



Aetna Supplemental Benefit Options

Toys“R”Us offers three additional supplemental programs available to benefits-eligible team members. If you’re looking for an extra layer of protection when it comes to unexpected medical expenses, consider enrolling in one or more of the supplemental benefits offered through Aetna. You can choose to cover yourself only, you and your spouse or your family in each plan.

Enrollment in a Toys“R”Us medical plan is not required to elect supplemental benefits. In addition, any benefits received through short-term disability pay will be paid independently of any applicable supplemental benefit pay.

Click [here \(/media/2114/submitting-aetna-supplemental-plan-claims.pdf\)](/media/2114/submitting-aetna-supplemental-plan-claims.pdf) for claims submission details.

Accident Plan

If you are injured by a covered type of accident, Aetna’s Accident plan provides you with cash payments to help cover out-of-pocket costs, such as deductible or coinsurance, daycare, utility bills or whatever else you need. You have the choice of two plan options, and your cost of coverage depends on which plan you choose and who you decide to cover:

| BI-WEEKLY COST OF: | EMPLOYEE ONLY | EMPLOYEE + 1 | FAMILY |
|--------------------|---------------|--------------|---------|
| Plan 1 | \$3.37 | \$5.88 | \$8.29 |
| Plan 2 | \$5.21 | \$9.07 | \$12.88 |

| WEEKLY COST OF: | EMPLOYEE ONLY | EMPLOYEE + 1 | FAMILY |
|-----------------|---------------|--------------|--------|
| Plan 1 | \$1.65 | \$2.88 | \$4.07 |
| Plan 2 | \$2.56 | \$4.45 | \$6.32 |

Resources:

- For more details about what's covered, [click here \(/media/2042/enrollkit_accident16.pdf\)](/media/2042/enrollkit_accident16.pdf).
- For information for Louisiana residents, [click here \(/media/2048/enrollkit_accident_la.pdf\)](/media/2048/enrollkit_accident_la.pdf).
- To learn more about the plan, [watch this \(https://kvgo.com/aetnavoluntarybenefitenroll/acc\)](https://kvgo.com/aetnavoluntarybenefitenroll/acc).
- For a Portability Form, click [here \(/contacts-tools-resources/forms/\)](/contacts-tools-resources/forms/).

Critical Illness Plus Plan

If you have a critical illness, such as a heart attack, stroke or major organ failure, Aetna’s Critical Illness Plus Plan provides you with cash payments to help with out-of-pocket costs associated with your illness. You have the option of choosing a \$10,000 or \$20,000 face amount of your benefit. Your cost of coverage depends on the face amount, your age and your tobacco use status:

Critical Illness Non-Tobacco User (Bi-Weekly Rates)

| AGE BAND | \$10,000 FACE AMOUNT | | | \$20,000 FACE AMOUNT | | |
|----------|----------------------|--------------|---------|----------------------|--------------|---------|
| | EMPLOYEE | EMPLOYEE + 1 | FAMILY | EMPLOYEE | EMPLOYEE + 1 | FAMILY |
| 16-29 | \$3.00 | \$3.96 | \$4.56 | \$4.43 | \$5.97 | \$6.90 |
| 30-39 | \$4.36 | \$5.84 | \$6.44 | \$7.14 | \$9.73 | \$10.67 |
| 40-49 | \$6.92 | \$9.38 | \$9.99 | \$12.27 | \$16.82 | \$17.76 |
| 50-59 | \$12.10 | \$16.55 | \$17.16 | \$22.63 | \$31.16 | \$32.10 |
| 60-74 | \$19.84 | \$27.24 | \$27.84 | \$38.10 | \$52.54 | \$53.47 |

Critical Illness Non-Tobacco User (Weekly Rates)

| AGE BAND | \$10,000 FACE AMOUNT | | | \$20,000 FACE AMOUNT | | |
|----------|----------------------|--------------|---------|----------------------|--------------|---------|
| | EMPLOYEE | EMPLOYEE + 1 | FAMILY | EMPLOYEE | EMPLOYEE + 1 | FAMILY |
| 16-29 | \$1.47 | \$1.94 | \$2.24 | \$2.17 | \$2.93 | \$3.38 |
| 30-39 | \$2.14 | \$2.86 | \$3.16 | \$3.50 | \$4.77 | \$5.23 |
| 40-49 | \$3.39 | \$4.60 | \$4.90 | \$6.02 | \$8.25 | \$8.71 |
| 50-59 | \$5.94 | \$8.12 | \$8.42 | \$11.10 | \$15.29 | \$15.75 |
| 60-74 | \$9.73 | \$13.36 | \$13.66 | \$18.69 | \$25.77 | \$26.23 |

Critical Illness Tobacco User (Bi-Weekly Rates)

| AGE BAND | \$10,000 FACE AMOUNT | | | \$20,000 FACE AMOUNT | | |
|----------|----------------------|--------------|---------|----------------------|--------------|---------|
| | EMPLOYEE | EMPLOYEE + 1 | FAMILY | EMPLOYEE | EMPLOYEE + 1 | FAMILY |
| 16-29 | \$3.98 | \$5.34 | \$6.17 | \$6.38 | \$8.73 | \$10.12 |
| 30-39 | \$6.27 | \$8.51 | \$9.34 | \$10.96 | \$15.07 | \$16.46 |
| 40-49 | \$10.59 | \$14.48 | \$15.31 | \$19.60 | \$27.02 | \$28.41 |
| 50-59 | \$19.32 | \$26.56 | \$27.39 | \$37.06 | \$51.18 | \$52.56 |
| 60-74 | \$32.34 | \$44.57 | \$45.40 | \$63.12 | \$87.19 | \$88.58 |

Critical Illness Tobacco User (Weekly Rates)

| AGE BAND | \$10,000 FACE AMOUNT | | | \$20,000 FACE AMOUNT | | |
|----------|----------------------|--------------|---------|----------------------|--------------|---------|
| | EMPLOYEE | EMPLOYEE + 1 | FAMILY | EMPLOYEE | EMPLOYEE + 1 | FAMILY |
| 16-29 | \$1.95 | \$2.62 | \$3.03 | \$3.13 | \$4.28 | \$4.96 |
| 30-39 | \$3.08 | \$4.17 | \$4.58 | \$5.38 | \$7.39 | \$8.07 |
| 40-49 | \$5.20 | \$7.10 | \$7.51 | \$9.62 | \$13.26 | \$13.94 |
| 50-59 | \$9.48 | \$13.03 | \$13.44 | \$18.18 | \$25.11 | \$25.78 |
| 60-74 | \$15.86 | \$21.86 | \$22.27 | \$30.96 | \$42.77 | \$43.45 |

Resources:

- To learn more about the plan, [click here \(/media/2044/enrollkit_criticalillness16.pdf\)](/media/2044/enrollkit_criticalillness16.pdf).
- See the [Buyer's Guide for Utah Residents \(/media/2031/aetnautah_ci_buyersguide.pdf\)](/media/2031/aetnautah_ci_buyersguide.pdf).
- See the [Buyer's Guide for Maine Residents \(/media/2033/maineprod_serv_consumer_guide_cancer.pdf\)](/media/2033/maineprod_serv_consumer_guide_cancer.pdf).
- See the Outline of Coverage for New Jersey Residents for [\\$10,000 Face Amount \(/media/2034/njgrcriticalillnessooc10k.pdf\)](/media/2034/njgrcriticalillnessooc10k.pdf) or [\\$20,000 Face Amount \(/media/2032/njgrcriticalillnessooc20k.pdf\)](/media/2032/njgrcriticalillnessooc20k.pdf).
- For information for Louisiana residents, [click here \(/media/2050/enrollkit_critical-illness_la.pdf\)](/media/2050/enrollkit_critical-illness_la.pdf).
- To learn more about the plan, [watch this \(https://kvgo.com/aetnavoluntarybenefitenroll/ci\)](https://kvgo.com/aetnavoluntarybenefitenroll/ci).
- For a Portability form, click [here \(/contacts-tools-resources/forms/\)](/contacts-tools-resources/forms/).

Hospital Plan

Aetna's Hospital Plan provides you with fixed cash payments when you have a covered in-patient hospital stay. With the plan you can receive up to \$1,000 for the initial day of your hospital stay, then a daily benefit of \$50 for the duration of your stay, up to 100 days. You can choose to cover yourself, you and your spouse or your family. Your cost of coverage is:

| | EMPLOYEE ONLY | EMPLOYEE + 1 | FAMILY |
|---------------------|---------------|--------------|---------|
| Your Bi-Weekly Cost | \$7.70 | \$14.63 | \$19.24 |
| You Weekly Cost | \$3.78 | \$7.18 | \$9.44 |

Resources:

- To learn more about the plan, [click here \(/media/2043/enrollkit_inhospital16.pdf\)](/media/2043/enrollkit_inhospital16.pdf).
- To learn more about the plan, [watch this \(https://kvgo.com/aetnavoluntarybenefitenroll/hip\)](https://kvgo.com/aetnavoluntarybenefitenroll/hip).
- For information for Louisiana residents, [click here \(/media/2049/enrollkit_inhospital_la.pdf\)](/media/2049/enrollkit_inhospital_la.pdf).

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