

**July 1, 2013**  
**Summary of Material Modifications**  
**Toys“R”Us, Inc. Benefit Program**

This document serves as a Summary of Material Modifications (“SMM”) and supplements or modifies the information contained in the Toys“R”Us Benefit Program Summary Plan Descriptions dated 2009: Kaiser CA Health Plan. This SMM is adopted to incorporate plan provision changes for the 2013-2014 Plan Year and comply with certain provisions of the Patient Protection and Affordable Care Act (the “Affordable Care Act”) and shall be effective as of July 1, 2013 (the “Effective Date”). All other provisions of the SPD will remain unchanged. If there are any discrepancies between the information contained in this SMM and the official written Plan documents, the Plan documents will govern.

The following information modifies information in the Toys“R”Us, Inc. Benefit Program Summary Plan Description dated 2009: Kaiser CA Health Plan

**1. Annual Deductible**

Team members will have an Annual Deductible of \$500 per individual, up to a maximum of \$1,000 per family, each calendar year.

Team members that satisfy the deductible between July 1 and December 31 will have to satisfy a new annual deductible for the next calendar year, however, any part of the deductible satisfied from October to December will count toward the next calendar year deductible.

**2. Out of Pocket Maximums**

The Out of Pocket Maximum is \$5,000 per member and \$10,000 per family, each calendar year.

**3. Primary Care Co-pay**

The Primary Care office visit copay is \$15.

**4. Specialty Care Co-pay**

The Specialty Care office visit copay is \$50.

**5. Emergency Room Co-pay**

The Emergency Room copay is \$200.

**6. Prescription Drug**

*Retail*

The generic drug copay is \$10 and the Formulary Brand Name drug coinsurance is 30% up to a maximum of \$100.

*Mail Order*

The generic drug copay is \$20 and the Formulary Brand Name drug coinsurance is 30%, up to a maximum of \$100.

**7. Laboratory Services and Specialty Imaging**

Laboratory services and Specialty Imaging procedures will be covered by the Plan at 70% after the deductible.

## 8. *Women's Preventative Care*

The following Women's Preventative Care services are covered at 100%:

- Prenatal office visits (during pregnancy)
- Gestational diabetes screenings
- FDA-approved contraception methods and contraceptive counseling, including drugs (generics and single source brand contraceptives with no generic equivalent), implantable devices, sterilization procedures and patient education and counseling for women with reproductive capacity. Abortifacient drugs are excluded.
- Breastfeeding support, supplies, and counseling - counseling from a lactation consultant and the purchase of a breast pump within 60 days of the birth of a baby
- Human Papillomavirus (HPV) DNA testing for women 30 years and older
- Sexually-transmitted infection counseling
- Human Immunodeficiency Virus (HIV) screening and counseling
- Interpersonal and domestic violence screening and counseling for all adolescent and adult women