

2017-2018 Enrollment Information



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2017-2018 Cost for Coverage

Click on a links below to see your cost of coverage for your 2017-2018 benefits for medical, dental and vision.

- Click [here \(/health-wellness-insurance/aetna-supplemental-benefits/\)](#) for Supplemental Benefits rates.
- Click [here \(/media/2047/life-and-add-rates.pdf\)](#) for Supplemental Life and AD&D rates.
- Covering a domestic partner? Click [here](#).

Medical Non-Tobacco User

Salary to \$25,000 Non-Tobacco User

BI-WEEKLY					
	AETNA "R" CDHP GOLD	AETNA "R" CDHP SILVER	AETNA "R" CDHP BRONZE	KAISER CA CDHP	TRIPLE S SALUD
TM Only	\$57.46	\$44.30	\$27.56	\$34.52	\$28.00
TM + 1	\$124.15	\$95.72	\$59.54	\$80.19	\$56.00
Family	\$190.86	\$147.14	\$91.52	\$123.63	\$84.00

ANNUAL					
	AETNA "R" CDHP GOLD	AETNA "R" CDHP SILVER	AETNA "R" CDHP BRONZE	KAISER CA CDHP	TRIPLE S SALUD
TM Only	\$1,494	\$1,152	\$717	\$898	\$728
TM + 1	\$3,228	\$2,489	\$1,548	\$2,085	\$1,456
Family	\$4,962	\$3,826	\$2,380	\$3,214	\$2,184

The rates above do not include the spousal surcharge of \$25 weekly/\$50 biweekly if you are covering a spouse or domestic partner who has coverage at his/her employer. Click [here](#) for more information

Salary \$25,000.01 to \$55,000 Non-Tobacco User

BI-WEEKLY					
	AETNA "R" CDHP GOLD	AETNA "R" CDHP SILVER	AETNA "R" CDHP BRONZE	KAISER CA CDHP	TRIPLE S SALUD
TM Only	\$61.91	\$47.26	\$29.65	\$40.10	\$28.00
TM + 1	\$133.77	\$102.13	\$64.07	\$92.44	\$56.00
Family	\$205.63	\$156.99	\$98.48	\$140.33	\$84.00

ANNUAL					
	AETNA "R" CDHP GOLD	AETNA "R" CDHP SILVER	AETNA "R" CDHP BRONZE	KAISER CA CDHP	TRIPLE S SALUD
TM Only	\$1,610	\$1,229	\$771	\$1,043	\$728
TM + 1	\$3,478	\$2,655	\$1,666	\$2,403	\$1,456
Family	\$5,346	\$4,082	\$2,561	\$3,649	\$2,184

The rates above do not include the spousal surcharge of \$25 weekly/\$50 biweekly if you are covering a spouse or domestic partner who has coverage at his/her employer. Click [here](#) for more information

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Salary \$55,000.01 to \$100,000 Non-Tobacco User

BI-WEEKLY					
	AETNA "R" CDHP GOLD	AETNA "R" CDHP SILVER	AETNA "R" CDHP BRONZE	KAISER CA CDHP	TRIPLE S SALUD
TM Only	\$81.28	\$60.91	\$38.26	\$53.47	\$37.00
TM + 1	\$173.85	\$130.28	\$81.84	\$124.73	\$79.00
Family	\$270.95	\$203.03	\$127.53	\$189.35	\$117.00

ANNUAL					
	AETNA "R" CDHP GOLD	AETNA "R" CDHP SILVER	AETNA "R" CDHP BRONZE	KAISER CA CDHP	TRIPLE S SALUD
TM Only	\$2,113	\$1,584	\$995	\$1,390	\$962
TM + 1	\$4,520	\$3,387	\$2,128	\$3,243	\$2,054
Family	\$7,045	\$5,279	\$3,316	\$4,923	\$3,042

The rates above do not include the spousal surcharge of \$25 weekly/\$50 biweekly if you are covering a spouse or domestic partner who has coverage at his/her employer. Click [here](#) for more information

Salary \$100,000.01 to \$150,000 Non-Tobacco User

BI-WEEKLY					
	AETNA "R" CDHP GOLD	AETNA "R" CDHP SILVER	AETNA "R" CDHP BRONZE	KAISER CA CDHP	TRIPLE S SALUD
TM Only	\$98.65	\$72.50	\$45.44	\$67.95	\$45.00
TM + 1	\$207.72	\$152.64	\$95.66	\$144.78	\$92.00
Family	\$321.95	\$236.58	\$148.27	\$210.48	\$140.00

ANNUAL					
	AETNA "R" CDHP GOLD	AETNA "R" CDHP SILVER	AETNA "R" CDHP BRONZE	KAISER CA CDHP	TRIPLE S SALUD
TM Only	\$2,565	\$1,885	\$1,182	\$1,767	\$1,170
TM + 1	\$5,401	\$3,969	\$2,487	\$3,764	\$2,392
Family	\$8,371	\$6,151	\$3,855	\$5,473	\$3,640

The rates above do not include the spousal surcharge of \$25 weekly/\$50 biweekly if you are covering a spouse or domestic partner who has coverage at his/her employer. Click [here](#) for more information

Salary over \$150,000 Non-Tobacco User

BI-WEEKLY					
	AETNA "R" CDHP GOLD	AETNA "R" CDHP SILVER	AETNA "R" CDHP BRONZE	KAISER CA CDHP	TRIPLE S SALUD
TM Only	\$102.22	\$75.01	\$46.89	\$69.69	\$47.00
TM + 1	\$215.22	\$157.90	\$98.72	\$148.45	\$96.00
Family	\$333.58	\$244.76	\$153.01	\$216.25	\$145.00

ANNUAL					
	AETNA "R" CDHP GOLD	AETNA "R" CDHP SILVER	AETNA "R" CDHP BRONZE	KAISER CA CDHP	TRIPLE S SALUD
TM Only	\$2,658	\$1,950	\$1,219	\$1,812	\$1,222
TM + 1	\$5,596	\$4,105	\$2,567	\$3,860	\$2,496
Family	\$8,673	\$6,364	\$3,978	\$5,623	\$3,770

The rates above do not include the spousal surcharge of \$25 weekly/\$50 biweekly if you are covering a spouse or domestic partner who has coverage at his/her employer. Click [here](#) for more information

Medical - Tobacco User

Salary to \$25,000 Tobacco User

BI-WEEKLY					
	AETNA "R" CDHP GOLD	AETNA "R" CDHP SILVER	AETNA "R" CDHP BRONZE	KAISER CA CDHP	TRIPLE S SALUD
TM Only	\$77.46	\$64.30	\$47.56	\$54.52	\$48.00
TM + 1	\$144.15	\$115.72	\$79.54	\$100.19	\$76.00
Family	\$210.86	\$167.14	\$111.52	\$143.63	\$104.00

ANNUAL					
	AETNA "R" CDHP GOLD	AETNA "R" CDHP SILVER	AETNA "R" CDHP BRONZE	KAISER CA CDHP	TRIPLE S SALUD
TM Only	\$2,014	\$1,672	\$1,237	\$1,418	\$1,248
TM + 1	\$3,748	\$3,009	\$2,068	\$2,605	\$1,976
Family	\$5,482	\$4,346	\$2,900	\$3,734	\$2,704

The rates above do not include the spousal surcharge of \$25 weekly/\$50 biweekly if you are covering a spouse or domestic partner who has coverage at his/her employer. Click [here](#) for more information

Salary \$25,000.01 to \$55,000 Tobacco User

BI-WEEKLY					
	AETNA "R" CDHP GOLD	AETNA "R" CDHP SILVER	AETNA "R" CDHP BRONZE	KAISER CA CDHP	TRIPLE S SALUD
TM Only	\$81.91	\$67.26	\$49.65	\$60.10	\$48.00
TM + 1	\$153.77	\$122.13	\$84.07	\$112.44	\$76.00
Family	\$225.63	\$176.99	\$118.48	\$160.33	\$104.00

ANNUAL					
	AETNA "R" CDHP GOLD	AETNA "R" CDHP SILVER	AETNA "R" CDHP BRONZE	KAISER CA CDHP	TRIPLE S SALUD
TM Only	\$2,130	\$1,749	\$1,291	\$1,563	\$1,248
TM + 1	\$3,998	\$3,175	\$2,186	\$2,923	\$1,976
Family	\$5,866	\$4,602	\$3,081	\$4,169	\$2,704

The rates above do not include the spousal surcharge of \$25 weekly/\$50 biweekly if you are covering a spouse or domestic partner who has coverage at his/her employer. Click [here](#) for more information

Salary \$55,000.01 to \$100,000 Tobacco User

BI-WEEKLY					
	AETNA "R" CDHP GOLD	AETNA "R" CDHP SILVER	AETNA "R" CDHP BRONZE	KAISER CA CDHP	TRIPLE S SALUD
TM Only	\$101.28	\$80.91	\$58.26	\$73.47	\$57.00
TM + 1	\$193.85	\$150.28	\$101.84	\$144.73	\$99.00
Family	\$290.95	\$223.03	\$147.53	\$209.35	\$137.00

ANNUAL					
	AETNA "R" CDHP GOLD	AETNA "R" CDHP SILVER	AETNA "R" CDHP BRONZE	KAISER CA CDHP	TRIPLE S SALUD
TM Only	\$2,633	\$2,104	\$1,515	\$1,910	\$1,482
TM + 1	\$5,040	\$3,907	\$2,648	\$3,763	\$2,574
Family	\$7,565	\$5,799	\$3,836	\$5,443	\$3,562

The rates above do not include the spousal surcharge of \$25 weekly/\$50 biweekly if you are covering a spouse or domestic partner who has coverage at his/her employer. Click [here](#) for more information

Salary \$100,000.01 to \$150,000 Tobacco User

BI-WEEKLY					
	AETNA "R" CDHP GOLD	AETNA "R" CDHP SILVER	AETNA "R" CDHP BRONZE	KAISER CA CDHP	TRIPLE S SALUD
TM Only	\$118.65	\$92.50	\$65.44	\$87.95	\$65.00
TM + 1	\$227.72	\$172.64	\$115.66	\$164.78	\$112.00
Family	\$341.95	\$256.58	\$168.27	\$230.48	\$160.00

ANNUAL					
	AETNA "R" CDHP GOLD	AETNA "R" CDHP SILVER	AETNA "R" CDHP BRONZE	KAISER CA CDHP	TRIPLE S SALUD
TM Only	\$3,085	\$2,405	\$1,702	\$2,287	\$1,690
TM + 1	\$5,921	\$4,489	\$3,007	\$4,284	\$2,912
Family	\$8,891	\$6,671	\$4,375	\$5,993	\$4,160

The rates above do not include the spousal surcharge of \$25 weekly/\$50 biweekly if you are covering a spouse or domestic partner who has coverage at his/her employer. Click [here](#) for more information

Salary over \$150,000 Tobacco User

BI-WEEKLY					
	AETNA "R" CDHP GOLD	AETNA "R" CDHP SILVER	AETNA "R" CDHP BRONZE	KAISER CA CDHP	TRIPLE S SALUD
TM Only	\$122.22	\$95.01	\$66.89	\$89.69	\$67.00
TM + 1	\$235.22	\$177.90	\$118.72	\$168.45	\$116.00
Family	\$353.58	\$264.76	\$173.01	\$236.25	\$165.00

ANNUAL					
	AETNA "R" CDHP GOLD	AETNA "R" CDHP SILVER	AETNA "R" CDHP BRONZE	KAISER CA CDHP	TRIPLE S SALUD
TM Only	\$3,178	\$2,470	\$1,739	\$2,332	\$1,742
TM + 1	\$6,116	\$4,625	\$3,087	\$4,380	\$3,016
Family	\$9,193	\$6,884	\$4,498	\$6,143	\$4,290

The rates above do not include the spousal surcharge of \$25 weekly/\$50 biweekly if you are covering a spouse or domestic partner who has coverage at his/her employer. Click [here](#) for more information

Medical - DC Hourly - Non-Tobacco User

Non-Tobacco User - Aetna Plans

WEEKLY			
	AETNA "R" CDHP GOLD	AETNA "R" CDHP SILVER	AETNA "R" CDHP BRONZE
TM Only	\$28.73	\$22.15	\$13.78
TM + 1	\$62.08	\$47.86	\$29.77
Family	\$95.43	\$73.57	\$45.76

ANNUAL			
	AETNA "R" CDHP GOLD	AETNA "R" CDHP SILVER	AETNA "R" CDHP BRONZE
TM Only	\$1,494	\$1,151	\$717
TM + 1	\$3,228	\$2,488	\$1,548
Family	\$4,962	\$3,862	\$2,380

The rates above do not include the spousal surcharge of \$25 weekly/\$50 biweekly if you are covering a spouse or domestic partner who has coverage at his/her employer. Click [here](#) for more information

Non-Tobacco User - Kaiser Plan

KAISER CA CDHP - WEEKLY					
SALARY	0 TO \$25,000	\$25,000.01 - \$55,000	\$55,000.01 - \$100,000	\$100,000.01 - \$150,000	> \$150,000
TM Only	\$17.26	\$20.05	\$26.73	\$33.97	\$34.85
TM + 1	\$40.10	\$46.22	\$62.37	\$72.39	\$74.23
Family	\$61.81	\$70.17	\$94.67	\$105.24	\$108.13

KAISER CA CDHP - ANNUAL					
SALARY	0 TO \$25,000	\$25,000.01 - \$55,000	\$55,000.01 - \$100,000	\$100,000.01 - \$150,000	> \$150,000
TM Only	\$898.00	\$1,042.56	\$1,390.20	\$1,766.64	\$1,812.00
TM + 1	\$2,085.00	\$2,403.36	\$3,243.00	\$3,764.40	\$3,859.80
Family	\$3,214.36	\$3,648.60	\$4,923.00	\$5,472.60	\$5,622.60

The rates above do not include the spousal surcharge of \$25 weekly/\$50 biweekly if you are covering a spouse or domestic partner who has coverage at his/her employer. Click [here](#) for more information

Medical - DC Hourly - Tobacco User

Tobacco User - Aetna Plans

WEEKLY				
	AETNA "R" CDHP GOLD	AETNA "R" CDHP SILVER	AETNA "R" CDHP BRONZE	
TM Only	\$38.73	\$32.15	\$23.78	
TM + 1	\$72.08	\$57.86	\$39.77	
Family	\$105.43	\$83.57	\$55.76	

ANNUAL				
	AETNA "R" CDHP GOLD	AETNA "R" CDHP SILVER	AETNA "R" CDHP BRONZE	
TM Only	\$2,014	\$1,672	\$1,236	
TM + 1	\$3,748	\$3,009	\$2,068	
Family	\$5,482	\$4,345	\$2,900	

The rates above do not include the spousal surcharge of \$25 weekly/\$50 biweekly if you are covering a spouse or domestic partner who has coverage at his/her employer. Click [here](#) for more information

Tobacco User - Kaiser Plan

KAISER CA CDHP - WEEKLY					
SALARY	0 TO \$25,000	\$25,000.01 - \$55,000	\$55,000.01 - \$100,000	\$100,000.01 - \$150,000	> \$150,000
TM Only	\$27.26	\$30.05	\$36.73	\$43.97	\$44.85
TM + 1	\$50.10	\$56.22	\$72.37	\$82.39	\$84.23
Family	\$71.81	\$80.17	\$104.67	\$115.24	\$118.13

KAISER CA CDHP - ANNUAL					
SALARY	0 TO \$25,000	\$25,000.01 - \$55,000	\$55,000.01 - \$100,000	\$100,000.01 - \$150,000	> \$150,000
TM Only	\$1,418	\$1,563	\$1,910	\$2,286	\$2,332
TM + 1	\$2,605	\$2,923	\$3,763	\$4,284	\$4,380
Family	\$3,734	\$4,169	\$5,443	\$5,992	\$6,143

The rates above do not include the spousal surcharge of \$25 weekly/\$50 biweekly if you are covering a spouse or domestic partner who has coverage at his/her employer. Click [here](#) for more information

Dental Cost of Coverage

Dental Weekly Rates

WEEKLY			
	DENTAL PPO	DENTAL DMO	
TM Only	\$3.04	\$2.44	
TM + 1	\$6.09	\$4.55	
Family	\$9.13	\$7.83	

Dental Bi-Weekly

	BI-WEEKLY	
	DENTAL PPO	DENTAL DMO
TM Only	\$6.21	\$4.97
TM + 1	\$12.41	\$9.27
Family	\$18.61	\$15.97

Vision Cost of Coverage

Vision Weekly Rates

	WEEKLY	
	BASE PLAN	BUY UP PLAN
TM Only	\$1.44	\$1.96
TM + 1	\$2.08	\$2.83
Family	\$3.72	\$5.07

Vision Bi-Weekly Rates

	BI-WEEKLY	
	BASE PLAN	BUY UP PLAN
TM Only	\$2.93	\$3.99
TM + 1	\$4.23	\$5.77
Family	\$7.59	\$10.34

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](#)).

Benefits Overview

If eligible, you have the option of enrolling in the following benefit plans:

- [Medical \(/health-wellness-insurance/medical-prescription-drugs/\)](#)
- [Dental \(/health-wellness-insurance/dental/\)](#)
- [Vision \(/health-wellness-insurance/vision/\)](#)
- [Supplemental Benefits \(/health-wellness-insurance/aetna-supplemental-benefits/\)](#) (Critical Illness, Hospital, Accident)
- [Limited Purpose FSA \(/health-wellness-insurance/flexible-spending-accounts/limited-purpose-flexible-spending-account/\)](#)
- [Dependent Care FSA \(/health-wellness-insurance/flexible-spending-accounts/dependent-care-fsa/\)](#)
- [Life & Accident Insurance \(/health-wellness-insurance/life-accident-insurance/\)](#)
- [Long-Term Disability Insurance \(/health-wellness-insurance/long-term-disability-insurance/\)](#)
- [Hyatt Legal Plan \(/time-away-other-benefits/hyatt-legal-plan/\)](#)
- [Added Benefits \(/time-away-other-benefits/homeautopet-insurance-id-theft-protection-purchasing-power/\)](#) (Home, Auto and Pet Insurance, ID Theft Protection, Purchasing Power)

If you enroll in an Aetna or Kaiser CA medical plan, you have the added option of opening a [Health Savings Account \(/savings-retirement/health-savings-account-hsa/\)](#). Not only can you save with before-tax dollars, the company makes a contribution to your account, too!

Other Benefits

Don't forget, Toys "R"Us offers many other benefits that are available to you throughout the year. Learn more:

- [Teladoc & Minute Clinic \(/health-wellness-insurance/teladoc-minute-clinic/\)](#)
- [Tobacco Cessation \(/health-wellness-insurance/wellness/tobacco-cessation-program/\)](#)
- [Aetna Concierge \(/health-wellness-insurance/medical-prescription-drugs/aetna-concierge/\) \(/time-away-other-benefits/deals-discounts/\)](#)
- [Time Away from work \(/time-away-other-benefits/pto-and-leaves/\)](#)
- [Employee Assistance Program \(/time-away-other-benefits/employee-assistance-program-eap/\)](#)
- [Deals & Discounts \(/time-away-other-benefits/deals-discounts/\)](#)
- [Child Care Savings \(/time-away-other-benefits/child-care-tuition-savings/\)](#)
- [Adoption Assistance \(/time-away-other-benefits/adoption-assistance/\)](#)
- [\(/time-away-other-benefits/adoption-assistance/\)Travel Assistance \(/time-away-other-benefits/travel-assistance/\)](#)

Covering Dependents

If you're enrolling a dependent in your benefits, you MUST provide:

- **Social Security Numbers (SSN)**
 - **WHEN:** At enrollment.
 - If not provided, they will not be added to coverage.
 - The next chance to add the dependent is during Annual Enrollment in May or if you experience a [Qualifying Life Event \(/work-changes-and-life-events/qualifying-life-events-qle/\)](#) that would allow you to add dependents.
- **Dependent Verification Documents**
 - **WHEN:** By deadline given in your "R" Dependent Verification Services communications.
 - If not provided, your new dependents' coverage will be cancelled.
- **Beneficiaries**
 - If designating beneficiaries, have their names, birth dates and Social Security numbers handy.

Dependent Verification Process

After you add any new dependents to coverage, watch for a separate communication from "R" Dependent Verification Services. It will contain instructions on how to complete the dependent verification process.

- Click [here \(/media/1941/documentationrequirements1516.pdf\)](#) for documentation requirements.
- Click [here \(/eligibility-enrolling/whos-eligible/\)](#) for eligible dependent qualifications.
- Click [here \(/eligibility-enrolling/2017-2018-enrollment-information/cost-for-coverage/domestic-partner-tax-implications/\)](#) if covering a domestic partner.

If you do not successfully provide the requested documentation by the deadline given in the communications you receive, any unverified dependents will be dropped from coverage.

If you have any questions or didn't receive outreach from "R" Dependent Verification Services after adding a new dependent, call the "R" Benefits Service Center at 844-TRU-BENS to speak with a representative. (Available Monday through Friday from 8am-8pm ET).

Submitting Dependent Documentation

Complete instructions (along with your personalized URL and registration code) on where/how to submit dependent documentation will be provided in the email/letter you receive from "R" Dependent Verification Services. Submission options include:

- Scan or picture uploads
- Mail
- Fax

If You're Covering a Spouse or Domestic Partner

If you're covering a spouse or domestic partner in a Toys"R"Us medical plan, and he/she has medical coverage available through his/her employer, you will be subject to a surcharge of \$25 per week. Learn more [here \(/eligibility-enrolling/2017-2018-enrollment-information/working-spouse-surcharge/\)](#).

Covering a domestic partner also has certain tax implications. Click [here \(/eligibility-enrolling/2017-2018-enrollment-information/cost-for-coverage/domestic-partner-tax-implications/\)](#) for more details.

Working Spouse Surcharge

If you're covering a spouse or domestic partner in a Toys"R"Us medical plan, and he/she has medical coverage available through his/her employer, you will be subject to a medical premium surcharge of \$25 per week.

How to Indicate Your Working Spouse/Domestic Partner Status

- **Online:**
 - Go to [Workday \(https://wd5.myworkday.com/wday/authgwy/tru/login.html?returnTo=%2ft%2fd%2fhome.html\)](https://wd5.myworkday.com/wday/authgwy/tru/login.html?returnTo=%2ft%2fd%2fhome.html) > "R"Benefits button> Manage Benefits & View Payroll
 - Complete the "Working Spouse/Domestic Partner questionnaire"
- **Phone:**
 - **Call 844-TRU-BENS**
 - A "R"Benefits Service Center rep will ask and record the status.

NOTE: If you fail to truthfully certify your spouse/domestic partner's coverage status you could face disciplinary action, up to and including termination.

Surcharge Exclusions

You are not subject to the surcharge and should answer "**No**" to the survey questionnaire if your spouse/domestic partner:

- Works at Toys"R"Us
- Is self-employed
- Is on Medicare
- Is not employed

View Current Certification Status

Go to [Workday \(https://wd5.myworkday.com/tru/fx/home.flex\)](https://wd5.myworkday.com/tru/fx/home.flex) and click the "R"Benefits button from the Workday home page, then "Manage Benefits & View Payroll."

Your Workday username is your 7-digit Employee ID or your 7-digit employee ID followed by the last two digits of your birth date. For password help, click "Forgot Password" or "Change Password."

Tobacco-Free Discount

If you're tobacco free and enrolling in medical coverage for the first time or during Annual Enrollment, indicate your non-tobacco user status to pay non-tobacco user premiums for medical coverage. You'll also pay lower rates for the critical illness supplemental benefit and life insurance.

Indicating Your Tobacco Status during Enrollment

- **Online**
 - Go to [Workday \(https://wd5.myworkday.com/wday/authgwy/tru/login.html?returnTo=%2ft%2fd%2fhome.html\)](https://wd5.myworkday.com/wday/authgwy/tru/login.html?returnTo=%2ft%2fd%2fhome.html) > "R"Benefits button> Manage Benefits & View Payroll
 - Complete the "Tobacco Use Questionnaire"
- **Phone**
 - Call 844-TRU-BENS
 - A "R"Benefits Service Center rep will ask and record your status.

NOTE: This pledge/premium reduction is not available to Hawaii team members. The medical rate shown during enrollment is the tobacco-free premiums.

Annual Tobacco-Free Pledge

Non-Tobacco Users

Select "**No**" if you have not used tobacco products (Includes cigarettes, cigars, and chewing tobacco; Excludes e-cigarettes) in the last six months and will not use tobacco products for the next year.

Tobacco Users

If you are a current tobacco user, you can select:

- "Yes"

-OR-

- "**Yes, however, I agree to participate in the smoking cessation program offered through "Quit for Life", qualifying me for the Tobacco-free discount upon completion.**" if you're interested quitting and enrolling in a tobacco cessation program.

The Company offers a [tobacco cessation program \(/health-wellness-insurance/wellness/tobacco-cessation-program/\)](/health-wellness-insurance/wellness/tobacco-cessation-program/). **If you're enrolled in Toys"R"Us medical coverage and complete 5 calls with your Quit Coach, you'll be eligible for the tobacco-free discount on your medical premiums!**

The tobacco user rate will not be applied to your applicable premiums until you complete the Quit for Life program.

NOTE: Any team member who knowingly makes a false election regarding tobacco usage may be subject to disciplinary action up to and including termination of employment.

Tools & Videos

You have a several tools and resources to help you make benefit decisions throughout the year:

- [Interactive Medical Plan Comparison Charts \(/eligibility-enrolling/2017-2018-enrollment-information/2017-2018-medical-plan-comparison-chart/\)](#) – Compare medical plans and get a side-by-side comparison. **(The chart is NOT printer friendly. For a printable plan comparison chart, click [here \(/media/2144/medcompare2017_2018.pdf\)](#)).**
- [Videos \(/contacts-tools-resources/videos/\)](#) – Learn about the medical plans, HSA and more.
- On the Go? Visit [RBenefitsOnTheGo \(http://www.rbenefitsonthego.com\)](#) from your mobile device to get an overview of your benefits, links to our vendors, videos and more.
- [Castlight \(/contacts-tools-resources/decision-support-tools/castlight/\)](#) - A personalized health care shopping tool for Aetna members. You can compare the cost and quality of doctors, labs and facilities—*before* you make an appointment! You can even compare the cost of prescription drugs from pharmacy to pharmacy before you drop off your script. [Register now \(https://mycastlight.com/toysrus/\)](#) and get started!

Enroll

If you are eligible to enroll in benefits, here are two easy ways to enroll and make your elections:

Online

- From your [Workday \(https://wd5.myworkday.com/tru/d/home.html\)](https://wd5.myworkday.com/tru/d/home.html) homepage > "R"Benefits button > Manage Benefits & View Payroll.
 - For the ["Added Benefit" Programs \(/time-away-other-benefits/homeautopet-insurance-id-theft-protection-purchasing-power/\)](#), click "R" Benefits > Added Benefits.
- **Workday Username:** Your 7-digit employee ID or your 7-digit employee ID followed by the last two digits of your birth year.
 - **Password Help:** Click "Forgot Password" or "Change Password" from your Workday homepage.

Phone

- Call the "R"Us Benefits Center at (844) TRU-BENS (878-2367)

Remember, if you are enrolling a dependent, you must have their Social Security Number when you enroll.

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