

Summary Plan Description

The J. Paul Getty Trust Retiree Medical Plan Retiree Medical Subsidy Plan and Retiree Reimbursement Account (RRA)



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INTRODUCTION

This booklet is the Summary Plan Description (SPD) for the J. Paul Getty Trust Retiree Medical Plan, Retiree Medical Subsidy Plan and Retiree Reimbursement Account (RRA).

It also describes the dental and vision plans available for retirees through COBRA. Certain restrictions apply.

The J. Paul Getty Trust has an arrangement with OptumHealth Financial Services (OHFS) under which OHFS will process reimbursements and provide certain other administrative services pertaining to the RRA.

OHFS does not insure the benefits described in this booklet.

This SPD is designed to meet your information needs and the disclosure requirements of the Employee Retirement Income Security Act of 1974 (ERISA).

The J. Paul Getty Trust intends to continue the Plans described in this document, but reserves the right, in its sole discretion, to modify, change, revise, amend or terminate the Plans at any time, for any reason, and without prior notice subject to any collective bargaining agreements between the Employer and various unions, if applicable. This SPD is not to be construed as a contract of or for employment. If there should be an inconsistency between the contents of this summary and the contents of the Plan Documents, your rights shall be determined under the Plan Documents and not under this summary.

You should read this SPD carefully and keep it with your other important documents for future reference. If you have any questions that are not answered in this booklet, contact OptumHealth Financial Services (OHFS) at (877) 298-2305, or Getty Human Resources by calling 310.440.6523 or sending an email to HR@getty.edu.

DENTAL AND VISION PLANS – WHEN YOU RETIRE

If you are enrolled in the Getty's dental and/or vision coverage immediately preceding your retirement, those benefits end on the last day of the month in which you terminate employment.

Continued dental and vision coverage may be available through COBRA continuation. Special rules may apply. For additional information about COBRA as well as current rates, visit www.gettyhr.com or call Getty Human Resources at 310.440.6523.

OVERVIEW OF RETIREE MEDICAL COVERAGE

Coverage for medical expenses of former employees of the Getty, who meet certain eligibility requirements, comes in the form of participation in the Getty's Retiree Medical Plan or Retiree Medical Subsidy Plan. Each of those Plans provides different options regarding medical benefits beyond employment with the Getty and each includes the Retiree Reimbursement Account.

If you are not covered under a Getty medical plan as an active employee, immediately preceding your retirement, you will not be eligible for the Getty's Retiree Medical Plan, Retiree Medical Subsidy Plan or RRA. If you are covered under a Getty medical plan as an active employee, medical coverage for you and your covered dependent(s) stops at the end of the month in which you retire.

However, upon leaving the Getty, continued coverage under a Getty medical plan may be available through COBRA continuation. Special rules may apply. For additional information about COBRA as well as current rates, visit www.gettyhr.com or call Getty Human Resources at 310.440.6523.

RETIREE MEDICAL PLAN INFORMATION

Eligibility

To be eligible for the Retiree Medical Plan, you must meet the following criteria:

- You must be employed by the Getty at the time you retire;
- You must have reached age 50 and had a minimum of five (5) years of benefit service* as of December 31, 2008;
- You must be covered by a Getty medical plan as an active employee at the time of retirement; and
- You must have at least ten (10) years of benefit service.*

**A year of benefit service is defined as a calendar year in which you have completed at least 1,000 hours of service.*

Over Age 65

The Retiree Medical Plan provides funding for an RRA for both the eligible employee and his/her spouse/same-sex or registered domestic partner, if both were covered on a Getty medical plan immediately preceding the employee's termination of employment.

Under Age 65

Employees under age 65 who are eligible for the Getty Retiree Medical Plan may choose from the following options:

1. You and your covered dependent(s) who are on a Getty medical plan immediately preceding your retirement and who are under age 65 may elect to continue coverage under that plan; or
2. You may remain on the Getty medical plan and your spouse/partner may elect to begin receiving their RRA (once electing the RRA, the spouse/partner may not re-enroll in a Getty medical plan); or
3. You may waive the Getty medical plan and begin receiving your RRA. If you have an eligible spouse/partner under the age of 65 and you make this election, the eligible spouse/partner coverage on the Getty medical plan will also end and they will begin receiving their RRA. You and your spouse/partner may not re-enroll in a Getty medical plan.

If you remain on a Getty medical plan until age 65, you will automatically begin receiving your RRA on your Medicare eligibility date, and your coverage in a Getty medical plan will end at that time. If your spouse/partner remains on a Getty medical

plan until age 65, they will automatically begin receiving their RRA on their Medicare eligibility date, and their coverage in a Getty medical plan will end at that time.

Children are not eligible for an RRA but may be eligible for coverage under a Getty medical plan, if they are covered on a Getty medical plan immediately preceding the employee's retirement date. This applies to:

- Dependent children (coverage ends December 31st of the year in which they turn 26)
- Dependent children older than age 26, who are physically or mentally incapable of self-support, provided you applied for coverage within 31 days of the date prior coverage was lost (proof of incapacity must be furnished to the Plan within 31 days of eligibility)
- Children who must be covered under the Plan because of a Qualified Medical Child Support Order (QMCSO)

No one is eligible as a dependent while:

- Serving in the military of any country, or
- Residing outside the United States.

No dependents may be added at any point after an employee leaves the Getty.

If you are covered under a Getty HMO plan and move to a location outside of the HMO service area, you must enroll in the Getty's HDHP/PPO plan to retain medical coverage. You must notify the Getty of this change within 31 days of your move.

Termination of Coverage

At some point during your retirement, you may decide that you no longer need or want the Getty's medical coverage or RRA, as applicable. Your written election to stop participating in the plan is irrevocable. Once you stop coverage, you will not be able to re-enter the plan at a later date. Any covered dependents would also lose their coverage irrevocably if you terminate this coverage. Termination of medical coverage and/or the RRA will occur at the end of the elected month.

Currently, for dependents enrolled in the Retiree Medical Plan, coverage continues for three (3) years following the death of the retiree.

In the event that you and your spouse divorce, your spouse's medical coverage and/or RRA will terminate at the end of the month in which the divorce is final. You must notify Getty Human Resources as soon as your divorce is final.

Information concerning the coverage and rights under the Getty's medical plan may be found in the Plan Document and Summary Plan Description for the J. Paul Getty Trust Health & Welfare Plan.

RETIREE MEDICAL SUBSIDY PLAN INFORMATION

Eligibility

If you are not eligible for the Getty's Retiree Medical Plan - because you did not reach age 50 and/or did not have a minimum of five (5) years of benefit service* as of December 31, 2008 - you may instead be eligible to participate in the Retiree Medical Subsidy Plan upon your termination from the Getty. To be eligible for the Retiree Medical Subsidy Plan, you must meet the following criteria:

- You must be covered by a Getty medical plan as an active employee at the time your employment ends;
- You must have a minimum of ten (10) years of benefit service*; and
- You must be age 55 or older when your employment at the Getty ends.

**A year of benefit service is defined as a calendar year in which you have completed at least 1,000 hours of service.*

This benefit is for Getty employees only and does not apply to dependents.

The Retiree Medical Subsidy Plan provides funding for an RRA for the eligible employee, if covered on a Getty medical plan immediately preceding the employee's termination of employment.

Termination of Coverage

At some point during your retirement, you may decide that you no longer need or want the RRA. Your written election to stop participating in the plan is irrevocable. Once you stop coverage, you will not be able to re-enter the plan at a later date. Termination of the RRA occurs at the end of the elected month.

RETIREE REIMBURSEMENT ACCOUNT (RRA)

A Retiree Reimbursement Account (RRA) is considered a Health Reimbursement Arrangement under Internal Revenue Service guidance, for use in an employee's retirement years. The RRA accumulates over time with employer contributions that are allocated following termination of employment, if the individual has met eligibility criteria.

The allocated Benefit Dollars in the RRA allow participants to pay for certain Eligible Medical Expenses such as deductibles, coinsurance, co-payments, prescribed over the counter medicines and drugs, prescriptions, Part B premiums or Premium Expenses during retirement, as determined by the J. Paul Getty Trust, beginning on the first day of the month after you terminate employment until death. If Benefit Dollars are used for expenses other than Eligible Medical Expenses, those Benefit Dollars may then be considered taxable income.

The RRA is set up to allow the J. Paul Getty Trust to allocate a specified amount of Benefit Dollars into an RRA, in your name, on an annual basis. The amount of Benefit Dollars allocated to your RRA will be determined on an annual basis and in a nondiscriminatory manner.

You are not permitted to make any contribution to your RRA. Your RRA is an "unfunded" account, and Benefit Dollars are payable solely from the general assets of the J. Paul Getty Trust.

In the event of the retiree's death, no further contributions will be made to the retiree's RRA and the RRA benefit dollars are forfeited.

The Benefit Dollar amount is determined by the J. Paul Getty Trust and depends on the Benefit Dollar category.

Benefit Dollar Eligible Category	Annual Employer Allocation of RRA Benefit Dollars ¹
1. Retiree Medical Plan	\$3,000
2. Retiree Medical Subsidy Plan	\$1,200

¹The amount of Benefit Dollars allocated to your RRA may be adjusted on an annual basis, at the sole discretion of the J. Paul Getty Trust.

RRA Benefit Dollars for Mid-Year Enrollments

If you become eligible and enrolled in the RRA any time during the Plan year, the J. Paul Getty Trust will allocate a pro-rated amount of Benefit Dollars to your RRA. This amount will be pro-rated on a monthly basis, retroactive to the first day of the month in which you are eligible for the Plan.

Unused Benefit Dollars

100% of unused Benefit Dollars are carried forward each year. This amount of unused Benefit dollars is calculated after the end of the 90-day Plan year run off period, which allows you to submit claims from the prior calendar year up to 90 days after the end of the calendar year.

In the event of the death of the retiree, the balance reverts back to the J. Paul Getty Trust.

You can keep track of the Benefit Dollars in your RRA by going online to www.UHCRetireeAccounts.com, by calling the toll-free number (877) 298-2305 or by checking your explanation of benefits (EOB) sent to you by OptumHealth Financial Services.

Enrolling

You must notify Getty Human Resources of your intent to retire **90 days** prior to your last day.

You must submit either the Retiree Health Care Enrollment Form or the Retiree Medical Subsidy Plan Enrollment Form to Human Resources no later than 31 days following your termination of employment. These forms are available at

www.gettyhr.com or you can request a form by calling Getty Human Resources at 310.440.6523.

If Getty Human Resources does not receive your enrollment form within the 31-day period, you will **lose eligibility** for you and/or your dependents to be covered on a Getty medical plan, Retiree Medical Plan, Retiree Medical Subsidy Plan, or RRA and you will **not** be able to enroll in the future.

If you are enrolled in either the Retiree Medical Plan or the Retiree Medical Subsidy Plan prior to age 65, you will automatically receive information about UnitedHealthcare's plans approximately 90 days prior to your 65th birthday. UnitedHealthcare offers Medicare Advantage and Supplement Plans to Medicare-eligible participants. However, you are not required to enroll in a plan with UnitedHealthcare.

When Coverage Begins

Coverage begins on the first day of the month following your termination of employment.

Termination of Coverage

At some point during your retirement, you may decide that you no longer need or want the RRA. Your written election to stop participating in the plan is irrevocable. Once you stop coverage, you will not be able to re-enter the plan at a later date. Any covered dependents would also lose their coverage irrevocably if you terminate this coverage. Termination of medical coverage and/or the RRA occurs at the end of the elected month.

Currently, for dependents enrolled in the Retiree Medical Plan, coverage continues for three (3) years following the death of the retiree.

In the event that you and your spouse divorce, your spouse's medical coverage and/or RRA will terminate at the end of the month in which the divorce is final. You must notify Getty Human Resources as soon as your divorce is final.

Cost

Retirees under age 65 who are enrolled in a Getty medical plan contribute to the cost of medical coverage for themselves and their eligible dependents. The cost of this coverage changes annually. For current costs, visit www.gettyhr.com.

If you elect to begin receiving your Defined Benefit Retirement Plan benefit, the monthly medical plan premiums for you and your covered dependent(s) will be deducted from your monthly Retirement Plan payment. If your monthly Retirement Plan benefit does not cover the cost of medical coverage or you elect to delay receiving the Defined Benefit Retirement Plan benefit, you must pay your premiums directly to the J. Paul Getty Trust. You may pay by check or set up automatic payments via credit card. For more information, call Getty Human Resources at 310.440.6523 or send an email to HR@getty.edu.

If you fail to pay your required premium contribution, coverage terminates as of the last day of the most recently paid month. You will **not** be able to re-enroll in this coverage in the future.

Changing Your Election

If you and/or your dependents are eligible and enrolled in a Getty medical plan, you may change your coverage for the following year during Open Enrollment, which occurs mid-October through mid-November. Information regarding Open Enrollment will be sent to your home address prior to the enrollment period. Be sure to keep Getty Human Resources informed if you move. This will ensure that you receive these important notices. Changes made during Open Enrollment are effective January 1 of the following year. Any changes you make for yourself also apply to eligible dependents.

USING THE BENEFIT DOLLARS IN YOUR RRA

Your RRA Benefit Dollars may be used to pay for Eligible Medical Expenses and/or Premium Expenses, beginning the first day of the month following your retirement/termination.

You can use your RRA Benefit Dollars specifically to pay for:

- Items subject to a medical deductible;
- Items subject to a dental deductible;
- Items subject to a vision deductible;
- Copayments (copays);
- Coinsurance;
- Prescription Medicines and Drugs;
- Vision expenses;
- Dental expenses;
- Medical mileage;
- Over the Counter medicines & supplies generally prescribed by a Physician; and
- Certain "extra" non-traditional expenses (known as Section 213(d) only covered expenses) that are typically not covered by retiree-sponsored health plans or other health plans (see Additional Medical Expenses Available in this section).

The RRA Benefit Dollars may also be used to pay for medical-related premium expenses. The types of Premium Expenses can include:

Medicare Premiums:

- Medicare Part C/Medicare Advantage Premiums (Including dental/vision riders);
- Medicare Part D (PDP) Prescription Premiums;
- Medicare Supplement Premiums; and
- Medicare Part B Premiums.

Other Premiums:

- Medical Premiums (if paid with after-tax dollars);
- Dental Premiums;

- Vision Premiums;
- COBRA Premiums; and
- Long-Term Care Premiums (Up to IRS Tax-Free Limit, Reference IRS Publication 502).

Additional Medical Expenses Available

You may choose to use the funds in your RRA to pay for certain medical expenses that are typically not covered by retiree-sponsored health plans or other health plans and only covered when you use your RRA Benefit Dollars. These additional medical expenses must be considered a medical expense under Section 213(d) of the Internal Revenue Code of 1986, as amended from time to time, and must also be for "medical care". "Medical care", as defined under Section 213(d), means services and supplies for the diagnosis, cure, mitigation, treatment or prevention of disease, and for treatments affecting any part or function of the body. This definition is subject to change without notice to you. A description of, and a listing of many items which may constitute eligible medical expenses, is available in IRS Publication 502, which is available from any regional IRS office or on the IRS website at <https://www.irs.gov/pub/irs-pdf/p502.pdf>.

When you go to your Physician, you may pay upfront and then submit a reimbursement form as described under the section, *Requesting Reimbursement From Your Retiree Reimbursement Account*, to be reimbursed from your RRA for the Eligible Medical Expenses and/or Premium Expenses that have been incurred.

Note

Any expense for which you have received reimbursement through your RRA cannot be used as a medical expense deduction on your federal income tax return or cannot be reimbursed under any plan covering health benefits, including a spouse's or dependent's plan.

Requesting Reimbursement From Your Retiree Reimbursement Account

If you have funds available in your RRA, you may submit a claim for reimbursement of Eligible Medical Expenses and/or Premium Expenses from your RRA. If you do choose to submit a request for reimbursement, the request must be received no later than 90 days following the end of the Plan year and during which you were eligible under this Plan. If you don't provide this information to the Claims Administrator within this timeframe, your claim will not be eligible for reimbursement, even if there are funds available in your RRA. This time limit does not apply if you are legally incapacitated. Any eligible medical expense for which you are reimbursed from your RRA cannot be included as a deduction or credit on your federal income tax return.

Once you become eligible and enrolled in the RRA, you can request reimbursement for Eligible Medical Expenses and/or Premium Expenses up to your total Benefit Dollars as soon as such Eligible Medical Expenses and/or Premium Expenses have been incurred (subject to the requirement that this date not be before January 1, 2015).

You will be reimbursed for Eligible Medical Expenses and/or Premium Expenses as long as the amount requested is at least \$25 for Participants being reimbursed by check. Amounts below \$25 will be accumulated and processed with future payments.

Requests for reimbursements will be processed daily.

Important Note

The date on which your Claims Administrator processes your claim is used when deducting Benefit Dollars from your RRA. This allows the Benefit Dollars in your RRA to act like a savings account, available for your use when your claim is paid.

Required Information for Filing a Claim

To be reimbursed from your RRA, simply submit a reimbursement form, called a Retiree Reimbursement Request Form, for the Eligible Medical Expenses and/or Premium Expenses that have been incurred. A Reimbursement Request Form is available from the RRA web site at www.optumhealthfinancial.com or you can contact a Customer Care Professional at (877) 298-2305 to request a form. For reimbursement from your RRA, you must include proof of the expenses incurred. For Premium Expense reimbursement you must attach a copy of the paid premium receipt with your reimbursement form or cancelled check (applicable only to health plan premiums when a receipt is not available). For Eligible Medical Expenses, proof can include a bill, an invoice, third party/provider proof of expense or an Explanation of Benefits (EOB) from any group medical/dental/vision plan under which you are covered. In such cases, an EOB will verify what your out-of-pocket expenses were after payments under other group medical/dental plans.

A Claim for Reimbursement for eligible healthcare expenses can be submitted by mail, fax, or email (scanned requests). Submit completed forms by mail to OptumHealth, P.O. Box 30516, Salt Lake City, UT 84130-0516; or to FAX number (855) 244-5016.

Recurring Expenses Reimbursement

You can arrange an automatic reimbursement for a regularly recurring healthcare expense, such as retiree healthcare premium payments, by submitting a Recurring Expense Reimbursement Request Form. If you decide to use your RRA to be reimbursed for an eligible recurring expense, you don't need to request reimbursement each month; you simply have to complete the Recurring Expense Reimbursement Request Form once a year and you will be automatically reimbursed each month during that year. To request an automatic reimbursement, complete and return the Recurring Expense Reimbursement Request Form. You can contact Customer Care at (877) 298-2305, TTY: 711 to request a form or download and print a form from the RRA web site at www.optumhealthfinancial.com. You will need to provide the amount of the expense and the date you make the payment each month. The automatic reimbursement will continue until the funds in your account are used up, you drop, add or change your coverage, the Plan year ends, or you submit a written request to stop the automatic reimbursement. Once a recurring reimbursement has been set up, you will receive a letter confirming that a recurring reimbursement has gone into effect.

Receiving Reimbursements – Paper Checks or Direct Deposit

You can receive reimbursements via a standard paper check or via direct deposit into your checking or savings account. To authorize direct deposit of your reimbursement to your savings or checking account you must complete the Direct Deposit Request Form available at www.optumhealthfinancial.com or you can contact Customer Care at (877) 298-2305 to request a form. Sign the form and return it via FAX to (855) 244-5016; or mail it to OptumHealth, PO Box 30516, Salt Lake City, Utah 84130-0516. Include a copy of a voided check or savings deposit slip with the form (make sure you include the nine digit routing number usually found on the lower left hand side of the check).

Important

You can view your RRA online via www.optumhealthfinancial.com. This website includes many features such as the option to:

- View your RRA summary page detailing contributions and amount left in your RRA;
- View your RRA Claims Summary including claim transaction details.

Claim Denial and Appeals

If Your Claim is Denied

If a claim for Benefits is denied in part or in whole, you may call OptumHealth Financial Services (OHFS) at (877) 298-2305 before requesting a formal appeal. If OptumHealth Financial Services (OHFS) cannot resolve the issue to your satisfaction over the phone, you have the right to file a formal appeal as described below.

How to Appeal a Denied Claim

If you wish to appeal a denied claim, you or your authorized representative must submit your appeal in writing within 180 days of receiving the denial. This written communication should include:

- the patient's name;
- the provider's name;
- the date of medical service or expense;
- the reason you disagree with the denial; and
- any documentation or other written information to support your request.

If you wish to request a formal appeal of a denied claim for reimbursement, you should call (877) 298-2305 to obtain the OptumHealth Financial Services (OHFS) address where the appeal should be sent.

Review of an Appeal

OptumHealth Financial Services (OHFS) will conduct a full and fair review of your appeal. The appeal may be reviewed by an appropriate individual(s) who did not make the initial benefit determination.

Once the review is complete, if OptumHealth Financial Services (OHFS) upholds the denial, you will receive a written explanation of the reasons and facts relating to the denial.

If your claim for reimbursement continues to be denied or you do not receive a timely decision, in limited circumstances, you may be able to request an external review of your claim by an independent third party who will review the denial and issue a final decision.

Note: Upon written request and free of charge, any covered persons may examine documents relevant to their claim and/or appeals and submit opinions and comments.

The table below describes the time frames which you and OptumHealth Financial Services (OHFS) are required to follow:

Claim Denials and Appeals	
Type of Claim or Appeal	Timing
If your claim is incomplete, OptumHealth Financial Services (OHFS) must notify you within:	30 days
You must then provide completed claim information to OptumHealth Financial Services (OHFS) within:	45 days after receiving an extension notice*
If OptumHealth Financial Services (OHFS) denies your initial claim, they must notify you of the denial:	
■ if the initial claim is complete, within:	30 days
■ after receiving the completed claim (if the initial claim is incomplete), within:	30 days
You must appeal the claim denial no later than:	180 days after receiving the denial
OptumHealth Financial Services (OHFS) must notify you of the appeal decision within:	60 days after receiving the appeal

* *OptumHealth Financial Services (OHFS)* may require a one-time extension of no more than 15 days only if more time is needed due to circumstances beyond their control.

Limitation of Action

You cannot bring any legal action against the J. Paul Getty Trust or the Claims Administrator to recover reimbursement until 90 days after you have properly submitted a request for reimbursement as described in this section and all required reviews of your claim have been completed. If you want to bring a legal action against the J. Paul Getty Trust or the Claims Administrator, you must do so within three years from the expiration of the time period in which a request for reimbursement must be submitted or you lose any rights to bring such an action against the J. Paul Getty Trust or the Claims Administrator.

You cannot bring any legal action against the J. Paul Getty Trust or the Claims Administrator for any other reason unless you first complete all the steps in the appeal process described in this section. After completing that process, if you want to bring a legal action against the J. Paul Getty Trust or the Claims Administrator, you must do so within three years of the date you are notified of our final decision on your appeal or you lose any rights to bring such an action against the J. Paul Getty Trust or the Claims Administrator.

IMPORTANT INFORMATION ABOUT MEDICARE

As an active employee, the Getty's Medical Plan is your primary source of medical coverage whether or not you have another source of insurance. If you are Medicare-eligible (age 65 or older) at retirement, then in most cases, Medicare becomes your primary coverage.

It is important to note that the UHC Plan (and, likely, other similar plans) require that you and/or your eligible dependent enroll in Medicare Parts A and B when you become eligible for Medicare, regardless of which medical plan(s) you choose. Part A is financed primarily by payroll taxes and is free for nearly all Medicare enrollees. Enrollees are required to contribute toward the cost of Part B. For more information about Medicare, visit www.medicare.gov, the official U.S. government site for Medicare or call 800.633.4227 (TTY 877.486.2048). You may be subject to a lifetime penalty if you do not enroll in Medicare Part B when you retire. Go to www.medicare.gov for more information or contact your local Social Security office.

Medicare Part D – If you enroll in a Medicare Supplement plan through UnitedHealthcare (and possibly other, similar plans), you will be required to enroll in Medicare Part D for Prescription Drug Coverage, whether through UHC or elsewhere.

Medicare		
Eligibility:	Age 65 (If not covered by an employer group health plan)	
Enrollment Process:	<ul style="list-style-type: none"> At age 65, you are automatically enrolled in Part A if you are receiving a monthly Social Security Benefit. You must enroll in Part B at age 65 unless you are actively employed. If you are not receiving a monthly Social Security Benefit, you must apply for coverage in Part A and Part B at www.medicare.gov or by calling 800.772.1213. 	
	Part A	Part B
Cost:	No cost	Monthly cost*
Coverage:	Hospital Insurance - pays some of the costs of hospitalization, limited skilled nursing home care, home health services and hospice care.	Medical Insurance - primarily covers physicians' services, most outpatient hospital services, and certain related medical services.

* Higher-income consumers may pay more.

UNITED HEALTH CARE (UHC) OR OTHER SUPPLEMENTAL PLAN

Cost of a Plan

Your monthly cost will depend on which plan you select. The provider (for example, UHC) will provide cost information directly to you and you will pay your premiums directly to that provider.

Changing your Elections

Contact the provider for more information about when you may be allowed to change plans.

CONTINUING MEDICAL COVERAGE

In certain situations, you and/or your dependents may be able to continue medical coverage after it would otherwise end under the Consolidation Omnibus Budget Reconciliation Act of 1985 (COBRA).

Under COBRA, you and/or your qualified beneficiaries can continue coverage if it would otherwise end because of a change in dependent status, divorce or legal separation, layoff or reduction in your hours, termination of your employment, retirement or death.

It is very important that you understand your COBRA rights. For more information about COBRA, see the Initial Notice of COBRA Continuation Coverage Rights at www.gettyhr.com.