YOUR BENEFITS

2015 Annual Enrollment Guide

Enrollment Period
October 22 – November 4
Inside This Guide

Changes for 2015 ................................................................. 3
What You Need to Do ........................................................... 5
Medical: Compare Your Options .............................................. 6
Meet ALEX®, Your Virtual Benefits Counselor ..................... 7
Stretch Your Health Care Dollars Further ............................. 8
New Health Care FSA Feature: Auto Pay ............................... 10
Dental Plan .............................................................................. 12
More Options for You and Your Family ................................. 13
Learn More About Your Benefits ......................................... 16

Key Dates

October 22 – November 4, 2014
Annual Enrollment period

January 1, 2015
New coverage and costs take effect

If your spouse’s Annual Enrollment period occurs later and you need more time to make your selections, contact the HR Resource Center at HRResourceCenter@dnb.com.

Teleconferences

Join live teleconferences to ask questions and learn more about your options for 2015:

■ October 22: 3:00 PM EDT
■ October 24: 10:00 AM EDT
■ October 27: 12:00 PM EDT
■ October 28: 10:00 AM and 3:00 PM EDT

If your spouse wants to attend a teleconference, instructions are posted on dnb.com/enrollment.

Can’t make a teleconference? No worries. A recorded session will be posted the last week of October at www.dnbyourbenefits.com/enrollment.
Changes for 2015

Medical
The charts below summarize the changes to the HDHP and PPO Select Plans. Please see pages 6 and 7 for the 2015 medical plan comparison chart and to learn more about our new Virtual Benefits Counselor tool that can help you select the right plan.

<table>
<thead>
<tr>
<th>Changes to the HDHP</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In-Network</strong></td>
<td><strong>2014</strong></td>
<td><strong>2015</strong></td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>$1,900 – Single $3,800 – Family</td>
<td>$1,800 – Single $3,600 – Family</td>
</tr>
<tr>
<td>Co-insurance (after deductible)</td>
<td>25%</td>
<td>20%</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>$4,800 – Single $9,600 – Family</td>
<td>$4,500 – Single $9,000 – Family</td>
</tr>
<tr>
<td><strong>Semi-Monthly Premiums</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You Only</td>
<td>$20.00</td>
<td>$22.50</td>
</tr>
<tr>
<td>You + One</td>
<td>$40.00</td>
<td>$45.00</td>
</tr>
<tr>
<td>You + Two or More</td>
<td>$60.00</td>
<td>$67.50</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Changes to the PPO Select</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In-Network</strong></td>
<td><strong>2014</strong></td>
<td><strong>2015</strong></td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>$1,200 – Single $2,400 – Family</td>
<td>$1,250 – Single $2,500 – Family</td>
</tr>
<tr>
<td>Specialist Office Visit</td>
<td>$35 co-pay</td>
<td>$50 co-pay</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$70 co-pay</td>
<td>$100 co-pay</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>$3,000 – Single $6,000 – Family</td>
<td>$3,750 – Single $7,500 – Family</td>
</tr>
<tr>
<td><strong>Semi-Monthly Premiums</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You Only</td>
<td>$56.50</td>
<td>$55.00</td>
</tr>
<tr>
<td>You + One</td>
<td>$115.00</td>
<td>$110.00</td>
</tr>
<tr>
<td>You + Two or More</td>
<td>$178.50</td>
<td>$165.00</td>
</tr>
</tbody>
</table>

- Deductibles, co-insurance and out-of-pocket maximums are decreasing.
- Premiums are increasing.
- Deductibles, specialist co-pays and out-of-pocket maximums are increasing.
- Out-of-pocket maximums will now include prescription costs.
- Premiums are decreasing.
Changes for 2015 continued

Health Care Accounts

Auto Pay for Health Care Flexible Spending Account (FSA): The health care FSA debit card will be replaced with Auto Pay effective January 1, 2015. This process automatically reimburses you for your eligible health care expenses from your health care FSA, after your D&B health plan processes your claim. If you currently have an FSA debit card, you will no longer be able to use it after December 31, 2014. See page 10 for details.

Higher contribution limits for the Health Savings Account (HSA): The federal government increases contribution limits every year so you can set aside before-tax money to cover health care expenses. Limits are increasing for 2015 to $3,350 for individuals and to $6,650 for families.

Dental

Higher annual maximum: The annual maximum benefit you can receive from the dental plan will increase to $2,000 for in-network services and $1,500 for out-of-network services.

Additional Benefits

Higher premiums for Life Insurance: Due to claims experience and no premium increases over the past six years, premiums for Basic Life Insurance will increase 11% and Supplemental Life Insurance will increase 27%. Rates for Spouse, Child Life and Voluntary Group Accident Insurance coverage will not change.

Identity Theft protection added to Group Legal: Our Group Legal plan will now include Identity Theft protection and rates will increase by $1 per month.

Fitness reimbursement increasing: Beginning in 2015, the maximum fitness reimbursement will increase to $400, whether it’s for gym membership, Weight Watchers or both combined. Memberships for a spouse or domestic partner will now qualify for reimbursement, but will be applied to the $400 maximum.
What You Need to Do

Once you’ve reviewed your options, you may want to make changes to your current benefit selections:

- **Visit** [www.netbenefits.com/dnb](http://www.netbenefits.com/dnb) and click the **Compare & Choose Benefits** option that appears in the banner at the top of the page, or click **Get Started** from the **Health & Insurance** page.

- **Make your elections.** Follow the prompts carefully to make sure you don’t overlook important details.

- **Confirm your elections.** Carefully review the final confirmation page to make sure the appropriate plans were selected. **Be sure to print a copy of the final confirmation page for your records,** as you will not receive a Confirmation Statement in the mail.

You can also call D&B’s Benefits Center at Fidelity at 1-877-362-8953 between October 22 and November 4 to make changes.
Medical: Compare Your Options

Both the HDHP and PPO Select plans use the same national network of providers and hospitals (Aetna POS Choice® II—Open Access), cover the same services and offer the same provider discounts. The difference is in the deductible, co-insurance/co-pay and annual out-of-pocket maximum.

<table>
<thead>
<tr>
<th></th>
<th>HDHP In-Network</th>
<th>PPO Select In-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Premium</strong></td>
<td>$540 – You Only</td>
<td>$1,320 – You Only</td>
</tr>
<tr>
<td></td>
<td>$1,080 – You + One</td>
<td>$2,640 – You + One</td>
</tr>
<tr>
<td></td>
<td>$1,620 – You + Two or More</td>
<td>$3,960 – You + Two or More</td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>$1,800 – Single</td>
<td>$1,250 – Single</td>
</tr>
<tr>
<td></td>
<td>$3,600 – Family ¹</td>
<td>$2,500 – Family</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong> (Includes deductible, co-insurance, co-pays and prescription drug expenses)</td>
<td>$4,500 – Single</td>
<td>$3,750 – Single</td>
</tr>
<tr>
<td></td>
<td>$9,000 – Family ¹</td>
<td>$7,500 – Family</td>
</tr>
<tr>
<td><strong>Preventive Care Services</strong> ²</td>
<td>Plan pays 100%</td>
<td>Plan pays 100%</td>
</tr>
<tr>
<td><strong>Primary Care Office Visit</strong></td>
<td>20% co-insurance after deductible</td>
<td>$35 co-payment</td>
</tr>
<tr>
<td><strong>Specialist Office Visit</strong></td>
<td>20% co-insurance after deductible</td>
<td>$50 co-payment</td>
</tr>
<tr>
<td><strong>Outpatient Facility Services</strong></td>
<td>20% co-insurance after deductible</td>
<td>20% co-insurance after deductible</td>
</tr>
<tr>
<td><strong>Lab/X-ray/Scans</strong></td>
<td>20% co-insurance after deductible</td>
<td>20% co-insurance after deductible</td>
</tr>
<tr>
<td><strong>Urgent Care Clinic</strong></td>
<td>20% co-insurance after deductible</td>
<td>$50 co-payment</td>
</tr>
<tr>
<td><strong>Emergency Room</strong></td>
<td>20% co-insurance after deductible</td>
<td>$100 co-payment</td>
</tr>
<tr>
<td><strong>Hospital/Surgery</strong></td>
<td>20% co-insurance after deductible</td>
<td>20% co-insurance after deductible</td>
</tr>
<tr>
<td><strong>Routine Vision Exam</strong></td>
<td>Plan pays 100%</td>
<td>Plan pays 100%</td>
</tr>
<tr>
<td><strong>Vision Hardware Reimbursement</strong></td>
<td>$100 reimbursement for each pair of frames, lenses and contacts</td>
<td></td>
</tr>
</tbody>
</table>

**Prescription Drugs** ³ (Caremark)

<table>
<thead>
<tr>
<th></th>
<th>HDHP In-Network</th>
<th>PPO Select In-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Generic</strong></td>
<td>20% co-insurance after deductible</td>
<td>$5 co-payment – Retail (30-day supply)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$10 co-payment – Mail (90-day supply)</td>
</tr>
<tr>
<td><strong>Preferred Brand</strong></td>
<td>20% co-insurance after deductible</td>
<td>20% co-insurance ($20 min-$60 max) – Retail (30-day supply) ($40 min-$120 max) – Mail (90-day supply)</td>
</tr>
<tr>
<td><strong>Non-preferred Brand</strong></td>
<td>20% co-insurance after deductible</td>
<td>35% co-insurance ($35 min-$80 max) – Retail (30-day supply) ($70 min-$160 max) – Mail (90-day supply)</td>
</tr>
</tbody>
</table>

¹ If more than one person is covered, the entire family deductible must be met before the plan starts paying co-insurance for all covered participants
² As defined by the medical plan
³ For benefits to be payable, you must use a participating retail pharmacy or the mail-order feature
Meet ALEX®, Your Virtual Benefits Counselor

The Annual Enrollment period is the perfect time to assess your coverage, but how can you make sure you’re in the right plan? Meet ALEX®, your online benefits counselor at www.ALEXfordnb.com.

ALEX is an online interactive web tool that can help you learn more about your benefits and how to make them work for you. ALEX will ask a series of simple questions that will enable him to provide personalized recommendations for which health plan might best meet your needs. Not only can he help you choose the best medical plan for your needs, he can also walk you through choices on health savings accounts: the FSA and HSA.

ALEX makes it easy to choose!
Stretch Your Health Care Dollars Further

Health care accounts are a great tool to make the most of your health care dollars. Both D&B medical plans work best when combined with an HSA or health care FSA. Use your account to pay for eligible health care expenses (including deductibles, co-insurance and co-pays) on a before-tax basis.

<table>
<thead>
<tr>
<th>HSA</th>
<th>Health Care FSA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Availability</strong></td>
<td>Eligible team members who enroll in the HDHP (see IRS restrictions on page 9)</td>
</tr>
<tr>
<td><strong>Carryover</strong></td>
<td>Leftover funds roll over to the next year and can be used for future health care expenses.</td>
</tr>
</tbody>
</table>
| **Contributions** | **Before-tax contributions:** Total contributions—including any D&B contributions—cannot be more than:  
  - $3,350 for You Only coverage  
  - $6,650 for You + One, or You + Two or More coverage  
  **Catch-up contributions:** If you are 55 or older, you can contribute up to an additional $1,000. | **Before-tax contributions:** You can contribute up to $2,500. |
| **Savings** | HSA contributions are deposited into an interest-bearing account. Once you reach a minimum balance requirement, you have the option of investing your funds in one or more of the mutual fund options offered through PayFlex. | No investment or interest earnings available. |
| **Reimbursements** | You can use your PayFlex HSA debit card, online tools through Aetna Navigator or PayFlex mobile app.  
Only deposited funds in your money market account are available for withdrawal. | Your account will be set up with Auto Pay. This process allows your eligible expenses associated with the PPO Select plan and D&B dental plan to be automatically reimbursed from your health care FSA and issued to you via check or direct deposit. **See page 10 for more details on this new reimbursement process.**  
Your full election is available on day one. |
| **Making Changes** | You can open an account anytime during the year and you can increase, decrease or stop contributions at any time. | You decide the amount you want to contribute during Annual Enrollment. You can only change the amount if you have a qualified family status change during the year. |
| **Portability** | Your HSA is portable and can be taken with you if you change medical plans, leave D&B or retire. | Your FSA is not portable. |
HSA Record Keeping: Keep Your Receipts

Keeping receipts of your HSA spending is an IRS requirement, and you are responsible for documenting how you use your HSA. Any money that comes out of your HSA is coded as a “distribution,” and PayFlex will report HSA distributions on IRS Form 1099-SA. You must have a receipt showing the distribution was for an eligible medical expense. You should ensure your receipt contains the amount of the health care expense, the payee’s name and the date of your health care service. You do not need to send your receipts to the IRS but it’s a good idea to keep them with your tax return in case of an audit.

IRS Enrollment Restrictions for an HSA and Health Care FSA

Because HSAs and health care FSAs offer tax advantages, they are governed by federal regulations and have some eligibility rules.

HSA

- You cannot contribute to an HSA if you are covered by another medical plan that is not designated as a high deductible health plan (HDHP); e.g., a spouse’s employer’s coverage.
- If your spouse contributes to a health care FSA in 2015, his/her FSA enrollment would make you ineligible to contribute to the D&B HSA under federal law.
- HSA funds can only be used for covered children that are a tax dependent up to age 19 or if a full-time student up to age 24. Dependents who cannot be claimed as a tax dependent may open their own HSA account with a bank.
- HSA funds cannot be used for a covered domestic partner (unless he/she qualifies as your tax dependent). Domestic partners who do not qualify as your tax dependent may open their own HSA accounts with a bank.
- You cannot contribute to an HSA if you are enrolled in Medicare or receiving Social Security benefits. If you participated in an HSA before enrolling in Medicare and have available funds, you may still withdraw money from your account to pay for eligible medical expenses while covered under Medicare.

Health care FSA

You should not open a health care FSA if your spouse is contributing to an HSA. Your enrollment in the D&B health care FSA would make your spouse ineligible to contribute to his/her HSA under federal law. This applies even if you do not submit medical expenses to the health care FSA. Because of this IRS regulation, you and your spouse need to determine the best option for your situation.
Effective January 1, 2015, the health care FSA will use the Auto Pay feature. If you currently have a health care FSA debit card, you will no longer be able to use it after December 31, 2014.

Auto Pay automatically reimburses you for your health care expenses incurred under the PPO Select and/or D&B dental plan from your health care FSA, after your claim is processed.

How Reimbursements Are Made

When you visit your health care provider (doctor’s office, pharmacy, etc.), pay for the eligible expense, such as a co-pay, and then:

■ Your health care provider sends the claim to Aetna/Caremark.
■ Aetna/Caremark lets PayFlex know how much you have to pay for the claim.
■ PayFlex processes the FSA claim and either deposits the funds directly into your bank account if you are enrolled in the Direct Deposit program or mails you a check.

Note: health care FSA funds cannot be used for a covered domestic partner unless he/she qualifies as your tax dependent. If you are covering a domestic partner under your D&B medical/dental plan, please be sure to opt out of the Auto Pay feature to ensure claims are not automatically reimbursed for your domestic partner.

Take Advantage of Direct Deposit

For seamless reimbursement, be sure to pair Auto Pay with Direct Deposit, so your funds are sent directly to your personal bank account. You can enroll in Direct Deposit in just two quick steps:

1 | Log on to www.PayFlexDirect.com and click on the Financial Center tab.
2 | Click on Enroll in Direct Deposit and follow the onscreen prompts.
If you have expenses that don’t go through the PPO Select or the D&B dental plan and have funds in your FSA, you can:

- Use the online tool, Pay Them, to pay your provider directly from your FSA (if applicable).
- Pay for an eligible expense with cash, check or personal credit card. Then submit a claim for reimbursement.
- Submit a claim online at PayFlexDirect.com, use the PayFlex Mobile™ app, or fax/mail your claim form directly to PayFlex.

**Opting Out**

Your health care FSA will automatically be set up with Auto Pay. To opt out:

- Log on to www.PayFlexDirect.com and click on the Financial Center tab.
- From the drop down menu, select Health Plan Activity.
- Click on Health Plan Activity Options on the left side.
- Review and update your current automatic reimbursement settings. Then click Save.
Dental Plan

When you enroll in our dental plan, you have access to a nationwide network of providers via the Aetna Dental Preferred Provider Organization (PPO). Similar to the medical plans, if you use in-network dentists, you have a higher annual maximum benefit, lower out-of-pocket costs and no claim forms to file. In 2015, the Annual Maximum Benefit will increase by $500 for both in-network and out-of-network services.

<table>
<thead>
<tr>
<th>Feature</th>
<th>In-Network</th>
<th>Out-of-Network ¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015 Semi-monthly Premiums</td>
<td>$7.50 – You Only</td>
<td>$15.00 – You + One $22.50 – You + Two or More</td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>$0</td>
<td>$50 – Single $150 – Family</td>
</tr>
<tr>
<td>Preventative Care (such as routine exams, cleanings)</td>
<td>Plan pays 100% of negotiated fees</td>
<td>Plan pays 100% after deductible</td>
</tr>
<tr>
<td>Basic Care (such as fillings, simple extractions)</td>
<td>Plan pays 80% of negotiated fees</td>
<td>Plan pays 80% after deductible</td>
</tr>
<tr>
<td>Major Care (such as dentures, bridgework)</td>
<td>Plan pays 60% of negotiated fees</td>
<td>Plan pays 50% after deductible</td>
</tr>
<tr>
<td>Orthodontia ²</td>
<td>Adults and children: Plan pays 50% of negotiated fees, up to a separate lifetime maximum of $4,000</td>
<td>Children only: Plan pays 50%, up to a separate lifetime maximum of $1,000 (no deductible)</td>
</tr>
<tr>
<td>Annual Maximum Benefit</td>
<td>$2,000</td>
<td>$1,500</td>
</tr>
</tbody>
</table>

¹ Eligible charges are subject to reasonable and customary guidelines
² The in- and out-of-network combined lifetime benefit may not exceed $4,000

For more information, or to see the list of providers who participate in the Aetna Dental PPO, visit www.aetna.com and select the Dental PPO/PDN with PPO II with network or call 1-800-422-1749.
More Options for You and Your Family

Along with your medical and dental plans, D&B offers a range of additional benefits. Remember, participation in most of these additional benefits is voluntary, so review the information carefully and then consider which benefit—if any—may be the right fit for you. If you are already enrolled in these benefits, your existing elections will automatically roll over to 2015—unless you make a change during Annual Enrollment.

**Dependent Care Flexible Spending Account (FSA)**

**What it is:** You contribute money to your account (on a before-tax basis) to pay for eligible dependent care expenses for:

- A dependent child (up to age 13)
- A qualified disabled dependent of any age (including a spouse)

Generally, the expense must be incurred for the purpose of allowing you to work and, if you are married, allowing your spouse to work or attend school full-time. Before enrolling, you should make certain that your dependent care expenses will be eligible for reimbursement through the Dependent Care FSA.

The Dependent Care FSA cannot be used for dependent health care expenses. For a complete list of eligible dependent care expenses, including adult daycare, after-school care and au pair services, refer to IRS publication 503 at [www.irs.gov](http://www.irs.gov).

**What you can contribute:** You can elect to contribute between $250 and $5,000 ($2,500 if married, filing separately) through payroll deductions to your Dependent Care FSA in 2015, including the D&B match (see below).

**What D&B provides:** D&B will match your contributions up to a maximum of $500.

<table>
<thead>
<tr>
<th>For example, if you elect</th>
<th>You’ll contribute</th>
<th>D&amp;B will contribute</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,500</td>
<td>$1,000</td>
<td>$500</td>
</tr>
<tr>
<td>$250</td>
<td>$125</td>
<td>$125</td>
</tr>
</tbody>
</table>
More Options for You and Your Family continued

Group Legal Plan

What it is: The Group Legal Plan gives you a place to turn for help with addressing a wide range of legal matters, such as buying a home or creating a Will, as well as unexpected issues, like a dispute with a home contractor or a sudden illness. You’ll receive legal advice and representation that is 100% paid-in-full for most covered legal matters when you work with a credentialed ARAG® Network Attorney.

New service for 2015: Identity Theft coverage is a valuable addition to our legal insurance plan from ARAG®. It provides a comprehensive front line of protection against identity theft with the following services:

- Credit Monitoring that notifies you of changes to the accounts you choose to monitor
- Child Monitoring to protect a minor against identity theft
- Internet Surveillance to alert you if your identity is traded or sold online
- Full-Service Identity Restoration will work on your behalf to restore your identity
- Lost Wallet Services can assist in cancelling and reissuing personal documents
- Identity Theft Insurance with coverage up to $1 million for expenses associated with identity restoration*

What it costs: $27 per month on an after-tax basis through payroll deductions.

To get more information, review Frequently Asked Questions and find Network Attorney information, visit www.ARAGLegalCenter.com and enter Access Code: 14202dnb.

* Eligibility, coverage, limitations and exclusions are governed by a separate coverage document. Please see the Identity Theft Plan Summary for details.

Life Insurance

What it is: A life insurance policy can help replace lost income and pay for expenses in the case of death. D&B provides every team member with Company-Paid Life Insurance, but you can choose to increase that coverage by adding Basic, Supplemental, Spouse, Child Life Insurance or Voluntary Group Accident.

What it costs: D&B pays the full cost of Company-Paid Life Insurance (1X your annual earnings to a maximum of $50,000). You can add (at your cost) coverage for Basic, Supplemental, Spouse, Child Life Insurance and Voluntary Group Accident. Evidence of Insurability may be required when selecting coverage.

Note: To be eligible for Spouse Life Insurance, you must first elect Basic coverage.

The cost for your coverage will depend on how much coverage you elect to purchase and your age. Your specific rate is available on www.netbenefits.com/dnb. Rates are calculated during Annual Enrollment to be effective the first pay period of the following calendar year. Contributions are made through payroll deductions on an after-tax basis.

Life Insurance Rates

Your rate for the year is based on your age band on January 1. Age bands run in five-year increments (e.g., 40-44, 45-49, etc.). If you move into a new age band during the year, your rate will increase the following year.
Long-Term Disability (LTD)

What it is: LTD is one of the most important benefits you can add to your benefits portfolio. LTD benefits begin after your Short-Term Disability (STD) has run out, so if you are disabled and unable to return to work after 180 days, it can provide income for you and your family.

LTD is the one benefit you hope you never need to use, but it is extremely important in case you do get seriously injured or ill and are unable to work.

- Provides 60% of your income
- Helps protect you and your family from financial hardships

How LTD works:

<table>
<thead>
<tr>
<th>Coverage</th>
<th>60% of monthly earnings (minimum $100 and maximum $15,000 per month)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence of Insurability (EOI)</td>
<td>If enrolled during Annual Enrollment period, EOI is not required</td>
</tr>
<tr>
<td>Plan Costs</td>
<td>Your premiums for LTD coverage are based on your annual earnings and contributions are made on an after-tax basis through payroll deductions</td>
</tr>
<tr>
<td>Monthly Premiums</td>
<td>$0.542 per $100 of coverage</td>
</tr>
</tbody>
</table>

Your specific rates are available on www.netbenefits.com/dnb

Fitness Reimbursement

Because fitness is one key factor to leading a healthy life, D&B offers eligible team members an annual reimbursement for all combined fees to a qualified health club membership and Weight Watchers in-person meetings. In 2015, the annual maximum reimbursement will increase to $400 and memberships for spouses or domestic partners will also count towards that maximum.

Reimbursements are deposited in your paycheck and are considered taxable income. For a complete list of eligible expenses or to request reimbursement, log on to the WageWorks site at www.wageworks.com.

1 Weight Watchers online and at-home programs do not qualify for reimbursement
Learn More About Your Benefits

General questions on enrollment, payroll deductions and premiums
Contact:
D&B’s Benefits Center at Fidelity
1-877-362-8953
Monday through Friday, between 8:30 a.m. and 8:00 p.m., Eastern time
www.netbenefits.com/dnb

Specific questions on providers or claims for medical, vision and dental
Contact:
Aetna
1-800-422-1749
www.aetna.com

Specific questions on prescriptions, pharmacies or mail order service
Contact:
CVS Caremark
1-877-321-2649
www.caremark.com

Questions on your HSA, Health Care FSA or Dependent Care FSA
Contact:
PayFlex
1-888-678-8242
www.PayFlexDirect.com

Questions on the ARAG group legal plan
Contact:
ARAG
1-800-247-4184
www.ARAGLegalCenter.com, enter Access Code 14202dnb

Don’t forget these tools and resources

### D&BNet
http://intranet.dnb.com
Visit from your work computer for more details about your benefits, including Summary Plan Descriptions (SPDs) for each benefit plan. At the D&BNet home page, click on Human Resources, then click on Benefits under United States.

### The D&B Benefits Website
www.dnb.com/enrollment
You and your family members can access D&B benefits information from any computer with Internet access. Visit this site to access Summary Plan Descriptions (SPDs) and the 2015 Annual Enrollment materials.

### D&B HR Resource Center
HRResourceCenter@dnb.com
Have an HR question and don’t know whom to contact? The HR Resource Center is here to help! Email them if you have HR questions that cannot be answered using the tools and resources available on D&BNet.

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This guide is a summary of the benefits provided by The Dun & Bradstreet Corporation (D&B) to D&B team members in the United States. More detailed information is provided in the official Plan Documents and insurance contracts. If there is a conflict between statements in the information in this guide and the Plan Documents and insurance contracts, the Plan Documents and insurance contracts will govern and control the operation of the Plan(s). The Board of Directors of D&B (and/or its delegate) reserves the right to modify, suspend, change or terminate the Plan(s) at any time for all or any group of participants, whether actively employed or retired.