

2024 EMPLOYEE BENEFITS GUIDE



WELCOME TO YOUR BENEFITS

As a Pearson employee, you have access to a benefits experience created to offer you choice, flexibility, and the opportunity to save money for the future.

Your benefits are part of a total package; in other words, the plans are carefully designed to work together to provide the financial protection you need for today and the financial protection you'll want for tomorrow. It's part of our commitment to support your total well-being while also delivering value for you, your family, and the company.

WITH PEARSON BENEFITS YOU GET:

- **Choice – Access to a selection of medical insurance options, supplemental medical options including accident, hospital indemnity, and critical illness insurance, along with traditional plans like dental, vision, life, and disability.**
- **Simplicity – Enjoy easy enrollment, available 24/7 from any computer or mobile device, with built-in comparison tools to help you make informed decisions.**
- **Personal support – Reach out to a team of benefits counselors by phone or secure online chat to get answers to your questions or receive guidance in choosing your benefits.**
- **Cost transparency – See your costs as you “shop” for benefits online and choose the benefits that offer the best value and protection for you and your family.**





INSIDE THIS GUIDE

Use this guide to research your benefits and learn how to enroll by visiting the **Pearson Benefits [website](#)** within 30 days of your date of hire. If you have any questions, please call 1-855-237-6421 for personal assistance. Benefits counselors are available Monday through Friday from 7 a.m. – 9 p.m. Eastern Time.

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NEED HELP?

Mercer Marketplace counselors are available. They can help you understand your options and make the right choices for your needs and budget. Simply call the toll-free number or use the online chat feature for personal assistance.



CALL: 1-855-237-6421



**Monday through Friday
7 a.m. – 9 p.m. Eastern Time**



FOR YOUR HEALTH

MEDICAL

Pearson offers you a choice of medical plans with a range of coverage levels and costs, so you have the flexibility to select the option that's best for you. This digital guide along with other tools and resources will help you make informed decisions about your health.

National Medical PPO Plans	Description
\$400 Deductible Plan <i>Administered by: Your choice of Anthem or Aetna Premier Care*</i>	A plan that offers greater predictability of costs through copays for doctor's visits and prescriptions, along with a low deductible and the highest per-paycheck contributions.
\$900 Deductible Plan <i>Administered by: Your choice of Anthem or Aetna Premier Care*</i>	A plan that reduces your out-of-pocket responsibility when you need care through a low deductible and high per-paycheck contributions.
\$1,850 Deductible Plan with HSA <i>Administered by: Your choice of Anthem or Aetna Premier Care*</i>	A plan that puts you in charge of your spending through lower per-paycheck contributions, higher deductibles, and a tax-free Health Savings Account (HSA) (with contributions from Pearson) that you own for life.
\$3,200 Deductible Plan with HSA <i>Administered by: Your choice of Anthem, Kaiser HMO (CA only) or Aetna Premier Care*</i>	A plan that puts you in charge of your spending through the lowest per-paycheck contributions, highest deductibles, and a tax-free Health Savings Account (HSA) (with contributions from Pearson) that you own for life.
EPO Plans	Description
\$400, \$900, \$1,850 or \$3,200 Deductible plans <i>Administered by: Anthem</i>	An Exclusive Provider Organization (EPO) plan that provides coverage for in-network care only. PCP referrals are not required.
State-Based Plans	Description
Kaiser HMO (California only) <i>Administered by: Kaiser</i>	A Health Maintenance Organization (HMO) plan that provides coverage for in-network care only, coordinated by your primary care provider.
HMSA (available in Hawaii only) <i>Administered by: HMSA</i>	The Hawaii Medical Service Association plan has no deductible and low out-of-pocket costs.
Triple-S (Puerto Rico only) <i>Administered by: Triple-S</i>	A plan that provides coverage for in-network care only, coordinated by your primary care provider.

* Aetna Premier Care provides a narrower network than Anthem, but with lower per-paycheck contributions and out-of-pocket costs. It is only available in certain states based on your home zip code. If you live in an area where this is available, you will see the option as you enroll.

Key features

All of Pearson's medical plans offer:

- Comprehensive, affordable coverage for a wide range of health care services. Tip: If you need extra protection from large or unexpected medical expenses, you may also choose to enroll in supplemental medical coverage.
- Free in-network preventive care, with services such as annual physicals, recommended immunizations, and routine cancer screenings covered at 100%.
- Financial protection through annual out-of-pocket maximums that limit the amount you'll pay each year.

NATIONAL MEDICAL PLANS

\$1,850 AND \$3,200 DEDUCTIBLE PPO PLANS

The \$1,850 and \$3,200 Deductible Plans pair high deductible coverages at lower per-paycheck contributions with a tax-free Health Savings Account (HSA) that helps you save up for future medical expenses. As an added bonus, Pearson will contribute to your HSA throughout the plan year — up to \$500 for employee-only coverage and up to \$1,000 for all other coverage levels. Keep in mind, you must enroll in and contribute to the HSA to receive the Pearson contribution. The money in your HSA carries over to the next plan year; there is no “use it or lose it” rule. And like the PPO plans, you can see any provider you wish, but you will pay less when you stay in-network.

How the \$1,850 and \$3,200 Deductible Plans work

HSA	Deductible	Coinsurance	Out-of-Pocket Maximum
The company makes contributions to help cover your costs, and you set aside tax-free money from your paycheck to add to your account.	You pay 100% of your medical and prescription costs until you meet the annual deductible. Note: Some preventive maintenance medications are covered before your deductible is met.	After meeting the deductible, you and the plan share the cost of covered medical care and prescriptions, with the plan paying the majority.	You're protected by an annual limit on costs — the plan pays 100% of any further covered expenses for the rest of the year.

Keep in mind: You pay nothing for in-network preventive care — it's covered in full.

Note: If you enroll in the \$1,850 Deductible Plan and cover any dependents, the full family deductible must be met before the Plan pays benefits for any family member. Any covered family member can contribute to the family deductible. The individual deductible amount only applies if you elect the employee-only coverage tier. Please call Mercer Marketplace if you have any questions.

Use your \$1,850 or \$3,200 Deductible Plans wisely!

Here are ways to make the most of your plan all year long.

- Track your stats. Log in to your medical plan's website to see how much of your deductible you've met, review claims, use helpful tools, and more. Likewise, keep tabs on your HSA by logging in to the Mercer Marketplace website to view your balance, submit claims, and more.
- Think about your costs. You pay lower per-paycheck contributions in exchange for assuming more financial responsibility when you receive care, so plan ahead. Visit your medical plan's website to search for in-network providers and use the tools to compare costs for medical services. Try to contribute enough to your HSA to cover your expected out-of-pocket costs, such as your annual deductible and coinsurance.
- Change your HSA contributions anytime. Adjust your contributions as necessary during the year to keep your savings on track with your anticipated expenses. Note: You can only spend HSA contributions that have actually been deposited into your account.
- Look long term. You will never lose any money left in your HSA — it rolls over year after year. If you know about future expenses — or if you want to save for your health care costs in retirement — set aside money each paycheck so your balance can grow over time.

NATIONAL MEDICAL PLANS *continued*

\$900 DEDUCTIBLE PPO PLAN

The \$900 Deductible Plan offers slightly lower out-of-pocket costs in exchange for slightly higher per-paycheck contributions. With this plan, your costs are more predictable, but you'll likely still have out-of-pocket expenses. You can see any provider you wish, but you will pay less when you stay in-network.

How the \$900 Deductible Plan works

Copay	Deductible	Coinsurance	Out-of-Pocket Maximum
You pay a small fee at the time of service for doctor visits.	For care that doesn't charge a copay, such as hospital services, you pay 100% of the costs until you meet the annual deductible.	After meeting the deductible, you and the plan share the cost of certain services, with the plan paying the majority. Prescription drugs are subject to coinsurance only with no deductible.	You're protected by an annual limit on costs — the plan pays 100% of any further covered expenses for the rest of the year.

Keep in mind: You pay nothing for in-network preventive care — it's covered in full.

\$400 DEDUCTIBLE PPO PLAN

The \$400 Deductible Plan offers lower out-of-pocket costs in exchange for higher per-paycheck contributions. With this plan, your costs are more predictable, but you'll likely still have out-of-pocket expenses. You can see any provider you wish, but you will pay less when you stay in-network.

How the \$400 Deductible Plan works

Copay	Deductible	Coinsurance	Out-of-Pocket Maximum
You pay a small fee at the time of service for doctor visits and prescriptions.	For care that doesn't charge a copay, such as hospital services, you pay 100% of the costs until you meet the annual deductible.	After meeting the deductible, you and the plan share the cost of certain services, with the plan paying the majority.	You're protected by an annual limit on costs — the plan pays 100% of any further covered expenses for the rest of the year.

Keep in mind: You pay nothing for in-network preventive care — it's covered in full.

Use your \$900 or \$400 Deductible Plan wisely!

Here are ways to make the most of your plan all year long.

- Track your stats. Log in to your medical plan's website to see how much of your deductible you've met, review claims, and more.
- Pair it with a Health Care FSA. If you enroll in the Health Care FSA, you can set aside before-tax dollars to help pay for your out-of-pocket costs. Keep in mind, the money in your FSA does not carry over to the next plan year; you must "use it or lose it."
- Be cost-conscious. Visit your medical plan's website to search for in-network providers and use the tools to compare costs for medical services.

NATIONAL MEDICAL PLANS *continued*

NATIONAL PPO PLAN COMPARISON (IN-NETWORK) – Anthem or Aetna Premier Care (Not available in Hawaii and Puerto Rico)

	\$400 Deductible Plan	\$900 Deductible Plan	\$1,850 Deductible Plan	\$3,200 Deductible Plan
HSA-eligible	No	No	Yes	Yes
Company contribution to HSA	N/A	N/A	Up to \$500 for employee-only coverage; up to \$1,000 for family coverage	Up to \$500 for employee-only coverage; up to \$1,000 for family coverage
In-network care: Your costs				
Preventive care	Covered at 100% in-network, so you pay nothing			
Deductible (individual/family)	\$400/\$800	\$900/\$1,800	\$1,850/\$3,700	\$3,200/6,400
Out-of-pocket maximum (individual/family)	\$2,200/\$4,400	\$3,000/\$6,000	\$3,500/\$6,500	\$5,500/\$11,000
Coinsurance	You pay 20%, plan pays 80%	You pay 20%, plan pays 80%	You pay 20%, plan pays 80%	You pay 30%, plan pays 70%
Office visit (primary care/specialist)	You pay \$20/\$40 copay	You pay \$40/\$80 copay	You pay 20% after deductible	You pay 30% after deductible
MDLIVE visit	You pay \$10 copay	You pay \$10 copay	You pay \$40, or \$10 after deductible	You pay \$40, or \$10 after deductible
Emergency room visit	You pay \$150 copay plus the deductible	You pay nothing after deductible	You pay nothing after deductible	You pay nothing after deductible
Prescriptions (administered by CVS Caremark)				
Retail – 30-day supply				
Generic	You pay \$10 copay	You pay \$10 copay	You pay 20% after deductible*	You pay 30% after deductible*
Formulary	You pay \$30 copay	You pay 30% (deductible does not apply); \$25 min., \$50 max.		
Non-formulary	You pay \$60 copay	You pay 45% (deductible does not apply); \$40 min., \$80 max.		
Mail order – 90-day supply				
Generic	You pay \$25 copay	You pay \$25 copay	You pay 20% after deductible*	You pay 30% after deductible*
Formulary	You pay \$75 copay	You pay 30% (deductible does not apply); \$62.50 min., \$125 max.		
Non-formulary	You pay \$150 copay	You pay 45% (deductible does not apply); \$100 min., \$200 max.		

* Under the \$1,850 Deductible Plan and \$3,200 Deductible Plan, generic drugs considered preventive under the IRS guidelines for CDHPs do not count toward the deductible. Only coinsurance will apply. [The preventive drug list](#) for the \$1,850 and \$3,200 plans is available on the US Benefits website.

EXCLUSIVE PROVIDER ORGANIZATION (EPO)

Anthem's Blue High Performance Network (HPN)

Offered in limited geographies, Anthem's HPN is an Exclusive Provider Organization (EPO) that provides a narrow network of hand-selected doctors and facilities, curated to provide access to higher-quality, more affordable care. This lower cost option offers the same coverage as the National Medical Plans except they **provide in-network only coverage**. However, urgent and emergency care are covered even if you are seeing a provider that is not in the network. And, like the National Medical PPO Plans described earlier, you do not need a referral from your Primary Care Physician to see a specialist (although we highly recommend you do so!).

STATE-BASED PLANS

KAISER HMO PLAN (CALIFORNIA ONLY)

The Kaiser HMO provides coverage only when you receive care from providers within the HMO network. Your Primary Care Provider (PCP) will coordinate your care to help manage costs.

How the Kaiser HMO Medium Plan works

Copay	Deductible	Out-of-Pocket Maximum
You pay a small fee at the time of service for doctor visits and prescriptions.	This plan has a \$500 individual deductible and a \$1,000 family deductible for in-network care. For care that doesn't include a copay, such as hospital services, you pay 100% of the costs until you meet the annual deductible.	You're protected by an annual limit on costs (\$1,500 for individual and \$3,000 for family coverage). The plan pays 100% of any further covered expenses for the rest of the year.

Keep in mind: You pay nothing for in-network preventive care — it's covered in full.

How the Kaiser \$3,200 Deductible Plan works

HSA	Deductible	Coinsurance	Out-of-Pocket Maximum
The company makes contributions to help cover your costs, and you set aside tax-free money from your paycheck to add to your account.	You pay 100% of your medical and prescription costs until you meet the annual deductible. Note: Some preventive medications are covered before your deductible is met.	After meeting the deductible, you and the plan share the cost of covered medical care and prescriptions, with the plan paying the majority.	You're protected by an annual limit on costs — the plan pays 100% of any further covered expenses for the rest of the year.

As always: You pay nothing for in-network preventive care — it's covered in full.

STATE-BASED PLANS *continued*

HMSA PREFERRED PROVIDER PLAN (HAWAII ONLY)

HMSA provides coverage to you and your dependents with no deductible. Your Primary Care Provider (PCP) will coordinate your care to help manage costs.

How the HMSA Plan works

Copay	Coinsurance	Out-of-Pocket Maximum
You pay a small fee at the time of service for doctor visits and prescriptions.	You and the plan share the cost of certain services, with the plan paying the majority.	You're protected by an annual limit on costs (\$2,500 for individual and \$7,500 for family coverage for medical care; \$3,600 for individual and \$4,200 for family coverage for prescription drugs). The plan pays 100% of any further covered expenses for the rest of the year.

Keep in mind: You pay nothing for in-network preventive care — it's covered in full.

Use your Kaiser or HMSA Plan wisely

Here are ways to make the most of your plan all year long.

- Pair the Kaiser HMO Medium Plan and HMSA Health Care FSA. **If you enroll in the Health Care FSA, you can set aside before-tax dollars to help pay for your out-of-pocket costs. Keep in mind, the money in your FSA does not carry over to the next plan year; you must “use it or lose it.”**
- The Kaiser \$3,200 Deductible Plan **pairs high deductible coverages at lower per-paycheck contributions with a tax-free Health Savings Account (HSA) that helps you save up for future medical expenses. As an added bonus, Pearson will contribute to your HSA throughout the plan year — up to \$500 for employee-only coverage and up to \$1,000 for all other coverage levels. Keep in mind, you must enroll in and contribute to the HSA to receive the Pearson contribution. The money in your HSA carries over to the next plan year; there is no “use it or lose it” rule.**
- Choose the right PCP. **Your doctor will manage your care and provide referrals if you need to see a specialist. Search for network providers on the [Kaiser](#) or [HMSA](#) website.**
- Know where to get care. **You'll pay more (and likely face a long wait) if you go to the emergency room for issues that could be resolved at an urgent care center or your doctor's office.**

STATE-BASED PLANS *continued*

TRIPLE-S PLATINUM PLAN (PUERTO RICO ONLY)

The Triple-S Plan provides coverage only when you receive care from providers within the Triple-S network. Your Primary Care Provider (PCP) will coordinate your care to help manage costs.

How the Triple-S Plan works

Copay	Out-of-Pocket Maximum
You pay a small fee at the time of service for doctor visits and prescriptions.	You're protected by an annual limit on costs (major medical: \$2,000 for individual and \$6,000 for family coverage; all other services: \$6,350 for individual and \$12,700 for family coverage). The plan pays 100% of any further covered expenses for the rest of the year.

Keep in mind: You pay nothing for in-network preventive care — it's covered in full.

Use your Triple-S Plan wisely

Here are ways to make the most of your plan all year long.

- Choose the right PCP. Your doctor will manage your care and provide referrals if you need to see a specialist. Search for network providers on the [Triple-S website](#).
- Know where to get care. You'll pay more (and likely face a long wait) if you go to the emergency room for issues that could be resolved at an urgent care center or your doctor's office.



STATE-BASED PLANS *continued*

STATE-BASED PLANS (IN-NETWORK)

	Kaiser HMO Medium Plan – California	HMSA Preferred Provider Plan – Hawaii	Triple-S Platinum Plan – Puerto Rico
In-network care: Your costs			
Preventive care	Covered at 100% in-network, so you pay nothing		
Deductible (individual/family)	\$500/\$1,000	No deductible	No deductible Major medical: \$100/\$300
Out-of-pocket maximum (individual/family)	\$1,500/\$3,000	\$2,500/\$7,500 (medical) \$3,600/\$4,200 (pharmacy)	\$6,350/\$12,700 Major medical: \$2,000/\$6,000
Coinsurance	You pay 10%, plan pays 90%	Varies by service	Varies by service
Office visit (primary care/specialist)	You pay \$25/\$40 copay	You pay \$12 copay	You pay \$10/\$15 copay
Emergency room visit	You pay \$150 copay	You pay 20%, plan pays 80%	You pay \$75 copay/\$35 if recommended by Teleconsulta (Triage)
Prescriptions			
Retail – 30-day supply	You Pay: Tier One: \$10 copay Tier Two: \$30 copay	You Pay: Tier One: \$7 copay Tier Two: \$30 copay Tier Three: \$75 copay Tier Four: \$100 copay Tier Five: \$200 copay	You Pay: Generic: \$5 copay Brand: \$20 copay Specialty: 30% coinsurance
Mail order – 90-day supply	You Pay: Tier One: \$20 copay Tier Two: \$60 copay	You Pay: Tier One: \$11 copay Tier Two: \$65 copay Tier Three: \$200 copay Tier Four/Five: Not covered	You Pay: Generic: \$10 copay Brand: \$40 copay



Find your best match

Mercer Marketplace shows the costs for each plan, making it easy to decide. And, if you answer a few simple questions, you'll see which plan may be the "best match" for your needs and preferences.

FIND A DOCTOR

Using in-network providers saves you money. Here's how to find doctors in your medical plan network.

Anthem

- Visit the [Anthem website](#).
- Click on "Find a Doctor" and follow the prompts.
- Be sure to choose the "National PPO – BlueCard PPO" network (select the "Traditional PPO" if you live in Utah) for one of the PPOs or
- Choose BlueHPN [Non-Tiered] EPO Network if you are looking to enroll in one of the EPOs.

Aetna Premier Care

- Visit the [Aetna Premier Care website](#).
- Click "Find a Doctor" and follow the prompts.
- Be sure to choose the "Aetna Premier Care – Choice POS II" network.

Kaiser (California)

- Visit the [Kaiser website](#).
- Click "Doctors & locations," choose your region, and enter your search criteria.

HMSA (Hawaii)

- Visit the [HMSA website](#).
- Click "Doctors & locations," choose your region, and enter your search criteria.

Triple-S (Puerto Rico)

- Visit the [Triple-S website](#).
- Click "Find a Doctor" and enter your search criteria.



Don't have a personal doctor? You should. Here's why.

- **Better health.** Getting the right health screenings each year can reduce your risk for many serious conditions. Preventive care is free, so there's no excuse to skip it.
 - **A healthier wallet.** Having a doctor you can call helps you avoid costly trips to the emergency room and decide when you really need to see a specialist.
 - **Peace of mind.** Advice from someone you trust... it means a lot when you're healthy, but it's even more important when you're sick. Your personal doctor gets to know you and your health history and can help coordinate any care you need.
-

PRESCRIPTION DRUGS

When you enroll in a Pearson medical plan through Aetna or Anthem, you will automatically receive prescription drug coverage through CVS Caremark.

Drug tiers

The cost of your prescription drugs under each medical plan depends on the tier of the medication:

- Generic drugs contain the same active ingredients as their brand-name equivalents and meet the same federal standards for safety and effectiveness, but typically cost significantly less.
- Formulary drugs are a list of brand-name medications that are selected based on drug effectiveness, safety, and cost.
- Non-formulary drugs are brand-name medications that are not on a prescription plan's list (or formulary), based on drug effectiveness, safety, and cost. They may still be covered, but may require prior authorization and cost more.

Mail order

If you regularly take medication to treat a chronic condition—such as an allergy, heart disease, high blood pressure, or diabetes—you should get your 90-day supply of your long-term maintenance medications through mail order or at a CVS Pharmacy; either way, you get the benefit of cost savings by paying mail order prices.

Why use mail order?

- Prescriptions are shipped to you for free—no waiting in line at the pharmacy.
- You save money with a reduced cost for a three-month supply.
- Depending on the medication, you may be able to set up automatic refills.

Save money

The cost of prescription drugs is rising faster than many other health care services and supplies. But, there are ways for you to save:

- Ask your doctor about generic medications. Generic medications are generally just as effective as brand-name medications, but they typically cost between 30% and 75% less.
- Use the mail order feature. For ongoing maintenance medications, the mail order prescription program through CVS Caremark will save you time and money.
- Avoid the deductible with select preventive maintenance medications. Remember, [certain preventive maintenance medications](#) are not subject to the deductible in the \$1,850 and \$3,200 Deductible Plans.



HEALTH ADVOCATE

Get free, personalized assistance to help you navigate the health care system, from understanding claims to choosing providers and negotiating fees. Available to you and your family members, this service can save you time and money.

Visit the Health Advocate [website](#) or call 1-866-695-8622.

TOOLS & RESOURCES

Medical plan tools – Visit your medical carrier to find a doctor, compare costs, manage claims, and more.

Prescription tools – Visit [CVS Caremark](#) (for Anthem or Aetna plans) or your medical carrier to order or refill prescriptions, sign up for mail order, and more.

HSA/FSA tools – Visit Mercer Marketplace to manage your Health Savings Account or Health Care Flexible Spending Account online.

MDLIVE TELEHEALTH SERVICES

Seek medical advice from board-certified physicians who are available 24/7, 365 days a year to consult with you over the phone or through live video right from your mobile device or computer. Physicians can provide fast, convenient diagnoses and treatment for many common conditions. Visit [MDLIVE](#) to learn more.

CONSUMER MEDICAL

Get current, comprehensive, objective, and personalized information (including treatment options) and support about any medical diagnosis or health topic. Visit [Consumer Medical](#) to get a better understanding of the type of assistance available to you and your family. (enter “Pearson” in the company code field)

SWORD HEALTH

With virtual physical care, you can overcome your pain at home. Start your journey to living pain-free with [Sword](#), virtual physical care for back, joint and muscle pain that you can do from the comfort of home, or anywhere. Combining the best in human care with easy-to-use technology, Sword offers a proven and more convenient option than traditional in-person physical therapy. Sword is available to all Aetna and Anthem enrollees, age 13 and older as part of your health plan benefits.



FOR YOUR HEALTH

SUPPLEMENTAL MEDICAL

Supplemental medical options provide cash payments in the event of a significant medical expense. You pay the full cost of coverage through after-tax payroll deductions. Be sure to consider your anticipated medical needs for the coming year—for example, a major surgery—when deciding if supplemental coverage is right for you.

It's important to note that you can only enroll in supplemental medical coverage during the Open Enrollment period, unless you experience a qualifying life event. However, you will be able to cancel your coverage anytime. You will not be required to provide evidence of insurability when you enroll in coverage. You do not need to be enrolled in a Pearson medical plan to enroll in supplemental medical coverage.

Note: You can continue your supplemental medical coverage at the same cost if you leave Pearson.



Keep in mind

On their own, these plans don't provide comprehensive medical coverage for your day-to-day health care needs. Rather, they're intended to supplement the coverage provided by your primary medical plan.

Pearson offers three different types of supplemental medical plans. You can choose any combination of the following:

ACCIDENT INSURANCE

Accident insurance through Aflac helps protect you from unexpected financial stress if you or a covered family member has an accident. It supplements your primary medical plan by providing cash benefits in cases of accidental injuries. You can use this money to help pay for medical expenses not paid by your medical plan (such as your deductible or coinsurance) or for anything else (such as everyday living expenses).

Benefits are paid:

- Directly to you, unless assigned to someone else
- In addition to any other coverage, like your primary medical plan or an accidental death & dismemberment (AD&D) plan

You receive a cash benefit up to a specific amount for:

- Dislocation or fracture
- Initial hospital confinement
- Intensive care
- Ambulance
- Medical expenses
- Outpatient physician's treatment

The actual benefit amounts depend on the type of injuries you have and the medical services you need.

SUPPLEMENTAL MEDICAL *continued*

CRITICAL ILLNESS INSURANCE

When a serious illness strikes, critical illness insurance through Aflac can provide financial support to help you through a difficult time. It protects against the financial impact of certain illnesses, such as a heart attack, cancer, or stroke.

You receive a lump-sum benefit to cover out-of-pocket expenses for your treatment, to pay your coinsurance, or to take care of your everyday living expenses such as housekeeping services, special transportation services, and child care.

Choose from two benefit coverage options for yourself:

- \$15,000
- \$30,000

Choose from two benefit coverage options for your eligible dependents:

- \$7,500
- \$15,000

Benefits are paid:

- Directly to you, unless assigned to someone else

HOSPITAL INDEMNITY INSURANCE

A trip to the hospital can be stressful, and so can the bills. Even with a major medical plan, you may still be responsible for copays, deductibles, and other out-of-pocket costs. Offered through Aflac, the hospital indemnity plan can help offset your share of the cost associated with a covered sickness or accident.

Use this money to help cover hospital stays, ambulance service, surgery, and certain inpatient or outpatient treatments. The plan pays benefits in addition to any other insurance.

Benefits are paid:

- Directly to you, unless assigned to someone else
- As a lump sum or on a benefit schedule





FOR YOUR HEALTH

DENTAL

Pearson offers dental coverage through Delta Dental and Cigna. Both are designed to help you maintain a healthy smile through regular preventive care and to fix any problems as soon as they occur.

Dental plans

- Delta Dental of MN PPO
- Cigna DHMO

Note: If you currently live in Puerto Rico, your dental coverage will be provided by Triple-S.

Key features

- Free in-network preventive and diagnostic care
- Affordable coverage that helps you manage the cost of dental treatment
- Wide network of providers that have agreed to negotiated rates, which helps you save money



Find a network dentist

You'll generally pay less when you use a dentist in the Delta Dental or Cigna network. Non-network dental care is not covered under the Cigna DHMO.

Coverage details (in-network)

	Cigna DHMO*	Delta Dental PPO
In-network		
Individual/family deductible	\$0/\$0	\$50/\$150
Annual maximum benefit	N/A	\$2,000
Services <ul style="list-style-type: none"> • Preventive (in-network only) • Basic • Major 	<ul style="list-style-type: none"> • You pay \$0 • Copays vary by service • Copays vary by service 	<ul style="list-style-type: none"> • You pay \$0 • You pay 20%, plan pays 80% • You pay 50%, plan pays 50%
Orthodontia coinsurance/ lifetime maximum (adults and children to age 19)	Copays vary by service	50%/\$2,500

Out-of-network: Visit the Pearson Benefits [website](#) for coverage details under the Delta Dental of MN PPO plan.

*The Cigna DHMO is only available in certain areas based on your home zip code. If you live in an area where this is available, you will see the option as you enroll on the Mercer Marketplace.

DENTAL *continued*

Use your dental benefits wisely

Here's how to make the most of your dental benefits:

- Choose a provider. **Using a participating dentist in the Delta Dental network will ensure you receive the highest benefits from your plan. To find a provider, visit the Delta Dental website. You must use a network dentist if you choose the Cigna DHMO. Non-network dental care is not covered under the Cigna DHMO.**
- If your service will exceed \$300, submit for a pretreatment estimate. **You should always submit a request for a pretreatment estimate for procedures and services your dentist believes will exceed \$300 (procedures such as crowns, inlays, bridges, and periodontics). For more information, call 1-855-237-6421 or visit the Delta Dental or Cigna website.**
- Check your claim status and other information on the Delta Dental or Cigna website. **You can review Explanation of Benefits (EOB) statements, check if claims have been paid, and more.**





FOR YOUR HEALTH

VISION

To help you keep life in focus, Pearson offers you the opportunity to enroll in vision insurance through VSP, which provides coverage for periodic eye exams, eyeglasses, and contact lenses for you and your eligible dependents.

Vision plan

- Administered by Vision Services Plan (VSP)

Key features

- Eye exam covered every calendar year, with only a small copay charged to you
- Coverage for prescription eyeglasses or contact lenses so you can choose the method of correction you prefer
- Wide network of providers that have agreed to negotiated rates, which helps you save money
- Once every calendar year, members are able to choose one of the following as an enhanced benefit option at point-of-service: anti-reflective coating covered at 100% or progressive lenses covered at 100% or \$250 frame allowance, or \$200 elective contact lens allowance



Find a network provider

You'll generally pay less when you use a provider in the VSP network.

Coverage details (in-network)

Vision Plan	
Exam	Once per calendar year \$10 copay (in-network only)
Prescription glasses	\$25 copay See lenses, lens enhancements, and frames for additional details.
Lenses • Single vision • Lined bifocal • Lined trifocal	Once per calendar year Included in prescription glasses
Lens enhancements • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses	Once per calendar year • \$0 copay • \$95-\$105 copay • \$150-\$175 copay
Frames	Once per calendar year • \$200 allowance for a selection of frames • 20% savings on the amount over your allowance
Contact lenses (instead of glasses)	Once per calendar year • Up to \$60 copay for exam • \$175 allowance for contacts and contact lens fitting

For complete coverage details, visit the Pearson Benefits [website](#).

OTHER SERVICES

In addition to the medical, dental, and other plans you elect, Pearson offers you an Employee Assistance Program (EAP) and Gympass to help you manage and maintain your health.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The EAP, provided by Cigna, is a free, confidential benefit to help you and your family members live well, at home and at work. The EAP offers:

- Confidential support for a variety of issues, including creating better balance in your life, family and relationships, depression and stress management, alcohol/substance abuse, and more
- Unlimited phone counseling and up to five face-to-face counseling sessions for you and your eligible dependents or household members at no cost to you
- Referrals to local professionals and services to fit your needs

Reach out for assistance today

Call 1-800-593-4138 or visit the Cigna website (Employer ID: pearson). You do not need to be enrolled in a Pearson-sponsored medical plan to access the EAP.

GYMPASS

Gympass is a subscription-based solution with 1:1 personal trainers with video calls, live streamed workouts and thousands of on-demand classes, including HIIT, boxing, yoga, pilates and more, conducted by the best instructors in the industry and available anytime you want. In addition, Gympass allows employees (and up to 5 family members) access to fitness facilities within their membership tier in any Gympass city or country. There are seven membership plans starting as low as \$9.99/month. Just visit the [Gympass website](#) and sign up with your pearson.com email address.



Take advantage

Use these resources, along with your FREE in-network preventive care (included with all Pearson-sponsored medical plans) to be your healthiest.



CONSUMER TIPS

When it comes to purchasing products, we almost always look at the price tag. Yet with all the money we spend on health care—from per-paycheck contributions to prescriptions to doctor’s office visits—we rarely think about the price of these services. And as health care prices continue to rise, that ends up costing more for you and Pearson.

1. Use in-network providers. **They’ve agreed to charge only up to negotiated rates and bill your insurance company directly, which saves you money and time. Also, check with your insurance company to ensure that a service is covered before you receive care. Note: If you’re enrolling in an HMO plan (if available in your area), the plan only pays benefits for care received in-network.**
2. Keep up with preventive care. **It’s covered in full by all of Pearson’s medical plans and can help detect and prevent potentially costly health issues early. You pay nothing for annual physicals, recommended immunizations, routine cancer screenings, and more when you see in-network providers.**
3. Use tax-free money to pay for eligible health expenses. **Contributing to a Health Savings Account (HSA) or a Flexible Spending Account (FSA) is easy and saves you money on expenses you’d have to pay anyway.**
4. Shop smart for prescriptions. **Using generic alternatives will almost always save you money — and they’re just as effective as brand-name prescriptions. Also, try calling a few local pharmacies to compare prices before deciding where to fill a prescription. For your ongoing prescriptions, use the mail order service to save money and time.**
5. Compare costs. **Use the cost lookup tools on your medical plan carrier’s website—Anthem or Aetna—to get informed before getting health care services.**

CHOOSE THE RIGHT PLACE TO GET CARE

Facilities charge different amounts for the same services, so think about your options when you or a family member needs medical attention. Going to the right place for your situation will help you save money and get the most appropriate care.



MDLIVE	Doctor's office	Urgent care clinic	Emergency room
USE IT FOR			
A common, non-emergency medical issue that can be diagnosed by phone or online	A condition that doesn't need immediate attention and can wait until the next day	A condition that needs immediate care but is not life- or limb-threatening	A life-threatening or potentially crippling condition that needs immediate attention
EXAMPLES			
<ul style="list-style-type: none"> • Colds and allergies, flu/cough • Ear infections, pink eye • Behavioral health 	<ul style="list-style-type: none"> • Sore throat, fever • Routine exam, screening • Checkup, vaccine, prescription refill 	<ul style="list-style-type: none"> • Broken bone, severe sprain or strain • Cut requiring stitches • Anxiety attack 	<ul style="list-style-type: none"> • Sudden weakness, dizziness, or loss of consciousness • Uncontrollable bleeding • Chest pain, difficulty breathing
COST			
Average price: \$ \$10-\$40 (varies by plan)	Average price*: \$ \$0 (preventive) \$176 (non-preventive)	Average price*: \$\$ \$0 (preventive) \$229 (non-preventive)	Average price*: \$\$\$ \$821 (minor) \$1,644 (moderate) \$3,069 (severe)
FIND IT			
MDLIVE	Call your regular doctor or search for an in-network provider on your medical plan carrier's website	Search for an in-network urgent care center on your medical plan carrier's website	Call 911 or search online for the nearest hospital

* Average costs are from [healthcarebluebook.com](https://www.healthcarebluebook.com). Contact your medical insurance carrier for your specific costs.



FOR YOUR WEALTH

TAX-ADVANTAGED ACCOUNTS

You can save money by paying for eligible health care and dependent day care expenses with tax-advantaged accounts. Pearson offers you several types of accounts that lower your taxes.

Note: These accounts are not available to residents of Puerto Rico. Some state tax advantages may differ, please check with your tax advisor.

Accounts

- Health Savings Account (HSA): Available only to employees who enroll in the \$1,850 or \$3,200 Deductible Plans
- Flexible Spending Accounts (FSAs):
 - Health Care FSA: Available to employees who do not enroll in an HSA, or do not elect medical coverage through Pearson
 - Combination FSA: Available to employees who are enrolled in the HSA
 - Dependent Day Care FSA: Available to all employees

Key features

- Tax-free money – Money goes in tax-free and comes out tax-free when it's used for eligible expenses.
- Convenient payroll deductions – Contribute to your accounts easily.
- Helpful budgeting tool – Plan for upcoming expenses by setting aside money each paycheck.
- Easy access to funds – You will receive one debit card for all of your tax-advantaged accounts, making accessing your funds easier than ever.

Note: You must re-enroll each year if you want to contribute to these accounts, even if you currently participate.



HEALTH SAVINGS ACCOUNT

With the \$1,850 or \$3,200 Deductible Plans, you're eligible to open and contribute money to a Health Savings Account (HSA) through Mercer Marketplace Accounts. The HSA is a tax-free savings account you can use to pay for eligible health expenses anytime, even in retirement.

HSA features

Get company contributions.

- Up to \$500 for employee-only coverage
- Up to \$1,000 if you cover dependents

Note: You must contribute to the HSA in order to receive the contribution from Pearson.

Put money in tax-free.

- Contribute to your HSA through before-tax payroll deductions (up to IRS annual limits).

Pay for care tax-free.*

- Pay for eligible medical, dental, and vision expenses for you and your family using your debit card (provided sufficient funds are in your account).
- Track your spending, check your balance, reimburse yourself, and more on the Mercer Marketplace Accounts website.

* Money in an HSA can be withdrawn tax-free as long as it is used to pay for qualified health-related expenses. If money is used for ineligible expenses, you will pay ordinary income tax on the amount withdrawn, plus a 20% penalty tax if you withdraw the money before age 65.

Carry unused money over.

- All the money in your HSA is yours to keep, year after year.
- You can build up savings to pay for future health care expenses. You can even invest your money once it reaches a minimum balance, which gives you the potential for tax-free earnings growth and a way to plan ahead for your medical costs in retirement.

Contribution limits

The IRS sets annual limits on the total amount of money that can be contributed to your HSA. In 2024, the limits on contributions from both you and Pearson are:

- \$4,150 for employee-only coverage
- \$8,300 for family coverage

Add \$1,000 to these limits if you're age 55 or older.



Who's eligible for an HSA?

In order to establish and contribute to an HSA, you:

- Must be enrolled in the \$1,850 or \$3,200 Deductible Plan
- Cannot simultaneously participate in the Health Care FSA (but participation in a Combination FSA is allowed)
- Cannot be enrolled in any other medical coverage, including a spouse's plan or Medicare
- Cannot be claimed as a dependent on someone else's tax return

You should review IRS rules for making HSA contributions if you will turn age 65 in 2024. For more information, visit the [IRS website](#).

HEALTH SAVINGS ACCOUNT *continued*



Increase your tax savings with a Combination FSA

Use your HSA together with a Combination FSA for additional tax savings.



Consolidate HSA funds next year

If you currently have an HSA, you can simplify your account management by transferring your existing HSA balance into your Pearson HSA bank (through Mercer Marketplace). An [HSA Transfer Request Form](#) and instructions will be available in the Resource Center of the Mercer Marketplace. You may be charged a fee to make the transfer depending on your bank. The company contribution will not be deposited into previous HSA bank accounts.



FLEXIBLE SPENDING ACCOUNTS

Using an FSA is like getting a discount on everyday health and/or dependent day care expenses because you're paying with tax-free money. There are separate FSAs for health care and dependent day care.

Health Care FSA

Available to employees who enroll in the \$400 or \$900 deductible plans, or do not elect medical coverage

- **Contribute up to the annual maximum (\$3,200 in 2024) through before-tax payroll deductions to help cover eligible medical, vision, and dental expenses. Choose your contribution amount during Open Enrollment. You can only change your contribution amount during the year if your personal situation changes.**
- **Your annual contribution will be divided into equal deductions from each paycheck. Your entire annual contribution amount is available to you from the beginning of the plan year.**
- **Spend your money by using your FSA debit card or log in to the Mercer Marketplace Accounts website to request reimbursement for payments you've made.**
- **Unused money does not carry over at the end of each year — use it or lose it. Be sure to estimate your contribution carefully!**

Combination FSA

Available only to employees who enroll in an HSA

- **Designed to work together with your Health Savings Account (HSA) for additional tax-saving opportunities.**
- **Contribute up to the annual maximum through before-tax payroll deductions. Note that until you meet the 2024 IRS-required medical deductible of \$1,600/individual and \$3,200/family, only dental and vision expenses are allowed. Once you've met the medical deductible, eligible medical and prescription drug expenses are allowed. For a list of eligible expenses, visit the [IRS website](#).**

- **Choose your contribution amount during Open Enrollment. You can only change your contribution amount during the year if your personal situation changes.**
- **Your annual contribution will be divided into equal deductions from each paycheck. Your entire annual contribution amount is available to you from the beginning of the plan year.**
- **Spend your money by using your debit card, or log into the Mercer Marketplace website to request a reimbursement.**
- **Unused money does not carry over at the end of each year — use it or lose it. Be sure to estimate your contribution carefully!**

Dependent Day Care FSA

Available to all employees

- **Contribute up to \$5,000 annually through before-tax payroll deductions to help cover your eligible dependent day care expenses, including child care for children up to age 13 and care for dependent elders.**
- **Spend your money by using your debit card or log in to the Mercer Marketplace website to request reimbursement for payments you've made.**
- **Choose your contribution amount during Open Enrollment. You can only change your contribution amount during the year if your personal situation changes.**
- **Your annual contribution will be divided into equal deductions from each paycheck. You only have access to money that has been deposited into your account.**
- **Unused money does not carry over at the end of each year — use it or lose it. Be sure to estimate your contribution carefully!**



TAX-ADVANTAGED ACCOUNTS *continued*

Compare Accounts

	HSA	Combination FSA	Health Care FSA	Dependent Day Care FSA
Available with ...	\$1,850 Deductible Plan \$3,200 Deductible Plan		\$400 Deductible Plan \$900 Deductible Plan (Also available if you waive medical coverage)	Any medical plan (Also available if you waive medical coverage)
Receive company contribution	Yes	No	No	No
Change your contribution amount anytime	Yes	No	No	No
Access your entire annual contribution amount at the beginning of the plan year	No	Yes	Yes	No
Access only funds that have been deposited	Yes	No	No	Yes
Use the money for ...	All eligible health care expenses	Only dental and vision expenses until you meet the IRS-required deductible of \$1,600/individual and \$3,200/family, then use for all eligible health care expenses. Note: This account is designed to work together with your Health Savings Account (HSA) for additional tax-saving opportunities.	All eligible health care expenses	Eligible dependent day care expenses, including childcare for children up to age 13 and care for dependent elders
“Use it or lose it” at year-end	No	Yes	Yes	Yes
Money is always yours to keep, and money in your account can be invested	Yes	No	No	No



FOR YOUR WEALTH

LIFE AND ACCIDENT INSURANCE

It's important to plan for your family's financial security in case the unexpected happens. That's why Pearson provides employees with basic life insurance and basic accidental death and dismemberment (AD&D) insurance — at no cost to you.

As a new hire, you also have the option of buying supplemental life and/or supplemental AD&D insurance for yourself and your family through easy payroll deductions.

In addition, you have the protection of company-paid business travel accident insurance.

BASIC LIFE AND AD&D

Pearson provides basic life and AD&D insurance to assist you and your family in the event of a death or dismemberment. These benefits are fully paid by the company. Note: Company-paid coverage is automatic; you do not need to enroll.

Benefits are equal to:

- **Basic life insurance:**
 - 2 times pay for full-time regular employees
 - 1 times pay for part-time employees who work \geq 20 hours per week
- **Basic AD&D insurance:**
 - 2 times pay for full-time regular employees
 - 1 times pay for part-time employees who work \geq 20 hours per week

SUPPLEMENTAL LIFE AND AD&D

You can purchase additional life and AD&D insurance for yourself, as well as coverage for your spouse and your child(ren). During your new-hire enrollment period, you have the option to elect coverage up to the guaranteed issue amount regardless of your current election without having to provide evidence of insurability.

You pay the full cost of any supplemental life insurance and/or supplemental AD&D insurance coverage. If you want supplemental coverage, you must enroll on the Mercer Marketplace website.

- **Supplemental Life Insurance**—You may purchase the following coverage:
 - Supplemental Employee Life – 1X-6X pay up to a maximum of \$2,000,000
 - Supplemental Spouse Life – \$5,000 increments up to a maximum of \$100,000
 - Supplemental Child Life – \$5,000 increments to a maximum of \$20,000
- **Supplemental AD&D Insurance** – You may purchase AD&D Insurance for yourself and your family. You must purchase coverage for yourself in order to purchase it for your dependents. Dependent coverage is a percentage of the employee's benefit. The family schedule is as follows:
 - Supplemental Employee AD&D – \$10,000 increments to a maximum of \$500,000
 - Supplemental Family AD&D Schedule:
 - Spouse: 50% (40% if children covered) to a maximum of \$250,000
 - Child(ren): 15% (10% if spouse covered) to a maximum of \$50,000



Evidence of insurability

Life insurance over a certain amount may require evidence of insurability (EOI). After electing coverage, you will receive more information if EOI is required.



Have you named a beneficiary?
It's important to designate a beneficiary to receive the benefit paid by a life insurance policy. As personal circumstances change be sure to keep that information up-to-date. Visit the Mercer Marketplace website or call 1-855-237-6421 to add a beneficiary.

BUSINESS TRAVEL ACCIDENT (BTA)

When traveling on behalf of the company, be assured you are protected under a company-paid business travel accident insurance policy should an accident occur. This policy provides coverage for certain injuries or death resulting from an accident during business travel. Coverage is automatic — you do not need to enroll, and there is no cost to you. You will receive a separate notification in the mail from Lincoln Financial about adding a beneficiary for BTA Insurance.





FOR YOUR WEALTH

DISABILITY INSURANCE

The loss of income due to illness or injury can cause serious financial hardship for your family. Disability insurance replaces a portion of your income to help you continue paying your bills and meeting your financial obligations during this difficult time.

Note: Disability insurance is not available to Limited Term employees.

SHORT-TERM DISABILITY (STD)

- Benefit is automatic and company-paid; no need to enroll.
- Coverage begins after 7 days of disability.
- Pays 100% of your salary for 13 weeks, then 66.67% of your salary for 12 weeks.
- Benefits end after 25 weeks.

LONG-TERM DISABILITY (LTD)

- Benefit is automatic and company-paid; no need to enroll.
- Coverage begins after you have been disabled for 180 days.
- Pays 50% of your salary, up to a maximum of \$20,833 per month.

LTD BUY-UP

- Benefit is optional and employee-paid.
- You may choose to purchase an additional 10% of LTD insurance to receive a total of 60% of your salary, up to a maximum of \$25,000 per month.



FOR YOUR WEALTH

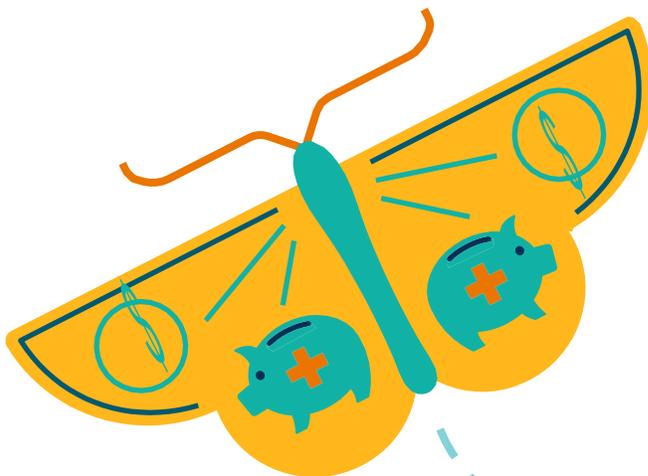
401(k) PLAN

You and the company both save for your tomorrow with the Pearson Retirement 401(k) plan. As a new employee, you're immediately eligible to save and invest a portion of your pay on a pre-tax basis, after-tax Roth or true after-tax for retirement. Pearson provides a 100% match on the first 3% that you contribute to your account plus a 50% match on the next 5%. And, you won't pay taxes on your pre-tax contributions, the company match, or investment earnings until you take the money out of the plan.

If you don't make an election after 30 days, we'll automatically enroll you in the pre-tax portion of the plan at a contribution rate of 6% of your pay. You can increase, decrease, or stop contributions whenever you like by calling EMPOWER Retirement™. However, you should save at least 8% of your pay if you want to take full advantage of the company match.

Remember, due to compound interest, the more you save today, the greater impact that money will have on your tomorrow.

Need help with your 401(k) investments? The Personal Asset Manager and Personal Online Advisor powered by Financial Engines® can help you feel confident about investment decisions. For more information, visit [Empower Retirement](#) or call 1-844-465-4455.





FOR YOUR WEALTH

EMPLOYEE STOCK PURCHASE PLAN (ESPP)

As an employee at Pearson, you contribute to the success of the company every day. Through the Employee Stock Purchase Plan (ESPP), you can continue to support and share in the company's achievements.

Here's how it works:

- **The ESPP provides eligible employees with the opportunity to purchase Pearson stock at a 15% discount through after-tax payroll deductions.**
- **Stock is offered through the ESPP in six-month intervals called the "Offering Period."**
- **To be eligible for the ESPP, you must be employed on the first day of the Offering Period and work more than 20 hours per week and five months per year.**
- **On the last day of each offering period, the amount you saved will be used to purchase shares of Pearson stock.**
- **The price per share will be a 15% discount of the lower of either the market value of the shares at the beginning or close of the offering period. The shares you purchase belong to you and are maintained in an account managed by Fidelity Brokerage Services LLC.**

For more information about the ESPP, you can contact a Fidelity Stock Plan Services Representative at 1-800-544-9354



OTHER BENEFITS AND DISCOUNTS

As part of Pearson's benefits package, you have access to a variety of additional programs that can help save you money and provides assistance with everyday needs. Pearson will help you explore how you can take advantage of them in your personal and professional life.



COMMUTER BENEFITS

Pay for transportation expenses with before-tax dollars, which can save you money on monthly parking or commuter costs related to your work commute through Discovery Benefits:

- It's easy and flexible. You decide how much to contribute, and the money is deducted from your paycheck automatically.
- Before-tax deductions are allowed up to the annual IRS limit.



LEGAL PLAN

MetLaw (Hyatt Legal) offers economical access to attorneys for legal services such as will preparation, estate planning, and family law:

- Give yourself, your spouse, and your dependents access to a nationwide network of 14,000 attorneys.
- Legal advice is a phone call away, and representatives will help you find an attorney in your area.



PET INSURANCE

Nationwide provides coverage to help you cover the costs of veterinary care:

- Protect against the financial impact of veterinary care while using any veterinarian worldwide.
- Receive a discount of 5% or more on per-paycheck contributions, if eligible.
- Enroll any time of year.
- Not available in Puerto Rico.



IDENTITY THEFT PROTECTION

Services from InfoArmor® monitor your identity, detect fraud, and restore your identity in the event of theft:

- Get peace of mind by protecting yourself against the damage of identity theft.
- Certified privacy advocates act on your behalf to resolve identity theft issues.



AUTO & HOME INSURANCE

Farmers Insurance gives you access to personal insurance policies including home, auto, landlord's rental dwelling, condo, recreational vehicle, and boat:

- Save up to 15% by purchasing this coverage through Pearson.
- Receive no-obligation quotes and cost comparisons.
- Not available in Puerto Rico.



PAID TIME OFF

Pearson offers generous **paid time off** benefits so that you can take time away from work to relax, refresh and recharge.

For a complete list of benefits offered, visit the Pearson Benefits [website](#).



ENROLL

HOW TO ENROLL

TAKE ACTION UP TO 30 DAYS AFTER YOUR DATE OF HIRE

During your new-hire enrollment period, you'll use the enrollment site, Mercer Marketplace to enroll in:

- Medical
- Supplemental medical
- Saving and spending accounts
- Dental
- Vision
- Life and disability
- Commuter benefits, legal plan, pet insurance, and identity theft protection

WAIT FOR THE EMAIL

1. Once your information has been loaded into the Marketplace, you will receive an email (at your pearson.com address) that advises that you can set up your account. Click [here](#) to access Mercer Marketplace.
2. When you visit the Marketplace, select "New Users." To register, you will need the last 4 digits of your social security number, your last name, your date of birth and your home zip code. Follow the steps to set up your account.

Make your elections

1. Profile

- Review your personal information.
- Enter or edit information for any dependents you wish to cover, if needed.
- Answer a few questions about your health needs and personal priorities, which will help the Mercer Marketplace identify the best coverage for your needs.

2. Shop for benefits

- Compare plan features and costs.
- Use the tools and educational resources to learn more.
- Select the benefits you want.

3. Confirm & finish

- Once you're happy with your selections, review your benefits summary for accuracy, then click the "Complete Enrollment" button.
- When you've completed the enrollment process, you'll be able to print your Benefit Detail Report for your records.



ENROLL

DECISION SUPPORT *continued*

ENROLLMENT CHECKLIST

Use this checklist to prepare for Open Enrollment.

- Learn about your benefit options, so that you're aware of your benefits choices for the coming year.
- Think about your coverage needs, including how much health care you anticipate needing and whether your current life and disability insurance provides enough protection.
- Make sure you add your dependent(s) and that the information is correct. Make sure all your dependents are still eligible.
- Complete your benefits enrollment up to 30 days after your date of hire.



TIP: Think about the whole cost. When choosing a medical plan, it's important to think about the whole cost of coverage — the amount you'll spend out of your paycheck, as well as out of your pocket (copays, deductibles, and coinsurance).

TOP QUESTIONS

1. Do I need to enroll?

You need to take action during your new-hire enrollment period if you want to have benefits. Otherwise, you will be automatically enrolled in coverage as shown below:

- For medical outside Hawaii and Puerto Rico, you'll be automatically enrolled in the \$900 Deductible Plan with **Anthem** at the employee-only coverage level.
- For medical in Hawaii only, you'll be automatically enrolled in the HMSA Plan at the employee-only coverage level.
- For medical in Puerto Rico only, you'll be automatically enrolled in the Triple-S Plan at the employee-only coverage level.
- For dental, vision, and all other employee-paid benefits, you will waive your coverage if you do not make an active election. (For employees living in Puerto Rico, vision and dental coverage is included with enrollment in the Triple-S medical plan.)
- You'll be enrolled only in employer-paid life/AD&D, STD, and core LTD. Limited Term employees are not eligible for STD or LTD.

2. What happens if I don't enroll within 30 days of my date of hire?

You must actively enroll in your benefits for this year. If you don't take action, you will be enrolled in the Anthem \$900 Deductible Medical Plan with employee-only coverage, no dental coverage, and no vision coverage (note, if you are a resident of Puerto Rico or Hawaii, you will be enrolled in the Triple-S or HMSA plans with employee-only coverage).



ENROLL

BENEFITS ELIGIBILITY

ELIGIBLE EMPLOYEES

All full-time regular and part-time regular employees who are scheduled to work 20 or more hours per week are eligible to participate in Pearson's benefits program. New hires and those newly eligible have 30 days from their date of hire to enroll in benefits.

ELIGIBLE DEPENDENTS

You may cover your eligible dependents under Pearson's medical, prescription, dental, vision, and life benefits.

Your eligible dependents include:

- **Your spouse, your same- or opposite-sex partner, your child(ren), and your covered spouse's/partner's child(ren) up to the end of the month of their 26th birthday**
- **Disabled children who became disabled on or before age 19**

MAKING BENEFIT CHANGES

Outside of your new-hire enrollment period, you may not change or cancel your benefit elections during 2021 unless you experience a qualifying life event. Otherwise, your next opportunity to change your benefits will be in the fall during the Open Enrollment period.

QUALIFYING LIFE EVENTS INCLUDE BUT ARE NOT LIMITED TO:

- **Marriage or establishment of a Domestic Partnership ([affidavit](#) required)**
- **Divorce or legal separation or dissolution of a Domestic Partnership ([statement of termination](#) required)**
- **Birth or adoption of an eligible child**
- **Death of your spouse or covered child**
- **Loss or addition of other group coverage**
- **Change in your spouse's work status (part-time to full-time or reverse; taking or returning from an unpaid leave of absence)**
- **Change in your work status that affects your benefits eligibility**
- **Change in residence that affects your eligibility for coverage**
- **You or your covered dependent becomes eligible for Medicare**

What to do if you experience a life event

If you need to make changes to your benefit elections as a result of a life event, visit the [Mercer Marketplace website](#) or call a benefits counselor at 1-855-237-6421. Changes must be made within 31 days of your qualifying life event. Changes are effective as of the date of the event.

BENEFIT CONTACTS

To contact the various administrators, visit this [page](#) or call a benefits counselor at 1-855-237-6421 for assistance.

For eligible employees of Pearson Education, Inc. and the affiliated operating companies of Pearson Education, Inc. that participate in these Pearson-sponsored benefit plans. This benefits guide provides an overview of the benefits available to you and your family. In the event of a discrepancy between the information presented in this guide and official plan documents, the official plan documents will govern. Pearson reserves the right to change, amend, or terminate any benefits plan at any time for any reason. Participation in a benefits plan is not a promise or guarantee of future employment. Receipt of benefits documents does not constitute eligibility.