



Benefits Highlights

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Inside This Document

Because we recognize and value the diversity of our workforce, we have designed a benefits program that helps meet the individual needs of a diverse workforce. We also recognize that people not only differ from one another, but that they have different needs at different times in their lives. Our benefits program offers a range of choices in different benefit areas, so you can protect your health and your family's health and wellbeing and provide for their security both now and in the future.

This document, together with the component benefit documents and contracts, constitutes both the formal plan document and the Summary Plan Description (SPD) for the Pearson Education, Inc. Welfare Benefit Plan, which consists of various health and welfare benefit programs maintained by the Company in accordance with the requirements of the Employee Retirement Income Security Act of 1974 (ERISA). It describes the options available to you, services that are covered and how benefits are paid. It also includes information on filing claims, on coordinating your benefits with those of other plans and in certain cases how to continue coverage if you leave the Company. In addition, there is a table showing common life events and the changes in benefits you can make as a result of them. Finally, this document describes your legal rights under ERISA with respect to claims and appeals of denied claims.

IMPORTANT: This document constitutes a Summary Plan Description in accordance with the applicable requirements of ERISA, and as such has been written in a manner that is intended to be easily understandable and to summarize the benefits available to you under the Plan. While every effort has been made to ensure the accuracy of this Summary Plan Description, the component benefit documents and contracts will prevail in case of any discrepancy between this document and the component benefit documents and contracts. In addition, the Company reserves the right in its sole discretion to amend, modify or terminate any benefit offered under the Plan at any time and for any reason. Also, please keep in mind that the Plan, any changes to it, or any payments to you under its terms, does not constitute a contract of employment between you and the Company and does not give you the right to be retained as an employee of the Company. No one speaking on behalf of the Plan or the Company can alter the written terms of the Plan. You and your beneficiaries may obtain copies of the component benefit documents and contracts or examine these documents by contacting the Plan Administrator at the number and address set forth in the Additional Information About Your Benefits section of this Summary Plan Description.

Participating Employers

This Summary Plan Description has been prepared for the following Pearson operating companies that participate in the Plan:

- NCS Pearson
- Pearson Education, Inc.

When the term “the Company” is used, it refers to the companies above, and any subsidiaries and divisions of them that participate in the Plan.

An Overview of the Benefits Program

The Pearson benefits program is designed to help create an inclusive environment and to help attract and retain diverse and highly talented employees. In recognition of that diversity, our total benefits program provides a range of choices. Our benefits program is designed around the concept of partnership and requires your participation and involvement.

The Plan Administrator is committed to providing you with benefits information on a continuing basis and to educating you about the programs and your responsibility in using them. This Summary Plan Description is one source of information about your health and welfare benefits, which include:

- Medical coverage (including prescription drugs)
- Dental coverage
- Vision care
- Flexible spending accounts
- Disability insurance
- Life insurance
- Accidental death and dismemberment insurance
- Business travel accident insurance

This section of the Summary Plan Description provides an overview of these benefits. Each of the following sections provides a summary of the individual benefit programs which comprise the Plan.

Benefits-at-a-Glance

The *Benefits-at-a-Glance* matrix below provides you with an overview of the benefits program. It contains important information about participating in the Plan, including:

- The benefits available to you and your eligible dependents
- The options (preferred provider organization (PPO) and high-performance network (HPN)) available within each medical benefit program
- Eligibility requirements
- Cost sharing
- When coverage begins
- When coverage ends

You should refer to the specific sections of this Summary Plan Description for more detailed information about each benefit offered under the Plan.

Benefits-at-a-Glance Table

Medical Table

Options	You can choose coverage for yourself and your family: • \$400 Deductible PPO and HPN Options • \$900 Deductible PPO and HPN Options • \$1,850 Deductible PPO and HPN Options • \$3,400 Deductible PPO and HPN options • HMOs (where available)
Eligibility	You must work at least 20 hours a week to participate.
Cost Sharing	You and the Company share in the cost of coverage. Your contribution is made generally on a pre-tax basis through payroll deductions.
When Coverage Begins	Coverage begins on your date of hire or the date you become benefits-eligible, if you are actively at work on that date.
When Coverage Ends	Coverage ends at the end of the month in which you terminate employment, are no longer eligible or fail to make required contributions.

Dental Table

Options	You can choose coverage for yourself and your family: • PPO • Dental Health Maintenance Organization (where available)
Eligibility	You must work at least 20 hours a week to participate.
Cost Sharing	You and the Company share the cost of coverage. Your contribution is made generally on a pre-tax basis through payroll deductions.
When Coverage Begins	Coverage begins on your date of hire or the date you become benefits-eligible, if you are actively at work on that date.
When Coverage Ends	Coverage ends at the end of the month in which you terminate employment, are no longer eligible, or fail to make required contributions.

Vision Care Table

Options	You can choose coverage for yourself and your family.
Eligibility	You must work at least 20 hours a week to participate.
Cost Sharing	You and the Company share the cost of coverage. Your contribution is made generally on a pre-tax basis through payroll deductions.
When Coverage Begins	Coverage begins on your date of hire or the date you become benefits-eligible, if you are actively at work on that date.
When Coverage Ends	Coverage ends at the end of the month in which you terminate employment, are no longer eligible or fail to make required contributions.

Flexible Spending Accounts Table

Options	Depending on your medical election, you may make pre-tax contributions to one or more of the following accounts: • Combination FSA • Health Care FSA • Dependent Care FSA
Eligibility	You must work at least 20 hours a week to participate.
Cost Sharing	You set aside pre-tax money, within IRS-set limits, to pay for eligible health care and dependent care expenses.
When Coverage Begins	Participation begins on your date of hire or the date you become benefits-eligible, if you are actively at work on that date.
When Coverage Ends	Participation in the FSAs ends when you terminate employment, are no longer eligible or fail to make required contributions.

Long-Term Disability Table

Options	You can elect coverage for yourself: • Basic: Company-paid: 50% of pay up to \$20,833 per month • Employee-Paid Supplemental: 10% of pay up to \$25,000 maximum, basic and supplemental combined.
Eligibility	You must be regularly scheduled to work at least 20 hours a week to participate. Limited-Term Employees are not eligible for LTD coverage
Cost Sharing	With the basic coverage, you do not contribute towards the cost of coverage; however, the benefit will be taxable should you receive it. If you elect the employee-paid option for supplemental coverage, a percentage of your benefit will be taxable should you receive it.
When Coverage Begins	Coverage begins on your date of hire or the date you become benefits-eligible, if you are actively at work on that date. Benefits begin after 180 days of being disabled, subject to proof of disability and acceptance by the insurance company.
When Coverage Ends	Coverage ends when you terminate employment or are no longer eligible for benefits. If you receive LTD benefits, they will end when: • You are no longer disabled, • You reach the end of your maximum benefit period, • You no longer qualify for benefits, or you die.

Basic Life Insurance Table

Options	You receive basic life insurance of two times your annual pay, up to \$1 million. Part-time regular employees receive a benefit of one times annual pay.
Eligibility	You must work at least 20 hours a week to receive coverage.
Cost Sharing	The Company provides coverage at no cost to you.
When Coverage Begins	Coverage begins on your date of hire or the date become benefits-eligible, if you are actively at work on that date.
When Coverage Ends	Coverage ends when you terminate employment or are no longer eligible.

Supplemental Life Insurance Table

Options	You can elect supplemental life insurance for yourself from one to six times your pay, up to \$2 million. You may have to provide evidence of insurability.
Eligibility	You must work at least 20 hours a week to participate.
Cost Sharing	You pay for coverage on an after-tax basis through payroll deductions.
When Coverage Begins	If you elect coverage when you are first eligible, it begins on your date of hire or date you become benefits-eligible, if you are actively at work on that date.
When Coverage Ends	Coverage ends when you terminate employment, are no longer eligible or fail to make required contributions.

Dependent Life Insurance Table

Options	You can elect dependent life insurance for your spouse / partner and your children. Spouse / partner coverage is available in \$5,000 increments up to a maximum of \$100,000 For spouse / partner coverage you may have to provide evidence of insurability. Child(ren) coverage is available in \$5,000 increments up to a maximum of \$20,000.
Eligibility	You must work at least 20 hours a week to participate.
Cost Sharing	You pay for coverage on an after-tax basis through payroll deductions.
When Coverage Begins	If you elect coverage when you are first eligible, it begins on your date of hire or the date you become benefits-eligible, if you are actively at work on that date.
When Coverage Ends	Coverage ends when you terminate employment, are no longer eligible or fail to make required contributions.

Basic AD&D Insurance Table

Options	You receive basic AD&D insurance of two times your annual pay, up to \$1 million. Part-time regular employees receive a benefit of one-time annual pay.
Eligibility	You must work at least 20 hours a week to receive coverage.
Cost Sharing	The Company provides coverage at no cost to you.
When Coverage Begins	Coverage begins on your date of hire or the date you become benefits-eligible, if you are actively at work on that date.
When Coverage Ends	Coverage ends when you terminate employment or are no longer eligible.

Supplemental AD&D Insurance Table

Options	Employee only: you can elect supplemental coverage in \$10,000 increments up to a maximum of \$500,000, Family coverage is paid at: • 50% of the employee amount for your spouse / partner if no children are covered; 40% if children are covered • 15% for each child if there is no spouse / partner covered; 10% if spouse / partner is covered; to a maximum of \$50,000 for each child.
Eligibility	You must work at least 20 hours a week to participate.
Cost Sharing	You pay for coverage on an after-tax basis through payroll deductions.
When Coverage Begins	If you elect coverage when you are first eligible, it begins on your date of hire or the date you become benefits-eligible, if you are actively at work on that date.
When Coverage Ends	Coverage ends when you terminate employment, are no longer eligible or fail to make required contributions.

Business Travel Accident Table

Options	You receive Company-provided business travel accident insurance of three times your pay up to a maximum of \$2 million. Your spouse / partner is covered up to 50,000 GBP and each dependent child is covered up to 50,000 GBP when they travel with you on business.
Eligibility	You must work at least 20 hours a week to receive coverage.
Cost Sharing	The Company provides coverage at no cost to you.
When Coverage Begins	Coverage begins on your date of hire or the date you become benefits-eligible, if you are actively at work on that date.
When Coverage Ends	Coverage ends when you terminate employment or are no longer eligible.

Eligibility

The *Benefits-at-a-Glance* table at the beginning of this section presents a summary of the benefit programs available to you under the Plan as an employee (or a dependent of an employee) of Pearson. If you have any questions about whether you are eligible to participate in a program, please contact [Aptia365](#) at 1-855-237-6421.

Generally, you are eligible to participate in the Plan if you belong to one of the following classes of employees:

- **Full-Time Regular employees:** those who are regularly scheduled to work 35 or more hours a week
- **Part-Time Regular employees:** those who are regularly scheduled to work 20 to 34 hours a week

Independent contractors and other persons who are not treated by the Company as employees for purposes of withholding federal taxes are not eligible to participate, regardless of any contrary governmental or judicial determination relating to such employment status or tax withholding.

Eligible Dependents

Many of the benefit programs offer coverage for your family members. Family members who are eligible to participate include:

- Your legal spouse
- Your same- or opposite-sex domestic partner (upon you providing and the approval of an [Affidavit of Spousal Equivalent](#))
- Your children, up to the end of the month in which they turn 26
- A dependent child of any age who is physically or mentally disabled and depends on you for support if he or she was disabled before age 26 and depended on you for support at the time of disability.

Your eligible dependent children include:

- Your biological children
- Your legally adopted children (and children placed with you for adoption)
- Stepchildren
- Children of your domestic partner

- Foster children (except for dependent life or dependent AD&D coverage)
- Any other child for whom you are a legal guardian, who lives with you in a parent/child relationship, and whom you claim as a dependent on your federal income tax return.

If your child is disabled, you must submit proof of his or her disability within 31 days after he or she would otherwise no longer qualify for coverage. Contact [Aptia365](#) at 1-855-237-6421 for more information.

Under the Health Care FSA, any dependent you can claim on your federal income tax return (without regard to their gross income) is an eligible dependent. For example, your parent may be an eligible dependent under the Health Care FSA, even though he or she is not an eligible dependent under the medical program.

Under the Dependent Care FSA, eligible dependents include (1) your dependent children under age 13 and (2) a disabled spouse or dependent who is physically or mentally incapable of self-care and who lives with you for more than one-half of the year. To be eligible, you must be able to claim the individual as a dependent on your federal income tax return.

Refer to the definition of Eligible Dependent in the “Important Terms” section of this SPD for more information.

If You and Your Spouse / Partner Both Work for the Company

If you and your spouse / partner both work for the Company, you each need to make benefit decisions. Under the medical, dental and vision care programs, you can each elect Employee only coverage or one spouse / partner can waive coverage and be covered as a dependent under the other spouse’s/partner’s program. You cannot be covered as *both* an employee and a dependent. Employees are not eligible to be insured as a spouse / partner under the life and AD&D program.

If you have eligible dependent children, one of you can waive coverage under the Plan and the other can elect family coverage.

Annual Open Enrollment

Each fall, the Company conducts an open enrollment period during which you choose your benefits for the next calendar year. When you enroll, you make three types of choices. You will need to choose:

- Which plan options you want,
- Which dependents, if any, you will cover, and

- How much coverage you need.

The benefits you choose during the annual open enrollment period will cover you and your family for a full year. You will have the opportunity to change your elections at each annual open enrollment period. If you have benefits available from another source, such as your spouse's/partner's employer, you should compare those plans and costs with the Pearson benefits available under the Plan, and make a decision based on the best coverage available under your combined offerings.

When Coverage Begins

The coverage you elect during the fall annual open enrollment period becomes effective on January 1 of the following year. Your coverage will be in effect for a full calendar year.

If you are a new employee, you must enroll for benefits within 31 days of employment. Your coverage will be retroactive to your first day of work. If you do not enroll within 31 days, you will receive the default package of benefits which consists of the following:

- Enrollment in the Anthem \$900 Deductible Medical Plan with employee-only 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)
- Enrollment in Company-provided, Life/AD&D, Short- and Long-Term Disability
- No enrollment in dental coverage and vision coverage and
- No enrollment in any of the tax-advantaged accounts

Making Changes to Your Benefits during the Year

Generally, you can change your benefits elections only during the annual open enrollment period. However, if you have a qualified change in status ("Life Event") in accordance with IRS rules, you may be able to change your elections *before the next enrollment period*. Life Events that the IRS permits for changes in your benefits under the Plan include:

- Marriage, divorce, annulment, or legal separation when allowed under state law in the state in which you reside
- Establishment or dissolution of a domestic partnership
- Birth or adoption of a child or placement of a child for adoption, gaining a stepchild, becoming legal guardian of a child
- Death of your spouse/partner
- Death of your child or your spouse's/partner's child

- A child's change in dependent status due to age
- Loss of a dependent's status as such under the Plan
- Qualification of a Medical Child Support Order
- Your or your spouse's/partner's or dependent's gain or loss of other coverage as a result of a change in employment status or work schedule (including the beginning or end of a leave of absence, including a leave of absence under FMLA)
- Change in coverage under a non-Pearson sponsored plan due to (1) a change in status under that plan or (2) a differing election period (note: these events will not allow a change under the Health Care or Combination FSA)
- Change in your provider for purposes of the Dependent Care FSA
- Change in the cost of care for purposes of the Dependent Care FSA, if the provider is not your relative
- Change in your employment status resulting in a change in eligibility (e.g., change from full-time to temporary)
- Termination of employer contributions to your spouse's/partner's plan (note: this will not allow a change under the Health Care or Combination FSA)
- Change in your or a dependent's residence if the change is in connection with a move outside of a coverage area
- Expiration of non-Pearson sponsored COBRA coverage for yourself or a dependent
- Eligibility for Medicare or Medicaid

The benefit changes you make must be on account of and correspond with the change in status. The determination of whether you have experienced an event that would permit an election change and whether your requested election change is consistent with such event shall be made in the sole discretion of the Plan Administrator.

Benefit changes under the medical, dental, vision, health care and combination FSA and Dependent Care FSA are consistent with the event only if they (i) result in your or your dependent's gaining or losing eligibility to participate in this Plan or the plan of your dependent's employer and (ii) are on account of and correspond with the gain or loss of coverage. For example, if you give birth to or adopt a child, you can add the child to your medical coverage, but you would not be able to drop medical coverage. Elections to increase or decrease long-term disability coverage in response to a Life Event are deemed to correspond with the change.

If you wish to make a change in your benefits, you must do so within 31 days of the Life Event. Any timely election change will be effective as of the date of the event. Please note that Pearson reserves the right to request documentation that supports the qualified status change.

If you do not make any changes within 31 days of your Life Event, you will have to wait until the next annual open enrollment period to do so.

Please refer to the *Life Events Action Table* beginning at the end of this section for more information.

Once you change your benefit elections due to a Life Event, your payroll deductions may change as well.

Special Enrollment Rights

If you are declining enrollment for medical coverage for yourself or your dependents (including your spouse/partner) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependent in the Plan, provided that you request enrollment within 31 days after such other coverage ends and such other coverage was lost due to (i) the loss of eligibility for such coverage, (ii) the cessation of employer contributions for such other coverage, or (iii) the cessation of COBRA coverage. In addition, if you have a new dependent as a result of marriage, domestic partnership, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 31 days after the date of the marriage/partnership, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact [Aptia365](#) by calling 1-855-237-6421.

Cost of Coverage

You and the Company share in the cost of some of your benefits. For other benefits, the Company pays the full cost. Your contributions toward the cost of your benefits are determined by several factors. Depending on the benefit, your contribution is based on the program(s) in which you enroll, whom you choose to cover and, in some cases, your age and annual base pay.

Refer to the *Benefits-at-a-Glance* table at the beginning of this section to review the tax treatment of each benefit option under the Plan.

Any cost for coverage will be deducted from your paycheck in equal amounts throughout the year. If you make pre-tax contributions, your contributions are deducted from your pay before federal and most state taxes are taken out. That means you pay taxes on a smaller amount of money, and your disposable income is higher. Note however that certain states may not recognize these pre-tax contributions for state income taxes purposes.

Even though pre-tax contributions reduce your taxable income, they will not affect other benefits related to your income. For example, basic life insurance benefits will be calculated using your full base pay before pre-tax contributions are deducted.

However, if you make pre-tax contributions and earn less than the Social Security wage base, your Social Security taxes will be lower, and your Social Security benefits could be reduced slightly. For many employees, however, the immediate tax benefits of participating in the Plan on a pre-tax basis will outweigh any reduced future Social

Security benefit. Since each employee's situation is different, you may wish to consult with your personal financial advisor to determine how any such reduction in benefits may affect you.

Definition of Pay

In some cases, the benefit plan options are expressed as a multiple of pay and in some cases, your cost for coverage is based on your pay. The term ***pay*** as it applies to the different coverages is defined in the *Important Terms* section of the Document.

Life Events Action Tables

Generally, you may not make changes to your benefit elections during the calendar year. You are, however, permitted to make changes during the year if you experience certain life events. These are personal changes such as marriage, the birth of a child, or employment-related changes such as moving from part-time to full-time status.

The following matrix outlines what benefits may be changed during the calendar year due to specific life events. The first column is the event, and the columns describe the changes that may be permitted in each benefit plan due to that event. Any changes you make must be consistent with the actual circumstances of your life event.

Bear in mind that all benefit changes based on the occurrence of a life event must be made within 31 days following the life event (for example, the birth of a child) to be effective for the remainder of the year.

Note: This table is intended as a general guide. Any changes you make must be consistent with the actual circumstances of your status change.

If You Get Married or Establish a Domestic Partnership Table

Medical	You can enroll for the first time and add eligible dependents to your medical plan within 31 days. You can drop coverage and enroll in your spouse's/partner's plan within 31 days. You cannot change the option you are enrolled in.
Dental	You can enroll for the first time and add eligible dependents to your dental plan within 31 days. You can drop coverage and enroll in your spouse's/partner's plan within 31 days. You cannot change the option you are enrolled in.
Vision	You can enroll for the first time and add eligible dependents to your vision plan within 31 days. You can drop coverage and enroll in your spouse's/partner's plan within 31 days.
Combo and Health Care FSA	If you marry, you can enroll in, increase, decrease, or stop your contributions to the Combo and Health Care FSA within 31 days.
Dependent Care FSA	If you marry, you can enroll in, increase, decrease, or stop your contributions to the Dependent Care FSA within 31 days.
Long-Term Disability	You can purchase supplemental LTD coverage subject to evidence of insurability rules, or drop your supplemental LTD coverage within 31 days.

Life Insurance	No change to basic life insurance. You can purchase, increase, decrease or drop supplemental and/or dependent life insurance at any time, subject to evidence of insurability rules You may update your beneficiary information at any time.
Accidental Death & Dismemberment	No change to basic AD&D. You can purchase, increase, decrease or drop supplemental and/or family AD&D coverage at any time. You may update your beneficiary information at any time.

If You Get Legally Separated or Divorced or Terminate a Domestic Partnership Table

Medical	You can enroll or change coverage categories within 31 days. You cannot change the option you are enrolled in. Your spouse / partner or any children who lose coverage can continue coverage under COBRA/COBRA-like coverage for up to 36 months.
Dental	You can enroll or change coverage categories within 31 days. You cannot change the option you are enrolled in. Your spouse / partner or any children who lose coverage can continue coverage under COBRA/COBRA-like coverage for up to 36 months.
Vision	You can enroll in or change coverage categories within 31 days. Your spouse / partner or any children who lose coverage can continue coverage under COBRA/COBRA-like coverage for up to 36 months.
Combo and Health Care FSA	If you become legally separated or divorced, or terminate a domestic partnership, you can start, increase, drop or decrease your contributions to the Combo and Health Care FSA within 31 days. Your spouse or any children who lose coverage can continue coverage on an after-tax basis under COBRA through the end of the plan year.
Dependent Care FSA	If you become legally separated or divorced, or terminate a domestic partnership, you can start, increase, drop or decrease your contributions to the Dependent Care FSA within 31 days.
Long-Term Disability	You can purchase supplemental LTD coverage subject to evidence of insurability rules, or drop your supplemental LTD coverage, within 31 days.

Life Insurance	No change to basic life insurance. You can purchase, increase, decrease or drop supplemental and/or dependent life insurance at any time, subject to evidence of insurability rules. Your spouse who loses coverage can exercise the continuation feature to continue coverage under the group plan for up to 12 months coverage. After 12 months of continuation your spouse may elect to convert coverage to an individual policy. . You can update your beneficiary information at any time.
Accidental Death & Dismemberment	No change to basic AD&D. You can purchase, increase, decrease or drop supplemental and/or family AD&D at any time. You can update your beneficiary information at any time.

If You Gain an Eligible Dependent Child (have a baby, adopt a child, acquire a stepchild or become a legal guardian) Table

Medical	You can enroll and add your new dependent to your medical plan within 31 days. You cannot change the option you are enrolled in.
Dental	You can enroll and add your new dependent to your dental plan within 31 days. You cannot change the option you are enrolled in.
Vision	You can enroll and add your new dependent to your vision care plan within 31 days.
Combo and Health Care FSA	You can enroll or increase your contribution to the Combo and Health Care FSA within 31 days
Dependent Care FSA	You can enroll or increase your contribution to the Dependent Care FSA within 31 days.
Long-Term Disability	You can purchase supplemental LTD coverage, subject to evidence of insurability rules, within 31 days.
Life Insurance	No change to basic life insurance. You can purchase, increase, decrease or drop supplemental and/or dependent life insurance at any time, subject to evidence of insurability rules. If you are already purchasing dependent life insurance for your children, your new dependent will be covered automatically. You can update your beneficiary information at any time.
Accidental Death & Dismemberment	No change to basic AD&D. You can purchase, increase, decrease or drop supplemental and/or family AD&D at any time. You can update your beneficiary information at any time.

When Your Child is No Longer a Dependent Table

Medical	You can change your coverage category within 31 days. You cannot change the benefit option you are enrolled in. Your child can continue coverage under COBRA for up to 36 months.
Dental	You can change your coverage category within 31 days. You cannot change the benefit option you are enrolled in. Your child can continue coverage under COBRA for up to 36 months.
Vision	You can change your coverage category within 31 days. Your child can continue coverage under COBRA for up to 36 months.
Combo and Health Care FSA	You can drop or decrease your contribution to the Combo and Health Care FSA within 31 days. Your child can continue coverage on an after-tax basis under COBRA through the end of the plan year.
Dependent Care FSA	You can drop or decrease your contribution to the Dependent Care FSA within 31 days.
Long-Term Disability	You can discontinue your supplemental LTD coverage.
Life Insurance	You can purchase, increase, decrease or drop supplemental life insurance at any time, subject to evidence of insurability rules. If you have dependent life insurance for your children, your ineligible dependent will no longer be covered. You may exercise the continuation feature to continue coverage under the group plan for up to 12 months. After 12 months of continuation, conversion to an individual policy is available. You can update your beneficiary information at any time.
Accidental Death & Dismemberment	No change to basic AD&D. You can purchase, increase, decrease or drop supplemental and/or family at any time. You can update your beneficiary information at any time.

If You Become Eligible for LTD Benefits Table

Medical	The coverage in effect before you became disabled will continue until (i) you are no longer receiving LTD benefits or (ii) your employment is terminated or (iii) you reach age 65, <i>whichever occurs first</i>. You are required to continue to contribute toward the cost of your coverage.
Dental	The coverage in effect before you became disabled will continue until (i) you are no longer receiving LTD benefits or (ii) your employment is terminated or (iii) you reach age 65, <i>whichever occurs first</i>. You are required to continue to contribute toward the cost of your coverage.
Vision	The coverage in effect before you became disabled will continue until (i) you are no longer receiving LTD benefits or (ii) your employment is terminated or (iii) you reach age 65, <i>whichever occurs first</i>. You are required to continue to contribute toward the cost of your coverage.
Combo and Health Care FSA	Contributions to your Combo and Health Care FSA cease while you are receiving LTD benefits. You can be reimbursed from your Combo and Health Care FSA for health care expenses incurred while actively employed or on sick leave or short-term disability up to the amount contributed.
Dependent Care FSA	Contributions to your Dependent Care FSA cease while you are receiving LTD benefits. You can be reimbursed for dependent care expenses incurred through the end of the plan year, up to the amount in your account at the time your contributions were discontinued up to the amount contributed.
Long-Term Disability	Benefits commence.
Life Insurance	Basic life insurance coverage continues at the level in effect on the day before you become disabled until you are no longer receiving LTD benefits, or your employment is terminated, or you reach age 65, <i>whichever occurs first</i>. Supplemental life insurance coverage continues at the level in effect on the day you become disabled. You must contribute toward the cost of coverage for the first year, but if you qualify you may be able to apply to the insurance company to have your subsequent premiums waived. You must apply for waiver of premium within 6-12 months of the onset of your disability. A form will automatically be provided to you at the time you qualify for LTD benefits. Dependent life insurance coverage ends after 12 months. You may exercise the portability feature to continue dependent life insurance coverage.
Accidental Death & Dismemberment	Basic AD&D insurance coverage ceases twelve months after you qualify for LTD benefits. If applicable, benefit is paid.

If You Take an Approved Family and Medical Leave of Absence Table

Medical	Coverage will continue for you and your dependents if you pay the required cost of your coverage.
Dental	Coverage will continue for you and your dependents, as long as you pay the required cost of your coverage.
Vision	Coverage will continue for you and your dependents, as long as you pay the required cost of your coverage.
Combo and Health Care FSA	No change as long as you continue contributing to your account.
Dependent Care FSA	No change as long as you continue contributing to your account.
Long-Term Disability	If you elected supplemental LTD coverage and wish to continue such coverage, you will be required to continue contributing toward the cost of your coverage.
Life Insurance	No change to basic life insurance. You can purchase, increase, decrease or drop supplemental and/or dependent life insurance at any time, subject to evidence of insurability rules. If you elected supplemental and/or dependent life insurance and wish to continue such coverage, you will be required to continue contributing toward the cost of your coverage.
Accidental Death & Dismemberment	No change to basic AD&D. You can purchase, increase, decrease or drop supplemental and/or dependent life insurance at any time, subject to evidence of insurability rules. If you elected supplemental AD&D insurance and wish to continue such coverage, you will be required to continue contributing toward the cost of yr coverage.

If You Take an Approved Personal Unpaid Leave of Absence Table

Medical	Coverage may continue for you and your dependents, if you pay the required cost of your coverage.
Dental	Coverage may continue for you and your dependents, as long as you pay the required cost of your coverage.
Vision	Coverage may continue for you and your dependents, as long as you pay the required cost of your coverage.
Combo and Health Care FSA	You may continue contributing to your account on an after-tax basis. If you do not contribute, you can be reimbursed for health care expenses incurred up until the day before your personal leave of absence.
Dependent Care FSA	Contributions will cease. You can be reimbursed for dependent care expenses incurred up until the day before your personal leave, up to the amount in your account at the time your contributions were discontinued.
Long-Term Disability	LTD insurance coverage will cease at the end of the month following the month in which the leave began.
Life Insurance	No change to basic life insurance. You can purchase, increase, decrease or drop supplemental and/or dependent life insurance at any time, subject to evidence of insurability rules. If you elected supplemental and/or dependent life insurance and wish to continue such coverage, you will be required to continue contributing toward the cost of your coverage.
Accidental Death & Dismemberment	No change to basic AD&D. You can purchase, increase, decrease or drop supplemental and/or dependent life insurance at any time, subject to evidence of insurability rules. If you elected supplemental AD&D insurance and wish to continue such coverage, you will be required to continue contributing toward the cost of your coverage.

If You Leave the Company Table

Medical	Coverage ends at the end of the month in which you leave the Company. You can continue coverage for yourself and your eligible dependents for 18 months under COBRA.
Dental	Coverage ends at the end of the month in which you leave the Company. You can continue coverage for yourself and your eligible dependents for 18 months under COBRA.
Vision	Coverage ends at the end of the month in which you leave the Company. You can continue coverage for yourself and your eligible dependents for 18 months under COBRA.
Combo and Health Care FSA	Contributions will cease. You can be reimbursed for health care expenses incurred while you were an active employee. You can continue participating in the Combo and Health Care FSA on an after-tax basis under COBRA through the end of the plan year up to the amount contributed.
Dependent Care FSA	Contributions will cease. You can be reimbursed for Dependent Care expenses incurred through the end of the plan year, up to the amount in your account at the time your contributions were discontinued.
Long-Term Disability	Coverage ends on your last day of work. You may be able to convert your LTD coverage to an individual policy within 31 days.
Life Insurance	You can convert your basic, life insurance policy within 31 days.
Accidental Death & Dismemberment	Basic AD&D coverage ends on your last day of work.

If You Retire Table

Medical	Coverage ends at the end of the month in which you retire. You and your dependents can continue medical coverage for 18 months under COBRA. Contact WageWorks to see if you are eligible to participate in a Pearson Retiree Medical program.
Dental	Coverage ends at the end of the month in which you retire. You and your dependents can continue dental coverage for 18 months under COBRA.
Vision	Coverage ends at the end of the month in which you retire. You and your dependents can continue vision coverage for 18 months under COBRA.
Combo and Health Care FSA	Contributions to the Combo and Health Care FSA will cease. You can be reimbursed for health care expenses incurred while you were an active employee up to the amount in your account. You can continue participating in the Combo and Health Care FSA on an after-tax basis under COBRA through the end of the plan year.
Dependent Care FSA	Contributions to the Dependent Care FSA will cease. You can be reimbursed for Dependent Care expenses incurred through the end of the plan year, up to the amount in your account at the time your contributions were discontinued.
Long-Term Disability	Coverage ends on your last day of work.
Life Insurance	Basic life insurance, supplemental life insurance and dependent life insurance end on your last day of work. Upon loss of eligibility, you may elect the continuation feature to continue coverage under the group plan for up to 12 months. After 12 months of continuation, you can exercise the portability feature to continue supplemental life insurance and dependent life insurance. To port any dependent, spouse or child life insurance, you must port coverage for yourself. You can convert your basic life insurance policy within 31 days.
Accidental Death & Dismemberment	Basic and supplemental AD&D insurance end on your last day of work.

If You Die While You Are Employed Table

Medical	Coverage for your eligible dependents will cease at the end of the month in which you die. Your eligible dependents can continue coverage for 36 months under COBRA.
Dental	Coverage for your eligible dependents will cease at the end of the month in which you die. Your eligible dependents can continue coverage for 36 months under COBRA.
Vision	Coverage for your eligible dependents will cease at the end of the month in which you die. Your eligible dependents can continue coverage for 36 months under COBRA.
Combo and Health Care FSA	Contributions cease. Your estate can be reimbursed for health care expenses incurred while you were an active employee, up to the amount in your account at the time of your death. Your eligible dependents can continue Combo and participating in the Health Care FSA on an after-tax basis under COBRA through the end of the plan year.
Dependent Care FSA	Contributions cease. Your estate can be reimbursed for dependent care expenses incurred through the end of the plan year, up to the amount in your account at the time of your death.
Long-Term Disability	Your beneficiary will receive a three-month survivor benefit if your disability had continued for 180 or more consecutive days and you were receiving or entitled to receive LTD benefits.
Life Insurance	Your beneficiary will receive a benefit consisting of your basic life insurance and, if applicable, supplemental life insurance. Dependent life insurance coverage stops. Your dependents may elect the continuation feature to continue coverage under the group plan for up to 12 months. After 12 months of continuation, porting to an individual policy is available. The application must be made within 31 days. *Suicide exclusion applies to employee supplemental insurance.
Accidental Death & Dismemberment	If your death is the result of a covered accident, your beneficiary will receive the plan benefit.

If a Dependent Dies Table

Medical	If your spouse / partner dies, you can enroll or change coverage categories within 31 days. If your child dies, you can change coverage categories within 31 days. You cannot change the option you are enrolled in.
Dental	If your spouse / partner dies, you can enroll or change coverage categories within 31 days. If your child dies, you can change coverage categories within 31 days. You cannot change the option you are enrolled in.
Vision	If your spouse / partner dies, you can enroll or change coverage categories within 31 days. If your child dies, you can change coverage categories within 31 days. You cannot change the option you are enrolled in.
Combo and Health Care FSA	If your spouse / partner or child dies, you can stop or decrease contributions to the Combo and Health Care FSA within 31 days.
Dependent Care FSA	If your spouse or child dies, you may start, stop, increase or decrease contributions to the Dependent Care FSA within 31 days
Long-Term Disability	You can discontinue your supplemental LTD coverage. If your spouse dies, you can purchase supplemental LTD coverage, subject to evidence of insurability rules, within 31 days.
Life Insurance	If your dependent was covered, the dependent life insurance benefit will be paid to you. You can purchase, increase, decrease or drop supplemental and/or dependent life insurance at any time, subject to evidence of insurability rules. *Suicide exclusion applies to spouse life insurance.
Accidental Death & Dismemberment	If your dependent was covered and the death was the result of a covered accident, the AD&D benefit will be paid to you. You can purchase, increase, decrease or drop supplemental and/or family AD&D any time.

If You Move Table

Medical	No change unless you move out of the medical plan network area; then you may change your option.
Dental	No change unless you move out of the dental plan network area; then you may change your option.
Vision	No change
Combo and Health Care FSA	No change
Dependent Care FSA	No change
Long-Term Disability	No change
Life Insurance	You can purchase, increase, decrease or drop supplemental and/or dependent life insurance at any time, subject to evidence of insurability rules.
Accidental Death & Dismemberment	You can purchase, increase, decrease or drop supplemental and/or family AD&D any time.

If There is a Change in Coverage Under Another Employer's Health Plan Table

Medical	You can enroll for the first time and add eligible dependents to your medical plan within 31 days. You can drop coverage within 31 days. You cannot change the option you are enrolled in.
Dental	You can enroll for the first time and add eligible dependents to your dental plan within 31 days. You can drop coverage within 31 days. You cannot change the option you are enrolled in.
Vision	You can enroll for the first time and add eligible dependents to your vision plan within 31 days. You can drop coverage within 31 days. You cannot change the option you are enrolled in.
Combo and Health Care FSA	No change
Dependent Care FSA	No change
Long-Term Disability	No change
Life Insurance	You can purchase, increase, decrease or drop supplemental and/or dependent life insurance at any time, subject to evidence of insurability rules.
Accidental Death & Dismemberment	You can purchase, increase, decrease or drop supplemental and/or family AD&D any time.

If There is a Change in Coverage Under Another Employer's Health Plan Table

Medical	No change
Dental	No change
Vision	No change
Combo and Health Care FSA	No change
Dependent Care FSA	You may start, stop, increase or decrease contributions to the Dependent Care FSA.
Long-Term Disability	No change
Life Insurance	You can purchase, increase, decrease or drop supplemental and/or dependent life insurance at any time, subject to evidence of insurability rules.
Accidental Death & Dismemberment	You can purchase, increase, decrease or drop supplemental and/or family AD&D any time.