



Retiring From Pearson

As a retiree of Pearson, you may be eligible to participate in the Company's Retiree Medical and/or Pension plans. You must have met the criteria outlined to be eligible for the applicable plans.

A. Pension

The Pension Plan is a defined benefit plan that requires 5 full years of service to become vested. Effective December 31, 2001, benefit accruals under the Pension Plan were frozen and participation in the Pension Plan was closed to new entrants as of that date. Please refer to the [Summary Plan Description for the Pearson Inc. Pension Plan](#) for detailed information about the pension plan.

If you are a vested participant in the Pearson Inc. Pension Plan, you will be sent details regarding your pension benefits under separate cover within **6-8 weeks** following your date of termination. If you have questions about your pension benefit, are unsure if you are eligible for a pension benefit, want to create an estimate of your pension benefit at various retirement ages, compare multiple distribution options, and access Frequently Asked Questions (FAQs) and required notices by visiting the [Pearson Pension Benefit Center](#) or by calling 1-855-275-0230. Representatives are available to assist Monday – Friday, 9 am to 6 pm. Eastern.

Former employees of CBS/Viacom can contact its pension center at 1-800-581-4222 to get more information about the benefit earned as a CBS/Viacom employee.

B. Retiree Medical

Two programs comprise the retiree medical plan, both are closed to new entrants.

- [Premium Reimbursement Plan \(PRP\)](#) - is available to all US-based employees who leave the company and had attained age 55 with at least 10 years of service as of December 31, 2014. The PRP provides up to \$300 per month reimbursement to retired employees (pre and post age 65) and eligible family members who have purchased individual private medical and/or prescription coverage. The PRP is administered by HealthEquity.

- [Group Plan Option](#) - is available to all US-based employees who met the Rule of 60 as of December 31, 2007 (age + service is equal to or greater than a factor of 60).
 - *Pre 65 retirees* - are eligible to participate in group medical plan insured by Anthem BlueCross BlueShield.
 - *Retirees aged 65 and older* - have access to a Health Reimbursement Arrangement (HRA). The HRA provides reimbursement up to \$300 per month to Medicare-eligible retirees and dependents who have purchased individual medical and/or prescription drug coverage through VIA Benefit Services. VIA, the country's largest Medicare Marketplace administrator, administers the HRA. Approximately 3 months before your 65th birthday, you will be contacted by VIA who will help you navigate the Medicare market and find a solution that is best for you and your family.

If eligible, you will receive plan/enrollment information directly from the Company's Retiree Medical Program administrator in about **4-6 weeks** following your date of termination.

C. Medicare

Medicare is a health insurance program for people aged 65 or older (and people with disabilities or certain conditions). Medicare is broken out in different sections that cover specific services:

- **Part A (Hospital Insurance)** - Part A helps cover inpatient care in hospitals, including critical access hospitals, and skilled nursing facilities (not custodial or long-term care). It also helps cover hospice care and some home health care. Beneficiaries must meet certain conditions to get these benefits. Most people do not pay a premium for Part A because they or a spouse already paid for it through their payroll taxes while working.
- **Part B (Medical Insurance)** - Part B helps cover doctors' services and outpatient care. It also covers some other medical services that Part A does not cover, such as some of the services of physical and occupational therapists, and some home health care. Part B helps pay for these covered services and supplies when they are medically necessary. Most people pay a monthly premium for Part B.

Part A plus Part B are also referred to as "[Original Medicare](#)."

- **Part C (Medicare Advantage Plan)** - is another Medicare health plan choice, an HMO or PPO, you may have as part of Medicare. Medicare Advantage Plans, sometimes called "Part C" or "MA Plans," are offered by private companies approved by Medicare. If you join a Medicare Advantage Plan, the plan will provide all of your Part A (Hospital Insurance) and Part B (Medical Insurance) coverage. Medicare Advantage Plans may offer extra coverage, such as vision, hearing, dental, and/or health and wellness programs. Most include Medicare prescription drug coverage (Part D).

You should consider these [features](#) when deciding between Original Medicare and a Medicare Advantage Plan.

- **Part D (Prescription Drug Coverage)** - Medicare prescription drug coverage is available to everyone with Medicare. To get Medicare prescription drug coverage, people must join a plan approved by Medicare that offers Medicare drug coverage. Most people pay a monthly premium for Part D.

Visit www.medicare.gov to understand what Medicare Advantage options are available to you in your area.

D. Medicare and COBRA

If you (or a covered dependent) are eligible for Medicare as of your separation date it is extremely important to enroll in Medicare *on or before the start of your COBRA coverage*. You may incur significant lifetime financial penalties from Medicare if you delay enrollment in Medicare. Regardless of your Medicare enrollment, Medicare will be considered the primary payer and medical coverage through COBRA is secondary.

If you need assistance understanding the transition from traditional insurance to Medicare, [Health Advocate](#) can assist you. You can reach Health Advocate at 1-866-695-8622. For specific details on Medicare enrollment/benefits please contact Medicare at 1-800-633-4227 or visit www.medicare.gov.

You will receive detailed COBRA information directly from the Company's COBRA administrator, Mercer Marketplace. The materials, including an election form, will be mailed to your home address on record within **14-21 business days** of your last day of employment. Continued coverage under COBRA is not automatic. You must complete the enrollment form to receive COBRA coverage.

– SUBSIDIZED COBRA

If you were offered subsidized COBRA as part of your severance agreement, you must complete the COBRA Election form. Continued coverage is not automatic. Monthly premiums provided in the COBRA Election form are the full COBRA premiums. **PLEASE NOTE: Your actual subsidized premium will be provided on your payment coupons AFTER you have enrolled in COBRA.**

E. Important Contacts

Pearson Pension Center	1-855-275-0230 or https://eepoint.wtwco.us/ess/pearson
Pearson Retiree Medical: <ul style="list-style-type: none">• PRP• Group Plan	1-877-924-3967 1-877-722-2667
COBRA Administrator	1-877-248-0510
CBS/Viacom Pension Center	1-800-581-4222
Medicare	1-800-633-4227 or www.medicare.gov
Health Advocate	1-866-695-8622 or https://members.healthadvocate.com/Account/OrganizationSearch

This document is for informational purposes only. If there is a discrepancy between this document and plan documents, plan documents govern. The Company reserves the right to amend, modify or terminate these programs at any time for any reason subject to the requirements of applicable law.

Source: cms.gov; medicare.gov