

July 1, 2010
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, 2010. 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 Administrative and Legal Summary Plan Description dated 2009.

[Administrative and Legal](#)

- Claims Administrator for Prescription Drug
CVS Caremark (for Aetna medical plans)
PO Box 94467
Palatine, IL 60094-4467
1 877-209-3213
www.caremark.com
- Appeal of an Adverse Benefit Determination
CVS Caremark (for Aetna medical plans)
Appeals Department
MC109
PO Box 52084Phoenix, AZ 85072-2084
1-866-689-3092 (fax number for member and physician appeals)
1-866-443-1183 (phone number for physician appeals)

Expedited 72-Hour Appeals:

The Claims Administrator or administrator of the Prescription Drug Plan will make a determination of such an appeal *from a member* within 72 hours after it is received in writing by fax or mail.

The Claims Administrator or administrator of the Prescription Drug Plan will make a determination of such an appeal *from a physician* within 72 hours after it is received verbally or in writing by fax.

2. [The following information modifies](#) information in the following Toys“R”Us, Inc. Benefit Program Summary Plan Description dated 2009: Aetna “R”CDHP, Aetna “R”Choice Health Plan, Aetna Choice POS II Health Plan, and Aetna Indemnity Health Plan.

[Aetna Health Plans](#)

- Pediatric exam schedule as follows: up to 7 exams until age 1; 3 exams between ages 1 and 2; 3 exams between ages 2 and 3; and 1 exam per 12 months thereafter.

[Prescription Drug](#)

- Prescription drug benefits for Aetna Health Plans administered by CVS Caremark with the following features:
 - “R”CDHP only -- No separate maximum copay for mail order maintenance/preventive medications; maximum copay for mail order Brand Formulary prescription is \$100; maximum copay for mail order Brand Non-formulary prescription is \$200.
 - Caremark Specialty Drug Program – Requires exclusive use of CVS Caremark Specialty Pharmacy. The program covers select specialty medications – injectable and non-injectable drugs that:
 - require frequent dosing adjustments and intensive monitoring to help ensure a positive outcome

- involve thorough patient training to ensure proper use and administration are available on a limited or exclusive basis
 - require special handling and/or administration
- Contact CVS Caremark at 1-800-237-2767 for more information about specialty pharmacies and medications
- Prescription drug exclusions:
 - Drugs to remove hair:
 - immunization, vaccines/toxoid agents
 - IUDs and contraceptive devices
 - respiratory therapy supplies (spacers, nebulizers, peak flow meters)

3. The following information supplements information in the following Toys“R”Us, Inc. Benefit Program Summary Plan Description dated 2009: Aetna “R”CDHP, Aetna “R”Choice Health Plan, Aetna Choice POS II Health Plan, and Aetna Indemnity Health Plan.

Aetna Health Plans

- Autism coverage – covers services, treatment, education testing and training related to learning disabilities or developmental delays.
- Hospice Benefit – Aetna Compassionate Care Program provides enhanced hospice benefits including:
 - The option to continue to seek curative care while in hospice
 - The ability to enroll in a hospice program with a 12-month terminal prognosis
 - The elimination of day and dollar maximum plan limits
 - Respite and bereavement services

Prescription Drug

- Prescription drug benefits for Aetna Health Plans administered by CVS Caremark with the following features:
 - Value Generic Solution: offers approximately 300 generic maintenance medications for as low as \$3.33 (plus dispensing fee) for a 30-day supply — at a network retail pharmacy, or \$9.99 for a 90-day supply—through mail service or a CVS retail pharmacy.
 - Maintenance Choice: Option to fill mail-service at CVS pharmacy; fill any 90-day mail-service prescription at a CVS pharmacy at the same cost as using the mail-order service.

4. The following information modifies information in the following Toys“R”Us, Inc. Benefit Program Summary Plan Description dated 2009: Aetna Dental Preferred Provider Organization (PPO) Plan and Aetna Dental Indemnity Plan.

Aetna Dental PPO and Dental Indemnity Plans

- Annual benefit is \$1,250 per person per year
- Orthodontia lifetime benefit is \$1,250 per person
- Bitewing X-rays available once every 12 months
- Full-mouth (panoramic) X-rays available once every five years

5. The following information modifies information in the Toys“R”Us, Inc. Benefit Program VSP Vision Care Plan Summary Plan Description dated 2009.

VSP Vision Care Plan

- Increased out-of-network schedule:
 - Exam – up to \$50
 - Single vision lenses – Up to \$50
 - Lined bifocal or Progressive lenses – Up to \$75
 - Lined trifocal lenses – up to \$100
 - Frame – Up to \$70
 - Contacts – Up to \$105

6. The following information modifies information in the Toys“R”Us, Inc. Benefit Program Flexible Spending Account Summary Plan Description dated 2009.

Flexible Spending Accounts:

- Dependent Care Flexible Spending Account - highly compensated team members limited to annual contribution of \$1,200

7. The following information modifies information in the Toys“R”Us, Inc. Benefit Program Life and Accidental Death and Dismemberment Summary Plan Description dated 2009.

Life and Accidental Death and Dismemberment Insurance

- The automatic life and AD&D benefit reduction of 50% will no longer apply for team members working beyond age 70.

8. The following information modifies information in the Toys“R”Us, Inc. Benefit Program Long Term Disability Plan Summary Plan Description dated 2009.

Long-Term Disability Insurance

- The plan provisions for Supplemental LTD coverage require Evidence of Insurability (EOI) for eligible team members who did not elect the coverage during their initial enrollment period and subsequently wish to elect Supplemental LTD coverage.