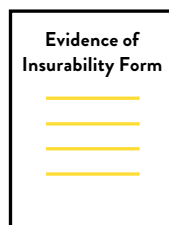


Voluntary Life Insurance

- 100% paid for by **you**
- **Employee Voluntary Life Benefit**
 - Coverage is available in \$10,000 increments, up to \$500,000
- **Spouse/Domestic Partner Voluntary Life Benefit**
 - If you elect coverage for yourself, you may purchase coverage for your Spouse/Domestic Partner in \$10,000 increments up to 50% of your coverage amount
- **Child Voluntary Life Benefit**
 - Coverage may be purchased in amounts of \$5,000 or \$10,000

Voluntary Life – Initial Eligibility

- If you are a newly eligible employee you may elect up to \$250,000 for yourself and up to \$20,000 for your Spouse/Domestic Partner without having to complete an Evidence of Insurability form (EOI)





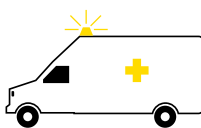

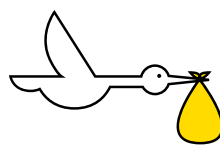
Voluntary Life – Annual Enrollment 2021 (Current Enrollees Only)

- **Employee:** Can elect coverage by ten increment of \$10,000 (up to \$250,000) without an EOI form
 - Over \$250,000 = EOI
- **Spouse/Domestic Partner:** Can elect \$10,000 up to \$20,000 without an EOI form
- **Child:** Never requires EOI
- Lincoln Financial Group will mail an EOI form to you when applicable
- For faster response you can submit your EOI forms online at **mylincolnportal.com**. “URBNINC” is the Company Code for first-time account registration.

Important Plan Note: The amount that you will pay for Employee and Spouse/Domestic Partner Voluntary Life coverage is based on age.

Disability



Short-Term Disability Insurance ¹		
✓ 100% URBN paid	✓ No election required	✓ Coverage provides a weekly benefit that equals 60% of your base weekly salary to a maximum of \$1,000
STD - due to accident or injury	STD - due to pregnancy and delivery	
<p>After an unpaid elimination period of 14 consecutive days, benefits are payable for 11 weeks for a maximum disability duration of 13 weeks per disability</p> <div></div>	<div><ul style="list-style-type: none">• Vaginal delivery:<ul style="list-style-type: none">- 2 weeks unpaid- 4 weeks paid- 6 weeks total• Cesarean delivery:<ul style="list-style-type: none">- 2 weeks unpaid- 6 weeks paid- 8 weeks total<div></div></div>	
Long-Term Disability Insurance ¹		
✓ 100% URBN paid	✓ No election required	✓ Coverage provides a monthly benefit that equals 60% of your base monthly salary to a maximum of \$3,000

¹Employees whose annual base salary is such that 60% of their base salary exceeds \$1,000 a week may purchase additional coverage through a buy-up STD and LTD plan option. If you are eligible for these benefits, they will be available to you on the ADP portal, along with further information regarding the benefit amount and cost.

Filing a Short-Term Disability Claim



Phone

1-877-906-2289



Web

mylincolnportal.com



Mobile App

App Store & Google Play

Ancillary Benefits



Employee Assistance Program (EAP)

- EAP services and resources are available to you and your family members 24 hours a day, 7 days a week and are strictly confidential. Some of the services available through the EAP are listed below.
- To take advantage of the services available through the EAP, you can call **1-888-628-4824** or visit **guidanceresources.com** (username: LFGsupport, password: LFGsupport1).



Services	Financial	Legal	Family
5 face-to-face sessions 24/7 telephonic assistance <ul style="list-style-type: none">• Personal/Marital/Family• Alcohol/Drug abuse• Stress/Anger• Death and Dying Online Services	Toll free information line <ul style="list-style-type: none">• Credit• Debt• Request educational material Financial advice sessions <ul style="list-style-type: none">• Scheduled phone counseling session and financial worksheet review	Assistance from attorneys <ul style="list-style-type: none">• One free 30 minute telephonic or face-to-face session• 25% employee discount on additional services Assistance with: <ul style="list-style-type: none">• Document preparation• Divorce/separation• Real estate• Civil matters	Access to information: <ul style="list-style-type: none">• Child care• Adoption• Elder care• Education Telephonic assistance <ul style="list-style-type: none">• One free 30 minute telephonic session Web access: <ul style="list-style-type: none">• Available 24/7

On Call International Travel Assistance Program

Travel Assistance provides 24/7/365 access to pre-travel, personal, and emergency help with situations that may arise during travel. Services are available to you while on business or personal travel **more than 100 miles** from home and for **less than 90 consecutive travel days**. Dependents traveling with you are also covered.

Services provided include:

- Worldwide Destination Intelligence
- Travel Assistance Services
- Medical Assistance Services
- Medical Evacuation & Repatriation Services
- Security and Political Evacuation Services

International Medical Coverage

Blue Cross Blue Shield Global Traveler plan, provided by GeoBlue, is a medical plan that will be your primary medical plan when you travel outside the United States. The plan is available to you and your dependents at no additional cost to you. It covers both business and leisure travel.

Features include:

- Provider Finder
- Medicine Equivalents
- News & Safety

Download the app and login using your username and password from **geo-blue.com** or register as a new user through the app using this Group Access Code: QHG9999UROUT. Questions? Please email **customerservice@geo-blue.com** or call **+1-833-511-4760**.

Voluntary Benefits



Accident Insurance

What is Accident Insurance?

Accident insurance pays you benefits for specific injuries and events resulting from a covered accident. You can use this money however you like, for example:

- Deductibles
- Child care
- Housecleaning, groceries or utilities

Benefits for services related to a covered accident include (but are not limited to):

- **Hospital care:** surgery, hospital admission
- **Follow up care:** medical equipment, physical therapy
- **Common injuries:** burns, fractures
- **Emergency care benefits**

Critical Illness Insurance

What is Critical Illness Insurance?

Critical illness insurance pays a lump-sum benefit if you are diagnosed with a covered disease or condition. You can use this money however you like, for example:

- To help pay for expenses not covered by your medical plan such as: lost wages, child care, travel home health care costs, any of your regular household expenses

Who is eligible for coverage?

- Full-time employees
- Your spouse/domestic partner
- Children are automatically covered at 50% of your benefit amount, to age 26.

Health Screening Benefit (*Employee and Spouse only*) Receive a \$50 reimbursement for attending your annual preventative care visits. Benefit can be claimed once per calendar year.

Auto, Home & Renters Insurance

Effective July 1st you have special access to discounted auto, home and renter's insurance with MetLife Choice. In just minutes, you can quickly and easily compare multiple quotes from highly rated carriers — either online (metlifechoice.com/URBN) or via the phone (**866-586-6048**).

Three reasons for you to review MetLife Choice:

- 1. Get more choices.** Quick quoting process factoring in price and your needs to offer the best available options.
- 2. Save money.** MetLife Auto & Home customers saved an average of 29% or \$643* on auto insurance. You have access to discounts just for URBN employees — payroll discounts, tenure discounts, multi-policy discounts.
- 3. Save time.** This powerful tool enables you to get and compare quotes from highly-rated carriers in minutes.

*Savings based on MetLife 2020 countrywide research of new call center customers' annual average savings in 2019. Statistics do not reflect sales of the product sold on MetLife Auto & Home MyDirect® nor products of other insurance companies.

Wellness Benefits



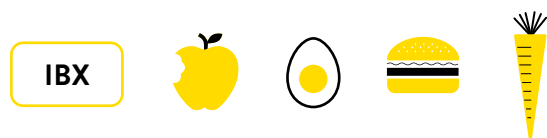
Health Advocate

Health Advocate makes healthcare easier, by helping you and your eligible family members navigate the complicated healthcare system and resolve a wide range of health and insurance-related issues. Call anytime to reach an experienced Personal Health Advocate, who can:

- Find the right in-network doctors and specialists
- Schedule appointments
- Explain diagnoses and treatments
- Research treatment options
- Explain your benefits
- Coordinate second opinions and transfer medical records
- Resolve complicated medical claims and billing issues
- And much more

Their confidential services are available at no cost to you, your spouse, dependents, parents and parents-in-law.

To reach Health Advocate, call **1-866-695-8622** or visit **HealthAdvocate.com/members**.



Nutrition Counseling Plan

Complimentary nutrition and wellness counseling is available to you and your enrolled dependents. The nutrition counseling plan through Independence Blue Cross covers up to 6 visits per year with a participating dietician, physician, or nutrition counselor at no cost to you. To get started, visit **ibx.com > individuals > member resources > health and well-being > nutrition counseling** to find a network provider and schedule your nutrition counseling appointment.

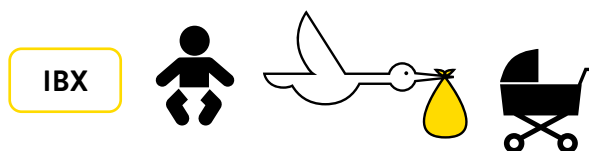


Healthy Lifestyles Solutions

This program provides reimbursements and discounts for different health based services. For more go to **ibx.com > stay healthy > health and wellness perks > discounts and reimbursements**.

Approved services include:

- Weight-loss programs/gym memberships
- Smoking cessation
- Alternative health services



Baby BluePrints®

Staying healthy during your pregnancy may reduce the risk of complications, premature babies, and low birth weight. As soon as you learn that you are expecting, you may enroll in the Baby BluePrints® program at no cost. The program includes educational materials and access to obstetric nurses who provide case management for high-risk pre-natal conditions. For more information call **1-800-598-BABY (1-800-598-2229)** or visit **ibx.com > stay healthy > health and wellness perks > nutrition counseling**.

Other Benefits



Commuter Spending Account (CSA)

A CSA is a pre-tax benefit account used to pay for public transit including train, subway, light rail, bus or parking expenses.

Determining Your Election Amount

- **Transit:** Up to \$270 a month
- **Parking:** Up to \$270 a month

Did You Know?

- If you enroll in the CSA, you will use your WageWorks Commuter Card like a preloaded debit card.¹
- You decide how much money to load onto your card each month via wageworks.com.
- You may be able to use your WageWorks Commuter Card to pay for UberPool² or Lyft Shared² rides!
- No “use it or lose it” for as long as you’re employed by URBN!

¹ Not all mass transit operators accept the WageWorks Commuter Card

² The WageWorks card can only be used for UberPool or Lyft Shared, which qualifies as mass transit. Not available in all states.

Visit wageworks.com or call **877-924-3967** to enroll.



Legal – MetLaw

MetLaw covers you and your dependents for a monthly charge of \$14.50.

What is covered?

- Estate Planning
- Real Estate Matters
- Family Law
- Document Preparation
- Immigration Assistance
- Defense of Civil Lawsuits
- Money Matters
- Elder Law
- Traffic Offenses
- Juvenile Matters
- Consumer Protection
- Personal Property Protection

For more information visit info.legalplans.com and enter access code **Legal20**, or call MetLaw at **800-821-6400**.

Pet Insurance

My Pet ProtectionSM and **My Pet Protection with WellnessSM** from Nationwide help you provide your pets with the best care possible. Coverage is as follows:

- **Deductible:** \$250
- **Reimbursement options:** 90%, 70%, 50%
- **Maximum:** \$7,500

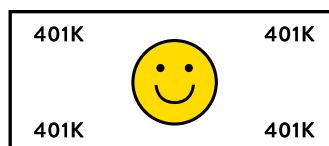
Did You Know?

- This benefit applies to any vet you take your pet to.
- You can get additional benefits for emergency boarding, lost pet advertising, and more.
- Vethelpline is a free help hotline available to you 24 hours a day, 7 days a week.
- Pre-existing conditions are not covered.

What's Covered	Without Wellness	With Wellness
Accidents & Injuries	✓	✓
Illnesses	✓	✓
Hereditary Conditions	✓	✓
Surgeries & Hospitalizations	✓	✓
X-rays, MRIs and Scans	✓	✓
Medications	✓	✓
Wellness Exams		✓
Preventative Dental Cleaning		✓
Vaccinations		✓
Spay/Neuter		✓
Flea & Tick Prevention		✓
Heartworm Testing		✓
Routine Blood Tests		✓

Visit benefits.petinsurance.com/urbanoutfitters or call **877-738-7874** to enroll.

401(k) Retirement Plan



401(k) Retirement Plan

Enrolling in the Plan:

- You may enroll in the plan once you have completed 3 months of service.

Determining your election:

- You can contribute up to 25% of your salary pre-tax and/or post-tax. If you are age 50 or older, you can make an additional catch-up contribution.
- All savings and earnings grow tax-free allowing you to take full advantage of compound growth.

Consolidate Your Savings

- Rollovers into the plan are accepted immediately upon hire.
- Call Fidelity at **1-800-835-5097** for assistance.

URBN Match

- URBN matches 50% of your contribution up to 6% after you reach one year of service.¹
- Your contributions are immediately vested, but the match is subject to a vesting schedule. Each year that you remain with URBN, you gain an additional 20% ownership of match contributions, becoming 100% vested after 5 years.²

Withdraw Your Savings

- Roll your account over to a 401(k) with your new employer.
- Roll your account over to an IRA (Individual Retirement Account).
- Take a cash distribution. In this situation, a mandatory 20% tax will be withheld, and an additional 10% tax penalty may apply.

¹ URBN Match

You Contribute	URBN Contributes
1%	0.50%
2%	1.00%
3%	1.50%
4%	2.00%
5%	2.50%
6%	3.00%

² URBN Match Vesting

Years of Service at URBN	URBN Match Vesting
1	20%
2	40%
3	60%
4	80%
5	100%

When Benefits End

Medical, Prescription, Dental, and Vision

When does my coverage end?

- Coverage ends the last day of the pay period in which your employment terminated.

What options are available to me once my coverage is terminated?

- Continuation of health insurance coverage is available under the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA). COBRA will allow you to continue your current medical, prescription, dental, and vision benefits for up to 18 months. Health FSA is also eligible for continuation.
- Another way to obtain health coverage is through the Marketplace. More details about this option are available in the COBRA packet you will receive.

When can I expect my COBRA packet in the mail?

- You will receive your COBRA packet from Wage Works, URBN's COBRA administrator, 3-4 weeks after your termination date to the address on file.
- Should you elect coverage under COBRA, you will need to return the completed enrollment form, along with payment, to WageWorks COBRA Services. WageWorks COBRA Services will then send you monthly coupon statements for you to maintain payments each month thereafter.
- If you fail to make a payment, your COBRA coverage will be terminated and you will not be allowed to re-enroll.

When will my COBRA coverage become effective if elected?

- Your COBRA coverage will become effective retroactively back to the day after your active benefits terminated so that you have no gap in insurance coverage.

Flexible Spending Account (FSA)

What happens to the money I contributed to my FSA once I am terminated?

- Your FSA balance is available to you until September 28th following the plan year the election was made.

Life Insurance

What options are available to me for life insurance?

- Lincoln Financial Group will send you a packet of information within 3 weeks of your termination date with information on options available to you.

401(k)

What happens to my 401(k) when I am terminated?

- Fidelity will send a packet of information within 3 weeks of your termination date with information on options available to you.

Contact Information

Who can I contact for additional information?

- **COBRA** (WageWorks): 1-800-526-2720
- **401(k)** (Fidelity): 1-800-835-5097
- **Life Insurance** (Lincoln Financial Group): 1-888-287-8494
- **Not Sure?** benefitsdepartment@urbn.com or 215-454-4158

! Important Plan Note: When you enroll for coverage under the Plan, you agree to make a specified dollar contribution on a per pay period basis independent of your coverage dates. In other words, contributions are not associated with any particular period of coverage and are not pro-rated at either the initial or terminal pay period.

✓ Enrollment Checklist



So You Think You've Enrolled?

If you miss your enrollment deadline, do not verify your dependents in the requested timeframe, or do not add a beneficiary or beneficiaries, your enrollment will not be complete.

Use this handy checklist to ensure that you've completed the entire enrollment process.

- ☐ Did you go to **my.adp.com** or the **ADP Mobile app** and complete the enrollment process by reviewing your options and choosing to enroll or waive coverage?
- ☐ Did you designate a beneficiary for your basic life insurance plan? Even if you are not electing benefits, it's **imperative** that you identify a beneficiary for your company-paid life insurance policy.
- ☐ Did you click "**Confirm Enrollment**" to submit your benefit elections?
- ☐ Did you **print** or **save** a copy of your confirmation statement?
- ☐ If you have **enrolled dependents**, you will receive a letter and list of required documentation in the mail. Please follow the instructions outlined in the documents.

If you've answered yes to all questions, you've successfully enrolled for your benefits!

Note the effective date of your benefits on your confirmation statement and get ready to access all of your health and wellness benefits on that date.

For more details about your coverage and all of the great perks that come along with your benefits, visit the **Forms & Plan Documents** section of **my.adp.com**.

Provider Contacts

Provider	Web	Phone	Get The App
Medical (Blue Cross)	ibx.com	800-275-2583	 
Rx (Express Scripts)	express-scripts.com	844-550-2711	 
Telemedicine (MDLive)	mdlive.com/urbn	888-632-2738	 
Dental (Delta)	deltadentalins.com	800-932-0783	 
Vision (VSP)	vsp.com	800-877-7195	 
FSA (Payflex)	payflex.com	844-729-3539	 
Life (Lincoln Financial Group)	mylincolnportal.com		
Disability (Lincoln Financial Group)	mylincolnportal.com	877-906-2289	
EAP (ComPsych)	guidanceresources.com	888-628-4824	 
Voluntary Benefits (Aflac)	aflacgroupinsurance.com	800-433-3036	 
Health Advocate	healthadvocate.com/ members	866-695-8622	 
Pets (Nationwide)	benefits.petinsurance.com/ urban-outfitters	877-738-7874	 
MetLaw (Hyatt)	info.legalplans.com	800-821-6400	 
Commuter Spending (WageWorks)	wageworks.com	877-924-3967	 
401(k) (Fidelity)	401k.com	800-835-5097	 