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Health Care Reform

The health care reform law requires that most Americans have health insurance by January 1, 2014. It's in place to make sure Americans have access to health insurance they can afford—whether they get it from an employer, an insurance company or from the government. People who are not covered by health insurance beginning in 2014 will have to pay a tax penalty with some limited exceptions.

The health care reform law (also called the Affordable Care Act) makes it clear: it's up to you to make sure you have health insurance beginning in 2014. Toys“R”Us is here to help by explaining the options available to you and the steps you need to take so that you're covered.

Read this information to learn more about the requirements of health care reform and the actions you will need to take. These summaries are designed to help you understand how all the pieces fit together and where your path to health coverage begins. So, please take a moment to read the summaries—each one is about you.

- Read the [Health Insurance Exchange Notice \(/media/1209/health-insurance-marketplace-notice-with-eligibility-sectionfinalfinal.pdf\)](/media/1209/health-insurance-marketplace-notice-with-eligibility-sectionfinalfinal.pdf)
- Learn about your coverage options using this [decision flow chart \(/media/1219/health-care-reform-and-you_decision-flow-chart_final-clean-09192013.pdf\)](/media/1219/health-care-reform-and-you_decision-flow-chart_final-clean-09192013.pdf)
- Get a [quick view on your health insurance coverage options \(/media/1226/tru-quick-view-of-your-health-insurance-options.pdf\)](/media/1226/tru-quick-view-of-your-health-insurance-options.pdf)

Learn more:

- [Your Responsibility \(/health-wellness-insurance/health-care-reform/your-responsibility-for-health-insurance/\)](/health-wellness-insurance/health-care-reform/your-responsibility-for-health-insurance/)
- [Toys“R”Us Responsibility \(/health-wellness-insurance/health-care-reform/toys-r-us-responsibility-for-health-care-reform/\)](/health-wellness-insurance/health-care-reform/toys-r-us-responsibility-for-health-care-reform/)
- [Health Insurance Marketplaces \(/health-wellness-insurance/health-care-reform/understanding-the-health-insurance-marketplaces/\)](/health-wellness-insurance/health-care-reform/understanding-the-health-insurance-marketplaces/)
- [Medicaid—More People Now Qualify \(/health-wellness-insurance/health-care-reform/medicaid-more-people-now-qualify/\)](/health-wellness-insurance/health-care-reform/medicaid-more-people-now-qualify/)
- [Frequently Asked Questions on Health Care Reform \(/contacts-tools-resources/faqs/health-care-reform/\)](/contacts-tools-resources/faqs/health-care-reform/)

Your Responsibility for Health Insurance

The health care reform law requires most Americans to have health insurance as of January 1, 2014. This requirement is sometimes called the “Individual Mandate.” You can meet this requirement by getting health insurance through:

- Toys“R”Us (if you are benefits eligible)
- Your spouse’s/domestic partner’s employer
- Your parent’s employer (if you are under age 26)
- A Health Insurance Marketplace available in your state (which may also be referred to as a public exchange)
- Other coverage options that may be available to you, including an insurance plan outside the Health Insurance Marketplace or through government programs such as Medicare and Medicaid.

If you do not have health insurance, you may have to pay a tax penalty based on your income and family status. **This is important—for every month you are without health insurance you may have to pay this tax penalty.** The total penalty amount will be collected as a single payment once a year when you file your tax return.

Examples of the calculation of the tax penalty are located in the [Frequently Asked Questions \(/contacts-tools-resources/faqs/health-care-reform/\)](#) section of this website. Actual penalties will vary based on each person’s circumstances. Toys“R”Us cannot provide tax advice to team members. If you have questions, talk with your tax advisor.

What Does This Mean For Me?

It’s up to you to have health insurance for yourself and any eligible dependents. The information contained on this site should be considered as guidance to help you understand the options available to you and explaining the steps you need to take so that you’re covered. For complete information of your rights visit [healthcare.gov \(http://www.healthcare.gov\)](http://www.healthcare.gov).

As an “R”Us team member, you are eligible to enroll in an “R”Us health plan if you’re benefits-eligible. You can enroll in an “R”Us health plan when you first become eligible, within 30 days of a qualifying life event, or during Annual Enrollment in May for a July 1 effective date.

If you are not benefits-eligible, or you do not want “R”Us health coverage, you will need to get health insurance through another source. That might be your spouse’s/domestic partner’s employer, your parent’s employer (if you are under age 26), or the Health Insurance Marketplace available in your state. Depending on your situation, you might be eligible for coverage through Medicare or Medicaid. You can also buy a policy on your own, separate from the Marketplace in your state (or other state programs if available).

What Do I Need to Do?

Learn if you are [benefits-eligible \(/eligibility-enrolling/whos-eligible/\)](#). In general, you are benefits eligible if you are a regular management or full-time hourly team member with 30 days of service. If you’re hourly, review the [Employer Shared Responsibility section \(/health-wellness-insurance/health-care-reform/employer-shared-responsibility/\)](#) for additional benefits eligibility information.

- **If you are benefits eligible**, you can continue to get health insurance through Toys“R”Us. You can enroll for the first time or make changes to your current coverage during Annual Enrollment in May, for a July 1 coverage effective date, or within 30 days of a qualified life event.

If you decide to get health insurance somewhere else on January 1, be sure to contact the “R”Benefits Service Center within 30 days of acquiring coverage to stop your “R”Us health coverage.

- **If you aren’t eligible for R”Us benefits**, look into other options. Find out if:
 - You qualify for Medicaid benefits by contacting Medicaid in your state. State Medicaid contact **information** can be found at [www.medicaid.gov \(http://www.medicaid.gov/\)](http://www.medicaid.gov).
 - Your parents or spouse/domestic partner can include you on their health insurance plan. Review their plan to see if you qualify.
 - A Health Insurance Marketplace is the best option for you. You can find out more information about the Marketplace (or public exchanges) at [www.healthcare.gov \(http://www.healthcare.gov/\)](http://www.healthcare.gov), the website sponsored by the Department of Health and Human Services.

Call the “R”Benefits Service Center at (844) TRU-BENS. You can call any weekday from 8:00 a.m. to 8:00 p.m., EST.

Toys“R”Us Responsibility for Health Care Reform

The health care reform law says that, beginning in 2015, companies with 50 or more full-time employees—like Toys“R”Us—must offer health insurance to full-time employees and children up to age 26. If a company does not offer health insurance, it may have to pay a penalty to the government.

The health care law says that companies offering health insurance plans must cover at least a minimum amount of health care services and those plans must be affordable to employees. To be affordable, the amount that comes out of an employee’s paycheck for employee-only health insurance under the lowest-cost plan that’s available from the company can’t be more than 9.5% of that employee’s total household income.

“R”Us health plans meet this requirement. That means that if you are eligible for Toys“R”Us benefits, you are not eligible to receive financial assistance (known as “subsidies”) from the government to purchase health coverage through a [Health Insurance Marketplace \(/health-wellness-insurance/health-care-reform/understanding-the-health-insurance-marketplaces/\)](#). If you do receive a subsidy while eligible for our plans, you may be required to pay it back to the government.

What Does This Mean For Me?

Toys“R”Us has carefully reviewed its health plans to make sure we are offering coverage that makes sense for both you and the company. We plan to continue offering adequate and affordable health care plans to all regular management or full-time hourly team members. As long as you are not getting health insurance from another source, like from your spouse’s/domestic partner’s, a parent’s employer plan, or Medicaid, we believe a Toys“R”Us health plan may continue to be your best option for health insurance.

What Do I Need to Do?

If you are not benefits-eligible, find out if you can get health insurance through your spouse’s/domestic partner’s or parent’s plan, the Health Insurance Marketplace available in your state, Medicaid or Medicare, or from another source. You can find out more information about the Health Insurance Marketplace and Medicaid at www.healthcare.gov (<http://www.healthcare.gov>).

Employer Shared Responsibility

Health Care Reform – Impact on Hourly Workforce

Employer Shared Responsibility is a component of the Patient Protection and Affordable Care Act (ACA) that requires employers to offer affordable and **Minimum Essential Health Care Coverage** (MEC) to all team members that average 30+ hours of service per week over the course of a specified period of time.

The health plans Toys“R”Us offers are considered affordable and provides Minimum Essential Health Care Coverage (MEC) as defined by ACA. This means you will generally not be eligible for a government subsidy if you decide to waive company coverage and enroll in a plan on the health insurance marketplace. If you do receive a subsidy while eligible for our plans, you may be required to pay it back to the government.

Service hours include actual hours worked and non-working hours such as vacation, holidays and sick time. If you take an unpaid FMLA, unpaid jury duty or unpaid military leave of absence, the period of time you are on a leave will be excluded from the [Standard Measurement Period \(/contacts-tools-resources/benefits-glossary/s/standard-measurement-period-health-care-reform/\)](#)– (see Measurement Periods below).

For ongoing (current) team members:

- Full-time status for hourly team members (part-time hourly and full-time hourly) will be measured using the “look-back” Standard Measurement Period method. The Standard Measurement Period is May 1st of the current plan year to April 30th of the following plan year. For example, the Standard Measurement period for the 2016-2017 plan year is May 1, 2016 - April 30, 2017.
- During the Standard Measurement Period, hourly team member’s hours will be measured to determine if they average 30+ hours of service per week. If so, these team members will be offered coverage during the [Administrative Period \(/contacts-tools-resources/benefits-glossary/a/administrative-period-health-care-reform/\)](#) and treated as full-time for the subsequent [Standard Stability Period \(/contacts-tools-resources/benefits-glossary/s/standard-stability-period-health-care-reform/\)](#), regardless of the number of hours actually worked during this period of time.
- If an hourly team member is deemed not eligible during the Standard Measurement Period, they will not be offered coverage during the Administrative Period and will not be eligible for coverage for the entire Stability Period. They will be re-measured during the next Standard Measurement Period*.

For newly hired team members and team members coded as full-time hourly in Workday:

- Management team members (including Level IV 3+ and M90) - will be eligible for benefits after 30 days of service. Hours worked will be hard-coded

to 40 hours per week during the [Initial Measurement Period \(/contacts-tools-resources/benefits-glossary/i/initial-measurement-period-health-care-reform/\)](#). If status does not change during the year, management team members remain eligible for the subsequent Stability Period.

- Part-time or seasonal team members - will not be offered coverage upon hire. Service hours will be tracked starting the first of the month following date of hire during the Initial Measurement Period. If deemed eligible after end of the Initial Measurement Period, coverage will be offered during the Administrative Period and the team member will remain eligible through the Stability Period. Hours will be re-measured during the Standard Measurement Period. If a team member is deemed ineligible, their status will remain ineligible during the next Standard Stability Period and hours will be re-measured during the Standard Measurement Period.

Status change during the plan year:

If status changes from:	You will be eligible for benefits:	You will:
PT hourly/Seasonal to FT hourly or Management	Upon completion of 30 days of service	Remain eligible for the entire Stability Period.
FT hourly or Management to PT hourly/Seasonal	BENEFITS DO NOT DROP	Remain eligible for the entire Stability Period. Hours will be re-measured during the Standard Measurement Period. However, if you'd like to drop coverage, you must do so within 30 days of your PT/Seasonal status change.

How Your Coverage Is Impacted If You are Rehired:

- If you are rehired within 31 days from separation, you will immediately be put back in the coverage (or no coverage, if previously declined) elected prior to your termination of employment.
- If your break in service is more than 31 days but less than 13 weeks, you can make a new election (or newly enroll in coverage if you previously declined coverage). However, any supplemental life insurance benefits previously approved will require you to submit Evidence of Insurability before coverage is reinstated.

The effective date of your coverage will be your rehire date.

You don't have to re-satisfy the dependent documentation requirements if previously submitted. New dependents will need to be verified.

If you enroll in the same plan you had before your termination, your deductible and Out-Of-Pocket (OOP) maximum prior to termination is re-instated upon your return. If you enroll in a different plan, your deductible and OOP will be reset.

Understanding the Health Insurance Marketplaces

The health care reform law says that each state must offer a Health Insurance Marketplace, sometimes referred to as a public exchange. These marketplaces will allow individuals and families to buy health insurance themselves instead of getting it through their employers.

Health Insurance Marketplaces will be available in each state and will be operated by the state, by the federal government, or through a partnership between the state and federal government.

How Does the Marketplace Work?

You will be able to enroll online or speak with a representative to help you find a health insurance plan that meets your needs. Each Marketplace will offer a range of plan choices, and each will provide its own set of benefits and have its own cost. But all the plans available through the Marketplace will have some benefits in common:

1	2	3
Preventive care services, like routine check-ups and well-baby care visits will be covered at 100%—you pay nothing.	No lifetime dollar maximums, or dollar caps, on essential health benefits. Those include hospitalization, outpatient services, maternity care, prescription drugs, emergency care, and preventive services.	Limits on how much an individual pays out of pocket (such as a copay, coinsurance or deductible) in any given year.

In addition, the Health Insurance Marketplace can help you find out if you are eligible for financial assistance to pay for health insurance through the Marketplace. Assistance may be available to help pay your premiums and also to help limit your cost when you use your benefits. Assistance like this is called a subsidy. Eligibility for subsidies is, in part, based on your family's household income. Please note that if you qualify for an "R"Us health plan, you will not be eligible for subsidies through the Marketplace. That's because Toys"R"Us offers health plans that meet the health care reform law requirements for providing comprehensive and affordable coverage. If you do receive a subsidy while eligible for our plans, you may be required to pay it back to the government

There is more to come...

The Health Insurance Marketplace is there to help you find the best plan for you and your family. It can also help you determine if you are eligible for any subsidies or qualify for [Medicaid \(/health-wellness-insurance/health-care-reform/medicaid-more-people-now-qualify/\)](#). Open Enrollment through the Health

Insurance Marketplace will begin November 1, 2015. Health insurance coverage purchased through the Marketplace will start on January 1, 2016. You can find out more information about Health Insurance Marketplaces at www.healthcare.gov (<http://www.healthcare.gov>) and information about "R"Us health plans on RUsBenefits.com.

What Does This Mean For Me?

It is up to you to have health insurance for yourself and any eligible dependents. Toys"R"Us is here to help by explaining the options available to you and the steps you need to take so that you're covered.

If you are benefits eligible, you are eligible for health insurance through Toys"R"Us, but you are not eligible for subsidies from the government. As long as you are not receiving health insurance from another source, like your spouse's/domestic partner's or parent's plan, we believe an "R"Us health plan may be your best option for coverage.

If you are not benefits-eligible, you are not eligible for health insurance through Toys"R"Us. You might be able to get health insurance through your spouse's/ domestic partner's or parent's employer plan, an individual policy through the Health Insurance Marketplace in your state, an individual policy outside the Marketplace, Medicare or Medicaid, or another source.

What Do I Need to Do?

Check to see if you qualify for financial assistance through the Health Insurance Marketplace.

Are you eligible for "R"Us benefits?

- **If you are**, you do not qualify for financial assistance from the federal government through the Health Insurance Marketplace because you are eligible for the Toys"R"Us health plan, which provides comprehensive, affordable coverage. If you do receive a subsidy while eligible for our plans, you may be required to pay it back to the government
- **If you aren't**, the Health Insurance Marketplace in your state will help you see if you meet the requirements to qualify for financial assistance. You can find out more information about the marketplaces at www.healthcare.gov (<http://www.healthcare.gov>), the website sponsored by the Department of Health and Human Services.

Check to see if you qualify for Medicaid.

Check the Medicaid website in your state. State Medicaid contact information can be found at www.medicaid.gov (<http://www.medicaid.gov>).

- If your household income is below the cut-off, you may qualify for Medicaid.
- If your household income is more than the cut-off, you do not qualify for Medicaid.

Medicaid—More People Now Qualify

Medicaid is the nation's primary program for providing individuals and families at lower income levels with health insurance. Depending on where you live, eligibility for Medicaid may be expanding so that more people qualify for benefits. Even if you haven't qualified before, you may qualify now.

Each state runs its own Medicaid program and decides what services to offer. If you qualify and enroll, you won't have to pay a tax penalty.

Medicaid provides coverage for a range of benefits, including:		
Doctor visits	Vaccinations	Hearing
Emergency care	Prescription drugs	Long-term care
Hospital care	Vision	Preventive care for children

What Does This Mean For Me?

If you are eligible for Medicaid in your state, you can receive health insurance through Medicaid.

It's up to you to have health insurance for you and any eligible dependents by January 1, 2014. If you do not have health insurance on and after that date, you may owe a tax penalty based on your income and family status for every month you are without coverage.

What Do I Need to Do?

Check to see if you qualify for financial assistance through the Health Insurance Marketplace.

Are you eligible for "R"Us benefits?

- **If you are**, you do not qualify for financial assistance from the federal government through the Health Insurance Marketplace because you are eligible for the Toys"R"Us health plan, which provides comprehensive, affordable coverage.
- **If you aren't**, the Health Insurance Marketplace in your state will help you see if you meet the requirements to qualify for financial assistance. You can find out more information about the marketplaces at www.healthcare.gov (<http://www.healthcare.gov/>), the website sponsored by the Department of Health and Human Services.

Check to see if you qualify for Medicaid.

Check the Medicaid website in your state. State Medicaid contact information can be found at www.medicaid.gov (<http://www.medicaid.gov/>).

- If your household income is below the cut-off, you may qualify for Medicaid.
- If your household income is more than the cut-off, you do not qualify for Medicaid.

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