2013 Guidebook

to the Benefits of Nielsen
The information in this brochure, provided by Nielsen, contains a summary of the benefits provided under the plans. Details are provided in the summary plan descriptions. The plan documents are the official plan text, which governs the operation of the plans. The language used in this brochure is not intended to create nor is to be construed to create a contract between Nielsen and any one of Nielsen's (or its subsidiaries') employees or former employees. In the event that the content of this brochure or any oral representations made by any person regarding the plan conflict with or is inconsistent with the provisions of the plan document, the provisions of the plan document control. Your enrollment in Nielsen's benefit plans is subject to all limitations of the plans, including at work requirements and eligibility requirements. Nielsen reserves the right to amend, modify or terminate any or all of the plans at any time.

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# 2013 Guidebook to the Benefits of Nielsen

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*2013 Guidebook to the Benefits of Nielsen*
Introduction

As a full-time Nielsen employee, you have the opportunity to select the health and insurance plans best suited to your personal situation. Once each year during the Annual Enrollment period, you should re-evaluate your benefit selections. You cannot make changes to your health insurance selections during the year unless you experience a “qualified status change” (see page 4). You can enroll and/or make changes to your 401(k) Plan at any time during the year.

We suggest that you keep this 2013 Guidebook to the Benefits of Nielsen handy during the year as a reference to your Health and Insurance benefits.

Administrative Services Through Fidelity

Nielsen provides all employees with the convenience of enrolling in benefits and obtaining information about benefits through one source: Fidelity. The preferred method of contacting Fidelity is through the Internet. By using the Fidelity NetBenefits® Web site at www.netbenefits.com/nielsen, benefit services are at your fingertips 24 hours a day.

If you do not have Internet access, or if you require personal assistance, The Fidelity Benefits Service Center will help you enroll, obtain benefits information, get answers to questions, and resolve problems related to eligibility and enrollment. Just call 1-800-500-2363 on any business day excluding New York Stock Exchange holidays between 8:30 am and 8:30 pm Eastern time.

If you have questions about specific benefit plan provisions or if you’re having problems with claims payments, you should contact the insurance carrier directly.

A Benefits Resource List with telephone numbers and Web sites of insurance carriers and plan administrators appears on page 50. It also contains information on whom to contact about what kinds of questions.

To find detailed information about your medical plans, go to Nielsen’s special pre-member Web site at www.myuhc.com/groups/nielsen.

Medicare Part D

If you have Medicare or will become eligible for Medicare in the next 12 months, federal law gives you choices about your prescription drug coverage. For more information, please read a notice entitled “Medicare Part D Notice of Creditable Coverage.” (See the Reference Library section in the Health & Insurance area of the Fidelity NetBenefits® web site.)
Health and Insurance Plans

Who’s Eligible for Health and Insurance Benefits and When Coverage Begins

You’re eligible for Health and Insurance benefits described in this Guidebook when you become a Nielsen employee regularly scheduled to work full-time. The starting date of your coverage is described below.

- For new full-time employees, coverage begins the first day you are actively at work, provided you enroll within 31 days of your hire date or date you became a full-time employee. The exceptions are Short-Term Disability and Long-Term Disability coverage, which start 90 days after your date of hire or after you become a full-time employee and for which no enrollment is necessary. Nielsen pays the full cost of Short-Term Disability coverage, and you pay the full cost of Long-Term Disability coverage. For details, see page 34.

- For a “qualified status change” (see page 4), coverage is retroactive to the date of the status change, provided you enroll within 31 days of that change.

- For Annual Enrollment, coverage begins January 1 of the next year, provided you enroll during the Annual Enrollment period.

The plan will also allow a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children’s Health Insurance Program (CHIP) coverage because you are no longer eligible, or

- Become eligible for a state’s premium assistance program under Medicaid or CHIP.

For these new enrollment opportunities, you will have 60 days—instead of 31—from the date of the Medicaid/CHIP eligibility change to request enrollment in the plan. Note that this new 60-day extension doesn’t apply to enrollment opportunities other than the Medicaid/CHIP eligibility change.

There are some exceptions:

- If a dependent is disabled on the day Supplemental Life Insurance or Voluntary Group Accident coverage is scheduled to begin, coverage for that dependent will begin when he or she no longer is disabled.

- Certain levels of Supplemental Life Insurance require “Evidence of Insurability” (EOI). If EOI is required, and you have not previously turned down Supplemental Life Insurance, you will be covered up to the maximum allowable amount without EOI until approval is received from the insurer.

- If you do not elect Supplemental Life Insurance when it is first offered to you, and subsequently wish to enroll, you will be required to provide EOI for any amount of coverage. (See page 36 for additional information.)

- If you opt out of Long-Term Disability insurance when it is first offered to you, EOI will be required if you later decide you would like to enroll. In this case, coverage will not start until approval is received from the insurer.

YOU HAVE 31 DAYS TO MAKE A CHANGE

If you experience a qualified status change, you have 31 days from the event to log on to Fidelity NetBenefits® or call the Fidelity Benefits Service Center to make benefit changes.

If you miss the 31-day deadline, you will not be able to make benefit changes until the next Annual Enrollment period.
When Coverage Ends

When your full-time employment with Nielsen ends, your benefits coverage ends. You will receive information regarding any options for continuation of various insurances when you are no longer eligible for full-time benefits. The following is an overview of when your Nielsen benefits coverage will end:

- **Day Your Full-Time Employment Ends:** Flexible Spending Accounts, Short-Term and Long-Term Disability Coverage, and Hyatt Legal Plan
- **End of the Month in Which Your Full-Time Employment Ends:** All health care coverage, including your Health Reimbursement Account under one of the Nielsen Health Fund Plans, all life insurance and accident insurance, and the Employee Assistance Program

Qualified Changes in Status During the Year

Once you have made your benefit choices, you cannot change them during the year unless you experience a “qualified status change.” Examples of status changes “qualified” by the Internal Revenue Service (IRS) appear below. You only have 31 days from the event to make benefit changes consistent with the qualified status change. You can make changes to your beneficiaries at any time during the year.

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Extension of Coverage for College Students Taking Medical Leave

You may cover your children under Nielsen medical plans until they reach age 26, regardless of student or marital status. If your child loses his or her status as a full-time student, for example, if he or she must take a leave of absence from school or change to part-time student status because of a serious illness or injury, your child will be eligible for continued group health plan coverage for up to one year from the date your child loses full-time status, unless your child’s eligibility would end earlier for another reason (such as exceeding the plan’s age limit).

Find what you’re looking for on the Benefits of Nielsen

This one-stop site contains the information, resources, and tools to help you live well and make important benefit decisions for you and your family. The Benefits of Nielsen contains a wealth of information about improving your health, managing your health plan and preparing for the future.
Wellness Programs

It’s Your Health

At Nielsen, we’re committed to creating a culture of health, to give you and your family the tools and resources you need to lead healthier lives. We’re engaging you in your health to help you and to help Nielsen. It’s a win-win proposition for us all, and it underscores our commitment to providing you with the best opportunity to realize your health potential. Good health makes sense, both in and out of work, for you and your family.

The It’s Your Health Program is designed to help you improve your health with the help of our wellness partners. The Program gives you and your family the tools and resources to both manage your health care and achieve your health goals. Here are the components of the It’s Your Health Program. Please note that only spouses or domestic partners covered under a Nielsen’s medical plans are eligible for It’s Your Health.

Healthy Measures

*Healthy Measures* is a voluntary program in which you have the opportunity to earn discounts on your medical plan premiums based on your results from five biometric measurements and the Health Risk Questionnaire (HRQ). Your measurements are determined through five free, voluntary biometric screenings for blood pressure, cholesterol, blood-glucose, tobacco use and body mass index. Using established measurements determined by the medical community, including the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC), the biometric screenings you voluntarily complete for *Healthy Measures* can help indicate both healthy lifestyle habits and potential health risks that can lead to chronic and costly conditions.

If your results fall within Nielsen’s target range for some or all of these measurements, you can receive a discount on your 2013 medical plan contributions of up to $844.48 for employee only coverage and up to $1,688.96 for employee plus spouse or domestic partner or employee plus family coverage. If your results fall outside the target range for some or all of the measurements, Nielsen encourages you to speak to your doctor and take steps to improve your well-being. And if you do improve your numbers so that you meet some or all of the *Healthy Measures* requirements in fall 2013, Nielsen will retroactively apply the discounts you qualify for in fall 2013 back to January 1, 2013, and you will receive a lump-sum rebate* of medical premiums. This rebate will be equal to the difference between the premiums you paid between January 1, 2013, and fall 2013, and the discounted medical plan premium applicable to you as of fall 2013 based on your fall 2013 *Healthy Measures* screening. Plus, you will pay the discounted medical plan premium for the rest of 2013.

For more information about *Healthy Measures*, including eligibility for spouses and domestic partners as well as how to complete your screening, go to [www.nielsenhealthymeasures.com](http://www.nielsenhealthymeasures.com).

*As a reminder, medical premiums are deducted from your gross income before federal, state and local income taxes are assessed, with the exception of premiums paid for same-sex spouse/domestic partners that are deducted after federal, state and local income taxes are assessed. Lump-sum rebates of medical premiums will be included in your gross income and will be taxable.

Certain circumstances may qualify an associate or spouse/domestic partner for an alternative to or waiver from the *Healthy Measures* program requirements. For example, certain health factors might make it unreasonably difficult to satisfy, or inadvisable to attempt to satisfy, the program’s health standards. Please see page 14 for more details about waivers.
Health Management Programs

Nielsen offers a variety of programs to help you sustain and improve your health. Beginning in 2013, Nielsen is adding two new programs to the list of health management programs that qualify you to receive up to an additional $250 each year in your health reimbursement account (HRA). The HRA is your personal account that Nielsen funds to help you meet the first portion of your deductible or to pay for eligible medical expenses.

If you meet the program requirements for Health Management Program or Hospital Discharge, Nielsen will contribute up to an additional $250 to your HRA in 2013 for participation in one of these two programs.

The current Health Management Programs:

- Asthma
- Diabetes management
- Chronic obstructive pulmonary disease
- Congestive heart failure
- Coronary artery disease
- Healthy Pregnancy
- Telephonic wellness coaching ($50)

New for 2013

- Treatment Decision Support
- Hospital discharge welcome home call

New Health Management Programs for 2013

**The Treatment Decision Support (TDS) Program**

Trying to determine the right treatment for a medical condition can be difficult. In addition to the information you receive from your doctor, Nielsen provides another valuable resource — the Treatment Decision Support (TDS) Program — to help you make the best choice about your care. With TDS, you have access to experienced, registered nurses who can give you more information about your condition, help you understand your treatment options and connect you with high-quality physicians. Medical conditions that TDS will cover include: musculoskeletal, obesity, heart disease and more. The TDS Program can also help explain what you can expect during your treatment and hospitalization and can help you:

- Learn more about a diagnosis.
- Work more effectively with your doctor.
- Know what to expect from surgery.
- Find a resource for a second opinion.
- Anticipate treatment costs.
- Prepare for recovery.

TDS is available at no cost to you. To see if you qualify for the program, contact a TDS nurse at 1-877-440-9934.

**The Hospital Discharge Program**

If you are admitted to the hospital, you may receive a call from a UnitedHealthcare (UHC) nurse within a few days following your discharge. The UHC nurse will review your hospital discharge instructions with you and answer any questions you may have regarding your care plan — including follow-up appointments and medications your doctor has prescribed. Depending on the circumstances, the nurse may provide additional ongo-
ing support to help you manage your condition and help avoid another hospital admission. In order to receive HRA dollars (up to an additional $250), you are expected to actively engage with the nurse and complete any discharge follow-up actions.

As part of the program, a UHC nurse will work directly with doctors to make sure every treatment plan gets carried out effectively and help you with:

- Preadmission counseling;
- Inpatient care advocacy;
- Discharge planning;
- Readmission prevention program; and
- Prescription and rehabilitation information.

Diabetes Prevention and Control Alliance Program

Nielsen is offering, at no cost to you, the Diabetes Prevention and Control Alliance Program to help you and/or your family members who are either pre-diabetic or who have already been diagnosed with diabetes. The program is completely voluntary, with the goal of helping those afflicted with diabetes live healthier lives through programs that aim to improve their health and reduce their medical costs. The program consists of two parts:

**The Diabetes Prevention Program** is a 16-session program conducted in a group setting for people with pre-diabetes through local YMCAs or other community-based organizations. This program, conducted by lifestyle coaches, teaches participants how healthier eating and a moderate increase in activity can prevent or delay the onset of Type 2 diabetes by nearly 60 percent.

**The Diabetes Control Program**, for those who are already diagnosed with diabetes, focuses on using network pharmacy providers to help patients follow their physicians’ treatment plans and provide additional support such as diabetes education, medication management, and monitoring any complications. These pharmacists are specially trained and provide one-on-one care in a private setting. All appointments are prescheduled and are covered as a preventive benefit by the Nielsen Health Fund Plans.

Wellness Coaching Programs

The UnitedHealthcare Wellness Coaching program gives you access to specially trained personal wellness coaches who can help you identify health risks, set goals and develop personalized strategies to help you take control of your health.

Certified wellness coaches are cross-trained in multiple wellness concentrations:

- Diabetes Lifestyle
- Exercise
- Heart Health Lifestyle
- Nutrition
- Tobacco Cessation
- Weight Management

Programs consist of both telephonic and online support. If you are eligible, you'll be invited to participate in a Wellness Coaching Program by a wellness coach. You may also self-enroll at any time by calling 1-877-440-9934. Learn more about these programs at www.myuhc.com.

For employees who meet these program requirements, Nielsen will contribute up to an additional $50 to your health reimbursement account (HRA).
myNurseLineSM

What do you do when it’s midnight and your child develops a high fever? Or you’re out of town for the holidays, you don’t feel well, and need to find a doctor?

You call UnitedHealthcare’s myNurseLine. When you do, you’ll speak directly to a registered nurse who can help answer your health-related questions. Discuss symptoms you or a loved one is experiencing and get help making informed decisions like whether you should get medical attention, the best place to get it and more. The call is toll-free and the service is available any time—days, nights, weekends and holidays. Plus, your call is confidential.

The UnitedHealthcare myNurseLine can help you get the information you need, when you need it. Then, you can make a more informed decision about your health and find some peace of mind. Reach the myNurseLine at 1-877-440-9934.

Healthy Pregnancy Program

UnitedHealthcare’s Health Pregnancy Program can help ensure you have a smooth pregnancy, delivery and a healthy baby. By seeing your doctor regularly, and by enrolling in the Healthy Pregnancy Program, which is provided at no additional cost for UnitedHealthcare plan members, you’ll have built-in support through every stage of your pregnancy.

When you enroll in our Healthy Pregnancy Program, a care coordinator will consult with you, via the telephone, to help you determine what, if any, risks or complications could arise during your pregnancy. We can help you learn and practice healthy pregnancy habits and protect the well being of your baby. If you have individual needs, a Healthy Pregnancy Program nurse will provide one-on-one support throughout your pregnancy.

In addition, at www.healthy-pregnancy.com, you can access a full range of articles covering nutrition, exercise, childbirth preparation, tips for Dads and more. The web site also offers you a Healthy Pregnancy Owners’ Manual that will walk you through what to expect before, during and after your pregnancy.

Wellness Resources Available Through Other Vendor Partners

- Health Advocate Tobacco Cessation Program. The confidential Health Advocate Program is a 13-week program that provides all benefits-eligible employees with unlimited access to a Health Coach, who can help you set up your own personalized quit plan and support you every step of the way.

- Best Doctors. To partner with you through difficult health care choices, like deciding whether surgery or another treatment is best, or whether to seek another opinion, Nielsen is providing all full-time employees with access to Best Doctors. Through Best Doctors, you’ll have access to world-class medical expertise so you can be absolutely sure you have the right diagnosis and the right treatment.

Please note: While Nielsen is offering Best Doctors as a third-party service to employees, the Company takes no responsibility and has no liability for any of the diagnoses, opinions or recommendations of Best Doctors.

For more information about additional wellness programs and resources, go to the Benefits of Nielsen.
Nielsen Get Healthy Rewards Program
The Nielsen Get Healthy Rewards Program provides all full-time, benefits-eligible Nielsen associates with a reimbursement of up to $100 per year for either fitness club membership or weight management program costs. Through the Get Healthy Rewards Program, you will also have access to the International Fitness Club Network (IFCN).
Learn more about the Get Healthy Rewards Program by checking out the FAQs section of the Benefits of Nielsen.

Personal Health Advocate Service—Helping You Navigate Your Health and Benefits
Health Advocate is the nation’s leading health care advocacy and assistance company. When you call, you’ll be assigned a personal health advocate from their team of registered nurses, doctors and benefits experts. Your personal health advocate can answer questions, help untangle claims problems, resolve issues with insurance, work with you to locate a specialist—even help understand your choices regarding a serious illness.
Health Plans

To protect your health, there are steps you can take on your own—eating well, staying fit and remembering your regular checkups. But there may be times you need more than that to stay healthy. That’s when Nielsen health care benefits are indispensable.

Who’s Eligible?

If you choose medical, dental or vision coverage for yourself, you can also enroll your eligible dependents, including your:

- legal spouse
- domestic partner (same or opposite gender)
- dependent children
- dependent children of your domestic partner

Dependent children are eligible for medical coverage through the end of the month in which they turn age 26, regardless of student or marital status. (For more information, visit Fidelity NetBenefits to view the Health Care Reform Extends Health Care Coverage for Children to Age 26 notice.) Dependent children are eligible for dental and vision coverage through the end of the month in which they turn age 19, or if a full-time student at an accredited school, until the end of the month in which they reach age 25. Unmarried dependent children who are handicapped before age 19 and financially dependent on you can continue their medical/dental/vision plan eligibility beyond age 26 if approved by the carrier.

Dependent children include:

- your natural children
- legally adopted children
- children for whom a court has given you guardianship and financial responsibility (following federal tax guidelines)
- those stepchildren, foster children and domestic partner’s unmarried dependent children who reside in your home

The definition of eligible dependent children does not include the spouse, domestic partner or children of your eligible adult dependent child(ren).

Choose Your Coverage Level*

For medical, dental and vision benefits, you’ll choose from four coverage levels, depending on your family situation. The four options available to you are:

- Employee Only: Coverage only for yourself if you have no eligible family members or if your family members have coverage elsewhere
- Employee Plus Spouse/Domestic Partner: Coverage for yourself and your eligible spouse/domestic partner
- Employee Plus Child(ren): Coverage for yourself and one or more eligible children
- Employee Plus Family: Coverage for yourself, spouse/domestic partner and any eligible children.

NOTE: In this Guidebook, “Employee Plus Child(ren)” and “Employee Plus Family” coverages are sometimes referred to as “Family” coverage.

*Please see page 11 for information on the surcharge for spouses/domestic partners who have coverage available elsewhere.
DID YOU KNOW?

You can enroll your domestic partner (a term, which for the purposes of this Guide, includes your same sex spouse) in Nielsen medical, dental, and vision benefits. To do this, log on to Fidelity NetBenefits®. You must complete an online affidavit stating that you have been in an exclusive committed relationship with this domestic partner. Be sure to note the explanation of how premium payments for domestic partner coverage affect your paycheck and reported taxable income. If you do not have access to the Internet, you can call the Fidelity Benefits Service Center and request that a Domestic Partner Enrollment Kit be mailed to you.

If your spouse or domestic partner has medical coverage through another employer, it may not be cost effective for both of you to be covered under each other’s plans. Claims are paid according to “coordination of benefits” rules between the insurers. These rules stipulate which plan makes the first payment on a claim, and how much the second plan will pay on the same claim. If your spouse’s or domestic partner’s plan is considered the “first payer” and if you are enrolled in a United-Healthcare medical plan, UnitedHealthcare will only reimburse the difference between the amount paid by your spouse’s or domestic partner’s insurer and the benefit under the UnitedHealthcare plan, if the UnitedHealthcare’s benefit is greater.

Your Health Care Contributions

When you enroll in medical, dental or vision coverage, you pay a portion of the cost of your insurance coverage. The amount you pay for coverage (i.e., your premium contribution) is based on your annual base salary. If you earn less, you pay less for coverage; if you earn more, you pay more. Nielsen pays the remainder of the premium.

The Fidelity NetBenefits® Web site contains each of the plans for which you are eligible, and the amount of your premium contribution for each of these plans. Since the amount you pay for coverage is deducted from your paycheck before taxes are withheld (except for certain domestic partners—a term, which for the purposes of this Guide, includes same-sex spouses—and their children), the amount of your premium contribution reduces the amount of your taxable income, and less tax is deducted from your pay.

ID Cards

New UnitedHealthcare members will receive an ID card in the mail for your health plan. UnitedHealthcare ID cards are family based cards—you receive a card with all family members listed on it—two cards are mailed to the home. You can request additional cards at www.myuhc.com. If you are a new CVS Caremark member, you will receive a prescription drug program ID card.

Filing Claims

You have until June 30th to file claims for the prior calendar year. You can get claim forms from the Fidelity NetBenefits® Web site or by calling the Fidelity Benefits Service Center.

Surcharge for Spouses/Domestic Partners Who Have Coverage Available Elsewhere

If your working spouse or domestic partner does not have access to medical coverage through his or her employer, (that is, an employer other than Nielsen), you will need to pay an additional contribution. These contributions are in addition to your regular paycheck contributions and are deducted on a pre-tax basis. You will be asked to certify your spouse/domestic partner’s eligibility for other coverage during Annual Enrollment.

The surcharge will vary based on your annual base salary and the medical plan option you choose. In general, the higher your base salary, the higher your surcharge. There will be no surcharge for those earning less than $30,000.

Quick Note

The surcharge only applies to medical coverage, and not dental or vision coverage.
Surcharge Applicability

The following chart illustrates who will be affected by the 2013 spouse/domestic partner surcharge.

<table>
<thead>
<tr>
<th>IF...</th>
<th>PAY SURCHARGE?</th>
<th>WHAT YOU NEED TO DO</th>
</tr>
</thead>
<tbody>
<tr>
<td>You cover a spouse or domestic partner and earn less than $30,000 per year</td>
<td>No</td>
<td>No action needed</td>
</tr>
<tr>
<td>Your spouse/domestic partner is not employed</td>
<td>No</td>
<td>Important Note</td>
</tr>
<tr>
<td>Your covered spouse or domestic partner is NOT eligible for medical coverage through an employer</td>
<td>No</td>
<td>As a new hire, you will be asked to certify online whether the surcharge applies to you. If you cover a spouse or domestic partner, you must complete the certification process or the spousal surcharge will automatically be applied. If you are a current employee and completed the certification process as part of last year's Annual Enrollment, your spousal surcharge election will carry over, and will not need to be changed unless your spouse's coverage availability has changed.</td>
</tr>
<tr>
<td>You earn more than $30,000 and your spouse/domestic partner IS eligible for medical coverage through an employer</td>
<td>Yes</td>
<td>Review your 2013 surcharge amount by clicking here</td>
</tr>
</tbody>
</table>

Important Note: The spouse/domestic partner surcharge also applies to former employees who are receiving severance payments and who still pay active employee contribution rates.

Healthy Measures Discount

You are not required to participate in Healthy Measures. If you do participate and your screening results fall within the Nielsen Healthy Measures target range for one or more of the Healthy Measures measurements, you can qualify for a discount on your 2013 medical plan premium contributions.

Depending on your biometric screening results, you may receive a discount of up to $844.48 per year if you enroll for employee-only coverage or up to $1,688.96 if you enroll for employee plus spouse or domestic partner or employee plus family coverage. Please note that these discount amounts are for full-year coverage; if you qualify for the Healthy Measures discount as a new hire, your discount will be prorated based on your date of hire and will be applied as soon as administratively possible.

Here are the target levels and discounts for each area of health measurement:

<table>
<thead>
<tr>
<th>HEALTHY MEASURE</th>
<th>HEALTHY MEASURES TARGET RANGES</th>
<th>2013 ANNUAL DISCOUNT AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body Mass Index</td>
<td>&lt;30</td>
<td>$241.28</td>
</tr>
<tr>
<td>Glucose (while fasting)</td>
<td>6.5% (A1c)</td>
<td>$120.64</td>
</tr>
<tr>
<td>Total Cholesterol/HDL</td>
<td>&lt;5</td>
<td>$120.64</td>
</tr>
<tr>
<td>Blood Pressure</td>
<td>Systolic &lt; 140, Diastolic &lt; 90</td>
<td>$120.64</td>
</tr>
<tr>
<td>Smoking</td>
<td>No tobacco use</td>
<td>$241.28</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>$844.48</td>
</tr>
</tbody>
</table>
Healthy Measures Discount Requirements*

To access a personalized list of what you need to do to receive any Healthy Measures discounts, go to www.nielsenhealthymeasures.com.

If you are hired during 2013, you must complete and submit your results to be eligible for the Healthy Measures discount. For more information on Healthy Measures, go to www.nielsenhealthymeasures.com.

*Certain circumstances may qualify an employee for a waiver from Healthy Measures requirements. See page 14 for details.

Qualifying for a Healthy Measures Discount During 2013

What if you complete your health screenings but your results don’t fall within the target ranges for some or all of the health measurements? You can still claim your discount in 2013. Here’s how:

2. If your results indicate that you’re at risk or unhealthy in any of the areas, we encourage you to see your doctor to discuss your results.
3. Take advantage of the many Nielsen wellness programs and resources and work with your doctor to improve your numbers so that they fall within the Healthy Measures target range.
4. Complete your health screenings again with your health care provider in fall 2013.
5. Have your health care provider submit your new numbers to Healthy Measures in fall 2013.
6. If at that time you do improve your numbers so that you meet the Healthy Measures requirement, Nielsen will retroactively apply the discounts you qualify for in the fall of 2013 back to January 1, 2013, and you will receive a lump-sum rebate* of medical premiums. This rebate will be equal to the difference between the premiums you paid between January 1, 2013 and fall 2013, and the discounted medical plan premium applicable to you as of fall 2013, based on your fall 2013 Healthy Measures screening. Plus, you will pay the discounted medical plan premium for the rest of 2013.

*As a reminder, medical premiums are deducted from your gross income before federal, state and local income taxes are assessed, with the exception of premiums paid for same-sex spouse/domestic partners that are deducted after federal, state and local income taxes are assessed. Lump-sum rebates of medical premiums will be included in your gross income and will be taxable.
Qualifying for a Healthy Measures Waiver

Certain circumstances may qualify an employee for a waiver from the Healthy Measures program requirements. For example, certain health factors might make it unreasonably difficult to satisfy, or inadvisable to attempt to satisfy, the program’s health standards.

In exceptional circumstances, physicians also might certify that a program standard as applied to a particular employee is an inaccurate or inappropriate measure of health and, therefore, should be modified or waived for that employee.

Nielsen designed Healthy Measures to encourage individuals to take only constructive and prudent steps to improve their health. To ensure that this goal is not undermined, in appropriate circumstances such as those described above, Nielsen will consider providing employees with reasonable alternatives or, if medically prudent or necessary, waivers for the Healthy Measures program requirements. Nielsen also will modify or waive program requirements whenever necessary to comply with federal, state or local law.

If it is unreasonably difficult due to a medical condition for you to achieve the standards for the reward under this program, or if it is medically inadvisable for you to attempt to achieve the standards for the reward under this program, contact Nielsen Healthy Measures at 1-888-275-8383 and we will work with you to develop another way to qualify for the reward.

To request a reasonable alternative standard or waiver, have a health care provider complete a “Written Request for Healthy Measures’ Alternative or Waiver” and fax it to Healthy Measures at 1-888-900-1184. Forms are available for download from www.nielsenhealthymeasures.com. You may also request a form from your Human Resources representative. Note: Any waivers for you or your spouse/domestic partner must be renewed each plan year—they do not carry forward.

Default Benefit Coverage

Nielsen provides a basic level of benefits coverage, called default benefit coverage, as well as the opportunity to enroll in additional coverage for yourself and your family. Coverage is effective on your date of hire or the date you become eligible for benefits. Other than for the default benefits, described immediately below, you must enroll to have coverage.

Default benefit coverage, provided at no cost to you, includes:

- **Basic Life and Basic Group Accident Insurance**, each equal to 1 times your insurable pay, up to a maximum of $1 million.
- **Employee Assistance Program (EAP)**, administered by UnitedHealthcare, a confidential, professional counseling service designed to help you and your family resolve issues that affect your personal lives or interfere with job performance.
- **Short-Term Disability (STD) coverage**, administered by MetLife, to replace a portion of your pay for up to 12 weeks for an approved disability leave.
- **Long-Term Disability (LTD) Coverage**, administered by MetLife, to replace a portion of your pay after 90 days of an approved disability. If you are an eligible associate, you are automatically enrolled in the LTD Plan, effective your date of hire. You pay the full cost of this coverage with after-tax contributions.
Terminology Explained

• **Your Total Cost.** You pay for health care in two ways when you enroll in a health insurance plan. The first is the amount you pay toward the cost of your health insurance coverage (your premium contribution). The second is your out-of-pocket expenses when you use the health plan. These expenses include deductibles and coinsurance, copayments for prescription drugs, and costs that exceed the maximum non-network reimbursement limits.

• **Deductible.** The amount of money you must pay out-of-pocket each year before the plan begins to pay benefits toward the covered health care services you use. Copayments do not count toward your deductible.

• **Coinsurance.** The portion of expenses you are required to pay for covered health care services after you have met your annual deductible. Your coinsurance portion is expressed as a percentage of the total covered expense. Nielsen pays the remaining percentage of covered expenses up to the annual out-of-pocket maximum.

• **Copayment.** The flat fee you pay for prescription drugs. For example, you pay a $10 copayment when you purchase a 30-day supply of a generic drug at a participating pharmacy.

• **Out-of-Network Claims Reimbursement.** Out-of-Network Claims Reimbursement: or out-of-network claims, annual deductibles, coinsurance, and out-of-pocket maximums are calculated on the basis of Reasonable and Customary (R&C) charges. R&C charges are the rates that medical providers in your geographical area usually charge for services similar to those you receive. When you receive out-of-network care, you pay for any medical charges above R&C charges, and these expenses don’t count toward any deductibles or out-of-pocket maximums.

• **Out-of-Pocket Maximums.** The most money you will be required to pay toward the cost of covered services that you receive during a calendar year. The amount you pay for deductibles and coinsurance is used to meet the respective out-of-pocket maximum for covered in-network or out-of-network services. Once you have reached your out-of-pocket maximum, the plan pays 100% of covered expenses for the rest of that calendar year. A combination of in- and out-of-network deductibles can be used to help meet either the in-network or out-of-network maximums for the plan. However, charges for out-of-network services that exceed allowed charges (see Out-of-Network Claims Reimbursement above) do not apply toward the out-of-pocket maximum. Prescription drug copayments do not apply toward your out-of-pocket maximum.

• **In-Network.** Health care providers who have signed contracts with UnitedHealthcare belong to a network of providers that guarantee they will bill you at the reduced rates specified in their contracts (the contract amount). Using one of these providers for your health care is known as going “in network.” You can easily find a network provider by checking [www.myuhc.com/groups/nielsen](http://www.myuhc.com/groups/nielsen) or by calling UnitedHealthcare Member Services.
The Nielsen Health Fund Plans

Nielsen is dedicated to offering you meaningful medical plan choices. You may enroll in one of two plans Nielsen offers through UnitedHealthcare: the Nielsen Health Fund Premium and the Nielsen Health Fund Value Plans.

Whichever plan you choose, you will have access to the UnitedHealthcare Choice Plus network of health care providers. To find an in-network doctor or health care facility, log on [www.myuhc.com/groups/nielsen](http://www.myuhc.com/groups/nielsen) prior to enrollment and create your registration login and password.

All UnitedHealthcare members will receive an identification card in the mail.

The Nielsen Health Fund Plans are consumer-driven health plans. This means that you “pay as you go” for your health care, just as you do when you buy other products and services. Here is an overview of how the plans work.

<table>
<thead>
<tr>
<th>Nielsen automatic HRA contribution*</th>
<th>Nielsen Health Fund Premium</th>
<th>Nielsen Health Fund Value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employee</strong></td>
<td><strong>FAMILY</strong></td>
<td><strong>Employee</strong></td>
</tr>
<tr>
<td>$500</td>
<td>$1,000</td>
<td>$500</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$1,000</td>
</tr>
</tbody>
</table>

Preventive care

The Nielsen Health Fund Plans cover preventive care services such as physical exams, immunizations, and mammograms at 100% when you receive your care from a UnitedHealthcare in-network provider and in accordance with the plan’s preventive physical care schedule. There’s no deduction from your HRA, and you don’t have to pay anything out of your own pocket when you receive care. If you receive care from an out-of-network provider, your deductible and out-of-network coinsurance apply; if you wish, you may use your HRA to cover these costs.

<table>
<thead>
<tr>
<th>Preventive care</th>
<th>IN-NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual deductible (after your Nielsen-funded HRA is applied)</td>
<td>$1,100</td>
<td>$2,200</td>
</tr>
<tr>
<td></td>
<td>$1,600</td>
<td>$3,200</td>
</tr>
<tr>
<td></td>
<td>$2,200</td>
<td>$4,400</td>
</tr>
<tr>
<td></td>
<td>$3,200</td>
<td>$6,400</td>
</tr>
</tbody>
</table>

 annual out-of-pocket maximum

This is the total amount you must pay out of your own pocket each year, including your deductible, after your Nielsen-funded HRA is applied. When you reach this amount, your plan pays 100% of covered services for the rest of the calendar year. Prescription drug copayments do not count toward your out-of-pocket maximum.

<table>
<thead>
<tr>
<th>annual out-of-pocket maximum</th>
<th>IN-NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>$3,300</td>
<td>$6,600</td>
<td>$4,300</td>
</tr>
<tr>
<td>$6,000</td>
<td>$12,000</td>
<td>$6,100</td>
</tr>
<tr>
<td></td>
<td>$12,200</td>
<td></td>
</tr>
</tbody>
</table>

Coinsurance

This is the amount you must pay for all care, after you have met your annual deductible, but before you meet your annual out-of-pocket maximum.

<table>
<thead>
<tr>
<th>Coinsurance</th>
<th>IN-NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-network: You pay 20%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out-of-network: You pay 40%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-network: You pay 30%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out-of-network: You pay 50%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*You can also earn additional Nielsen contributions to your HRA by participating in certain health management programs. See page 6.
Centers of Excellence Requirement for Infertility Services and Bariatric Procedures

When you’re facing a health care challenge, you want the best treatment for yourself and your family. That’s why UnitedHealthcare (UHC) has established Centers of Excellence — facilities that specialize in a particular treatment. Although no one can guarantee the outcome of any health care service or procedure, because these Centers perform more of these specialized treatments (compared to other facilities), they generally have higher-quality results. Two areas of treatment in which Centers of Excellence have proven to have made a real difference are for infertility services and bariatric procedures. For that reason, beginning in 2013, you will be required to use a Center of Excellence for any new infertility and bariatric (weight loss) procedures in order to receive coverage under Nielsen’s Health Fund Plans. When you do, you will still be responsible for satisfying your annual deductible and applicable coinsurance. To make it easier for you, if the Center of Excellence is located 50 miles or more from your home, the Plan will also cover your travel and lodging expenses.

Bariatric Centers of Excellence Network

As part of the Bariatric Resource Services Program, you have access to UnitedHealthcare’s Bariatric Centers of Excellence network. Facilities included in this network must meet strict criteria, including the following:

• Experience using latest surgical techniques.
• Track record of successful outcomes — including reduced lengths of stay, low readmission rates, and low re-operation rates.
• Comprehensive program that includes a team of specialists to manage the nutritional, physical and emotional aspects of bariatric surgery.

The Bariatric Resource Services Program also includes the support of nurse case managers who will help you make informed health care decisions by providing you with information and education related to bariatric surgery options. They can also connect you with behavioral health specialists who can assist you throughout the decision-making process, surgery, and with the lifestyle changes required to achieve and sustain a healthy weight.

Infertility Centers of Excellence

Infertility can be an emotional and stressful experience for some individuals. That’s why it’s important to have access to doctors and other health care professionals who are experts in infertility. With the Reproductive Resource Services Program, you have access to UnitedHealthcare’s Infertility Centers of Excellence network. This network includes infertility clinics with the highest level of expertise to help you determine the best course of action for your diagnosis and treatment. Each clinic is evaluated yearly and must meet the following criteria to be included in the network:

• A proven track record of successful clinical outcomes.
• High pregnancy rates and reduced risk of multiple births.
• Comprehensive reproductive services.
• Superior physician credentials and experience.
• Exceptional facility operations and staffing.
• Industry accreditation and affiliations.

In addition to offering you access to the Infertility Centers of Excellence network, you have the added support of Reproductive Resource Services nurse consultants who are specially trained in reproductive health. These nurses will provide you with ongoing support and help you make informed decisions about your care options.

If you choose not to receive care from Center of Excellence for infertility and/or bariatric procedures initiated after January 1, 2013, you will not receive any coverage for these services under the Nielsen Health Plan. In this case, you will be responsible for paying the entire cost of these services.
Prior Authorization Requirements Lists Expanded

Starting on January 1, 2013, there are new services that will require prior authorization before the Health Fund Plans will cover the charges.

- BRCA testing (breast cancer susceptibility)
- Outpatient surgery for:
  - Diagnostic catheterization
  - Electrophysiology implant
  - Sleep apnea
  - Spine
- Outpatient therapeutics for:
  - Intensity modulated radiation therapy
  - MR-guided focused ultrasound
  - Capsule endoscopy
  - Cochlear implants
  - Hyperbaric oxygen treatment
  - Joint replacement

To see the complete list of services requiring prior authorization, see the Benefits of Nielsen.

Using Your Health Reimbursement Account (HRA)

When you enroll in either Nielsen Health Fund Plan, Nielsen automatically contributes to an HRA on your behalf at the beginning of each calendar year:

- $500 if you elect employee coverage for yourself only
- $1,000 if you enroll your spouse or domestic partner and/or your covered dependents

You may be able to earn additional contributions to your HRA. See page 41 for details.

Your HRA funds are available on your first day of coverage under your Nielsen Health Fund Plan. Any money in your HRA that you don’t spend by the end of the calendar year automatically rolls over from year to year to help you pay for eligible health care expenses, as long as you continue working for Nielsen and stay enrolled in a Nielsen Health Fund Plan. You cannot take your HRA funds with you if you leave Nielsen.

You can check your HRA balance by registering at www.myuhc.com. There, you can keep track of your account balance and get details on your medical claims. You’ll also receive a monthly statement with your account balance, account activity, medical claim history, and important messages about how you may be able to improve your health or save money.

In addition to using your HRA to cover eligible health care expenses, you may also use a health care flexible spending account to pay for eligible health care expenses not covered by a medical plan. If you have a health care flexible spending account, here’s how your in-network claims will be paid:

- First, your in-network claim will be paid with funds from your HRA.
- Then, if your HRA balance doesn’t cover the full amount of the claim, the balance is paid with funds in your health care flexible spending account.
• You receive a bill for any remaining unpaid balance, up to plan limits. See Health Care Spending Account on page 41 for details.

The UnitedHealthcare Choice Plus Provider Network

In-network providers are doctors, hospitals, facilities and other providers who participate in the UnitedHealthcare Choice Plus network. That means they have contracted with the plan to accept UnitedHealthcare payments as payment in full for specific covered services. UnitedHealthcare's extensive network includes many different providers and specialists, so it's generally easy to find the care you need. To search the Online Provider Directory, visit www.myuhc.com/groups/nielsen.

Out-of-network providers do not have contracts with UnitedHealthcare and have not agreed to accept UnitedHealthcare payments as payment in full for specific covered services. Out-of-network providers may charge more for services than what UnitedHealthcare Choice Plus network providers have agreed to accept. If you choose to visit an out-of-network provider, you will be responsible for any additional amount they may charge.

If You Cannot Locate an In-Network Provider within 30 Miles of Your Home

If you cannot locate an in-network provider within 30 miles of your home (a primary care physician, a specialist or a health care facility), you may call UnitedHealthcare and request approval to have your out-of-network provider claims processed as in-network claims. In this case, your benefits will be paid at the in-network level for this provider only.

To ensure that your claims are processed at the in-network level, you should call UnitedHealthcare to request this approval BEFORE you incur any claims. You must request approval before each claim or visit. You also may request approval for a set number of visits.

Prescription Drug Benefits

When you enroll in a Nielsen Health Fund Plan, you and your enrolled dependents are automatically covered by the CVS Caremark prescription benefit program, which provides you and your family a choice of affordable drugs on the CVS Caremark Primary/Preferred Drug List. You and your doctor should always work together to make the final decision on your health care and medications.

You can get your medications two ways: at a retail pharmacy or through our mail service pharmacy for maintenance medications. You may fill a prescription for a maintenance medication a maximum of three times at a retail pharmacy. After that, you will be required to use the mail service pharmacy to fill prescriptions for maintenance medications. You also have the convenience of getting your long-term medications at one of our 6,900 CVS/pharmacy locations for your mail service copayment.

All prescription drugs are subject to Nielsen's Generic Prescribing Program, which is described on page 21.

Retail Pharmacist

To reflect the rising cost of prescription drugs, the copayment for brand and non-formulary brand drugs will be increasing for 2013. You can get up to a 30-day supply of covered medication at a CVS Caremark participating retail pharmacy. The CVS Caremark Retail Program includes more than 64,000 participating pharmacies nationwide, including independent pharmacies and chain pharmacies. To locate a CVS Caremark participating retail network pharmacy in your area, you can simply click on “Find a Local Pharmacy” at
www.caremark.com or call the toll-free number on your ID card. Simply show your ID card at the pharmacy and pay your copayment. You pay:

- $10 copayment for generic drugs
- $35 copayment for brand drugs
- $50 copayment for non-formulary brand drugs

If you go to a retail pharmacy that is not part of the CVS Caremark Retail Program, you must pay the full cost of the prescription at the pharmacy. Then, for reimbursement, you must complete a claim form and submit it to CVS Caremark’s pharmacy program.

You will be reimbursed the amount the medication would have cost your plan at a participating pharmacy (the negotiated fee) minus the copayment you would have paid. Since the cost of a prescription is almost always greater than the negotiated rate, you will most likely pay more if you go to a non-participating pharmacy.

**CVS Caremark Extra Care Discounts**

You qualify for extra discounts and cash-back earnings on CVS-brand purchases when you use your CVS Caremark Extra Care Health Card at a CVS retail pharmacy. The CVS Caremark Card is a special benefit reserved for CVS Caremark prescription drug plan members; it is not the same discount program offered to the general public. If you enroll during 2013, you will receive your card as soon as administratively possible after you enroll.

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**Generic Incentive Policy**

Your prescription drug coverage includes a “generic incentive.” This means that if you purchase a brand-name drug for which a generic alternative is available, the plan does not pay more than what it would pay for the generic drug, and you are responsible for any cost in excess of that amount. If you choose a brand-name drug, you pay the full cost of the brand-name drug less the available plan benefit (that is, the amount that the plan would pay for the generic drug).

The following example illustrates how the generic incentive works.

Say you choose to fill a retail prescription with a brand-name drug instead of its generic equivalent. The brand-name drug costs $160 for a 30-day supply, while the generic costs only $60. Ordinarily, your copayment is based on which tier the drug you are purchasing falls under. However, because of the generic incentive policy, the “available plan benefit” is limited to the full cost of the generic drug minus your Tier 1 copayment.

You are responsible for paying the difference between the cost of the brand-name drug and the available plan benefit, as follows:

**Brand-Name Cost:** $160

**Generic Cost:** $60

**Available Plan Benefit:** $50

(Full cost of the generic drug minus the Tier 1 copayment or $60–$10 = $50)

**Your cost:** $110

So, in this example, you’ll pay $100 more for the brand-name drug than you will for its generic equivalent.
Formulary Drug List
For the full list, go to the CVS Caremark Drug List on www.caremark.com.

Three-Tier Drug List
The CVS Caremark Drug List is a list of preferred prescription medications that have been chosen because of their clinical effectiveness and safety. This list is typically updated every three months. The drug list promotes the use of preferred brand-name medications and generic medications whenever possible. Generic medications are therapeutically equivalent to brand-name medications and must be approved by the U.S. Food and Drug Administration (FDA) for safety and effectiveness. Generally, generic medications cost less than brand-name medications. Access the latest drug list by visiting www.caremark.com or by calling the Customer Care toll-free number on your ID card.

Drugs on the CVS Caremark Drug List are grouped by tiers. To determine tier levels for different medications, visit www.caremark.com or call Customer Care at 1-877-807-7343.

- **Tier 1**: Lowest copayment; includes drugs offering the greatest value within a therapeutic class. Some of these are generic equivalents of brand-name drugs.
- **Tier 2**: Medium copayment; includes drugs that are generally the more affordable brand-name drugs. Other drugs are in this tier because they are “preferred” within their therapeutic classes, based on clinical effectiveness and value.
- **Tier 3**: Highest copayment; includes higher cost brand-name drugs. Some Tier 3 drugs may have generics or equivalents in tier 1 that could save you money.

Generic Prescribing Program (GPP)
Your Nielsen Health Fund Plan prescription drug coverage includes the Generic Prescribing Program. This program can help you to save money by introducing you to therapeutic alternatives to more expensive brand-name drugs when they are available.

According to the FDA, therapeutic alternatives may treat the targeted medical condition just as effectively and safely but at a lower price than more costly drugs. If the drug(s) you are currently taking is included in the GPP, the amount you pay will depend on whether you choose to continue using your current prescription or switch to a therapeutic alternative.

If you choose to stay with your current prescription, you will pay the price difference between the therapeutic alternative and your current drug, PLUS the applicable copayment for the therapeutic alternative. If you choose the therapeutic alternative, you’ll pay the therapeutic alternative copayment and no additional charge.

If your current prescription is affected by the GPP, you will receive a personalized letter from CVS Caremark in November that will include information on the prescription drug(s) you’re taking, their therapeutic alternatives covered under the Nielsen plan, and instructions on how to easily change to the therapeutic alternative.

For 2013, the therapeutic alternative drug categories are expanding as shown in the chart on the next page. For a complete list of all the therapeutic alternatives, visit http://nielsen.destinationrx.com.
THE THERAPEUTIC CATEGORY

IF YOU ARE TAKING THIS BRAND-NAME MEDICATION

THE THERAPEUTIC ALTERNATIVE MEDICATION IS:

| Non-Steroid Anti-inflammatory Drugs (NSAIDS) | Acular LS, Bromday, Nevanac, Xibrom | ketorolac tromethamine (ophthalmic) |
| Alpha-1-Adrenergic Blocking Agents | Rapaflo | doxazosin mesylate |
| Less Sedating (drowsy) Antihistamines | Allegra, Clarinex, Xyzal | Loratadine |
| Muscle Relaxers | Fexmid, Amrix, Zanaflex | chlorzoxazone |
| Bone Resorption Inhibitors | Actonel, Boniva, Fosamax Plus D, Atelvia | alendronate sodium |
| Diabetes – Biguanides | Fortamet, Glometza | metformin hcl |
| Diabetes – Thiazolidinediones | ACTOplus met | glyburide/metformin hcl |
| Diabetes – Meglitinides | Prandin | nateglinide |
| 5-Alpha Reductase Inhibitors | Advodart | finasteride |

This expansion will affect those who currently take medications in these categories or take them in the future.

If your prescription is affected by the Generic Prescribing Program, you will be notified by letter from CVS Caremark in November. The personalized letter will include information on the prescription drugs you’re taking, the therapeutic alternatives covered under the Nielsen plan and guidance on how to easily make a change. It will also include information for you to share with your doctor on how to request an exception under the plan. If you choose to switch to the therapeutic alternative that is part of the GPP you may save money. To learn more, and to see which drugs fall under the Generic Prescribing Program, visit http://nielsen.destinationrx.com.

Your doctor can file a Generic Prescribing Program Drug Exception form to enable you continue on your originally prescribed medication if:

- A therapeutic alternative drug doesn’t work as well for you as your originally prescribed medication, OR
- The therapeutic alternative won’t work with other medications you’re taking, OR
- Your doctor feels that you have a condition that would be better treated with another medication.

If the request is approved, you pay the regular copayment that applies, based on whether the drug is generic, formulary brand or non-formulary brand. Visit http://nielsen.destinationrx.com to download a Generic Prescribing Program Drug Exception form.
Maintenance Choice®

If you need medication on an ongoing basis, such as to treat asthma or diabetes, you can ask your doctor to prescribe up to a 90-day supply. With Maintenance Choice®, you will pay just one copayment for each prescription or refill at the CVS Caremark Mail Service Pharmacy or a CVS/pharmacy. You pay:

- $25.00 copayment for tier 1 drugs
- $80.00 copayment for tier 2 drugs
- $117.50 copayment for tier 3 drugs

The CVS Caremark Mail Service Pharmacy is a convenient and cost-effective way for you to order up to a 90-day supply of maintenance or long-term medication. You can have your long-term medication delivered to your home, office or a location of your choice with free standard shipping. By using mail service, you minimize trips to the pharmacy while saving money on your prescriptions. You may also fill your long-term medications at one of our 6,900 CVS/pharmacy locations for your mail service copayment.

You can feel confident that your prescriptions will be filled accurately and with the highest-quality, FDA-approved medications. There are three separate quality checks:

- The prescription is entered into the system and checked against your personal information to look for possible allergies, interactions, duplications or other problems.
- A pharmacist checks the prescription to make sure it’s accurate and checks for medication safety issues.
- After the prescription goes through the automated dispensing system, another pharmacist verifies that the right medication was dispensed and the prescription was filled accurately.

Use Maintenance Choice® to Fill Your Long-Term Medications

Maintenance Choice® offers you choice and savings when it comes to filling long-term prescriptions. Now you have two ways to save:

CVS Caremark Mail Service Pharmacy

- Enjoy convenient home delivery
- Receive your medications in private, tamper-resistant and (when needed) temperature-controlled packaging
- Talk to a pharmacist by phone

Plus, you can easily order refills and manage your prescriptions any time at www.caremark.com.

CVS/pharmacy

- Pick up your medication at a time that is convenient for you
- Enjoy same-day prescription availability
- Talk with a pharmacist face-to-face

You can choose to fill long-term prescriptions at a CVS/pharmacy or through the CVS Caremark Mail Service Pharmacy.
For CVS/Pharmacy Prescriptions

Bring your long-term prescription to the nearest CVS/pharmacy location and you can receive a 90-day supply for the same mail service copayment. CVS/pharmacy locations are the only retail pharmacies that can provide you with a 90-day supply. You also have the convenience of getting a 30-day supply at your local CVS/pharmacy.

For Mail Service Pharmacy Prescriptions

For fast service, log on to www.caremark.com/FastStart, and fill in your information. CVS Caremark can take care of contacting your doctor or other prescriber and getting your 90-day prescription for you. Or, send your order and the appropriate copayment in the pre-printed mailing address on the CVS Caremark Mail Service Order form, which is available at www.caremark.com.

Mail Order Pricing at Retail

If you are filling a prescription for a maintenance medication, you may:

• Use the mail order service to receive a 90-day supply of drugs, or
• Pick up your 90-day supply from a CVS/pharmacy.

You will pay the same for your 90-day supply of your maintenance medication whether you use the mail order service or pick up your drugs at a CVS retail pharmacy.

CVS Caremark Specialty Pharmacy

Certain chronic and/or genetic conditions require special pharmacy products, often in the form of injected or infused medications. CVS Caremark Specialty Pharmacy is a comprehensive pharmacy program that provides these products directly to covered individuals along with the supplies, equipment and care coordination needed.

Personal Attention from Experts

• Pharmacist-led or nurse-led Care Team to provide customized care
• Counseling provides support on how to best manage your condition

Patient Education and Support

• Patient education for your specific condition: telephone training, written materials, videos, Web sites and patient support groups
• Evaluations to assess your progress on therapy, reinforce benefits, discuss your concerns and help you achieve the best results
• Pharmacists available 24 hours a day for emergency consultations

Greater Convenience

• FAST, no-hassle and confidential delivery to the location of your choice (e.g., home, doctor or other prescriber’s office, vacation destination, etc.)
• Refill reminders—Helpful calls from CVS Caremark Specialty Pharmacy
• Convenient enrollment through www.caremark.com
CVS Caremark offers specialty pharmacy services for:

- Allergic Asthma
- Crohn’s Disease
- Growth Hormone and Related Disorders
- Hematopoietics
- Hemophilia, von Willebrand Disease and Related Bleeding Disorders
- Hepatitis C Hormonal Therapies Infertility
- Immune Deficiencies and Related Disorders
- Lysosomal Storage Disorders
- Macular Degeneration
- Multiple Sclerosis
- Oncology
- Osteoarthritis
- Osteoporosis
- Psoriasis
- Pulmonary Arterial Hypertension
- Pulmonary Disease
- Renal Disease
- Respiratory Syncytial Virus
- Rheumatoid Arthritis
- Virus Prevention

To take advantage of these great benefits provided by CVS Caremark Specialty Pharmacy, please call CaremarkConnect® toll-free at 1-800-237-2767.
How to Choose a Medical Plan

In many ways, choosing a medical care plan is like making any other major purchase: You choose the plan that meets both your needs and your budget. There’s a significant difference, however, between buying a product and buying health care coverage. Since your health and your family’s health affects everything else in your lives, there is an emotional component to choosing which health care plan is right for you.

Step 1: Compare the Plans

Use the charts in this Guidebook and the cost comparisons on Fidelity NetBenefits® to analyze what benefits you’ll get for the money you’ll pay in premium contribution for each plan. Keep in mind that if you are eligible for Healthy Measures discounts, your premium contribution costs will be lower than what is shown in the cost comparisons. To see the 2013 Healthy Measures premium discounts, go to the Contribution Summary in the NetBenefits Reference Library.

1. What is the cost of coverage under each plan? How much will you pay out of each paycheck?

2. How much will you save off of those per-paycheck contributions if your Healthy Measures screening results qualify you for premium discounts in 2013? See pages 12–13 for more information on the Healthy Measures discounts.

3. What is the cost of care? In other words, what is the annual deductible—the amount you’ll have to pay out of your own pocket before the plan begins to pay for covered services? And what is the annual out-of-pocket maximum—the most you’ll pay out of your own pocket, including your deductible, before the plan begins to pay 100% for covered services?

4. Don’t forget your HRA! Remember: No matter which plan you choose, Nielsen automatically contributes to your HRA when you enroll in either plan—$500 if you enroll for employee only coverage, and $1,000 if you enroll for employee plus spouse/domestic partner, employee plus child(ren) or family coverage.*

Remember: If your spouse or domestic partner has coverage available through his or her employer, you will pay a surcharge on your Nielsen coverage if your annual base salary exceeds $30,000. See page 11 for details.

*You can also earn additional Nielsen contributions to your HRA by participating in certain health management programs. See page 6.
Step 2: Estimate Your 2013 Health Care Costs

It’s difficult to forecast exactly how much you’ll spend on health care in the future. Even if you’re healthy now, it’s always possible that something unforeseen could increase your health care costs in the months ahead. The best you can do is estimate the cost of future health care services based on past usage under the benefits of your current plan, plus the cost of current health conditions that may require expensive treatments in the coming year.

Step 3: Compare the Bottom Line

Add up your total cost for coverage and your total estimated cost for care—taking into account any Healthy Measures discounts for which you qualify, any spousal/domestic partner coverage surcharge and your Nielsen HRA contribution. Then, compare your estimated bottom line under each plan.

Step 4: Weigh Your Total Estimated Cost Against Your Risk Tolerance

Now that you know your expected total cost under each plan, weigh your tolerance for risk by estimating the most you might have to spend out-of-pocket under each plan. Unexpected medical expenses could increase your anticipated out-of-pocket cost for medical care.

As a last step, think about your budget against your tolerance for risk: consider how much you’re paying each pay period for coverage and how much money you’d need to pay if you incurred a large medical expense. Would you be able to pay your deductible and coinsurance, after you apply the Nielsen HRA contribution?

Are you more comfortable paying more for coverage out of each paycheck in exchange for a lower deductible and out-of-pocket maximum? Or do you prefer to pay less for coverage, pocket the savings in premium contributions, and go for the plan with the higher annual deductible and out-of-pocket maximum?

Step 5: Choose the plan that’s right for you

After you’ve followed these steps, you should have a sense of which plan feels right for you and your family. Now it’s time to enroll by logging on to Fidelity NetBenefits.
Employee Assistance Program and Behavioral Health Benefit

The challenges you face each day can overwhelm you. Your home life, your happiness and your performance at work all can suffer. Your Employee Assistance Program (EAP) and Behavioral Health benefit provides confidential support for those everyday challenges, and for more serious problems. It’s available around the clock any time you need it.

What Can My EAP and Behavioral Health Benefits Do for Me?

You may be struggling with stress at work, seeking financial or legal advice, or coping with the death of a loved one. Maybe you just want to strengthen your relationships with your family. Your benefit offers assistance and support for all these concerns and more:

• Depression, stress and anxiety
• Relationship difficulties
• Financial and legal advice
• Parenting and family problems
• Child and elder care support
• Dealing with domestic violence
• Substance abuse and recovery
• Eating disorders

From short-term counseling services and referrals to more extended care, you’re EAP and Behavioral Health benefit offers just what you need. To find out more, call 1-866-248-4094 or visit www.liveandworkwell.com.

How does it work?

Accessing your EAP and Behavioral Health benefit is easy and available 24 hours a day, just call 1-866-248-4094 or log on to liveandworkwell.com. A specialist will help you identify the nature of your problem and the appropriate resources to address it. If you need financial or legal services, we will refer you to an expert in that field. If you want to see a clinician, we’ll match you with one in our network who has the appropriate experience to help.

Connecting online

For 24-hour, confidential access to your EAP and Behavioral Health benefit and tools to help you enhance your work, health and life, simply visit liveandworkwell.com. You can check your benefit information and submit online requests for services, search our online directory of clinicians, access information and resources for hundreds of everyday work and life issues in one of our many virtual help centers, and participate in interactive, customizable self-improvement programs. Any member of your household may access these online services, including dependents living away from home.
How much will this benefit cost?

There’s no charge for referrals or seeing a network clinician for EAP counseling, subject to a three-visit maximum per year. Additional services may require pre-authorization and/or a copayment, and there may be a deductible. If you’d like to speak with an expert for financial or legal assistance or for mediation, there’s no cost for the initial consultation. Subsequent legal assistance is available at a 25 percent discount. Access to liveandworkwell.com is always free.

Are services confidential?

We’ll never share your personal records with your employer or anyone else without your permission. All records, including medical information, referrals and evaluations, are kept strictly confidential in accordance with federal and state laws.
Vision Care Benefits

Vision Service Plan (VSP)

VSP, Nielsen’s national vision insurer, offers vision coverage to you and your dependents. You do not need to be enrolled in a Nielsen medical plan to enroll in VSP.

VSP provides vision care benefits for eye exams, eyeglass frames and lenses, or contact lenses. Without coverage, an exam and prescription glasses can cost $300 or more. With VSP coverage, you’ll reduce your out-of-pocket costs for vision care and taxable income. Because premiums for vision care are deducted from your pay before taxes are withheld, you’ll pay less in taxes.

Besides helping you see better, routine eye exams can detect a number of serious health conditions such as glaucoma, cataracts, diabetes and cancer. Eye exams for children can spot problems that can impact their learning and development. See the chart below for more information about the benefits provided under the VSP plan.

Though you can visit any eye care provider and receive benefits under the VSP plan, the level of benefit will be more generous if you use a doctor in the VSP network. You also won’t need to submit claim forms or receipts. Just give your name and last four digits of your Social Security number to the in-network doctor who will verify eligibility and submit a claim for you.

If you use an out-of-network provider, you must first pay the provider in full. For reimbursement, send your receipt with your Social Security number within six months of the date of service to:

Vision Service Plan
Out-of-Network Provider Claims
P.O. Box 997105
Sacramento, CA, 95899-7105

If you wear contact lenses, you are eligible for preferred pricing and direct delivery on annual supplies of select soft contact lenses. You can receive your contacts by mail, or you can return to your doctor to pick them up.

For more information, call VSP at 1-800-877-7195 or visit www.vsp.com.

Contact Lens Coverage Is Increasing for 2013

VSP, Nielsen’s national vision insurer, offers vision coverage to you and your dependents. For 2013, the plan benefit for contact lens coverage is increasing; if you choose to be fitted for contact lenses, you will not pay more than a $60 copayment for a contact lens exam (fitting and evaluation), provided that you use a VSP doctor. You can now apply the entire $160 contact lens allowance to the cost of the lenses themselves.

For a complete list of covered vision plan services, go to the Benefits of Nielsen.
CIGNA Dental Coverage

Through CIGNA, Nielsen's national dental insurer, Nielsen offers two different plans for your dental health. The CIGNA Dental Care HMO only covers services from in-network providers. The CIGNA Dental PPO has both in- and out-of-network benefits.

CIGNA Dental Care HMO

The CIGNA Dental Care HMO is available in most locations around the country. This plan, which covers only in-network dental care services, has the lowest total out-of-pocket costs. You will pay a pre-set discounted fee* for dental services, and there are no claim forms or deductibles.

If you select the CIGNA Dental Care HMO, your primary care dentist will manage all your dental care—providing referrals as necessary. Therefore, each covered family member must select a primary care dentist. To select (or change) a primary care dentist, call CIGNA member services or log on to the CIGNA Web site. In the event your dentist drops out of the network during the year, you will need to choose another network dentist.

### BENEFITS

<table>
<thead>
<tr>
<th>BENEFITS</th>
<th>DENTAL CARE HMO (IN-NETWORK ONLY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Maximum Reimbursement</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Lifetime Maximum for Orthodontia</td>
<td>24 months of interceptive/comprehensive treatment</td>
</tr>
<tr>
<td>Annual Deductible (Employee/Family)</td>
<td>None</td>
</tr>
<tr>
<td>Preventive and Diagnostic Care</td>
<td>No cost to you</td>
</tr>
<tr>
<td>Basic Restorative Care</td>
<td>You pay pre-set fee*</td>
</tr>
<tr>
<td>Major Restorative Care</td>
<td>You pay pre-set fee*</td>
</tr>
<tr>
<td>Orthodontic Care</td>
<td>You pay pre-set fee*</td>
</tr>
</tbody>
</table>

*The fee schedule is available via Fidelity NetBenefits® or at www.cigna.com

**Dental ID Cards**

CIGNA will provide dental cards only to those enrolled in the CIGNA Dental Care HMO. You will not receive an ID card if you enroll in the CIGNA Dental PPO. For Dental PPO members, please log on to Fidelity NetBenefits® to get your online ID card. You do not need an ID card to obtain services from your dentist, but you do need an ID card to take advantage of the Healthy Rewards program.

**CIGNA Customer Service**

CIGNA Customer Service is available 24 hours a day, seven days a week. Call 1-800-CIGNA24 any time you have a question about your dental coverage.
FILING CLAIMS DEADLINE

You have until June 30th to file dental claims from the prior calendar year. You can get claim forms from the Fidelity NetBenefits® Web site or by calling The Fidelity Benefits Service Center.

CIGNA Dental PPO

The CIGNA Dental PPO is available to all Nielsen employees because the CIGNA Dental PPO provides benefits whether you use an in- or out-of-network dentist. Like a medical PPO, your dental costs will be lower in network, because network dentists discount their fees for service according to their contract with CIGNA. Unlike the medical PPO, the dental PPO reimburses your expenses at the same coinsurance percentage whether you use an in- or out-of-network dentist.

In-network, your dentist will submit claims for you. CIGNA will pay a percentage of the contract amount to the dentist, and you will pay the difference plus a small annual deductible if applicable. If you go out-of-network, you submit the claim form, CIGNA reimburses either you or the provider a percentage of the nondiscounted reasonable and customary (R&C) amount, and you pay the difference plus a small annual deductible, if applicable. The R&C fee is the amount that your health plan determines is the normal range of payment for a specific health-related service or medical procedure within a given geographic area.

If you choose this plan, you will not need to choose a primary care dentist, and you will not need referrals.

Each time you need dental care, you can choose to go either in or out-of-network. When you go to any dentist for the first time, bring a claim form with you so that your dentist can submit your claim correctly. (You can print claim forms from NetBenefits®)

<table>
<thead>
<tr>
<th>BENEFITS</th>
<th>DENTAL PPO IN-NETWORK</th>
<th>DENTAL PPO OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Maximum Reimbursement</td>
<td>$1,500 per person</td>
<td></td>
</tr>
<tr>
<td>Orthodontic Lifetime Maximum</td>
<td>$1,500 per person combined in- and out-of-network</td>
<td></td>
</tr>
<tr>
<td>Reimbursement Level</td>
<td>Based on discounted fees</td>
<td>Based on reasonable and customary allowances</td>
</tr>
<tr>
<td>Annual Deductible (Employee/Family)</td>
<td>$50/$150</td>
<td>$50/$150</td>
</tr>
<tr>
<td>Preventive and Diagnostic Care</td>
<td>No cost to you</td>
<td>No cost to you</td>
</tr>
<tr>
<td>Basic Restorative Care</td>
<td>You pay 20% coinsurance after deductible</td>
<td>You pay 20% coinsurance after deductible</td>
</tr>
<tr>
<td>Major Restorative Care</td>
<td>You pay 50% coinsurance after deductible</td>
<td>You pay 50% coinsurance after deductible</td>
</tr>
<tr>
<td>Orthodontic Care</td>
<td>You pay 50% coinsurance after deductible</td>
<td>You pay 50% coinsurance after deductible</td>
</tr>
</tbody>
</table>

CIGNA Healthy Rewards

Because your dental carrier is CIGNA, you now have access to additional discounts from acupuncture to buying vitamins online. The discounts apply whenever you use Healthy Rewards participating providers. To find them, simply call 1-800-870-3470.
CHOOSE THE DENTAL PLAN MOST SUITABLE FOR YOU…

Check the directory of providers in your area to determine which dentists are in the CIGNA Dental Care HMO and CIGNA Dental PPO networks before you make a final decision. The directory is available through [www.netbenefits.com/nielsen](http://www.netbenefits.com/nielsen), [http://www.cigna.com](http://www.cigna.com), or [http://www.mycigna.com](http://www.mycigna.com). You also may call the applicable CIGNA numbers provided at the back of this Guide.

Retiree Medical and Dental

To be eligible for medical and dental coverage during retirement, you must be 55 years or older when you retire from Nielsen or one of its businesses, and have completed 10 or more years of service after reaching age 45 (as determined for vesting purposes under the Nielsen Retirement Plan). You also must be enrolled in a medical and/or dental plan as an active employee at the time you retire.

If you retire before age 65, you and your covered dependents can continue coverage under the options available to active employees, but at the retiree cost. When you or a covered dependent turns 65, you and your family must switch to the UnitedHealthcare Post-65 medical plan at the retiree cost. Contact The Fidelity Benefits Service Center for specific cost information.

Under the UnitedHealthcare Post-65 Plan, claim reimbursements are limited to amounts not covered by Medicare Parts A and B, even if you have not enrolled in those insurances. Enrollment in Medicare Part A is free, but if you choose not to enroll in Medicare Part B coverage, your Nielsen claim reimbursement will still be reduced by the amount of Medicare Part B benefits you would have received had you been enrolled.

To see if you are eligible to participate in the CIGNA Dental PPO or the CIGNA Dental HMO and/or for retiree cost information, contact the Fidelity Benefits Service Center. Vision coverage is not available to retiree over age 65.

Medicare Part D

Please read the Medicare Part D Notice of Creditable Coverage for Medicare-Eligible Employees and Covered Dependents that was mailed home. This information is also located on the NetBenefits® Reference Library.
Insurance Plans

The income you earn today goes to support you and your family—keeping up with expenses, putting a little aside for your future plans. And it’s very important to protect that income, in case something unforeseen happens. Nielsen offers a flexible set of plans for continuing your income if you become unable to work because of a disability or if you die while you’re employed. MetLife is the administrator of all these plans.

Disability

Disability benefits are intended to replace part of your income if you become ill or injured and unable to work. There are two elements of this coverage, which are designed to work together: Short-Term Disability and Long-Term Disability.

Short-Term Disability (STD)

You receive Short-Term Disability (STD) coverage automatically at no cost to you. Coverage begins after your first 90 days of full-time employment. The amount of your benefit depends on how many years you have worked for Nielsen (or a Nielsen-owned business). The coverage ensures you receive a portion of your pay for up to 12 weeks if you are medically certified as unable to work because of a non-work-related injury or illness. The 12 weeks of salary continuation renews every two years. In other words, you may use up to 12 weeks of benefits within a 24-month period.

You become eligible for STD coverage after you have missed five consecutive workdays because of illness or injury, you’ve called MetLife to report your disability, and MetLife has medical certification that you are unable to work. You can use any available sick days, or other paid time off if you don’t have sick days available, to provide income during the five-day waiting period. The income you receive during the remainder of your disability period depends on the number of years you have worked at Nielsen. The following table shows the amount and maximum duration of the disability payments you are eligible to receive.

<table>
<thead>
<tr>
<th>YEARS OF SERVICE</th>
<th>WEEKS AT 100% OF BASE PAY</th>
<th>WEEKS AT 70% OF BASE PAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 months up to 2 years</td>
<td>6 weeks</td>
<td>6 weeks</td>
</tr>
<tr>
<td>2 through 9 years</td>
<td>8 weeks</td>
<td>4 weeks</td>
</tr>
<tr>
<td>10 years +</td>
<td>12 weeks</td>
<td>0 weeks</td>
</tr>
</tbody>
</table>

Filing Claims

You are required to file a claim with and be approved for coverage in order to receive salary continuation benefits during sickness or disability. To report your STD claim simply call MetLife at 1-800-GET-MET-8.

Long-Term Disability (LTD)

If you are an eligible associate, you will be automatically enrolled in the LTD Plan, effective your date of hire. You may opt out of coverage within 31 days from your date of hire, provided you call Fidelity at 1-800-500-2363 or go online at http://netbenefits.fidelity.com.

If you are enrolled in the Long-Term Disability (LTD) Plan, you are eligible to receive a portion of your income when you are disabled due to illness or injury for a long period of time. Your benefits under this plan begin after 90 days of a medically certified disability.
LTD replaces 60% of your eligible insurable pay up to $25,000 a month, with a maximum payable benefit of $15,000 per month. To calculate your covered LTD benefit, multiply your eligible insurable monthly pay times the 60% LTD benefit. The income you receive through LTD is not taxable because your contributions are made with after-tax dollars, meaning you have already paid the appropriate taxes for the benefit.

Disability is defined in two ways. For the first 24 months of payment under the LTD program, you are disabled if you are unable to perform the duties of your regular job due to a medically certified illness or injury and your monthly earnings are reduced by more than 20% due to that illness or injury. After 24 months of payment, you are disabled when you are medically certified as unable to perform the duties of any gainful job for which you are suited by education, training or experience.

Your benefits may be reduced by other disability benefits you receive such as Social Security, workers’ compensation or rehabilitation benefits. Generally, LTD benefits continue until you are no longer considered disabled, or the later of your normal retirement age or the period shown below, whichever is earlier. For disabilities that begin at age 60 or later, benefits continue as follows:

<table>
<thead>
<tr>
<th>IF YOU ARE AGE</th>
<th>MAXIMUM BENEFIT PERIOD (IF EALIER THAN END OF DISABILITY)</th>
<th>IF YOU ARE AGE</th>
<th>MAXIMUM BENEFIT PERIOD (IF EALIER THAN END OF DISABILITY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;60</td>
<td>To age 65 but not less than 5 years</td>
<td>65</td>
<td>24 months</td>
</tr>
<tr>
<td>60</td>
<td>60 months</td>
<td>66</td>
<td>21 months</td>
</tr>
<tr>
<td>61</td>
<td>48 months</td>
<td>67</td>
<td>18 months</td>
</tr>
<tr>
<td>62</td>
<td>42 months</td>
<td>68</td>
<td>15 months</td>
</tr>
<tr>
<td>63</td>
<td>36 months</td>
<td>69+</td>
<td>12 months</td>
</tr>
<tr>
<td>64</td>
<td>30 months</td>
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</tbody>
</table>

LTD coverage also provides a survivor benefit. If you die while you are disabled, your eligible survivors or your estate will be eligible to receive a benefit payment as described in the LTD certificate.

Consider LTD Carefully

You should consider LTD carefully. The income you may receive from your STD insurance and/or Social Security may not adequately replace your lost income.

LTD Evidence of Insurability

Evidence of Insurability (EOI) is not required when you are automatically enrolled. If you drop LTD coverage and later want to elect it, you will need to provide EOI at that time. It is possible that coverage may be denied by MetLife. If you are required to submit EOI, you will automatically receive the form from the Fidelity Benefits Service Center.

INSURABLE PAY* USED FOR INSURANCE CALCULATIONS

Your supplemental, spouse and child life insurance plan contributions and coverage amounts are based on your insurable pay. Your contributions to these plans change if your compensation changes during the year, should you receive a salary increase or bonus, for example. For 2013, your Long-Term Disability (LTD) contributions and coverage amounts are based on a combination of your age and insurable pay. Please refer to your personalized rates on NetBenefits for changes in your LTD contributions.

*Insurable pay = the total amount of your annualized base salary + incentive bonus + commissions paid through September 30, 2012.
Life and Accident Insurances

The company provides, at no cost to you, both Basic Life Insurance and Basic Group Accident Insurance. You will also have the opportunity to purchase both Supplemental Life Insurance and Voluntary Group Accident Insurance for yourself and your dependents.

Who’s Eligible

You, your legal spouse, your domestic partner and your unmarried dependent children (see page 43 for a definition of your eligible dependents) are eligible for coverage under the Life Insurance and Group Accident Plans as described in this section.

Basic Life Insurance

Basic Life Insurance for yourself is provided automatically at no cost to you. You will receive coverage of one times your insurable pay (rounded up to the next multiple of $1,000), up to a maximum of $1 million. You will not need to show Evidence of Insurability (EOI) for Basic Life Insurance.

Supplemental Life Insurance

You can choose to enroll in the Supplemental Life Insurance plans outlined below, which are administered by MetLife. Under these plans you may elect coverage for yourself, your spouse or domestic partner, and/or your unmarried dependent children. However, you must elect Supplemental Life coverage for yourself in order to enroll your spouse or domestic partner and children.

<table>
<thead>
<tr>
<th>SUPPLEMENTAL LIFE INSURANCE PLANS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>For yourself</strong></td>
</tr>
<tr>
<td><strong>For your spouse or domestic partner</strong></td>
</tr>
</tbody>
</table>
| **For your dependent children**   | • 0 – 14 days old, $1,000  
• 15 days – 19 years old, $10,000  
• 19 – 25 years old (full-time student), $10,000 |

The cost of coverage (the premium) for yourself is based on your age, while the cost of coverage for your spouse or domestic partner is based on his/her age. The cost of coverage for your child(ren) is a flat rate. All premium payments are made with after-tax dollars.

If you do not elect Supplemental Life Insurance when you first become eligible and later wish to enroll, you and/or your eligible dependents will be required to provide EOI. (For more information, and the chart “When Evidence of Insurability is Required” see below.)

If you are required to submit EOI, you will automatically receive the form from the Fidelity Benefits Service Center.

<table>
<thead>
<tr>
<th>WHEN EVIDENCE OF INSURABILITY IS REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Newly eligible</strong></td>
</tr>
</tbody>
</table>
| • Choose Supplemental Life for more than 3 times insurable pay or your combined Basic and Supplemental Life Insurance exceeds $1,000,000.  
• Choose Spouse or Domestic Partner Life for more than $30,000. |
| **During Annual Enrollment or within 31 days of a qualified status change** |
| • Enroll in Supplemental, Spouse, Domestic Partner or Dependent Life for the first time and did not elect Supplemental Life Insurance when first employed.  
• Increase your current Supplemental Life by more than 1 times insurable pay.  
• Increase your combined Basic and Supplemental Life Insurance to more than $1,000,000.  
• Elect more than 3 times insurable pay for Supplement Life.  
• Increase Spouse or Domestic Partner Life election to an amount over $30,000. |
IMPUTED INCOME

IRS regulations require that the value of all group term life insurance provided by an employer in excess of $50,000 be taxed as "imputed income." The amount of this imputed income is based on the amount of coverage in excess of $50,000, your age, and the uniform premium established by the IRS. This amount will be reported on each paycheck you receive.

Basic Group Accident Insurance

As an added layer of protection, and at no cost to you, the company provides Basic Group Accident Insurance for yourself in the event of an accidental death or dismemberment. This plan pays a benefit of up to one times your insurable pay with a maximum of $1 million.

Voluntary Group Accident Insurance

Voluntary Group Accident Insurance, which pays benefits in the event of an accidental death or dismemberment, is available for yourself, or yourself plus your family. You may elect coverage in $10,000 increments, up to $1 million for yourself and/or your family. If you elect an amount over $250,000, coverage is limited to 10 times your insurable pay.

You may elect Voluntary Group Accident Insurance without submitting Evidence of Insurability. All premium payments are made with after-tax dollars.

Beneficiary Designation

You must elect a beneficiary for your life and accident plans. To do so, log on to Fidelity NetBenefits. You automatically are the beneficiary of any life or group accident insurance you elect for your dependents. Fidelity NetBenefits® online now features enhanced beneficiary designation options, so you can view, elect or change your beneficiary for all benefit plans by logging on to www.netbenefits.com/nielsen.

AGE-BASED REDUCTIONS FOR LIFE AND ACCIDENT INSURANCES

If you continue to work after age 65 (or if your spouse or domestic partner is covered after age 65), Life and Group Accident coverages will be reduced. If you (or your spouse or domestic partner) are between 65 and 69, the benefit will be reduced to 65% of coverage in effect immediately prior to your (or your spouse's or domestic partner) 65th birthday. At age 70, the benefit is reduced to 50% of the coverage immediately prior to age 65. In addition, you will not have the opportunity to elect any increases in coverage after age 65, nor will any increases in insurable pay affect your life insurance amounts after age 65.
401(k) Plan

Who’s Eligible
If you are a full-time employee (an employee who is scheduled to work on a full-time basis as determined by the standards established by the location at which you are employed), you are eligible to participate in the plan on your first day of employment. Part-time employees are eligible to enroll in the plan upon completion of 1,000 hours of service. If you fail to earn 1,000 hours in your first 12 months of employment, you become eligible to participate on January 1 following the first calendar year in which you work 1,000 hours.

Enrollment
You can enroll online through Fidelity NetBenefits® at www.netbenefits.com/nielsen or you can call the Fidelity Benefits Service Center at 1-800-500-2363 to enroll in the plan.
Your enrollment becomes effective when you make an investment election and elect a deferral percentage, which initiates deduction of your contributions from your eligible pay. These salary deductions will generally begin with your next pay period after we receive your enrollment information, or as soon as administratively possible.

Employee Contributions
Your contributions to the plan are made through automatic payroll deductions as pre-tax contributions, Roth after-tax contributions and basic after-tax contributions, or a combination of the three. You can authorize payroll deductions between 1% to 50% of your eligible compensation (in whole percentages only). Your combined pre-tax, Roth after-tax and basic after-tax cannot exceed 50% of your eligible compensation. You can request to change your contribution deferral percent and investment election any time through Fidelity NetBenefits® at www.netbenefits.com/nielsen or by calling the Fidelity Benefits Service Center at 1-800-500-2363.

Roth After-Tax Contributions
You can make Roth after-tax and pre-tax contributions at the same time. Roth after-tax contributions and pre-tax contributions are subject to IRS limits ($17,000, or $22,500 if you are age 50 or older, based on 2012 limits). Note: These limits may increase in 2013, as they are tied to the inflation index. The major difference between pre-tax and Roth after-tax contributions is the timing of taxation; you should speak with your accountant or financial advisor for additional information.
You will need to make a separate election for each by logging on to www.netbenefits.com/nielsen or by calling 1-800-500-2363 Monday through Friday (except New York Stock Exchange holidays) between 8:30 am and 8:30 pm Eastern time.
Once you elect to make Roth contributions, that election is irrevocable for the year. You cannot change your Roth contribution in your 401(k) to a pre-tax contribution during the year.

Company Contributions
Nielsen helps you save for retirement by matching your contributions. Nielsen will match 50% of your before-tax contributions and/or Roth after-tax contributions up to a maximum matching contribution of 3% of your eligible compensation for each pay period. No matching contributions will be made on your pre-tax contributions.
and/or Roth after-tax contributions in excess of 6% of your eligible compensation. Basic after-tax, catch-up and “recharacterized” catch-up contributions are not matched.

Investment Options

To help you meet your investment goals, the Plan offers you a range of options. You can select a mix of investment options that best suits your goals, time horizon and risk tolerance. The investment options available through the Plan include conservative, moderately conservative and aggressive funds.

On October 4, 2012, Nielsen added a new investment choice: Nielsen stock. This choice enables you to invest a portion of your 401(k) savings in shares of Nielsen common stock—the same shares that are traded on the New York Stock Exchange. Investments you direct to Nielsen stock are used to buy shares of Nielsen common stock at their market price at the time of the purchase. After the shares are deposited in your account their value is always their fair market value (number of shares x prevailing share price).

1. You may direct up to 25 percent of all your 401(k) contributions to buy Company stock, and/or
2. You may redirect existing 401(k) balances in other funds to purchase Company stock as long as the resulting Nielsen stock value does not exceed 25 percent of the total value of your account on the day of the transaction. The limits are set to encourage diversification of your investment choices due to the relatively higher risk that attaches to investing in a single company stock.

To learn more about investing in Nielsen stock and the importance of diversification, go to www.netbenefits.com or the Benefits of Nielsen. Before you invest in Nielsen stock, you should review these materials carefully.

A complete description of the Plan’s investment options and their performance, as well as planning tools to help you choose an appropriate mix, are available online at Fidelity NetBenefits®. The Plan also offers the Fidelity Freedom Funds® that offer a blend of stocks, bonds and short-term investments within a single fund. Each Freedom Fund’s asset allocation is based on the number of years until the fund’s target retirement date. The Freedom Funds are designed for investors who want a simple approach to investing for retirement.

“Catch-up” Contributions

If you have reached age 50 or will reach 50 during the calendar year January 1–December 31 and are making the IRS legal limit pre-tax contribution, you may make an additional “catch-up” contribution each pay period. The IRS limits are determined each year and may change. Please note that you must make a separate election to take advantage of the catch-up contribution. The Company does not match your catch-up and recharacterized contributions. As a reminder, to be eligible to make a catch-up contribution you must also be contributing at least 6% of your eligible compensation on a pre-tax basis.

If you are at least age 50 in 2013, you may make Roth after-tax catch-up contributions effective as of January 1, 2013. Your combined pre-tax and Roth after-tax catch-up contributions cannot exceed the maximum IRS catch-up contribution dollar limit for the year ($5,500 for 2012). Note: In 2013, this limit could increase, as it is tied to the inflation index. Nielsen does not match catch-up contributions.

The maximum percentage Roth after-tax catch-up and pre-tax catch-up is subject to the combined annual contribution maximum of 50% of your pay (in whole percentages only).

Vesting

You are always 100% vested in your own contributions, as well as any earnings on them. You are 100% vested in the Company’s matching contributions and any earnings after three years of continuous employment.
Loans
Although your account is intended for the future, you may borrow from your account for any reason. You may have a maximum of two loans outstanding at one time. Only one can be a loan for any purpose. Only one can be for the purchase of a primary residence. The maximum total amount that you can borrow at any one time is the lesser of 50% of your vested balance, or $50,000 minus the highest amount of combined loan balances outstanding in the previous 12 months. The minimum loan amount is $1,000. Loan amounts must be in $100 increments. The cost to initiate a loan is $35, and there is a quarterly maintenance fee of $3.75. The initiation and maintenance fees will be deducted directly from your individual plan account. If you fail to repay your loan (based on the original terms of the loan), it will be considered in “default” and treated as a distribution, making it subject to income tax and possibly to a 10% early withdrawal penalty. Defaulted loans may also impact your eligibility to request additional loans. Be sure you understand the plan guidelines before you initiate a loan from your plan account.

Withdrawals
Withdrawals from the Plan are generally permitted when you terminate your employment, retire, reach age 59½, become permanently disabled, or have severe financial hardship as defined by your Plan. Keep in mind that withdrawals are subject to income taxes and possibly to early withdrawal penalties. When you leave the Company, you can withdraw contributions and any associated earnings or, if your vested account balance is greater than $5,000, you can leave contributions and any associated earnings in the Plan. After you leave the Company, if your vested account balance is equal to or less than $1,000, it will automatically be distributed to you. However, if your vested account balance is greater than $1,000 but not more than $5,000, you will be notified that your entire vested account balance will be transferred to an Individual Retirement Account (Rollover IRA), unless you request either a cash distribution or a rollover distribution of your choice. The taxable portion of your withdrawal that is eligible for rollover into an individual retirement account (IRA) or another employer’s retirement plan is subject to 20% mandatory federal income tax withholding, unless it is rolled directly over to an IRA or another employer plan. (You may owe more or less when you file your income taxes.) If you are under age 59½, the taxable portion of your withdrawal is also subject to a 10% early withdrawal penalty, unless you qualify for an exception to this rule.

Rollovers
You are permitted to roll over eligible pre-tax and after-tax contributions from another 401(k), 403(b), and governmental 457(b) retirement plans, from eligible Conduit Individual Retirement accounts (IRAs), or from spousal beneficiary distributions. Call The Fidelity Benefits Service Center at 1-800-500-2363 for details.

Additional Information
You can access your account online through Fidelity NetBenefits® at www.netbenefits.com/nielsen or by calling The Fidelity Benefits Service Center at 1-800-500-2363 to speak with a representative or use the automated voice response system, virtually 24 hours a day, 7 days a week. Fidelity NetBenefits® online now features enhanced beneficiary designation options, so you can view, elect or change your beneficiary for all benefit plans by logging on to www.netbenefits.com/nielsen.

Before investing in any mutual fund, please carefully consider the investment objectives, risks, charges and expenses. For this and other information, call or write Fidelity for a free prospectus. Read it carefully before you invest.
Making Life Easier

These days it seems to take a lot of effort just to keep up with our many responsibilities and activities. So we welcome anything that helps make our lives easier. The following plans are offered by Nielsen to help reduce hassles and bring additional balance to your life. Please note that you are automatically enrolled at no charge in the Employee Assistance Program.

Spending Accounts

With a health care flexible spending account, you can set aside pre-tax dollars to pay for eligible health care expenses. Beginning in 2013, due to Health Care Reform, the annual contribution you can make to a health care flexible spending account on a pre-tax basis is $2,500 (reduced from $5,000). The net effect of using a Flexible Spending Account is that you reduce the amount of your out-of-pocket costs by the amount of taxes you otherwise would have had to pay.

If you are currently contributing more than $2,500 to the health care flexible spending account for 2012, your contributions will automatically be reduced to $2,500, unless you make a change during Annual Enrollment. **Although the contribution amount is changing for a health care flexible spending account, you may still contribute up to $5,000 to your dependent care flexible spending account.**


All eligible expenses must be incurred during the calendar year for which you make your contribution. Expenses are considered incurred when the service is provided, not when you receive or pay the bill. Under IRS rules, if you do not spend the money in your account by the end of the year, the remaining money is forfeited—“use it or lose it.”

For FSA claims

You have until March 31 to submit claims for the prior calendar year to UnitedHealthcare, the administrator of Nielsen’s Spending Accounts.

New Health Care Spending Account Maximum in 2013

As required by law, the annual maximum Health Care Spending Account contribution is decreasing from $5,000 to $2,500 in 2013.

Health Care Spending Account

By contributing to a health care spending account, you set pre-tax money aside to reimburse yourself for health care expenses you paid out-of-pocket, because they were not paid by a medical, dental, prescription drug, or vision plan. Enrollment in a Nielsen medical, dental, or vision plan is not required to participate in this account.

When you enroll in a Nielsen medical plan, Nielsen automatically establishes a Health Reimbursement Account (HRA) on your behalf.
You may also establish a health care spending account, if you wish, to cover any eligible health care expenses that aren’t covered by a medical plan or by your HRA. If you do enroll in a Nielsen medical plan and also establish a health care spending account, here is how in-network eligible health care expenses will be paid:

- First, your in-network claim will be paid automatically with funds from your HRA.
- Then, if your HRA balance doesn’t cover the full amount of the claim, the balance automatically is paid with funds in your health care flexible spending account.
- You receive a bill for any remaining unpaid balance, up to plan limits.

See Health Reimbursement Account (HRA) on page 18 for more information about your HRA.

The minimum amount you may contribute each year for yourself and your eligible dependents is $120 and the maximum amount is $2,500. You can be reimbursed at any time during the year, up to the total amount of your expected annual contribution, for health care expenses you paid out-of-pocket because they were not reimbursed elsewhere.

For expenses not associated with your UnitedHealthcare medical plan (if you are not enrolled in a Nielsen medical plan, or for unreimbursed dental expenses and eyeglass expenses) you must fill out a Spending Account claim form and submit it to UnitedHealthcare for reimbursement. You can print claim forms from NetBenefits® online at www.netbenefits.com/nielsen.

- Deductibles, copayments, and coinsurance
- Charges in excess of reasonable and (e.g., orthodontic expenses over $1,500)
- Vision or hearing care services and supplies not covered by your health care plans
- Insulin
- Charges in excess of plan limits customary allowances
- Expenses for a tax dependent not covered by a Nielsen health plan (e.g., your tax dependent parent)

Eligible health care expenses, as determined by the IRS, include the following:

**Over-the-Counter Medications Ineligible for Reimbursement**

Over-the-counter medications that are not prescribed by a physician (except insulin) are not considered qualified medical expenses under the Health Care Spending Account. Please be sure to calculate your contributions carefully, taking into consideration that over-the-counter medications, other than insulin, will not be reimbursable from a tax-advantaged account

**Dependent Care Spending Account**

By contributing to this spending account, you can set aside pre-tax money to pay the cost of caring for a child or other eligible dependent while you and your spouse or domestic partner are at work. You also can contribute to this account if:

- You are unmarried and working outside the home
- You work and your spouse or domestic partner is a full-time student for at least five months a year
- You work and your spouse or domestic partner is disabled
- Amount of Allowable Contribution: The Plan will allow contributions from $120 to $2,500 per year if you are not married, or if you and your spouse or domestic partner file a joint tax return. You can set aside up to $2,500 if you and your spouse or domestic partner file separate tax returns. In either case, you cannot contribute more than your spouse’s or domestic partner’s earned income. If your spouse or domestic
partner is a student or is disabled, your contribution cannot exceed $2,400 if you have one dependent and $4,800 if you have two or more dependents.

- **Amount of Nielsen Match:** Nielsen will pay up to $500 to help you pay for the cost of dependent care, at the rate of $.50 for each dollar of claims you submit.

- **Amount of Your Total Election:** When you make your Dependent Care Spending Account election, you must add the amount of the company match to the amount you want to contribute. The total cannot exceed the allowable contribution limits explained above.

- **Eligible Dependents:**
  - Child(ren) under age 13 (generally not including those of domestic partners unless the child(ren) is your tax dependent); or
  - Dependent(s) of any age (including a parent) residing in your home for at least 8 hours each day who is physically or mentally incapable of self-care and is dependent on you for at least 50% of his/her financial support

- **Eligible Expenses:**
  - Wages or salary paid to a care provider, whether inside or outside your home, who is not a relative and who is age 19 or older
  - Expenses for household services, such as preparing meals, related to the care of an eligible dependent
  - FICA and other taxes you pay on behalf of the care/service provider
  - Payments to nursery schools, day camps and other day care arrangements that meet local regulations, provide care for more than six non-residential people and receive fees for services provided

**Direct Deposit of Reimbursements**

Online direct deposit of health care and dependent care spending account reimbursements provides you with the ability to receive your spending account reimbursements more quickly and easily. By logging on to [www.myuhc.com](http://www.myuhc.com), you can enroll at any time in direct deposit for the flexible spending account(s) you participate in. There is no cost to you to elect direct deposit reimbursement. Direct deposits can be made into either a checking or savings account at a U.S. bank, savings and loan, or credit union. Brokerage accounts cannot be used. Only one bank account can be designated for all selected products.

Once you are enrolled, you can go online whenever necessary to change your enrollment status or the financial institution that will receive the direct deposits.

Note that your decision to elect online direct deposit affects all UnitedHealthcare plans you participate in.

**How to enroll:**

- You can either enroll online or by completing the ACH (Automated Clearing House) form. You can register or complete the ACH form at [www.myuhc.com](http://www.myuhc.com).
- You can also download a UnitedHealthcare FSA reimbursement form from the NetBenefits® Web site.

**Tools to Help You**

An online FSA estimator is available at [www.myuhc.com/groups/nielsen](http://www.myuhc.com/groups/nielsen).
College Savings Plan

Section 529 College Savings Plans (named after the Internal Revenue Code section that established them) allow you to set aside funds for higher education expenses. You contribute to these plans with after-tax dollars. The investments grow federal tax free while in the account, which means that the account has the potential to grow faster than a comparable taxable account where your earnings are taxed every year. In addition, all qualified withdrawals are free from federal income taxes. Once an investment option is chosen for a beneficiary, the option may only be changed once per calendar year without triggering any tax or penalty. However, any time the beneficiary is changed, the investment option may be changed as well.

Smith Barney administers the College Savings Plan, and also can offer you a number of state programs. Before choosing a particular plan, it is important to consider tax consequences, investment options, performance and other relevant facts. You can call Smith Barney at **1-800-893-1766** at any time to join the plan; they can provide you with all the information you need to make a choice.

Added Benefits

Special group rates and money saving discounts are available through the Added Benefits program, including:

- **Auto & Home Insurance (enroll any time)**—Choose from three leading national insurance carriers—Liberty Mutual, Travelers, and MetLife Auto & Home.
- **Pet Insurance**—Veterinary Pet Insurance (VPI®) is the smart way to protect your pet’s health—and your pocketbook, too.
- **Identity Theft Protection**—Proactive identity monitoring to detect fraud sooner plus full-service restoration if you are or become a victim. Get protected today!
- **Chubb Personal Excess Liability**—Excess liability insurance, offered by Chubb, offers higher limits you may need to cover damages for which you may be legally responsible.

Learn more at [www.nielsenaddedbenefits.com](http://www.nielsenaddedbenefits.com) or by calling **1-855-845-0532**.
Hyatt Legal Plan

This plan, offered by Hyatt Legal Services, provides a variety of legal services including traffic and criminal matters, wills and estate planning, document preparation, purchase or sale of a home, refinancing, home equity loans, credit reporting, identity theft and adoption or guardianship. By enrolling in the legal plan and paying an annual fee, you pay nothing when you use an in-network attorney for legal services like those described above. Services provided by out-of-network attorneys for eligible legal expenses are reimbursed according to a set fee schedule. Note that once you elect coverage under the plan, you must maintain it through the end of the year.

- “Family Matters”—a separate legal plan that members’ parents can purchase, allowing them unlimited consultations and an attorney’s services with essential estate planning documents (including wills).

- Protection from Domestic Violence—This service covers the employee as the victim of domestic violence and includes representation to obtain a protective order, including all required paperwork and attendance at all court appearances.

- Boundary or Title Disputes—Negotiations and litigation arising from boundary or title disputes involving your primary residence, where coverage is not available under your homeowner or title insurance policies.

- Property Tax Assessment—Review and advice on a property tax assessment on your primary residence including filing paperwork, gathering evidence, negotiating a settlement and attending a hearing to seek reduction of the assessment.

- Zoning Applications—Services of a lawyer to help get a zoning change or variance for your primary residence. Services include reviewing the law, reviewing the surveys, advising the Participant, preparing applications, and preparing for and attending the hearing to change zoning.

- Personal Property Protection—Counseling you on personal property issues such as consumer credit reports, contracts for the purchase of personal property, consumer credit agreements or installment sales agreements, and pursuing or defending small claims actions. The service also includes reviewing any personal legal documents and preparing promissory notes, affidavits and demand letters.

- Elder Law Matters—Counseling on personal issues relating to your parents as they affect you. The service includes reviewing parents’ documents to advise you on their effect on you. Documents include Medicare or Medicaid materials, prescription plans, leases, nursing homes agreements, powers of attorney, living wills and wills. Also includes preparing deeds involving the parents when you are either the grantor or grantee and preparing promissory notes involving the parents when you are the payor or payee.

For more information, visit www.legalplans.com and enter password 4330010 under “Thinking About Enrolling,” or click “Members Log In” if you’re already enrolled in the plan. Or call Hyatt’s Client Service Center at 1-800-821-6400.
Ayco’s SurvivorSupport® Free Financial Counseling Service

Nielsen is partnering with Ayco to provide financial guidance to employees and their families in the unfortunate event of the death of an employee or an employee’s spouse or domestic partner. It brings a personal touch to financial planning at a time when employees and families are faced with difficult decisions—many of which are irrevocable and will have a long-term effect on their future financial security. It’s valuable assistance at a truly difficult time.

Under this program, you will have access to:

**One-on-one financial counseling session.** An Ayco counselor will provide a one-on-one review of the financial situation and help the survivor resolve issues.

**Personal financial planning.** Following the counseling session, the survivor will receive a detailed letter summarizing the topics discussed and prioritizing issues requiring attention.

**Follow-up service.** For six months following the counseling session, the survivor will have direct, toll-free access to his or her Ayco financial counseling team to address issues as they arise, or as additional information becomes available.

**Aycofn® Web site.** There is also six months of access to the Aycofn® Web site. This password-protected site allows access to Ayco 24 hours a day, seven days a week. The site includes interactive financial modeling tools; reference materials on cash flow, debt management, investments, estate planning, insurance, education funding and tax planning; as well as electronic access to Ayco’s Updates newsletter.

**Nielsen Corporate Discounts**

From animal care to automobiles, child care to computers, fitness to flowers and real estate to recreation, there’s no reason to pay the full cost. View the full range of discounts eligible to you and your family members by accessing Nielsen iShare. Click on the “Employee” tab and select “Employee Discounts.”

You also have access to discounts on popular theater and events, entertainment, shopping and gifts through Next Jump. Go to NextJump.com and complete a new user registration. Start saving on things you already use!

**Blackstone Marketplace**

The Blackstone Marketplace provides you and your family with access to private shopping events and exclusive discounts on hundreds of brand-name products and services. To learn more, go to http://nielsen.corporateperks.com.
Appendix

Nielsen Health Fund Plans
The Benefits of Nielsen Benefits
Resource List
Nielsen Health Fund Premium and Value Plans

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<th>FOR CARE YOU RECEIVE FROM IN-NETWORK PROVIDERS</th>
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<td>Health Reimbursement Account (HRA) Contribution*</td>
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<td>Lifetime Maximum Benefit</td>
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<tr>
<td>Nielsen Health Fund Premium Employee/Family</td>
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<tr>
<td>Deductible Amount (after your Nielsen-funded HRA is applied. Note: does not include any additional incentives you may earn by participating in certain health management programs*)</td>
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<tr>
<td>Out-of-Pocket Maximum (after your Nielsen-funded HRA is applied and including your deductible)</td>
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<td>Specialist Office Visits</td>
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</tr>
<tr>
<td>Mental Health Outpatient Care</td>
</tr>
<tr>
<td>Alcohol/Substance Abuse Outpatient Care</td>
</tr>
<tr>
<td>Hospice Care</td>
</tr>
<tr>
<td>Therapy, including physical, occupational, speech, and cardiac</td>
</tr>
<tr>
<td>Infertility Treatment</td>
</tr>
</tbody>
</table>

*You can also earn additional Nielsen contributions to your HRA by participating in certain health management programs. See page 6.
### Health Reimbursement Account (HRA) Contribution*

<table>
<thead>
<tr>
<th>Description</th>
<th>Employee</th>
<th>Employee + 1 or Employee + Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nielsen contributes</td>
<td>$500</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

### Lifetime Maximum Benefit

- Unlimited

### Health Reimbursement Account (HRA) Contributions

<table>
<thead>
<tr>
<th>Description</th>
<th>Employee/Family</th>
<th>Employee/Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible Amount (after your Nielsen-funded HRA is applied. Note: does not include any additional incentives you may earn by participating in certain health management programs.*)</td>
<td>$1,700/$3,400</td>
<td>$2,700/$5,400</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum (after your Nielsen-funded HRA is applied and including your deductible)</td>
<td>$5,500/$11,000</td>
<td>$5,600/$11,200</td>
</tr>
<tr>
<td>Coinsurance (after deductible is met)</td>
<td>You pay 40%</td>
<td>You pay 50%</td>
</tr>
</tbody>
</table>

### Preventive Care Visits

- You pay 40% after deductible
- You pay 50% after deductible

### Other Physician Office Visits

- You pay 40% after deductible
- You pay 50% after deductible

### Specialist Office Visits

- You pay 40% after deductible
- You pay 50% after deductible

### Inpatient Hospital

- You pay 40% after deductible
- You pay 50% after deductible

### Inpatient Mental Health or Alcohol/Substance Abuse

- You pay 40% after deductible
- You pay 50% after deductible

### Emergency Room Visit

- You pay 40% after deductible
- You pay 50% after deductible

### Urgent Care Visit

- You pay 40% after deductible
- You pay 50% after deductible

### Maternity Care

- You pay 40% after deductible
- You pay 50% after deductible

### Mammography

- You pay 40% after deductible
- You pay 50% after deductible

### Routine Lab Tests and X-Rays

- You pay 40% after deductible
- You pay 50% after deductible

### Non-Routine Lab Tests and X-Rays

- You pay 40% after deductible
- You pay 50% after deductible

### Mental Health Outpatient Care

- You pay 40% after deductible
- You pay 50% after deductible

### Alcohol/Substance Abuse Outpatient Care

- You pay 40% after deductible
- You pay 50% after deductible

### Hospice Care

- You pay 40% after deductible
- You pay 50% after deductible

### Therapy, including physical, occupational, speech, and cardiac

- You pay 40% after deductible
- You pay 50% after deductible

### Infertility Treatment

- Not covered
- Not covered

*You can also earn additional Nielsen contributions to your HRA by participating in certain health management programs. See page 6.
Benefits Resource List
Go to the Benefits of Nielsen for everything you need to know.

<table>
<thead>
<tr>
<th>IF YOU HAVE QUESTIONS ABOUT</th>
<th>CONTACT</th>
<th>BY PHONE</th>
<th>ON THE INTERNET</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Measures Program</td>
<td>Healthy Measures</td>
<td>1-888-275-8383</td>
<td><a href="http://www.nielsenhealthymeasures.com">www.nielsenhealthymeasures.com</a></td>
</tr>
<tr>
<td>(Obtaining your screening,</td>
<td></td>
<td></td>
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<tr>
<td>learning your results,</td>
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<tr>
<td>eligibility for the</td>
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<tr>
<td>discount)</td>
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</tr>
<tr>
<td>Personal concerns</td>
<td>UnitedHealthcare</td>
<td>1-866-248-4094</td>
<td><a href="http://www.liveandworkwell.com">www.liveandworkwell.com</a>, access code: nielsen</td>
</tr>
<tr>
<td>including family, mental</td>
<td></td>
<td></td>
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<tr>
<td>health, financial, legal</td>
<td></td>
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</tr>
<tr>
<td>Help navigating the</td>
<td>Health Advocate</td>
<td>1-866-695-8622</td>
<td><a href="http://www.healthadvocate.com">www.healthadvocate.com</a></td>
</tr>
<tr>
<td>health care system</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Future Moms/Healthy</td>
<td>UnitedHealthcare</td>
<td>1-800-411-7984</td>
<td><a href="http://www.healthy-pregnancy.com">www.healthy-pregnancy.com</a></td>
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<tr>
<td>Pregnancy Program</td>
<td></td>
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</tr>
<tr>
<td>Reach a Nurse</td>
<td>myNurseLine</td>
<td>1-877-440-9934</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Getting help with serious</td>
<td>Best Doctors</td>
<td>1-866-904-0910</td>
<td><a href="http://www.bestdoctors.com">www.bestdoctors.com</a></td>
</tr>
<tr>
<td>medical issues</td>
<td></td>
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<tr>
<td>(Finding the right specialist,</td>
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<tr>
<td>getting a second opinion,</td>
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<tr>
<td>reviewing a treatment plan)</td>
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<tr>
<td>Quiting smoking or other</td>
<td>Health Advocate</td>
<td>1-866-799-2728</td>
<td>HealthAdvocate.com/members</td>
</tr>
<tr>
<td>tobacco use</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Your 401(k) plan</td>
<td>Fidelity NetBenefits®</td>
<td>1-800-500-2363</td>
<td><a href="http://www.netbenefits.com/nielsen">www.netbenefits.com/nielsen</a></td>
</tr>
<tr>
<td>(Including changes to the</td>
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<tr>
<td>amount you contribute,</td>
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<td>your investments,</td>
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<tr>
<td>withdrawals, and</td>
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<tr>
<td>retirement planning)</td>
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<tr>
<td>The MetLife Personal Pension</td>
<td>MetLife Income Specialist</td>
<td>1-866-438-6477</td>
<td><a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a> (enter The Nielsen Company)</td>
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<tr>
<td>Builder and the MetLife</td>
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<tr>
<td>Guaranteed Income Program</td>
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<tr>
<td>Personalized financial</td>
<td>Ameriprise Financial</td>
<td>1-800-893-1766</td>
<td><a href="http://www.ameriprise.com/nielsen">www.ameriprise.com/nielsen</a></td>
</tr>
<tr>
<td>advice</td>
<td>Advisor</td>
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<tr>
<td>Section 529 college savings</td>
<td>Smith Barney</td>
<td>1-800-893-1766</td>
<td><a href="http://www.benefitaccess.com/529/nielsen">www.benefitaccess.com/529/nielsen</a></td>
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<tr>
<td>plan (Information about</td>
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<tr>
<td>and assistance with</td>
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<tr>
<td>getting started)</td>
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<tr>
<td>Benefits</td>
<td>Contact</td>
<td>Phone</td>
<td>Internet</td>
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<tr>
<td>-------------------------------------------------------------------------</td>
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<td>-----------------------------------------------</td>
</tr>
<tr>
<td>Enrolling for coverage, your current elections, plan costs, claim and beneficiary forms, and qualified life event changes</td>
<td>Fidelity NetBenefits®</td>
<td>1-800-500-2363</td>
<td><a href="http://netbenefits.fidelity.com">http://netbenefits.fidelity.com</a></td>
</tr>
<tr>
<td>Medical coverage, directories of network providers, claims status, or pre-notification</td>
<td>UnitedHealthcare</td>
<td>1-800-459-1495</td>
<td><a href="http://www.myuhc.com/">www.myuhc.com/</a></td>
</tr>
<tr>
<td>Pre-member site:</td>
<td></td>
<td></td>
<td><a href="http://www.myuhc.com/groups/nielsen">www.myuhc.com/groups/nielsen</a></td>
</tr>
<tr>
<td>Prescription Drug Coverage</td>
<td>CVS Caremark</td>
<td>1-877-807-7343</td>
<td><a href="http://www.caremark.com">www.caremark.com</a></td>
</tr>
<tr>
<td>Mail Order Drug Program</td>
<td>CVS Caremark</td>
<td>1-877-807-7343</td>
<td><a href="http://www.caremark.com">www.caremark.com</a></td>
</tr>
<tr>
<td>CIGNA Dental Plans</td>
<td>CIGNA Dental PPO</td>
<td>1-800-CIGNA24</td>
<td><a href="http://www.mycigna.com">www.mycigna.com</a></td>
</tr>
<tr>
<td>CIGNA Dental HMO</td>
<td></td>
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</tr>
<tr>
<td>Vision coverage and network providers</td>
<td>Vision Service Plan</td>
<td>1-800-877-7195</td>
<td><a href="http://www.vsp.com">www.vsp.com</a></td>
</tr>
<tr>
<td>Health care and dependent care spending accounts</td>
<td>UnitedHealthcare</td>
<td>1-800-459-1495</td>
<td><a href="http://www.myuhc.com">www.myuhc.com</a></td>
</tr>
</tbody>
</table>

### OTHER BENEFITS

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Contact</th>
<th>Phone</th>
<th>Internet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-term disability Claims initiation and status</td>
<td>MetLife</td>
<td>1-800-GET-MET8</td>
<td><a href="http://www.metlife.com/mybenefits/nielsen">www.metlife.com/mybenefits/nielsen</a></td>
</tr>
<tr>
<td>Long-term disability Claims initiation and status</td>
<td>MetLife</td>
<td>1-800-GET-MET8</td>
<td><a href="http://www.metlife.com/mybenefits/nielsen">www.metlife.com/mybenefits/nielsen</a></td>
</tr>
<tr>
<td>Personal insurance</td>
<td>Added Benefits</td>
<td>1-855-845-0532</td>
<td><a href="http://www.nielsenaddedbenefits.com">www.nielsenaddedbenefits.com</a></td>
</tr>
<tr>
<td>Pet insurance</td>
<td>VPI</td>
<td>1-855-845-0532</td>
<td><a href="http://www.nielsenaddedbenefits.com">www.nielsenaddedbenefits.com</a></td>
</tr>
<tr>
<td>Identity Theft Protection</td>
<td>Added Benefits</td>
<td>1-855-845-0532</td>
<td><a href="http://www.nielsenaddedbenefits.com">www.nielsenaddedbenefits.com</a></td>
</tr>
<tr>
<td>Personal Excess Liability insurance</td>
<td>Chubb</td>
<td>1-855-845-0532</td>
<td><a href="http://www.nielsenaddedbenefits.com">www.nielsenaddedbenefits.com</a></td>
</tr>
<tr>
<td>Legal coverage (for a list of network attorneys, or authorization number)</td>
<td>Hyatt Legal Plans</td>
<td>1-800-GET-MET8</td>
<td><a href="http://www.legalplans.com">www.legalplans.com</a></td>
</tr>
<tr>
<td>Financial guidance, survivor support</td>
<td>Contact your HR representative</td>
<td></td>
<td>Access to password protected site provided upon eligibility</td>
</tr>
</tbody>
</table>
The Benefits of Nielsen

Choose wisely. Live well.