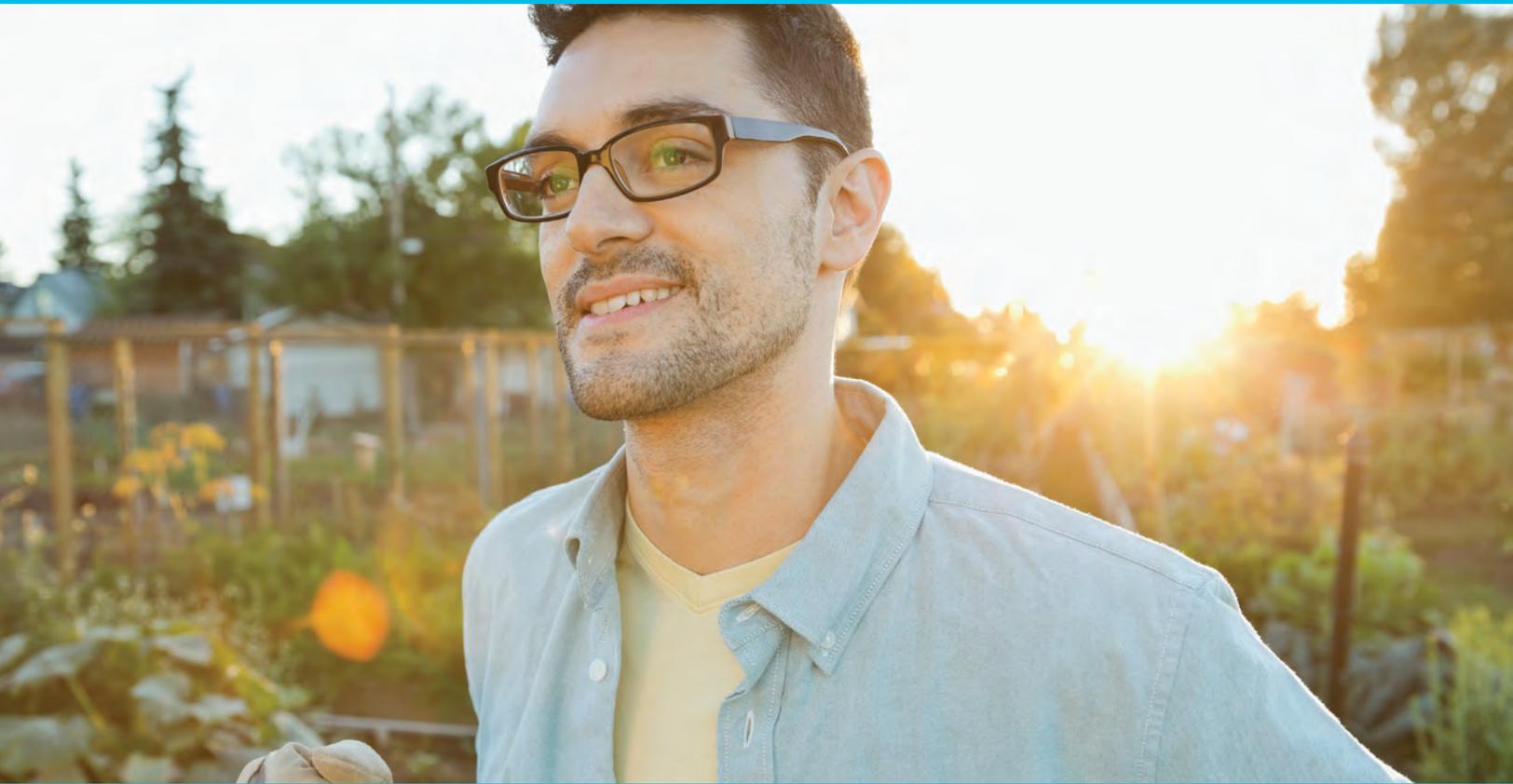


Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions

aetna[®]

Coverage that provides
financial help to use the
way you want



Aetna Critical Illness Plan

www.aetna.com

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While medical plans typically cover a serious illness, they don't cover the additional financial costs that come with it. **The Aetna Critical Illness Plan can help.**

A smart way to help you with your out-of-pocket expenses

Recovering from a critical illness can be hard — and expensive. Most medical plans aren't designed to cover costs like child care and transportation to doctor's appointments. Unfortunately, these expenses can come at a time when you're missing work *and* your paycheck. An Aetna Critical Illness Plan can help you protect your finances.

Cash to help pay your bills

The Aetna Critical Illness Plan pays cash benefits directly to you when you are diagnosed with a covered condition.

You can use the money to pay for everyday expenses like mortgage payments, day care or utility bills.

Or you can use the cash for expenses like coinsurance, or to help cover your medical plan's deductible. It's up to you.

Benefits are payable no matter what other medical coverage you might have. So if you get sick, you won't have to add the cost of recovery to your list of worries.

When you sign up with Aetna, you'll get:

Simplified claims submission. If you're an Aetna medical member, we can use your medical claims information to help speed the processing of your critical illness claims.

Online claims access when you sign up for the Aetna Navigator® secure member website.

The Aetna Critical Illness Plan is underwritten by Aetna Life Insurance Company (Aetna).

Here's how the plan helped Karen*



Karen added an **Aetna Critical Illness Plan** to her benefits package.

The first year:



Karen had a **heart attack** and **missed six weeks of work**.



She submitted her **critical illness claim** and **received \$15,000** from Aetna.

The following year:



She had a **stroke**.



She submitted her critical illness claim and **received \$15,000** from Aetna.

Combined, her critical illness plan paid her **\$30,000**.

She used this toward her deductibles, copays, elder care and home modifications (handicap-accessible bathroom and front entrance ramp).

Heart attack benefit	\$15,000
Stroke diagnosis	\$15,000
Benefits paid	\$30,000

*This example is for illustrative purposes and does not reflect events experienced by an actual participant.

Why is critical illness coverage important?



More Americans than ever are surviving cancer, with nearly **14.5 million cancer survivors** living in the United States today.¹



Someone in the U.S. has a stroke about **every 40 seconds**.²

and ...



Someone in the U.S. has a heart attack **every 34 seconds**.³

The plan includes features to meet your needs.

Flexible.

You can choose coverage for just yourself, or add coverage for your spouse or children.

Affordable.

Premiums are low and they're easy to pay with payroll deduction.

Attainable.

Your coverage is guaranteed, with no Evidence of Insurability.

It's easy to sign up

Follow the simple enrollment instructions in this packet. Or talk to your Human Resources representative to learn how you can get an **Aetna Critical Illness Plan**.

¹American Cancer Society. 2014 Cancer Survivorship Statistics — Key Takeaways. June 2, 2014. Available at: www.cancer.org/research/acresearchupdates/more/2014-cancer-survivorship-statistics%E2%80%93key-takeaways. Accessed April 2015.

²American Heart Association. Heart disease and stroke continue to threaten U.S. health. December 18, 2013. Available at: www.newsroom.heart.org/news/heart-disease-and-stroke-continue-to-threaten-u-s-health. Accessed April 2015.

³Roger VL, Go AS, Lloyd-Jones DM, Benjamin EJ, Berry JD, Borden WB, et al. Heart disease and stroke statistics—2012 update. A report from the American Heart Association. 2012; 125(1):e2–220.

This plan provides limited benefits. The benefit payments are not intended to cover the full cost of medical care. Members are responsible for making sure the providers' bills get paid. These benefits are paid in addition to any other health coverage members may have.

Exclusions and limitations

This plan has exclusions and limitations. Refer to the actual policy and Booklet-Certificate to determine which health care services are covered and to what extent. The following is a partial list of services and supplies that are generally not covered. However, the plan may contain exceptions to this list based on state mandates or the plan design purchased. No benefit is paid for or in connection with the following stays, visits or services:

- Cancer (invasive), carcinoma in situ or skin cancer (unless the plan sponsor has selected this coverage)
- Any critical illness or cancer that is diagnosed treated outside of the U.S. and its territories
- Any pre-existing condition, until coverage has been in force for 365 days (in some states this time frame may be shorter)
- Any loss due in whole or part to:
 - Self-inflicted harm
 - Being under the influence of a drug
 - Engaging in a criminal act or riot
 - Acts of war

This material is for information only. Health insurance plans contain exclusions and limitations. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features, rates, eligibility and availability may vary by location and are subject to change. Providers are independent contractors and are not agents of Aetna. Aetna does not provide care or guarantee access to health services. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to www.aetna.com.

Policy forms include: GR-96843, GR-96844.

www.aetna.com





Toys"R"Us, Inc.
 802234 - LA

BENEFIT SUMMARY

Aetna Critical Illness Plus with Cancer

THIS IS NOT A MEDICARE SUPPLEMENT PLAN. If you are eligible for Medicare, review the free Guide to Health Insurance for People with Medicare available from the company or at www.medicare.gov.

Insurance plans are underwritten by Aetna Life Insurance Company.

The benefits in the table below will be paid when you are diagnosed with a covered Critical Illness. Unless otherwise indicated, all benefits and limitations are per covered person.

This plan is designed to provide for additional dollars to help pay for covered expenses due to a critical illness outside your regular Toys"R"Us Aetna medical coverage. This plan is not intended to replace Company-provided medical coverage and does not qualify as medical coverage under the Affordable Care Act.

Enrollment in a Toys"R"Us medical option is not required to elect this plan. You must provide the Social Security Number of any dependents and/or beneficiaries at the time of your election.

Any potential payments received from the supplemental benefit plan(s) will not offset the amount you receive for short-term disability or sick pay.

Face Amounts

	Low Plan	High Plan
Employee	\$10,000	\$20,000
Spouse 50% of Employee face amount	\$5,000	\$10,000
Child(ren) 50% of Employee face amount	\$5,000	\$10,000

Critical Illness Benefits covered at 100% of face amount

Heart Attack (Myocardial Infarction)	Occupational HIV <i>the date of a positive antibody test for HIV subsequent to a prior negative test for the same condition with a lapse of between 180 days between the two test.</i>
Stroke	Coma
Major Organ Failure	Loss of Hearing <i>continued for a period of 90 consecutive day)</i>
End-Stage Renal Failure	Loss of Sight (Blindness) <i>continued for a period of 90 consecutive days</i>
Benign Brain Tumor	Loss of Speech <i>continued for a period of 90 consecutive days</i>
Third Degree Burns	Paralysis <i>continued for a period of 60 consecutive days</i>

Critical Illness Benefits covered at 25% of face amount

Coronary Artery Condition Requiring Bypass Surgery
(In order for benefits to be payable, **bypass surgery must be done**
while coverage for the insured person is in force.)

Muscular Dystrophy

Alzheimer's Disease

Multiple Sclerosis (MS)

Lupus

Parkinson's Disease

Cancer Benefit

Cancer (Invasive)

100% of face amount

Carcinoma in Situ

25% of face amount

Skin Cancer*

Pays \$1,000 once per lifetime.

*Skin cancer benefit provides coverage for invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic.

Subsequent Critical Illness Diagnosis Benefit - applies only to Critical Illness Benefits

Employee

100% of face amount after 180 days

Spouse/ Child(ren)

50% of face amount after 180 days

Subsequent diagnosis of a different covered Critical Illness is payable at the original amount if it occurs at least 180 days after the previous date of diagnosis for which a benefit was paid. No benefit payable if the subsequent diagnosis occurs less than 180 days later.

Recurrence Critical Illness Diagnosis Benefit

Employee/ Spouse/ Child(ren)

50% of face amount after 180 days

If an insured person has been initially diagnosed with and received a benefit for a critical illness and then is diagnosed with the same critical illness again at least 180 days later, we will pay the above stated percentage of the benefit as shown in the Schedule of Benefits for the recurring critical illness diagnosed. No benefit payable if the recurrence occurs less than 180 days later.

Recurrence Cancer (invasive) and Carcinoma in Situ Diagnosis Benefit

Employee/ Spouse/ Child(ren)

50% of face amount after 180 days

If an insured person has been initially diagnosed with and received a benefit for cancer (invasive) and is subsequently diagnosed with any kind of cancer (invasive) again at least 180 days later, we will pay the above stated percentage of the Cancer Benefit for Cancer (invasive) as shown on the Schedule of Benefits for the cancer (invasive) diagnosed. No benefit payable if the recurrence occurs less than 180 days later.

Health Screening Benefit

We will pay the amount shown for one of the following preventive tests performed within a 12 month period.

Employee/ Spouse/ Child(ren)

\$50

- Lipoprotein profile (serum plus HDL, LDL and triglycerides)
- Fasting blood glucose test
- Doppler screenings for peripheral vascular disease (also known as arteriosclerosis)
- Carotid Doppler Ultrasound
- Electrocardiogram (EKG, ECG)
- Echocardiogram (ECHO)
- Chest x-ray (CXR)
- Thermography
- Ultrasound screening for abdominal aortic aneurysms
- Bone marrow screening
- Adult [and child] immunizations
- HPV vaccine (Human Papillomavirus)
- Bone mass density measurement (DEXA, DXA)
- Skin cancer screening
- Serum protein electrophoresis (blood test for myeloma)
- Prostate Specific Antigen (PSA) Test
- Flexible sigmoidoscopy
- Digital rectal exams (DRE)
- Hemoccult stool analysis
- Colonoscopy
- Virtual colonoscopy
- Carcinoembryonic Antigen (CEA)
- Cancer Antigen (CA) Test 15-3 (breast cancer)
- Mammography
- Breast Ultrasound
- Cancer Antigen (CA) Test 125 (ovarian cancer)
- Pap smears
- Cytologic Screening
- ThinPrep Pap Test

Critical Illness: Exclusions and Limitations

This plan has exclusions and limitations. Refer to the actual booklet certificate and schedule of benefits to determine which services are covered and to what extent. The following is a partial list of services and supplies that are generally not covered. However, the plan may contain exceptions to this list based on state mandates or the plan design purchased.

Benefits under the Policy will not be payable for any:

1. Suicide or attempt at suicide, intentional self-inflicted injury or sickness, any attempt at intentional self-inflicted injury, injury caused by a self-inflicted act or sickness, while sane or insane; except when resulting from a diagnosed disorder in the most current version of the Diagnostic and Statistical Manual (DSM);
2. Being under the influence of a stimulant (such as amphetamines or pitrates), depressant, hallucinogen, narcotic or any other drug intoxicant, including those prescribed by a physician that are misused by the insured person; except when resulting from a diagnosed disorder in the most current version of the DSM;
3. Engaging in an assault, felony, illegal occupation or other criminal act;
4. Any act of war, whether declared or not, or voluntary participation in a riot, rebellion or civil insurrection.

Portability

Your plan includes a Portability option which allows you to keep your existing coverage by making direct payments to the carrier. You may exercise this option if your employment ceases for any reason other than termination of the group Policy by your employer. Refer to your Certificate for additional Portability provisions.

Questions and Answers about the Critical Illness Plan

Do I have to be actively at work to enroll in coverage?

Yes, you must be actively at work in order to enroll and for coverage to take effect. You are actively at work if you are working, or are available to work, and meet the criteria set by your employer to be eligible to enroll.

How do I know if I'm considered a tobacco user and should select the tobacco rates?

You are a Tobacco User if you currently use or have used any tobacco products in the past 6 months. Tobacco products include, but are not limited to, cigarettes, cigars, snuff, dip, chew, pipe and/or any nicotine delivery system.

What if I already have a Critical Illness – can I still get benefits under the policy for it?

The policy pays a benefit when you are diagnosed with a covered Critical Illness while your coverage under the policy is in effect.

Can I have more than one Critical Illness Plan?

No, you are not allowed to have more than one Aetna Critical Illness Plan.

What does Face Amount mean?

Face Amount means the maximum fixed dollar amount you could receive for each critical illness benefit. The Face Amount for your spouse and each of your dependents is a percentage of the Employee's Face Amount. Some benefits pay a fixed amount that equates to a percentage of the Face Amount. Benefit amounts vary, based on your plan design.

To whom are benefits paid?

Benefits are paid to you, the member.

Is my Aetna Critical Illness policy compatible with a Health Savings Account (HSA)?

Yes, Aetna Critical Illness policies are compatible with Health Savings Accounts.

How do I submit a claim?

Claims can be completed online www.aetna.com/voluntary/employees/materials-forms.html or submitted by mail to: Aetna Voluntary Plans, PO Box 14079, Lexington, KY 40512-4079.

What if I don't understand something I've read here, or have more questions?

*Please call us. We want you to understand these benefits before you decide to enroll. You may reach one of our Customer Service representatives **Monday through Friday, 8 a.m. to 6 p.m.**, by calling **1-888-772-9682**. We're here to answer questions before and after you enroll.*

What should I do in case of an emergency?

In case of emergency, call 911 or your local emergency hotline, or go directly to an emergency care facility.

What happens if I lose my employment, can I take the Critical Illness Plan with me?

Should you lose your job, you are able to continue coverage under the Portability provision. You will need to pay premiums directly to Aetna. If the Employer policy is terminated for any reason, the portability option will not be available.

THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

This plan provides limited benefits. The benefit payments are not intended to cover the full cost of medical care. You are responsible for making sure the provider's bills get paid. These benefits are paid in addition to any other health coverage you may have.

In order for benefits to be payable, the date of diagnosis must occur while coverage for the insured person is in force; you must be diagnosed while your coverage is in effect.

This plan does not count as Minimum Essential Coverage under the Affordable Care Act.

Complaints and appeals

Please tell us if you are not satisfied with a response you received from us or with how we do business. Call Member Services to file a verbal complaint or to ask for the address to mail a written complaint. You can also e-mail Member Services through the secure member website. If you're not satisfied after talking to a Member Services representative, you can ask us to send your issue to the appropriate department.

If you don't agree with a denied claim, you can file an appeal. To file an appeal, follow the directions in the letter or explanation of benefits statement that explains that your claim was denied. The letter also tells you what we need from you and how soon we will respond.

We protect your privacy

We consider personal information to be private. Our policies protect your personal information from unlawful use. By "personal information," we mean information that can identify you as a person, as well as your financial and health information. Personal information does not include what is available to the public. For example, anyone can access information about what the plan covers. It also does not include reports that do not identify you.

When necessary for your care or treatment, the operation of our health plans or other related activities, we use personal information within our company, share it with our affiliates and may disclose it to: your doctors, dentists, pharmacies, hospitals and other caregivers, other insurers, vendors, government departments and third-party administrators (TPAs).

We obtain information from many different sources —particularly you, your employer or benefits plan sponsor if applicable, other insurers, health maintenance organizations or TPAs, and health care providers.

These parties are required to keep your information private as required by law. Some of the ways in which we may use your information include: Paying claims, making decisions about what the plan covers, coordination of payments with other insurers, quality assessment, activities to improve our plans and audits.

We consider these activities key for the operation of our plans. When allowed by law, we use and disclose your personal information in the ways explained above without your permission. Our privacy notice includes a complete explanation of the ways we use and disclose your information. It also explains when we need your permission to use or disclose your information.

We are required to give you access to your information. If you think there is something wrong or missing in your personal information, you can ask that it be changed. We must complete your request within a reasonable amount of time. If we don't agree with the change, you can file an appeal.

If you'd like a copy of our privacy notice, call **1-888-772-9682** or visit us at **www.aetna.com**.

If you require language assistance, please call Member Services at 1-888-772-9682 and an Aetna representative will connect you with an interpreter. If you're deaf or hard of hearing, use your TTY and dial 711 for the Telecommunications Relay Service. Once connected, please enter or provide the Aetna telephone number you're calling.

Si usted necesita asistencia lingüística, por favor llame al Servicios al Miembro a 1-888-772-9682, y un representante de Aetna le conectará con un intérprete. Si usted es sordo o tiene problemas de audición, use su TTY y marcar 711 para el Servicio de Retransmisión de Telecomunicaciones (TRS). Una vez conectado, por favor entrar o proporcionar el número de teléfono de Aetna que está llamando.

ATTENTION MASSACHUSETTS RESIDENTS:As of January 1, 2009, the Massachusetts Health Care Reform Law requires that Massachusetts residents, eighteen (18) years of age and older, must have health coverage that meets the Minimum Creditable Coverage standards set by the Commonwealth Health Insurance Connector, unless waived from the health insurance requirement based on affordability or individual hardship. For more information call the Connector at **1-877-MA-ENROLL (1-877-623-6765)** or visit the Connector website (**www.mahealthconnector.org**). THIS POLICY, ALONE, DOES NOT MEET MINIMUM CREDITABLE COVERAGE STANDARDS. If you have questions about this notice, you may contact the Division of Insurance by calling **1-617-521-7794** or visiting its website at **www.mass.gov/doi**.

This material is for information only and is not an offer or invitation to contract. Providers are independent contractors and are not agents of Aetna. Aetna does not provide care or guarantee access to health services. Information is believed to be accurate as of the production date; however, it is subject to change.

Financial Sanctions Exclusions Clause

If coverage provided by this policy violates or will violate any US economic or trade sanctions, the coverage is immediately considered invalid. For example, Aetna companies cannot make payments or reimburse for health care or other claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or entity, or a country under sanction by the United States, unless permitted under a valid written Office of Foreign Assets Control (OFAC) license. For more information on OFAC, visit **<http://www.treasury.gov/resource-center/sanctions/Pages/default.aspx>**.

Policy forms issued include GR-96843 and GR-96844.