

SUMMARY OF BENEFITS

THIS PAGE SUMMARIZES ALL THE BENEFITS AVAILABLE FOR THE EMPLOYEES OF DERMALOGICA LLC. REFER TO YOUR SCHEDULE OF BENEFITS FORM WHICH OUTLINES YOUR INDIVIDUAL BENEFIT SELECTION(S).

Available January 1, 2006

Active Employees-
At the Employer's expense

Monthly Benefit Amount

Nursing Facility
\$3,000

Residential Care Facility
70% of the Nursing Facility Monthly Benefit

Daily Benefit Amount

Home Care- Home and Community-Based Care
50% of the \$3,000 Nursing Facility Monthly Benefit= \$50/Day

Respite Care
Benefit payment is based on where care is received.
See BENEFIT INFORMATION section for details.
This applies to all employees of Dermalogica LLC.

Lifetime Maximum Amount (the maximum Unum will pay you for all Long Term Care benefits)

3 Year Benefit Duration

\$108,000 (36X the Nursing Facility Monthly Benefit amount)

Elimination Period- 90 consecutive days
See BENEFIT INFORMATION section for details
This applies to all employees of Dermalogica LLC.

Available January 1, 2006

Active Employees-
At your expense

Monthly Benefit Amount

Nursing Facility

\$1,000 or \$3,000 additional coverage

Daily Benefit Amount

Home Care- Home and Community-Based Care

50% of the \$4,000 Nursing Facility Monthly Benefit= \$66.67/Day

50% of the \$6,000 Nursing Facility Monthly Benefit= \$100/Day

Home Care- Home, Community-Based and Immediate Family Member Care

50% of the \$3,000 Nursing Facility Monthly Benefit= \$50/Day

50% of the \$4,000 Nursing Facility Monthly Benefit= \$66.67/Day

50% of the \$6,000 Nursing Facility Monthly Benefit= \$100/Day

ADDITIONAL COVERAGE OPTIONS

Uncapped Compound Growth Inflation Protection- 5% compounded annually
See BENEFIT INFORMATION section for details

Lifetime Maximum Amount (the maximum Unum will pay you for all Long Term Care benefits)

6 Year Benefit Duration

72X the Nursing Facility Monthly Benefit amount

SUMMARY OF BENEFITS

THIS PAGE SUMMARIZES ALL THE BENEFITS AVAILABLE FOR FAMILY MEMBERS OF DERMALOGICA LLC. REFER TO YOUR SCHEDULE OF BENEFITS FORM WHICH OUTLINES YOUR INDIVIDUAL BENEFIT SELECTION(S).

Available January 1, 2006

Family Members-
At your expense

Monthly Benefit Amount

Nursing Facility

\$3,000, \$4,000 or \$6,000

Residential Care Facility

70% of the Nursing Facility Monthly Benefit

Daily Benefit Amount

Home Care- Home and Community-Based Care

50% of the \$3,000 Nursing Facility Monthly Benefit= \$50/Day

50% of the \$4,000 Nursing Facility Monthly Benefit= \$66.67/Day

50% of the \$6,000 Nursing Facility Monthly Benefit= \$100/Day

OR

Home Care- Home, Community-Based and Immediate Family Member Care

50% of the \$3,000 Nursing Facility Monthly Benefit= \$50/Day

50% of the \$4,000 Nursing Facility Monthly Benefit= \$66.67/Day

50% of the \$6,000 Nursing Facility Monthly Benefit= \$100/Day

Respite Care

Benefit payment is based on where care is received.

See BENEFIT INFORMATION section for details.

This applies to all family members of Dermalogica LLC.

Uncapped Compound Growth Inflation Protection- 5% compounded annually

See BENEFIT INFORMATION section for details

Lifetime Maximum Amount (the maximum Unum will pay you for all Long Term Care benefits)

3 Year Duration

36X the Nursing Facility Monthly Benefit amount

OR

6 Year Duration

72X the Nursing Facility Monthly Benefit amount

Elimination Period- 90 consecutive days

See BENEFIT INFORMATION section for details

This applies to all family members of Dermalogica LLC.

CHANGES IN COVERAGE

For an Active Employee and their spouse

Increases in Coverages:

You have the option to elect to increase coverage from the benefits shown in the SUMMARY OF BENEFITS, no less frequently than on each anniversary date after the Policy is issued. Additional premium will be charged for any increases.

You can apply to increase coverage by filling out a new Benefit Election Form and Application for Long Term Care Insurance. Increases in coverage will take effect at 12:01 a.m. on

- the first of the month after Unum approves your Application for Long Term Care Insurance, if approval is between the first and the fifteenth of the month; or
- the first of the second month after Unum approves your Application for Long Term Care Insurance, if approval is between the sixteenth and the end of the month.

The premium rate to be paid for any increase in coverage is based on your insurance age. To determine insurance age, subtract your date of birth from the date you are applying for the increase in coverage.

Decreases in Coverage:

You have the right, exercisable any time after the first year, to lower premium by reducing coverage from the benefit shown in the insured person's SCHEDULE OF BENEFITS, or to discontinue Home Care coverage.

You can apply to decrease coverage by filling out a new Benefit Election Form. Decreases in coverage will take effect at 12:01 a.m. on the first day of the month on or next following the month in which Unum receives the Benefit Election Form. The premium rate to be paid for any decrease in coverage is based on your original issue age.

For all other eligible persons

Increases in Coverages:

You have the option to elect to increase coverage from the benefits shown in the SUMMARY OF BENEFITS, no less frequently than on each anniversary date after the Policy is issued. Additional premium will be charged for any increases.

You can apply to increase coverage by filling out a new Benefit Election Form and Application for Long Term Care Insurance. Increases in coverage will take effect at 12:01 a.m. on the first day of the month after Unum approves your Application for Long Term Care Insurance.

The premium rate to be paid for any increase in coverage is based on your insurance age. To determine insurance age, subtract your date of birth from the date you are applying for the increase in coverage.

Decreases in Coverage:

You have the right, exercisable any time after the first year, to lower premium by reducing coverage from the benefit shown in the insured person's SCHEDULE OF BENEFITS, or to discontinue Home Care coverage.

You can apply to decrease coverage by filling out a new Benefit Election Form. Decreases in coverage will take effect at 12:01 a.m. on the first day of the month on or next following the month in which Unum receives the Benefit Election Form. The premium rate to be paid for any decrease in coverage is based on your original issue age.

WHEN CHANGES IN COVERAGE WILL BE DELAYED FOR ACTIVE EMPLOYEES

Changes in your coverage will not begin if you are absent from work because you are injured, sick, temporarily laid off or on a leave of absence on the date that the coverage would normally begin. Coverage will begin at 12:01 a.m. on the first day of the month after you return to work as an **Active Employee**.