



FAQs

Employee Assistance Program (EAP)

What's included in the Employee Assistance Program (EAP) offered through ComPsych® GuidanceResources®?

The EAP provides you and your family with professional and confidential assistance for a wide range of personal and work-related issues. Offerings include confidential counseling and referral services, along with a wide variety of online information, resources and tools for work life, legal and financial concerns.

How do I contact the EAP?

Call the EAP toll-free, 24 hours a day, seven days a week at **1-866-519-8360** (TDD: 1-800-697-0353). For online information, tools and resources, log on to [GuidanceResources](https://www.guidanceresources.com/groWeb/login/login.xhtml) (<https://www.guidanceresources.com/groWeb/login/login.xhtml>) (enter the Company web ID, *EAP4TRU*).

Is the EAP confidential?

Yes. All EAP calls, referrals and counseling sessions are confidential. The only exception is if an individual's condition is a threat to him or herself or to others or if current, active abuse of a minor child or elder is involved. In these cases, the law may require that this be reported to the appropriate authorities.

Is there a cost for EAP services?

You and your eligible dependents can each receive up to three face-to-face counseling sessions per issue, per year, provided by a professional counselor at no cost to you. If you require ongoing treatment after your provider assesses your situation, benefits may be payable for these services under your medical plan. Check with your plan provider for information about your medical coverage.

For legal issues that require you to seek representation, you will be referred to a qualified attorney in your area for a free 30-minute consultation. After your consultation, you may receive a 25 percent reduction in customary legal fees.

Online information, tools and resources, and telephonic referral services are provided free of charge.

Flexible Spending Accounts (FSAs)

How do I save money with a Flexible Spending Account (FSA)?

If you choose to participate, the Flexible Spending Accounts (FSAs) let you pay eligible expenses with dollars that are never taxed. Your contributions to the FSA are deducted from your pay before federal income and Social Security taxes are withheld—and, in many states, before state and local income taxes are withheld. When you receive reimbursement from your FSA, the amount you receive is not subject to tax. The result is that you pay less in taxes and the savings reduce the net cost of these expenses. You can save 10–35% on everyday purchases, like childcare and your vision and dental plan deductibles. For example, if you have a tax rate of 25% and you're enrolled in an Aetna Dental Plan, your \$50 dental deductible effectively costs you only \$37.50. (**NOTE:** Puerto Rico team members are not eligible to participate in the Limited-Purpose Health Care and/or Dependent Care FSA.)

Why is the new HealthCare FSA called Limited Purpose?

The Limited-Purpose Health Care FSA works hand-in-hand with the HSA, but is used for qualified **dental and vision expenses only**. This replaces our old health care FSA because all qualified medical and prescription drug expenses must be paid through your HSA or out of pocket, in order to satisfy IRS rules and allow an HSA account.

Eligible dental and vision expenses for a Limited-Purpose Health Care FSA include deductibles and copayments, your share of covered expenses, dental and orthodontia expenses, prescription glasses, contact lenses, lens cleaning solution and laser vision correction.

The Limited-Purpose Health Care FSA is administered by PayFlex and offers a benefits card; it's like a check card you can use to pay for eligible expenses at the point of service.

If you anticipate having unreimbursed medical and/or prescription drug expenses, deposit money tax-free in your HSA.

The Limited-Purpose Health Care FSA is the only Health Care FSA offered starting July 2014.

Do I need to re-enroll every year?

Yes. You must re-enroll during Annual Enrollment if you want to participate in the Limited-Purpose Health Care and Dependent Care Flexible Spending Accounts. (**NOTE:** Puerto Rico team members are not eligible to participate in the Limited-Purpose Health Care and/or Dependent Care FSA.)

How much can I contribute each year?

You can contribute from \$100 to \$2,500 to a Limited-Purpose Health Care Flexible Spending Account and \$100 to \$5,000* a year to your Dependent Care Flexible Spending Account. If you are married and file a separate tax return, you can contribute from \$100 to \$2,500* to your Dependent Care Flexible Spending Account.

Your contribution amount will be deducted from each paycheck on a pre-tax basis in equal installments throughout the plan year. (**NOTE:** Puerto Rico team members are not eligible to participate in the Limited-Purpose Health Care and/or Dependent Care FSA.)

** If you are considered a highly paid team member, you can contribute a maximum of \$1,200 each year. Maximums may be lowered at and/or after enrollment to satisfy nondiscrimination requirements.*

Can I change my contributions during the year?

No. You cannot decrease, increase or suspend your contributions during the plan year unless you have a [qualifying life event \(/contacts-tools-resources/benefits-glossary/q/qualifying-life-event/\)](#). Any change you make to your contribution level must be consistent with the life event.

I participate in both the Limited-Purpose Health Care and Dependent Care Flexible Spending Accounts. Can I transfer money between them?

No. You cannot transfer money from one account to another, so be sure to estimate your annual expenses carefully before you make your contribution elections.

What health care expenses are eligible for reimbursement?

The Company offers Consumer Directed Health Plans (CDHPs) and encourages the use of Health Savings Accounts (HSAs). If you are participating in an HSA, IRS rules prohibit contributions to a Health Care Flexible Spending Account. However, you may enroll in a Limited-Purpose Health Care Flexible Spending Account for reimbursement of eligible dental and vision expenses.

You cannot be reimbursed for any expenses that are paid for by any health plan that covers you or your eligible dependents. The FSA SPD includes a list of many eligible expenses. The IRS provides a complete list of eligible health care-related expenses. [Download IRS Publication 502 \(http://www.irs.gov/pub/irs-pdf/p502.pdf\)](#) or call 1-800-829-3676 to request a free copy.

What dependent care expenses are eligible for reimbursement?

Eligible dependent care expenses must be necessary to allow you to work (if you are married, your spouse must also work, be enrolled as a full-time student at an educational institution or be mentally or physically incapacitated). Expenses that can be reimbursed from your Dependent Care Flexible Spending Account include services provided:

- Inside or outside of your home by anyone other than your spouse, the child's parent, a person you list as your dependent for income tax purposes or one of your children under the age of 19.
- In a dependent care center or a child care center (if the center provides day care services for more than six people, it must comply with all state and local laws).
- By a housekeeper whose services include providing care for an eligible dependent.
- Through child or adult day care, nursery school, pre-school, after school or summer day camp programs (taxes you pay on wages for eligible dependent care can also be reimbursed).

The [FSA SPD \(/contacts-tools-resources/spdlegal-notice/\)](#) includes a list of many eligible expenses. The IRS provides a complete list of eligible dependent care–related expenses. [Download IRS Publication 503 \(http://www.irs.gov/pub/irs-pdf/p503.pdf\)](#) or call 1-800-829-3676 to request a free copy. You may also want to consult with your tax advisor for additional information.

How do I get reimbursed from my account?

Getting reimbursed for eligible claims incurred during the 2015–2016 plan year, which runs from July 1, 2015, through June 30 2016, through PayFlex is easy.

You have three options:

1. Use your debit card (for dental and vision expenses)—When you incur an eligible dental or vision expense, you simply swipe your debit card at the point of sale and run as credit. The amount of the purchase is deducted directly from your Limited-Purpose Health Care FSA account balance and paid to your health care provider. It is important to save all receipts, as you will be required to submit receipts for debit card transactions to substantiate the expenses.
2. File claims via fax at 402-231-4310 or by mail to PayFlex Systems USA, Inc., Flex. Dept., P.O. Box 3039, Omaha, NE 68103-3039. Overnight address is 10802 Farnam Drive, Suite 100, Omaha, NE 68154.
3. [Download an FSA reimbursement form \(/contacts-tools-resources/forms/\)](#).
 - Complete the form and include appropriate documentation for:
 - **Dental and vision expenses**—you can submit either an Explanation of Benefits (EOB) from your insurance company or an itemized bill containing the: 1) date of the service, 2) amount of the charge for the service, 3) provider name, and 4) type of service performed.
 - **Orthodontia expenses**—you can submit an itemized statement/paid receipt, the orthodontist's contract/payment agreement, or monthly payment coupons. [Learn more about your reimbursement options. \(/media/1407/tru-fsa-ortho-exp-reimb-13.pdf\)](#)
 - **Dependent day care expenses**—you can either have your provider complete the claim form or include your receipt from the provider, which must include: 1) provider Social Security number or Tax ID number, 2) date(s) of service, and 3) amount paid.
 - Fax the form along with your documentation to Payflex at 402-231-4310, or mail the form to:
PayFlex FSA Services, Flex. Dept., P.O. Box 3039, Omaha, NE 68103-3039. Overnight address is 10802 Farnam Drive, Suite 100, Omaha, NE 68154.

How long do I have to submit claims?

You have until September 30th following the end of the current plan year to submit claims for reimbursement to PayFlex for expenses incurred in the previous plan year. For example, expenses you incurred between July 1, 2015, and June 30, 2016, can be submitted up until September 30, 2016. Be sure to file claims promptly since you will forfeit any balance remaining in your account after September 30.

Claims after you leave the Company, no longer participate, or become ineligible for the Flexible Spending Account (FSA).

If you leave Toys"R"Us, Inc., no longer participate in the FSA or become ineligible for the FSA, all eligible expenses incurred through the date your employment ends, the date you no longer participate or the date you are no longer eligible, must be submitted by September 30 following the end of the current plan year. For the Health Care or Limited-Purpose FSA, you can be reimbursed only up to the total amount you elected to contribute, minus amounts already paid to you. For the Dependent Care FSA, you can be reimbursed only up to the total amount you actually contributed, minus amounts already paid to you. Any unused balance remaining in your Limited-Purpose Health Care and/or Dependent Care FSA account(s) after all claims have been submitted will be forfeited.

Where can I get more information about using my FSA debit card?

[Download the flyer \(/media/1077/tru-2014-lpfsa-flyer.pdf\)](#)

[PIN Information \(/media/1344/faqs-pin-for-payflex-card-final.pdf\)](#)

How can I request an additional FSA debit card?

[Download the Quick Reference Guide \(/media/1400/toys-quick-reference-guide-flyer-ed-materials.pdf\)](/media/1400/toys-quick-reference-guide-flyer-ed-materials.pdf)

If I don't use all the money in my Limited-Purpose Health Care or Dependent Care Flexible Spending Accounts, do I lose this money?

Yes. IRS rules state that money you contribute pre-tax to these accounts must be used to reimburse eligible expenses for the [plan year \(/contacts-tools-resources/benefits-glossary/p/plan-year/\)](/contacts-tools-resources/benefits-glossary/p/plan-year/). You have until September 30th, following the end of the current plan year, to submit claims for reimbursement and use the balance in your account for the previous plan year. If you leave Toys"R"Us, Inc., no longer participate in the FSA or become ineligible for the FSA, all eligible expenses incurred through the date your employment ends, the date you no longer participate or the date you are no longer eligible, must be submitted by September 30th following the end of the current plan year. If you don't use the entire balance, you will forfeit it, so be sure to estimate your annual health care and dependent care expenses carefully before you make your contribution elections.

Health Savings Accounts

What is a Health Savings Account?

After enrolling in a Consumer Directed Health Plan, you have access to a [health savings account \(HSA\)](#). With the HSA, you save pre-tax dollars and can roll over your balance from year to year to earn tax-free interest. The Company contributes to your HSA too, depending on which medical option and level of coverage you elect when your HSA is opened, and if you complete the wellness requirements. You can spend your money for eligible health care expenses when you need it—in an emergency, when money is tight or in retirement. With an HSA, you're in control of your health care costs.

The Company's tax-free contribution applies on a federal tax level, but may vary by State.

How do I open an HSA?

To participate in an HSA, you first need to elect a CDHP medical option and elect to participate in the HSA during the enrollment process. After Payflex confirms the accuracy of your personal information—such as your name, address, and Social Security number—your HSA is opened.

Watch your mail for the HSA Welcome Kit from Payflex/Citibank, which will include your HSA debit card, or for information on how to set up your account so you can start receiving any applicable Company contribution and/or Wellness Rebate. Also, don't forget to [designate a beneficiary \(/media/1106/tru-hsa-beneficiary-form-14.pdf\)](/media/1106/tru-hsa-beneficiary-form-14.pdf) for your HSA.

You decide how much you would like to contribute to the HSA (up to IRS-defined limits) and you may change your contribution amount at any time. The Company contribution will be deposited into your account in the month your HSA enrollment is effective. For HSA enrollments or changes made after July 1, 2016, the Company contribution will be deposited pre-tax in the month your HSA enrollment is effective.

The Company's tax-free contribution applies on a federal tax level, but may vary by State.

What are the benefits of an HSA?

An HSA is a unique, tax-advantaged account:

1. Your money, always

- The money in your account rolls over from year to year. You won't lose your unused balance at the end of the year like you would with a flexible spending account (FSA).
- Your savings and earnings are always yours. Your HSA balance is yours to keep even if you change medical plans or leave Toys"R"Us.

2. Triple tax advantages

- No federal tax on deposits. Your payroll contributions go into your account before taxes are withheld, lowering your taxable income. *The Company's tax-free contribution applies on a federal tax level, but may vary by State.*
- No tax on earnings. Interest and investment earnings grow tax-free, unlike a traditional IRA, where investment earnings are taxed.
- No tax on withdrawals. The money you withdraw—today, tomorrow or in the future—to pay for eligible health care expenses is not subject to taxes.

What is COBRA?

The Consolidated Omnibus Budget Reconciliation Act (COBRA) allows you or your covered dependents to continue participation in Toys“R”Us health plans if you lose coverage because of a COBRA-qualifying event, including:

- The end of your employment, for any reason other than your gross misconduct.
- Loss of your Company-provided health coverage because of a reduction in work hours.
- A change in your employment status from full-time to part-time.
- Your death while covered as a plan participant.
- Divorce or legal separation from your spouse or dissolution of a registered domestic partnership.

You can find more information about COBRA-qualifying events in the [Administrative & Legal section \(/contacts-tools-resources/spdlegal-notices/\)](/contacts-tools-resources/spdlegal-notices/) of the SPD.

Who is eligible for COBRA coverage

You and your qualified covered dependents are eligible for COBRA if you experience a [qualifying event \(/contacts-tools-resources/benefits-glossary/q/qualifying-life-event/\)](/contacts-tools-resources/benefits-glossary/q/qualifying-life-event/). Qualified dependents must be covered under your plan before the actual qualifying event. You must notify the "R"Benefits Service Center at 1-844-TRU-BENS within 30 days of the qualifying event if you or your dependent loses coverage because of a qualifying event.

How does COBRA work?

Your active health coverage is terminated as of the qualifying event date, and then you have the opportunity to sign up for COBRA continuation coverage at your own cost. It may continue for up to 18 or 36 months, depending on the qualifying event.

How do I sign up for COBRA?

To request continued coverage through COBRA, you will need to complete the election form that will be sent to you by the "R"Benefits Service Center for the benefits plans. You must make your election within 60 days of the notice date. All timeframes will be detailed in the notification.

Medical

How can I find out if my doctor is in the network?

Check the online provider directory for your plan or call member services.

MEDICAL PLANS	PHONE NUMBER/WEB ADDRESS
Aetna "R" Consumer Directed Health Plans <ul style="list-style-type: none">• "R" CDHP Gold• "R" CDHP Silver• "R" CDHP Bronze	1-800-589-4811 or log on to www.aetna.com (http://www.aetna.com/) Aetna Informed Health Line: 1-800-556-1555 Nurses available 24/7 Network for Gold, Silver and Bronze Options: Aetna Choice POS II (Open Access)
Kaiser CDHP	1-800-464-4000 or log on to http://my.kp.org/toysrus (http://my.kp.org/toysrus)
Kaiser Permanente—Hawaii	1-808-432-5955 1-800-966-5955 (Neighbor Islands) or log on to http://my.kp.org/toysrus (http://my.kp.org/toysrus)
Triple-S Salud—Puerto Rico	1-787-774-6072; 1-787-774-6060 or log on to www.ssspr.com (http://www.ssspr.com/)

Is the list of doctors the same for all three Aetna options?

Yes, beginning with the 2016-2017 plan year, there is one Aetna network that covers the "R" CDHP Gold, Silver and Bronze options. (For the 2015-2016 plan year a different Aetna network covers the "R" CDHP Bronze option - Aetna Select (SM) (Open Access)). On the [Aetna website](https://www.aetna.com/individuals-families.html) (<https://www.aetna.com/individuals-families.html>), under DocFind, Select a Plan, look for the Aetna Open Access Plans subheading, then:

- For "R" CDHP Gold, Silver and Bronze, select Aetna Choice POS II (Open Access)

How can I find out if my drug is on the formulary?

Check the online formulary list for your plan or call member services.

- If you participate in an Aetna medical option, contact CVS Caremark at 1-877-209-3213 or visit [www.caremark.com](https://www.caremark.com/wps/portal) (<https://www.caremark.com/wps/portal>) (enrolled plan participants only—user name and password required. Please click on "Not Registered" to create your account).
- If you participate in the Kaiser CDHP option, contact Kaiser Member Services at 1-800-464-4000 or visit the [Kaiser website](http://my.kp.org/toysrus). (<http://my.kp.org/toysrus>)
- If you live in Puerto Rico or Hawaii, [contact your plan \(/contacts-tools-resources/contacts/\)](#).

How do I find out which preventive services are covered at 100%?

To receive 100% coverage for preventive services and age appropriate screenings and immunizations, you will need to select an in-network doctor. You can see a detailed list of preventive care services in your [medical plan SPD \(/contacts-tools-resources/spdlegal-notices/\)](#) and [SMM \(/contacts-tools-resources/spdlegal-notices/#SMM\)](#) or contact your medical plan carrier directly.

How do I know which plan is the best choice for my family?

The plans are designed to give you choices because each team member's needs are different. Compare the plans on this site and [use the tools \(/contacts-tools-resources/decision-support-tools/medical-plan-selection-tools/\)](#) to help you decide.

If I don't use all the money in my Health Savings Account (HSA) this year, do I lose this money?

No. This amount will roll over to the next plan year. This account is always yours. Even if you choose a different medical plan next year or leave the Company, your HSA balance is always yours.

Do any of the plans cover Advanced Reproductive Technology (ART) treatment, such as In-Vitro Fertilization, for infertility?

Yes. The "R" Consumer Directed Health Plan allows for a \$15,000 lifetime maximum for ART treatments such as in-vitro fertilization, GIFT and ZIFT.

Will I receive a medical ID card?

Yes. If you are enrolling for medical coverage for the first time, either during Annual Enrollment, when you first become eligible or following a qualifying event status change, you will receive medical and prescription ID cards for you and your covered family members. You will typically receive these cards within two or three weeks.

Aetna members can also take advantage of the digital ID card option, which is accessible through:

- **Aetna Navigator:** Visit [Aetna.com \(http://www.aetna.com/\)](http://www.aetna.com/) to register. Once registered, you can access and print a copy of your digital ID card by visiting the ID card section of Navigator.
- **Aetna Mobile Application (iPhone and Android):** Available in app stores when a user searches for "Aetna."
- **Aetna.com mobile web**

Critical updates, such as a name or dependent change or a primary care provider (PCP) change, will result in a printed ID card being mailed. If Aetna has an email address on file, less critical ID card updates will only be applied to the digital ID card. Printed cards will be mailed if there is no email address on file.

Dental and Vision benefits do not have an ID card.

"TRU" Plan

Can I take a loan or withdrawal from my "TRU" Plan 401(k) Savings Account while I'm employed at Toys"R"Us?

The "TRU" Plan is designed to encourage long-term savings. Situations may arise when you need to access the money in your "TRU" Plan 401(k) Savings Account. The "TRU" Plan allows you to take loans, hardship withdrawals, and certain distributions according to these guidelines:

- **Loans**—You can borrow a portion of your vested "TRU" Plan account balance without paying taxes or a penalty. You pay yourself back with interest. The payments go back into your "TRU" Plan account. Click [here \(/media/1078/tru-plan-loans-14.pdf\)](/media/1078/tru-plan-loans-14.pdf) for more details
- **Hardship Withdrawals**—You may take a hardship withdrawal from the "TRU" Plan if you have a qualifying hardship. In order to be eligible for a hardship withdrawal you must have an outstanding loan from the plan. (Team members residing in Puerto Rico are prohibited from taking hardship withdrawals.) Click [here \(/media/1457/truplan-hardship-withdrawals.pdf\)](/media/1457/truplan-hardship-withdrawals.pdf) for more details.
- **Distributions**—Active team members are not permitted to take distributions from the "TRU" Plan other than by taking a loan or hardship withdrawal. Team members are permitted to take distributions from the "TRU" Plan in the following cases: Normal or Early Retirement, Death, Termination of Employment or Disability. Click [here \(/media/1456/truplan-distributions.pdf\)](/media/1456/truplan-distributions.pdf) for more details.

I'm a returning team member, what next?

Upon rehire you may elect to resume your 401(k) savings contributions, providing you were previously eligible to participate. To resume contributions go online through NetBenefits® at [www.401k.com \(http://www.401k.com/\)](http://www.401k.com), or over the telephone by calling the "R" Retirement Benefits Line at 1-866-690-401K(4015). Click [here \(/media/1455/truplan-rehires.pdf\)](/media/1455/truplan-rehires.pdf) for more details.

Health Care Reform

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