

July 1, 2009
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, Inc. Benefit Program Summary Plan Descriptions dated 2009. All plan and administrative updates in this SMM are in effect as of July 1, 2009. This SMM is a summary of the changes to the Toys“R”Us, Inc. Benefit Program. If there are any discrepancies between the information contained in this SMM and the official written Plan documents, the Plan documents will govern.

1. **The following information modifies** information in the Toys“R”Us, Inc. Benefit Program Aetna Choice POS II Health Plan Summary Plan Description dated 2009. The following section is added to the Covered Expenses section of your SPD.

Covered Expenses

Obesity Treatment

Medical necessity selection criteria are established by Aetna. A detailed description of the selection criteria and precertification requirements are posted online at www.aetna.com under Clinical Policy Bulletin #0157 for “Obesity Surgery”. A covered patient must satisfy all medical necessity selection criteria requirements and should review the same detailed description and precertification requirements with attending physician prior to surgery.

Covered expenses include charges made by a physician, licenses or certified dietician, nutritionist or hospital for non-surgical treatment of obesity for the following outpatient weight management services:

- An initial medical history and physical exam (prior & post surgery);
- Diagnostic tests given or ordered during the first exam; and
- Prescription drugs

Morbid Obesity Surgical Expenses

Covered medical expenses include charges made by a hospital or a physician for the surgical treatment of morbid obesity of a covered person.

Coverage includes the following expenses as long as they are incurred within a two-year period that begins with the date for the first morbid obesity surgical procedure, unless a multi-stage procedure is planned:

- One morbid obesity surgical procedure including complications directly related to the surgery;
- Pre-surgical visits;
- Related outpatient services; and
- One follow-up visit.

Complications, other than those directly related to the surgery, will be covered under the related medical plan’s covered medical expenses, subject to the Plan’s limitations and maximums. Except as specified above charges for the following services are not covered under this benefit:

Weight control services, including surgical procedures, medical treatments, weight control/loss programs, dietary regimens and supplements, appetite suppressants and other medications, food or food supplements, exercise programs, exercise or other equipment, and other services and supplies that are primarily intended to control weight or treat obesity, including morbid obesity.