

## 2018 ANNUAL ENROLLMENT NEWSLETTER

A modified benefit program consisting of Medical and Dental coverage will be offered to eligible team members for the plan year beginning July 1, 2018. There is default coverage based on your current enrollment status so be sure to read this entire document and links to better understand the plans, coverages and action items.

Benefits eligible team members **who remain active at Toys“R”Us after June 30, 2018** will be able to participate in Annual Enrollment for the new *Plan Year beginning July 1, 2018*. Here are the details:

**The 2018 Annual Enrollment period will be June 4<sup>th</sup>– June 8<sup>th</sup>, for coverage effective July 1, 2018.**

### **PLAN OPTIONS:**

Team members will be offered one medical plan option (with prescription drug coverage) and one dental plan option as of July 1, 2018.

As of June 30, 2018, all other benefit plans will no longer be available, including the Health Savings Account, Flexible Spending Accounts, Vision, LTD, Life, AD&D and any supplemental plans (i.e. Accident, Critical Illness and Hospital). Please see the [FAQs](#) for more details.

BENEFIT PLAN OPTIONS AFTER 7/1/18	
<b>MEDICAL</b>	<b>AETNA SILVER PLAN</b> (w/ prescription drug coverage through CVS Caremark)  <i>NOTE: The Health Savings Account will not be offered through Toys“R”Us.</i>
<b>DENTAL</b>	<b>AETNA PPO PLAN</b>

To learn more, please see the [Aetna Silver Medical](#) and [Aetna Dental PPO](#) plan detail summaries.

### **NO PAYROLL COST for COVERAGE:**

The Aetna Silver Medical plan and Aetna Dental PPO plan will be offered at **no cost** to team members, meaning you will **not** have a medical or dental deduction come out of your paycheck. You will still be subject to plan deductibles and co-insurance.

If you are a tobacco user and/or cover a spouse that has access to health coverage through their employer, you will **not** be subject to a spousal or tobacco surcharge.

### **PAYMENT to TEAM MEMBERS:**

#### ***New Plan Year Coverage One-Time Payment***

If you elect **medical** coverage for the new plan year, you will be eligible to receive a one-time taxable lump sum stipend based on your level of medical coverage. This payment will appear in your July 20<sup>th</sup> paycheck. The intent of the payment is to help offset your deductible or any out-of-pocket health expenses or deposit into a Health Savings Account (see below) although it can be used for any purpose.

If you only elect dental coverage, you will not be eligible for a payment.

NEW PLAN YEAR MEDICAL COVERAGE ONE-TIME PAYMENT	
<b>Medical Coverage Level for New Plan Year</b>	<b>One-Time Payment Amount (Taxable)</b>

Team Member Only	\$750
Team Member + 1	\$1,000
Family	\$1,250
No Coverage	\$0

**Coverage Opt-Out Payment**

If you currently have medical coverage and decide to waive coverage for the new plan year, you will be eligible to receive a taxable “Opt-Out” payment each pay period based on your current medical coverage level.

If you currently do not have medical coverage with Toys“R”Us, you will not be eligible for the “Opt-Out” payment.

COVERAGE OPT-OUT PAYMENT	
Coverage Level (Current Plan Year)	Payment Amount Per Bi-Weekly Pay Period (Taxable)
Team Member Only	\$150
Team Member + 1	\$250
Family	\$400
No coverage	\$0

**HEALTH SAVINGS ACCOUNT (HSA):**

Toys“R”Us will be terminating the Health Savings Account (HSA) with Payflex and stopping all company contributions at the end of the 2017-2018 plan year. You will continue to have access to any remaining funds in your account and may still use these dollars to pay for qualified expenses. If you choose to keep your account with Payflex, you will responsible for paying a monthly maintenance fee.

If you enroll in the Aetna Silver medical plan at Toys“R”Us, or enroll in another High Deductible Health Plan, you may continue to contribute on a post-tax basis, directly to Payflex or any HSA you choose.

Watch for additional communications from Payflex, which will provide more details on how you may continue contributions and any account maintenance fees you may be subject to.

**WHO MUST TAKE ACTION DURING ANNUAL ENROLLMENT:**

For the upcoming plan year, the defaults below will be in effect. **If you agree with your default option, no action is needed during Annual Enrollment.**

IF YOU ARE:	YOUR NEW PLAN YEAR ELECTION WILL BE DEFAULTED TO:
Currently enrolled in an Aetna medical plan	Aetna Silver Plan at same tier level
Currently enrolled in an Aetna dental plan	Aetna PPO Plan at same tier level
Currently waived in medical and/or dental	No Coverage

***You MUST act between June 4 – June 8 if:***

- You are currently enrolled in an Aetna medical and/or dental plan and wish to drop coverage.
- You are not currently enrolled and wish to elect medical and/or dental coverage.
- You want to change coverage tiers (i.e. TM only; TM+1; Family).
- You want to add or drop dependents.

**ID CARDS:**

New ID cards will be mailed and should arrive around July 1. Temporary ID Cards can also be printed directly from the Aetna website [www.aetna.com](http://www.aetna.com). If you are currently enrolled in an Aetna option, your ID number on your current card starting with the letter “W” will remain the same. This ID number is how Aetna and your provider identify your coverage.

Your current Caremark prescription ID card is also valid. Only new enrollees will receive a new Caremark ID card. Temporary ID cards can be printed from the [www.caremark.com](http://www.caremark.com) site.

**TO ENROLL/MAKE CHANGES:**

**Starting June 4<sup>th</sup>**, contact the “R” Benefits Service Center at 844-TRU-BENS by June 8<sup>th</sup> if you would like to enroll for the first time, make changes or waive coverage for the new plan year.

**As a reminder, no action is needed if:**

- You have existing medical and/or dental coverage and are OK defaulting into the Aetna Silver medical plan and/or Aetna Dental PPO plan (at your current tier level).
- You currently have no coverage and wish to continue to waive coverage.

**IMPORTANT LEGAL NOTICES:**

Click [here](#) to view important legally-required notices, including:

- Women’s Health and Cancer Rights
- Newborns’ and Mothers’ Health Protection Act
- Prescription Drug Coverage and Medicare
- COBRA
- HIPAA
- CHIPRA
- Summary Plan Descriptions (SPDs)
- Summary Annual Reports (SARs)
- Summary of Benefits and Coverages (SBCs)