

Overview of Benefits

As of January 1, 2013

Medical Plans

The Getty offers you a choice of three medical plans: a PPO and two HMOs. You contribute toward the cost of coverage. In most cases, your contributions are made by pretax payroll deductions. You may also elect to decline coverage. If you decline coverage, you will not be eligible for the vision plan. See reverse side for costs and eligibility rules.

Dental Plan

The Getty's dental plan is provided through MetLife. It provides 100% coverage for twice-yearly cleanings and exams. Other services are paid at varying percentages after an annual deductible is met. The plan offers an individual lifetime maximum of \$1,500 in orthodontia benefits. See reverse side for costs and eligibility rules.

Vision Plan

The Getty's vision plan is provided through Vision Services Plan (VSP). For a modest copayment, you may receive an exam and lenses each year--and frames every 2 years--when you use a VSP doctor. The Getty pays the full cost of this coverage. However, if you decline medical coverage, you will not be enrolled in the vision plan.

Flexible Spending Accounts (FSA)

You can pay for eligible health care and dependent day care expenses on a pre-tax basis by enrolling in an FSA. The money you deposit into an FSA is not subject to taxes, which lowers your taxable income. Most healthcare expenses can be paid for by using a stored-value credit card. *Limited-term employees are not eligible.*

Other Benefits

Alternate Schedule
In many departments, every other Friday off

Paid Time Off
Designated holidays, personal days & generous vacation program

Employee Discounts
Discount movie tickets, discounts at the Museum Bookstores, The Café and the Museum Garden Café

Educational Assistance
100% of approved college/graduate level courses up to certain limits

Fitness Center
Free full-service workout facility; exercise classes and private training

Training
Internal programs designed to provide the tools you need for professional growth

Voluntary Benefit Plans
You may enroll in voluntary plans such as auto, home, life, and pet insurance, as well as a pre-paid legal services plan

Transportation
Free bus fare and incentives to carpool

Long Term Disability

This plan replaces a portion of your income if you become disabled and cannot continue working full-time. If you become totally disabled, you could receive a monthly benefit after the elimination period. This program is designed to provide 66 2/3% of your base salary. The Getty pays the full cost of this coverage. *Limited-term employees are not eligible.*

Life Insurance

The Getty pays for group life insurance equal to up to two times your base salary. The Getty gives you the opportunity to buy extra life insurance for you and your eligible dependents at group rates. The Getty also provides accident and travel insurance. *Limited-term employees are not eligible.*

Employee Investment Program

The Employee Investment Program (EIP) is designed to complement benefits provided by Social Security and personal savings in order to provide financial security during retirement. You make before-tax payroll contributions to the EIP account, and the Getty adds a matching contribution. If you were hired on or after January 1, 2009, you may also be eligible for the Getty's annual non-elective contribution.

You are automatically enrolled in the Program with a contribution of 4% of your base pay after a 30-day notice period. This ensures that you receive the full Getty match amount. Your contribution will be reflected in the first pay check following the 30-day notice period. If you don't want to participate, you must notify Vanguard within the 30-day notice period.

View the Online Benefits Presentation at
www.getty.edu/staff

Medical Plan Comparison as of January 1, 2013

Cost Per Biweekly Pay Period	HMO Signature Value Advantage	HMO Signature Value	PPO Anthem Blue Cross	
Employee Only	\$18.26	\$36.26	\$63.91	
Employee + One	\$37.54	\$74.54	\$147.80	
Employee + Family	\$53.54	\$106.32	\$298.80	
Lifetime Maximum	Unlimited	Unlimited	Unlimited	
Plan Provisions	You must choose a primary care physician or medical group from:	You must choose a primary care physician or medical group from:	In-Network	Out-of-Network
Provider Network	UnitedHealthcare's Signature Value <u>Advantage</u> Network	UnitedHealthcare's Signature Value Network	Anthem's Prudent Buyer Plan	n/a
Annual Deductible	None	None	\$350 per person \$750 per family	\$500 per person \$1,000 per family
Annual Out-of-Pocket	\$1,000 per person \$3,000 per family	\$1,000 per person \$3,000 per family	\$2,000 per person \$3,000 per family	\$3,000 per person \$9,000 per family
Office Visits	\$10.00 per visit	\$20.00 per visit	Plan pays 90%	Plan pays 70% ¹
X-Ray Out-Patient Surgery Hospital Services Maternity Care Hospice Care Home Health Care	Plan pays 100%	Plan pays 100%	Plan pays 90% ²	Plan pays 70% ^{1,2}
Chiropractic Care	\$10.00 co-pay 30 visits per year	\$15.00 co-pay 30 visits per year	Plan pays 90% 90 visits per year	Plan pays 70% ¹ 90 visits per year
Acupuncture	Not covered	Not covered	Plan pays 90% 90 visits per year	Plan pays 70% ¹ 90 visits per year
Emergency Care	\$50.00 co-pay	\$50.00 co-pay	Plan pays 90% ^{1,3}	
Prescriptions – Retail <i>Up to a 30-day supply</i>	Generic \$5.00 Formulary \$5.00 Non-Formulary \$20.00	Generic \$10.00 Formulary \$25.00 Non-Formulary \$40.00	Generic \$10.00 Formulary \$25.00 Non-Formulary \$40.00	Generic \$10.00 Formulary \$25.00 Non-Formulary \$40.00
Prescriptions – Mail Order <i>Up to a 90-day supply</i>	Generic \$10.00 Formulary \$10.00 Non-Formulary \$40.00	Generic \$20.00 Formulary \$50.00 Non-Formulary \$80.00	Generic \$20.00 Formulary \$50.00 Non-Formulary \$80.00	Generic \$20.00 Formulary \$50.00 Non-Formulary \$80.00
Infertility Benefits	Not covered	Coverage subject to Certain limitations	Not covered	
Dental Plan				
Employee Only		\$5.58		\$5.58
Employee + One		\$17.20		\$17.20
Employee + Family		\$29.88		\$29.88

¹Of reasonable and customary charges

²You must follow the rules for approval of hospital admission or pay a \$250 non-notification co-payment.

³If it is determined that your condition is not an emergency, a \$50 non-emergency room co-payment will apply.

Eligibility

You are eligible for medical, dental, and vision if you are:

- A regular or limited-term employee hired for six months or more, and
- Regularly scheduled to work 30 hours or more per week.

You are **not** eligible for these plans if you are:

- A regular or limited-term employee hired for less than six months; or
- Regularly scheduled to work less than 30 hours in a week.

Dependent Coverage

Dependents may be covered if they are your:

- Legal spouse,
- Same-sex domestic partner registered with the state of California, or equivalent, and/or
- Children younger than age 26.

Coverage Effective Date

Coverage under the health and welfare plans begins on your first day of full-time employment, provided you meet the requirements stated above.

This is a summary of the benefits provided by the J. Paul Getty Trust Health & Welfare Plan and the Retirement Program. Complete details about these plans are contained in the legal plan documents that govern plan operation and administration. If there is a discrepancy between the information provided in this summary and the provisions of the plan documents, the plan documents will govern. Neither the plan documents nor this summary constitutes an implied or expressed contract of employment. The Getty reserves the right to terminate, suspend, withdraw, amend, or modify the plans at any time and for any reason.



The J. Paul Getty Trust

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Benefits@getty.edu

For a provider directory:

Anthem Blue Cross (PPO)
www.anthem.com/ca
800.759.3030

UnitedHealthcare (HMOs)
www.uhctest.com/thejpaulgettytrust
877.630.5898

If you have any questions, send an email to

Benefits@getty.edu or call the Benefits PhoneLine at
310.440.6523.