edicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs a
he coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about wh
cisions about your prescription drug coverage is at the end of this notice.

portant things you need to know about your current coverage and Medicare's prescription drug coverage:

scription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join
g Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare
a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly prem

Inc. has determined that the prescription drug coverage offered by the RIMINI STREET INC. WELFARE BENEFIT
ll plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is there
itable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a
lty) if you later decide to join a Medicare drug plan.

**Join A Medicare Drug Plan?**

edicare drug plan when you first become eligible for Medicare and each year from October 15th - December 7th.

ose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a tw
ent Period (SEP) to join a Medicare drug plan.

**To Your Current Coverage If You Decide to Join A Medicare Drug Plan?**

oin a Medicare drug plan, your current coverage will be affected. For those individuals who elect Part D coverage, c
I STREET INC. WELFARE BENEFITS PLAN will end for the individual and all covered dependents.

to join a Medicare drug plan and drop your current Rimini Street, Inc. coverage, be aware that you and your depend
overage back.

**Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**

know that if you drop or lose your current coverage with Rimini Street, Inc. and don't join a Medicare drug plan with
after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

inuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1
eneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen
e coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. Yo
remium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait unt

medicare.gov
State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbo
er) for personalized help
-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

e limited income and resources, extra help paying for Medicare prescription drug coverage is available. For informat
Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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**ep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be requir ice when you join to show whether or not you have maintained creditable coverage and, therefore, whether a higher premium (a penalty).**

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|---|---|
| Plan Year: | 1/1/2026 |
| Name of Entity/Sender: | Rimini Street, Inc. |
| Contact—Position/Office: | Ines Fontanella |
| Address: | 1700 S. Pavilion Center Drive, Suite 330, |
| Phone Number: | 984-359-9221 |

UAL **CREDITABLE** COVERAGE DISCLOSURE NOTICE LANGUAGE OMB 0938-0990 FOR USE ON OR AFTER