



Medical & Prescription Drugs

2017-2018 Medical Options

- [Interactive Medical Comparison Chart \(/eligibility-enrolling/2017-2018-enrollment-information/2017-2018-medical-plan-comparison-chart/\)](#)(See link for a print-friendly version)
- [Rates for 2017-2018 \(/eligibility-enrolling/2017-2018-enrollment-information/cost-for-coverage/\)](#)
[\(/eligibility-enrolling/annual-enrollment-2017-2018/\)](#)

Review Your Options

Medical Plans

- Understand your [medical options \(/health-wellness-insurance/medical-prescription-drugs/r-consumer-directed-health-plans-cdhps/\)](#)
- [See how the plans work \(/health-wellness-insurance/medical-prescription-drugs/how-the-plans-work/\)](#)

Team members in Hawaii and Puerto Rico have the option of enrolling in local plans:

- Hawaii - [Kaiser Hawaii \(/health-wellness-insurance/medical-prescription-drugs/hawaii-team-members/\)](#)
- Puerto Rico - [Triple-S Salud \(/health-wellness-insurance/medical-prescription-drugs/triple-s-salud-puerto-rico/\)](#)
[\(/health-wellness-insurance/medical-prescription-drugs/hawaii-team-members/\)](#)

How the Plans Work

Choosing Your Medical Plan

Choosing a medical option can be an overwhelming task. But, if you take it step-by-step, it can be easier than you think.

- Most team members have the choice of three Aetna options – Gold, Silver and Bronze.
 - Alaska and Guam residents: Gold and Silver options only.
- California team members also have the option of enrolling in a Kaiser medical plan.
- Hawaii and Puerto Rico team members are only offered their traditional regional plans.

How Our Medical Options Work

There are several components to the cost of health care coverage. The premium cost share between you and the Company, your out-of-pocket costs, called deductibles and coinsurance, and whether your provider is in-network.

Premium Cost

Your share of the premium cost is deducted from your paycheck on a pre-tax basis and depends on the medical option you elect. For example, the Aetna Gold option offers a higher level of coverage when you receive care, however, your premium cost for that plan will be the highest. The Aetna Bronze option offers the lowest level of coverage but has the lowest premium cost.

Annual Deductible

Your annual deductible is the dollar amount you have to pay for medical care and prescriptions before the plan starts paying a portion of the cost. Each medical plan has a different deductible amount.

Most plan participants never reach their deductible. So when you're choosing an option you should look at your premium cost, which you will pay no matter what, versus your deductible, which you will only pay if you need care.

Coinsurance

When your deductible is met, the Company will share in the cost of your care until you reach your annual out-of-pocket maximum. The percentage you pay depends on the medical plan option you elect.

Annual Out-of-Pocket Maximum

Your annual out-of-pocket maximum is the most you would pay in a given year. For example, let's say you have an unfortunate accident or need a costly surgery. The out-of-pocket maximum feature ensures in most circumstances, you'll pay no more than that amount out of your own pocket.

Network of Providers

Each medical plan option has a "network" – a specified group of doctors, specialists and facilities that have agreed to set fees for services in advance. The Aetna Gold, Silver and Bronze medical options let you see any doctor, whether in-network or out of the network. However, you will generally pay less when you go to in-network providers. With the Kaiser CA option, you must use in-network providers or you will be responsible for the full cost of services.

Remember – In-Network Preventive Care Costs You Nothing!

With all plan options, the full cost of your in-network preventive care, including annual wellness visits and age-appropriate vaccinations, are paid for by the Company. If you use an in-network provider, you don't have to consider the cost of preventive care when choosing a plan.

2017-2018 Medical Plan Comparison Chart

Plan Feature

Annual Deductible
(per plan year):
single/two-person or
family

Company HSA
Contribution

Coinsurance
(covered after
deductible is met)
Out-of-Pocket
Maximum:
Single/Two-person or
family (includes
annual deductible)
Network Coverage
Routine Preventive
physical exam
Aetna - 1 exam
every 12 months
ages 7 and older

Retail Prescription
Drugs
Retail Generic
Generic Surcharge
Retail Formulary
Brand
Retail Non-formulary
Mail Order / Mail
Service Prescription
Drugs
Home Delivery
Generic
Generic Surcharge
Home Delivery
Formulary Brand
Home Delivery Non-
formulary Brand
Preventive Drugs -
Applies to both retail
and home delivery

The interactive medical plan comparison chart is not printer-friendly. To print a medical plan comparison chart, click [here](#) ([/media/2144/medcompare2017_2018.pdf](#)).

"R" Consumer Directed Health Plans

Toys"R"Us offers you and your family a choice of medical options that provide comprehensive medical coverage and an available [Health Savings Account \(HSA\)](#) ([/savings-retirement/health-savings-account-hsa/](#))—an account that lets you save money, tax-free, to pay for out-of-pocket health care expenses now or in the future.

Compare Your CDHP Medical Options

Most team members have CDHP medical options through Aetna. Team members in California also have access to a CDHP medical option through Kaiser. All of the CDHP medical options provide comprehensive medical coverage, including coverage for preventive health, prescription drugs and protection against catastrophic claims. Review this table for a high-level, side-by-side comparison of the plans.

You can also review and print a more detailed comparison chart here:

- [2017-2018 medical plan comparison \(/media/2144/medcompare2017_2018.pdf\)](/media/2144/medcompare2017_2018.pdf)
(/media/2040/medcompare2016_2017.pdf)

And make sure to check out the [tools and videos \(/eligibility-enrolling/2017-2018-enrollment-information/tools-videos/\)](/eligibility-enrolling/2017-2018-enrollment-information/tools-videos/) to help you choose your benefits and become a better health care consumer.

Important Considerations

- In-network preventive care is covered at 100% for services such as routine physicals.
- You can choose in- and out-of-network coverage for all of the Aetna CDHP options. You must use in-network providers if you enroll in the Kaiser CDHP option.
- When covering family members, CDHPs require you to meet the family deductible before you share expenses with the plan, even if only one person needs medical care.
- Prescriptions are subject to the deductible (except for preventive medications). That means you pay the cost of your prescriptions up to your deductible. However, prescription copayments are held to certain maximum dollar limits to keep your out-of-pocket costs in check. After that, you pay coinsurance or copays for your medications.

PLAN OPTION/NETWORK COVERAGE	“R”CDHP GOLD	“R”CDHP SILVER	“R”CDHP BRONZE	KAISER CDHP-CA
	In- and Out-of-network coverage	In- and Out-of-network coverage	In- and Out-of-network coverage	Coverage for Kaiser providers only
2017-2018 Company HSA Contribution	TRU contribution + Wellness actions	TRU contribution + Wellness actions	TRU contribution + Wellness actions	TRU contribution + Wellness actions
Preventive Care	No cost In-network	No cost In-network	No cost In-network	No cost In-network
Deductible In-/Out-of Network	\$1,500 / \$3,000	\$2,500 / \$5,000	\$4,000	\$1,250
Team member only coverage	\$3,000 / \$6,000	\$5,000 / \$10,000	\$8,000	\$2,500
2-person or family coverage				
Coinsurance/Cost-Sharing (after you meet the deductible)	You pay 20% In-network & 40% Out-of-network	You pay 30% In-network & 50% Out-of-network	You pay 30% In-network	You pay 20% In-network
Prescription Drugs Retail*	You pay \$10 / 30% / 40%	You pay \$10 / 30% / 50%	You pay \$10/50% /non-formulary brand not covered	You pay \$10 generic / 30% brand
Generic/Formulary Brand Name/Non-Formulary Brand Name				
Out-of-Pocket Maximum	\$3,425 / \$6,850	\$6,350 / \$12,700	\$6,350	\$4,000
Team member only coverage	\$10,000 / \$20,000	\$12,700 / \$25,400	\$12,700	\$8,000
2-person or family coverage (includes deductible)				

*Additional savings and convenience if you utilize mail order.

Tips for Choosing Your Medical Option

Here are other questions to ask yourself to help you select the right option for you:

- **Do you want smaller paycheck deductions?** The Bronze option has smaller paycheck deductions, but higher deductibles. Your out-of-pocket costs could be high, depending on your health situation and how often you access care.
- **Would you rather have lower out-of-pocket costs?** The Gold and Silver options have higher paycheck deductions, but lower deductibles so you'll pay less out-of-pocket for medical care.
- **Do you want In- and Out-of-network coverage?** Consider the Aetna CDHP options. The Kaiser options do not cover out-of-network providers except in emergencies.
- **Do you have maintenance prescriptions?** Preventive care drugs are not subject to the deductible, but all other prescriptions are, including some maintenance prescriptions. Find out if your drugs are considered [preventive \(/media/1072/tru-cvs-maint-drug-15.pdf\)](/media/1072/tru-cvs-maint-drug-15.pdf).

Other things to think about:

- **A contribution from Toys“R”Us and your wellness actions can grow your HSA during the plan year!** [Learn more here \(/health-wellness-insurance/wellness/2016-2017-wellness-rebate-program/\)](/health-wellness-insurance/wellness/2016-2017-wellness-rebate-program/). Watch for more information about the 2017-2018 wellness rebate coming later this year.
- If you live in [Hawaii \(/health-wellness-insurance/medical-prescription-drugs/hawaii-team-members/\)](/health-wellness-insurance/medical-prescription-drugs/hawaii-team-members/) or [Puerto Rico \(/health-wellness-insurance/medical-prescription-drugs/triple-s-salud-puerto-rico/\)](/health-wellness-insurance/medical-prescription-drugs/triple-s-salud-puerto-rico/), see the plans specific to your location.

Understand Your Prescription Drug Coverage

If you participate in one of the Aetna CDHP options your prescription drug coverage is provided by CVS Caremark. All specialty prescription drugs must be obtained through Caremark. If you are currently filling prescriptions for specialty drugs through your medical plan, you'll be notified about how to transition to Caremark.

Caremark's "Site of Care" program helps manage infusion therapies, and will be made available. Eligible participants for this program will be contacted by Caremark.

If you are covered by the Kaiser CDHP option, your prescription drug coverage is provided through Kaiser.

How CDHPs Work with the Health Savings Account

The [Health Savings Account \(/savings-retirement/health-savings-account-hsa/\)](#) (HSA) is separate from the CDHP medical options sponsored by the Company. Like any savings or checking account, you own it. When you need care, you can use the money in your HSA to pay for medical expenses. Or, you can save it for the future.

Aetna Institutes of Quality

The Aetna medical plans will now offer Institutes of Quality for certain surgeries, including gastric bypass, heart and knee replacement surgeries. Institutes of Quality are a network of hospitals and providers that specialize in these surgeries and have been chosen based on the quality of results and level of care. The primary measure of these facilities is how often patients return to the hospital after surgery.

Benefits When You Use Institutes of Quality

The amount the plan pays when you use Institutes of Quality is even higher than normal in-network providers at 95% coinsurance after deductible.

Finding Institutes of Quality

You can find Institutes of Quality by visiting www.aetna.com (<http://www.aetna.com>) and logging in to your secure member website. From there, click the link to "Find a Doctor, Dentist or Facility." Then, look for facilities listed as Institutes of Quality facilities and specialists who have privileges as these hospitals.

Learn More

Click on a link below for more information:

- [Pre Enrollment Member Flyer \(/media/2151/ioqpreenrollmentmemberflyer.pdf\)](#)
- [Reference Guide for Members \(/media/2146/ioqaetnareferenceguideformembers.pdf\)](#)
- [Bariatric Flyer \(/media/2153/ioqbariatricflyer.pdf\)](#)
- [Bariatric Guide \(/media/2152/ioqbariatricguide.pdf\)](#)
- [Cardiac Flyer \(/media/2147/ioqcardiacflyer.pdf\)](#)
- [Cardiac Guide \(/media/2149/ioqcardiacguide.pdf\)](#)
- [Orthopedic Flyer \(/media/2150/ioqorthopedicflyer.pdf\)](#)
- [Orthopedic Guide \(/media/2148/ioqorthopedicguide.pdf\)](#)

Aetna Concierge

If you're an Aetna medical member, think of the Aetna concierge service as your personal health care assistant.

If you've ever needed help with your health plan but didn't know where to go, your Aetna concierge can assist in finding the answers you need to make informed decisions about your healthcare.

A concierge can help you:

- Answer questions about a diagnosis
- Select a doctor
- Learn about your coverage
- Plan for an upcoming treatment and much more

Check out the [Aetna Concierge flyer \(/media/2106/aetna_concierge_flyer.pdf\)](/media/2106/aetna_concierge_flyer.pdf).

Get help with your health care budget

Do you need help planning and budgeting for a health care expense? Your concierge can show you how to estimate your costs before you make an appointment.

Find out what it costs to see a network doctor versus an out-of-network doctor. Or learn the difference between inpatient and outpatient care. Knowing these differences can help you better manage health care expenses.

Learn about Aetna's online tools

It's simple to take advantage of our online tools. Never used these before? Not sure how they work? A concierge will walk you through tools to:

- Find doctors
- Estimate care and track health care expenses
- Learn more about medical conditions
- Make payments to your health care providers

Best of all — it's at no extra cost to you

Our concierges make it easy to learn about and use your plan. They are here for you every step of the way. They will even help you book health care appointments, making it a worry-free process.

So, if you need help, call the number on the back of your ID card, or log in to your [secure member website](#) (<https://member.aetna.com/appConfig/login/login.fcc?TYPE=33554433&REALMOID=06-36d8cb4d-4ac1-44c7-b12d-a80fba4b718e&GUID=&SMAUTHREASON=0&METHOD=GET&SMAGENTNAME=-SM-jRs63Nsa3LI00w8DBRJePrGDb%2fSrW4ICcEp3BCF2N5CYudNJWAZ6IAjtTBQZYxKV&TARGET=-SM-HTTPS%3a%2f%2fmember%2eaetna%2ecom%2fMbrLanding%2fRoutingServlet%3fcreateSession%3dtrue>).

Hawaii Team Members

If you are a newly hired full-time team member in Hawaii you are eligible for and automatically enrolled in the Kaiser Hawaii High Option after 30 days of employment. If you are a part-time hourly team member in Hawaii consistently working more than 20 hours per week for 4 consecutive weeks you are eligible for and automatically enrolled in the Kaiser Hawaii Standard Option. Review the eligibility and plan details for the [Standard Option \(/health-wellness-insurance/medical-prescription-drugs/hawaii-team-members/#Standard\)](/health-wellness-insurance/medical-prescription-drugs/hawaii-team-members/#Standard).

High Option

[High Option Overview \(/health-wellness-insurance/medical-prescription-drugs/hawaii-team-members/#OptionOVW\)](/health-wellness-insurance/medical-prescription-drugs/hawaii-team-members/#OptionOVW)
[High Option Plan Details \(/health-wellness-insurance/medical-prescription-drugs/hawaii-team-members/#OptionPlan\)](/health-wellness-insurance/medical-prescription-drugs/hawaii-team-members/#OptionPlan)

An Overview

- The Kaiser Permanente High Option is available in Hawaii.
- You must use in-network providers to receive benefits.
- There is no deductible.
- Preventive care is covered 100%.
- Full-time team members in Hawaii have the same Aetna dental plan choices as the rest of the Company. If you want dental coverage, you will need to make an election during Annual Enrollment or when you first enroll.
- You pay a copay for office visits and a percentage of the expenses for other covered services—up to the [out-of-pocket maximum \(/contacts-tools-resources/benefits-glossary/a/annual-out-of-pocket-limit/\)](/contacts-tools-resources/benefits-glossary/a/annual-out-of-pocket-limit/).
- You are covered in an emergency anywhere in the world. However, except in an emergency, if you use providers outside the network, you will be responsible for the full cost of your care.
- You may learn more about Kaiser Permanente plans for "R" Us team members at <http://my.kp.org/toysrus> (<http://my.kp.org/toysrus>) or you may log on directly to [kp.org \(https://healthy.kaiserpermanente.org/html/kaiser/index.shtml\)](https://healthy.kaiserpermanente.org/html/kaiser/index.shtml) for general information about Kaiser Permanente.
- Feel free to take Virtual Tours of Kaiser Permanente: "[Experience My Health Manager \(http://info.kaiserpermanente.org/richmedia/experience/index.html\)](http://info.kaiserpermanente.org/richmedia/experience/index.html)" and "[How KP Is Different \(http://info.kaiserpermanente.org/richmedia/openEnrollment/\)](http://info.kaiserpermanente.org/richmedia/openEnrollment/)".
- You can participate in the [Limited-Purpose Health Care Flexible Spending Account \(/health-wellness-insurance/flexible-spending-accounts/limited-purpose-flexible-spending-account/\)](/health-wellness-insurance/flexible-spending-accounts/limited-purpose-flexible-spending-account/) to save money on eligible expenses.

Plan Details

FEATURE	WHAT YOU PAY WITH THE KAISER PERMANENTE HIGH OPTION (HAWAII)
Premium	Contact the "R"Benefits Service Center for details (844-TRU-BENS)
Network	In-network (/contacts-tools-resources/benefits-glossary/i/in-network-provider-preferred-provider/) doctors, hospitals and pharmacies
Annual medical deductible (/contacts-tools-resources/benefits-glossary/a/annual-medical-and-prescription-drug-deductible-for-cdhp-options/)	None
Compatible with HSA or Limited-Purpose Health Care Flexible Spending Account?	Limited-Purpose Health Care Flexible Spending Account
Company contribution to Health Savings Account (HSA)	None
Wellness Rebate	N/A
Preventive care (/contacts-tools-resources/benefits-glossary/p/preventive-care/)	No cost; 100% covered
Office visit	\$20 copay
Inpatient hospital	10% coinsurance
Annual out-of-pocket maximum (/contacts-tools-resources/benefits-glossary/a/annual-out-of-pocket-limit/) (per person/maximum per family)	\$2,500 per member/\$7,500 per family unit (3 or more members)
Retail Pharmacy (up to a 30-day supply)	
Generic drug	\$10 copay
Formulary brand name drug	\$20 copay
Nonformulary brand name drug	Not covered
Mail Service (up to a 90-day supply)	
Generic drug	\$20 copay
Formulary brand name drug	\$40 copay
Nonformulary brand name drug	Not covered
Annual prescription drug maximum benefit	N/A
Lifetime maximum benefit	N/A

For annual amounts, the plan considers expenses dated from January 1 to December 31.

See more details on the [High Option \(/media/1113/tru-kphi-hmo-high-15.pdf\)](#) .

Standard Option

[Standard Option Overview \(/health-wellness-insurance/medical-prescription-drugs/hawaii-team-members/#StandardOVW\)](#)

[Standard Option Plan Details \(/health-wellness-insurance/medical-prescription-drugs/hawaii-team-members/#StandardPlan\)](#) (<http://www.rusbenefits.com/health-wellness-and-insurance/2014-2015-medical-and-prescription-drugs/hawaii-team-members#StandardPlanDetails>)

If you do not meet the eligibility requirements for the High Option, you may be eligible for the Standard Option according to Hawaii state eligibility requirements.

The Prepaid Health Care Act requires Hawaii employers to provide health care coverage for all eligible employees. You become eligible if you work 20 hours or more per week for 4 consecutive weeks. The level of coverage you are eligible for depends on your work status.

Click [here \(http://labor.hawaii.gov/dcd/phc-links/\)](http://labor.hawaii.gov/dcd/phc-links/) for more information on the Hawaii Prepaid Health Care Act.

Part time work status: When eligible, you automatically will be enrolled in the Kaiser Hawaii Standard Option Medical Plan. Coverage will be effective the beginning of the month following your date of eligibility. If you fall below the required hours during any week you will lose eligibility and coverage will be dropped.

- If you have eligible dependents you want to cover you must call the "R"Benefits Service Center within 30 days of the effective date of coverage to enroll.
- If you choose to decline coverage, you must complete a Hawaii HC-5 Waiver Form. To access, click [here \(/media/2066/hawaii-waiver-form.pdf\)](#).

Full time work status or salaried team members: You are eligible for the Kaiser Hawaii High Option Medical Plan after 30 days of full-time employment.

- You may enroll in all benefits as a New Hire and add eligible dependents. Your Medical Coverage will be effective following 30 days of employment.
- If you take no action within 30 days, you will default into the Kaiser Hawaii High Option Medical Plan with Team Member Only coverage effective the following 30 days of employment.
- If you are defaulted into medical coverage and want to add dependents or need to make any changes you must call the "R"Benefits Service Center within 30 days of the effective date of coverage.
- If you choose to decline coverage, you must complete a Hawaii HC-5 Waiver Form. To access, click [here \(/media/2066/hawaii-waiver-form.pdf\)](#).

An Overview

- The Kaiser Permanente—Standard Option is available in Hawaii.
- You must use in-network providers to receive benefits.
- There is no deductible.
- Preventive care is covered 100%.
- Prescription drugs are not covered.
- You pay a copay for office visits and a percentage of the expenses for other covered services—up to the [out-of-pocket maximum \(/contacts-tools-resources/benefits-glossary/a/annual-out-of-pocket-limit/\)](#).
- You are covered in an emergency anywhere in the world. However, except in an emergency, if you use providers outside the network, you will be responsible for the full cost of your care.
- You may learn more about Kaiser Permanente plans for "R" Us team members at <http://my.kp.org/toysrus> (<http://my.kp.org/toysrus>) or you may log on directly to [kp.org \(https://healthy.kaiserpermanente.org/html/kaiser/index.shtml\)](https://healthy.kaiserpermanente.org/html/kaiser/index.shtml) for general information about Kaiser Permanente.
- Feel free to take Virtual Tours of Kaiser Permanente: "[Experience My Health Manager \(http://info.kaiserpermanente.org/richmedia/experience/index.html\)](http://info.kaiserpermanente.org/richmedia/experience/index.html)" and "[How KP Is Different \(http://info.kaiserpermanente.org/richmedia/openEnrollment/\)](http://info.kaiserpermanente.org/richmedia/openEnrollment/)".

Plan Details

FEATURE	WHAT YOU PAY WITH THE KAISER PERMANENTE STANDARD OPTION (HAWAII)
Premium	Contact the "R"Benefits Service Center for details (844-TRU-BENS)
Network	In-network (/contacts-tools-resources/benefits-glossary/i/in-network-provider-preferred-provider/) doctors and hospitals
Annual medical deductible (/contacts-tools-resources/benefits-glossary/a/annual-medical-and-prescription-drug-deductible-for-cdhp-options/)	None
Preventive care (/contacts-tools-resources/benefits-glossary/p/preventive-care/)	No cost; 100% covered
Office visit	\$15 copay
Inpatient hospital	No charge
Annual out-of-pocket maximum (/contacts-tools-resources/benefits-glossary/a/annual-out-of-pocket-limit/) (per person/maximum per family)	\$2,000 per member/\$6000 per family unit (3 or more members)
Prescription drugs	Not covered

For annual amounts, the plan considers expenses dated from January 1 to December 31.

See more details on the [Standard Option \(/media/1115/tru-kphi-hmo-stnd-15.pdf\)](#) .

Triple-S Salud—Puerto Rico

An Overview

- The Triple-S Salud HMO is available in Puerto Rico.
- You must use in-network providers to receive benefits. (Some out-of-network benefits may exist when traveling outside of Puerto Rico.)
- There is a low annual deductible.
- Preventive care is covered 100%.
- Dental coverage is available through the Triple-S Salud medical plan. A separate dental election is not required. For dental coverage information, please see the [Triple-S Salud Dental Benefits chart \(/media/1464/triple-s-salud-dental-benefits-final2011.pdf\)](/media/1464/triple-s-salud-dental-benefits-final2011.pdf).

Plan Details

FEATURE	WHAT YOU PAY WITH THE TRIPLE-S SALUD (PUERTO RICO)
Premium	Rates
Network	In-network (/contacts-tools-resources/benefits-glossary/i/in-network-provider-preferred-provider/) doctors, hospitals and pharmacies
Annual medical deductible (/contacts-tools-resources/benefits-glossary/a/annual-medical-and-prescription-drug-deductible-for-cdhp-options/) (per person/maximum per family)	\$100/\$300
Compatible with HSA or Limited-Purpose Health Care Flexible Spending Account?	N/A
Company contribution to Health Savings Account (HSA)	None
Wellness Rebate	N/A
Preventive care (/contacts-tools-resources/benefits-glossary/p/preventive-care/)	No cost; 100% covered
Office visit	\$4 copay (general practitioner), after deductible; \$10 copay (sub-specialist), after deductible
Inpatient hospital	\$50 copay
Annual out-of-pocket maximum (/contacts-tools-resources/benefits-glossary/a/annual-out-of-pocket-limit/) (per person)	\$5,000 per member
Retail Pharmacy (up to a 30-day supply)	
Generic drug	\$10 copay
Formulary brand name drug	\$15 copay
Annual prescription drug maximum benefit	N/A
Lifetime maximum benefit	N/A

For annual amounts, the plan considers expenses dated from January 1 to December 31.

Save Money

Every health care decision you make matters. By making smart choices and spending wisely, we keep ourselves healthy and protect our business.

Managing Medical Costs

- **Aetna “R”CDHP medical plan options:** A [Personal Health Advocate \(/health-wellness-insurance/wellness/personal-health-advocate/\)](#) will reach out to you based on health risk indicators from your medical and prescription drug claims. Your advocate may offer advice and point you toward additional resources like the 24/7 Nurse Line or Maternity Support Service Line. Your advocate also can connect you with an Aetna nurse to coordinate care with your health care providers/caregivers.
- You and your family have access to [Castlight \(/contacts-tools-resources/decision-support-tools/castlight/\)](#), an online decision support tool that provides personalized information on cost, quality and services to help you make the best possible medical and prescription decisions. Register at [mycastlight.com/toysrus \(/http://mycastlight.com/toysrus/\)](#).
- **Kaiser CDHP:** Contact a health advisor directly through Kaiser. [Learn more \(/health-wellness-insurance/wellness/personal-health-advocate/#Kaiser\)](#).
- **Get the Wellness Rebate.** If you are enrolled in an Aetna “R”CDHP option or the Kaiser CA CDHP medical option, you can receive the maximum Wellness Rebate deposit into your Health Savings Account if you and your covered spouse/domestic partner (if applicable) complete certain wellness activities. **Details about the 2017-2018 program will be coming later this year.**
- **Take the annual Tobacco-Free Pledge.** If you are tobacco-free and you take the annual Tobacco-Free Pledge upon your initial enrollment in benefits or during the plan's Annual Enrollment period, you'll receive a Tobacco-Free Discount of \$520 saving you money each pay period. [Learn more \(/eligibility-enrolling/2017-2018-enrollment-information/tobacco-free-discount/\)](#).
 - You can also qualify for the Tobacco-Free Discount if you are a tobacco-user and complete 5 calls with a Quit Coach in the Quit for Life Tobacco Cessation Program. [Learn more \(/health-wellness-insurance/wellness/tobacco-cessation-program/\)](#)
- **Certify your covered spouse's or domestic partner's employment and health coverage status.** There will be a \$25 per week (\$1,300 per year) [surcharge \(/eligibility-enrolling/2017-2018-enrollment-information/working-spouse-surcharge/\)](#) for covered spouses/DP who have medical coverage available through their employer, but choose medical coverage through Toys“R”Us.
- **Save with tax advantages.** Both the [Health Savings Account \(/savings-retirement/health-savings-account-hsa/\)](#) and the [Limited-Purpose Flexible Spending Account \(/health-wellness-insurance/flexible-spending-accounts/limited-purpose-flexible-spending-account/\)](#) let you save on taxes when you set aside money for health care costs. Use the FSA for dental and vision expenses only. The HSA may be used for all eligible health care expenses. If you generally set aside money in your Health Care FSA in the past, and you anticipate unreimbursed medical expenses (i.e. deductibles) in the current plan year, redirect that money to the HSA through convenient pre-tax payroll deductions. With an HSA you don't lose your contributions at year-end like an FSA. Once deposited, it's yours to keep.

Help Control Drug Costs Together!

- **Know your plan.** Prescription drug benefits are part of your medical plan coverage. With the Consumer Directed Health Plans (CDHP) you must now meet the deductible before you hit the copayment or coinsurance levels. Be sure to review your plan provisions so that you can get the highest level of benefits, for example, by using mail service and sharing the [formulary \(/contacts-tools-resources/benefits-glossary/f/formulary-brand-name-drug/\)](#) with your doctor. Some prescriptions may require [mail service \(/contacts-tools-resources/benefits-glossary/r/required-mail-services/\)](#), [step therapy \(/contacts-tools-resources/benefits-glossary/s/step-therapy/\)](#) or [prior authorization \(/contacts-tools-resources/benefits-glossary/p/prior-authorization/\)](#). For more information, [contact the plan \(/contacts-tools-resources/contacts/\)](#).
- **Request generic.** Generic drugs are approved to be as safe and effective as their brand-name equivalents and on average cost 50 percent less. Whenever possible, request generic when your doctor is writing a prescription for you. This is especially important now that prescription expenses are part of the CDHP deductible.
- **Use the tools.** If you participate in an Aetna “R”CDHP medical option, your prescription drug coverage is provided by CVS Caremark. Visit [caremark.com \(/https://www.caremark.com/wps/portal\)](#) (enrolled plan participants only—username and password required). Please click on “Not Registered” to create your account and use the tools that will help you estimate your out-of-pocket costs and find ways to save.

Save Money When You Shop at CVS Caremark

- Take advantage of the CVS Caremark Extra Care Health Card. If you are enrolled in an Aetna “R”CDHP option, you can receive special savings—a 20 percent discount—when you use your CVS Caremark Extra Care Health Card to purchase CVS/pharmacy Brand health-related HSA eligible items for the whole family. For more information, please read the [FAQs \(/media/1320/tru-cvs-hlth-cd-14.pdf\)](#).

Only You Can Find the Right Fit

When it comes to choosing a medical plan, only you can decide which is the best fit for you and your family.

Ask yourself three key questions:

- Is your doctor in the network?
- Are you paying for more insurance than you're using?
- Are you making the most of your opportunities to save on health care expenses?

Castlight—it pays to shop around!

Castlight's personalized health care shopping tool lets Aetna members compare the cost and quality of doctors, labs and facilities—before you make an appointment! Now, you can avoid surprises and get the most for your money. [Learn more! \(/https://mycastlight.com/toysrus/\)](#)

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