

Your HP retiree benefits enrollment



Explore your options!

TOP 3 REASONS
to explore your options

**KNOW WHAT'S
CHANGING**
in 2016

DISCOVER
the possibilities

**LEARN ABOUT
YOUR HEALTH**
and save money all year



Your time to enroll is November 9 – 27

ALSO:

How to pay for your benefits

How to enroll for coverage

Where to get more information

For retirees of Hewlett-Packard Company, the former Electronic Data Systems (EDS), and the former Digital Equipment Corporation



Get the facts on MyHPBenefits

Costs and details about what the HP options cover and how much they pay are available 24/7 on Your Benefits Resources™ website, accessible through MyHPBenefits at www.myhpbenefits.com. Costs for the HP options are also shown on your personalized enrollment worksheet or Confirmation of Coverage. Also be sure to review the cover letter that came with this enrollment guide for important information about your HP retiree benefits, including differences that may apply based on your retiree status.

Forgot your user ID or password?

Follow the “I forgot my...” prompts for help and to see if you’ve entered a hint or answered selected security questions that you can answer to access your account. Otherwise, follow the prompts to request a new password immediately.

Top three reasons to explore your options

Are you in the medical plan that best fits your needs? Take a look at all of the options available to you to make sure you get the most cost-effective coverage.

1

You might be able to find a more cost-effective HP plan.

What's new in your life? Benefits aren't one-size-fits-all. That's why HP lets you select the benefits and coverage levels that reflect your life today. As you're enrolling, take a fresh look at your current benefit elections to ensure they meet both your health care and financial needs. You may find options that offer other coverage with lower premiums.

2

You can discover new choices outside of HP.

You already know HP offers a range of medical coverage options. But did you know that HP's retiree medical plans aren't your only choice for that kind of coverage? Take some time to explore all your choices to see if there are better alternatives for your needs and budget. Retirees who aren't yet eligible for Medicare may find more alternatives through the public health insurance exchanges. Medicare-eligible retirees can find an array of medical coverage and cost choices through the Aon Retiree Health Exchange™

3

It's easy to make a change.

You can enroll online or by phone. Use the information in this guide to explore your options and enroll quickly and easily.

Your annual enrollment period is **November 9 through November 27, 2015.**



What's changing for 2016?

Here's an overview of how your benefits are changing for 2016. Depending on which plan you choose, there may be additional changes. Refer to your plan's medical plan coverage summary for detailed coverage information. Keep in mind that following the HP business separation into two companies on November 1, 2015, your retiree medical benefits will be sponsored and administered by HP Inc., regardless of which part of HP you worked for as an employee.

Medical

Increases to health care premium costs

For all medical plans, premiums will increase as a result of continuing national health care cost increases. These increases are not related to the HP business separation.

Increases to non-Medicare medical plan annual deductibles

HP offers a choice of medical plans. We encourage you to carefully review each plan to determine which one best meets your health and financial needs. To help limit premium increases for 2016, medical plan annual deductibles for most non-Medicare plans are increasing by \$150 per person, with corresponding changes to family deductibles and plan names. For example, the CDHP \$1,000 will be renamed the CDHP \$1,150 and will have a \$1,150 annual deductible per person, and the individual annual deductible for most HMO and EPO options will increase from \$400 to \$550. For details, see the information in this guide and the medical plan coverage summaries.

Changes to out-of-network medical coinsurance (non-Medicare plans)

Out-of-network costs are increasing by 10% for the CDHP \$1,150, CDHP \$1,650, PPO \$650, and the \$1,550 Plan. For example, if you participate in the PPO \$650 and receive out-of-network care, once you meet the annual deductible, the plan will pay 60% of the cost in 2016 (instead of 70%) and you'll pay the remaining 40% (instead of 30%). Keep in mind this change only affects you if you're a non-Medicare-eligible retiree and choose to use providers who do not participate in your plan's network.

Mental Health and Substance Use Disorder Program benefits

If you live in New Jersey or Pennsylvania and participate in a non-Medicare HP medical plan administered by Aetna, starting January 1, 2016, your mental health and substance use disorder benefits will be administered by Optum instead of Aetna. For contact information, see page 17 of this guide. If you participate in a Medicare plan administered by Aetna, you already use Optum for these services.

Prescription Drug Program

With prescription drug costs continuing to increase nationwide, both HP and retirees share in these costs.

Non-Medicare medical plans

For most medical plans, the prescription drug coinsurance maximum, or the maximum you'll pay when you fill a prescription, is increasing by \$10 for Tiers 2 and 3, and \$30 for Tier 4. Under the PPO \$650 Plan, copayments are increasing by \$5 for Tiers 2, 3, and 4.

Medicare-eligible retirees

Due to annual adjustments made by the Centers for Medicare & Medicaid Services (CMS), the prescription drug out-of-pocket threshold is increasing to \$4,850. Once you've reached this threshold, you will pay the greater of 5% or \$2.95 for generic drugs/\$7.40 for brand drugs.

You must have coverage

The Affordable Care Act (ACA)—also known as the Patient Protection and Affordable Care Act or the U.S. Health Care Reform law—requires that all Americans have adequate health insurance or pay a penalty. As a reminder, you'll satisfy the mandate whether you're covered by an HP retiree medical plan, another employer's qualifying plan, Medicare, or private insurance purchased through a public health exchange or through the Aon Retiree Health Exchange.



Changing your elections during the year

After the annual enrollment period is over, you generally can't make changes to your elections during the year, unless you have a qualified status change (you have 31 days to make allowed changes) or if you're enrolled in an HP-sponsored Medicare HMO, PPO, or Medicare Advantage plan and want to switch your coverage to an HP Medicare Supplement option.

Except as noted above for Medicare HMO, PPO, or Medicare Advantage plans, you can't change your medical plan because one of your providers leaves the plan's network during the year, even if a change occurs shortly following the January 1, 2016, benefit election effective date.

You're not locked in to your choice

If you decide to enroll in an individual insurance plan through a public health exchange (for non-Medicare coverage) or the Aon Retiree Health Exchange (for Medicare-eligible retirees), you can re-enroll in HP retiree coverage during future annual enrollment periods or if you have a qualified status change during the year.



Discover the possibilities

As you think about your coverage needs, take a close look at all the choices available to you through HP, the public health insurance exchanges (for non-Medicare-eligible retirees and dependents), and the Aon Retiree Health Exchange (for Medicare-eligible retirees and dependents). If you choose to enroll in an individual medical plan through a public exchange or the Aon Retiree Health Exchange, you have the option to come back to HP coverage in the future.

If you're not eligible for Medicare

HP plans	Public health exchange
<p>You can enroll in one or more of the following HP medical plans. The specific options available to you depend on where you live (ZIP code) and are shown on Your Benefits Resources website, accessible through MyHPBenefits at www.myhpbenefits.com.</p> <ul style="list-style-type: none">• \$650 individual deductible Preferred Provider Organization (PPO)• \$1,150 individual deductible Consumer Driven Health Plan (CDHP) with HP-funded Health Reimbursement Account (HRA)• \$1,650 individual deductible CDHP with HP-funded HRA• \$1,550 individual deductible plan• Comprehensive Medical Plans \$650, \$1,150, or \$5,150• HMO or EPO options	<p>You may also want to explore the insurance options through the public health exchanges, or marketplaces. These exchanges allow people who are not yet eligible for Medicare to comparison shop and buy individual medical coverage from a variety of insurers. Premiums are based on your age and the benefits offered. Depending on your family income, you may also qualify for government premium subsidies that can lower your cost of coverage. To learn more about federal subsidies and state and national exchanges, please visit www.healthcare.gov.</p> <p>The federal marketplace enrollment begins November 1, 2015.</p>

If you or a covered dependent becomes eligible for Medicare during the year, notify the HP Benefits Center immediately.

It's important to enroll in Medicare Parts A and B as soon as becoming eligible to avoid late enrollment penalties and financial responsibility for claims that would have been covered by Medicare if you were enrolled.

Need help with Medicare enrollment before age 65?

If you or a covered dependent becomes eligible for Medicare before age 65, Allsup can help you complete your Medicare enrollment—probably faster than you could do it on your own. For more information and help, call Allsup at 1-800-883-6650.

Three good reasons to consider a CDHP

If you aren't eligible for Medicare and enroll in an HP medical plan, here are three good reasons to consider one of the CDHP options:

1. The premiums are lower than the PPO option.
2. HP gives you money in an HRA (Health Reimbursement Account) that you can use toward your deductible and other out-of-pocket costs. You get \$500 if you have coverage for you only or \$1,000 if you're also covering family members. And if you don't use all the money in your HRA, the balance rolls over for you to use in the future as long as you're enrolled in an HP CDHP medical plan.

3. Eligible in-network preventive care services are generally covered at 100%, so these won't reduce your HRA balance. For most other covered services, the CDHP pays a percentage of the cost after you meet your deductible.

For more details about the CDHP options, see the medical plan coverage summaries, or view the Insider's Guide on HP Continuum. To sign up, go to <https://hp.alumniprogram.com/registration>. Then, log in for future visits at <https://hp.alumniprogram.com>.

If you (and all covered family members) are eligible for Medicare

HP plans	Aon Retiree Health Exchange
<p>You can enroll in one or more of the following HP medical plans. The specific options available to you depend on where you live (ZIP code) and are shown on Your Benefits Resources website, accessible through MyHPBenefits at www.myhpbenefits.com.</p> <ul style="list-style-type: none"> • Medicare Supplement \$500 Plans A or B • Medicare Supplement \$1,200 • Medicare Advantage PPO • HMOs with a Medicare product offered by HP 	<p>For several years, HP has partnered with the Aon Retiree Health Exchange to give our retirees access to a wide range of medical and prescription drug coverage and cost options offered through the individual insurance market. The Aon Retiree Health Exchange offers the same types of medical coverage that HP offers—Medicare Advantage, Medicare Supplement (Medigap), and Medicare Prescription Drug Part D plans.</p> <p>More than 90 insurance companies participate in the marketplace, including companies like AARP, Aetna, Anthem BlueCross BlueShield, Cigna, Empire, Humana, and UnitedHealthcare.</p> <p>You can get help from a Benefit Support Specialist, who can help you compare your HP and individual medical insurance options so you can make an informed decision about your coverage.</p> <p>For more information, call the Aon Retiree Health Exchange at 1-800-975-0355 or go to retiree.aon.com/hewlettpackard.</p>

More support for Medicare-eligible retirees to compare all your coverage choices

The first time you call the Aon Retiree Health Exchange at 1-800-975-0355, a specially trained Benefit Support Specialist will ask questions to get to know you and understand your needs and preferences, and will give you an overview of the Medicare insurance marketplace in your area. If you want to explore further, you can set up an appointment to speak with a licensed Benefits Advisor¹ who can make knowledgeable recommendations based on your needs, preferences, and budget.

If you decide to enroll in an individual insurance plan through the Aon Retiree Health Exchange, you'll get help completing your application and filling out any required forms.

Benefit Support Specialists and Benefits Advisors¹ get no incentive to enroll you in any specific plan. So you can be sure the advice you're getting is impartial.



For helpful enrollment tips and more information about the Aon Retiree Health Exchange, see the *Connections* magazine for Medicare-eligible retirees mailed to your home earlier in October.

Do you have access to medical coverage through another employer?

If you have access to coverage through another employer (whether through your spouse or domestic partner or through your own employer), you might be thinking about opting out of HP or Aon Retiree Health Exchange coverage and being covered under that employer's plan.

If you opt out of coverage through HP into another employer's plan, you will still have the option to re-enroll in HP coverage if you lose that coverage. You must re-enroll within 31 days of the loss of coverage. Keep in mind you will not be eligible to enroll in HP coverage during future annual enrollment periods while you're participating in another employer's plan.

¹ Benefits Advisors are certified, licensed insurance agents.

Medicare Parts A and B are key

Once you (or a covered family member) become Medicare-eligible, Medicare becomes your primary coverage, with your HP coverage or individual insurance plan paying on a secondary basis. Or, if you enroll in an HMO, you generally assign your Medicare benefits to the HMO and the HMO provides all benefits. In either case, the medical plan you choose needs to coordinate with Medicare to cover the part of the costs that Medicare doesn't. Enrolling in Medicare Parts A and B as soon as you're eligible will help you avoid some or all of the following:

- A significant reduction in your benefits.
- Potential Medicare late enrollment penalties.
- Financial responsibility for the portion of your claims that should have been paid by Medicare.
- Rejection of enrollment in an HP-sponsored Medicare HMO.

Enrolling in an HP medical plan? Pass on Medicare Part D

If you enroll in an HP medical plan, your HP prescription drug coverage is considered to be Part D coverage. In most cases, this means you don't need to enroll in Medicare Part D prescription drug coverage.

If some (but not all) family members are eligible for Medicare

HP plans	Public health exchange
<p>You can enroll in one or more of the following HP medical plans, with different coverage options provided to Medicare-eligible and non-Medicare-eligible family members. The specific options available to you depend on where you live (ZIP code) and are shown on Your Benefits Resources website, accessible through MyHPBenefits at www.myhpbenefits.com.</p> <ul style="list-style-type: none">• \$650 individual deductible PPO combined with Medicare Supplement \$500 Plan A• \$1,150 individual deductible CDHP combined with Medicare Supplement \$500 Plan B• \$1,550 individual deductible plan combined with Medicare Supplement \$1,200• \$1,650 individual deductible CDHP combined with Medicare Supplement \$1,200• Comprehensive Medical Plan \$650 combined with Medicare Supplement \$500 Plan B or Medicare Advantage PPO (if you live in a UnitedHealthcare service area)• HMOs combined with the HMO's Medicare product	<p>Non-Medicare-eligible family members may also want to explore the insurance options through the public health exchanges, or marketplaces. These exchanges allow people who are not yet eligible for Medicare to comparison shop and buy individual medical coverage from a variety of insurers. Premiums are based on your age and the benefits offered. Depending on your family income, you may also qualify for government premium subsidies that can lower your cost of coverage. To learn more about federal subsidies and state and national exchanges, please visit www.healthcare.gov.</p>

Paying for your benefits

1 >

If you enroll in an HP option

You have two options for paying for your HP benefits:

1. **Direct debit.** You can have your benefit premiums automatically deducted from your checking or savings account on the payment due date.

To sign up for direct debit, access Your Benefits Resources website, accessible through MyHPBenefits at www.myhpbenefits.com (click on “Billing and Payments” under the “Health and Insurance” tab) or call the HP Benefits Center at 1-800-890-3100 and speak with a representative. You’ll need the name of your financial institution, your financial institution’s routing (or ABA) number, and your account number.

If you already signed up for direct debit, it will automatically continue for 2016, reflecting any changes to your 2016 premiums.

2. **Billing.** You receive a monthly bill for your benefit cost.

2 >

If you enroll in an individual medical plan through a public health exchange option (non-Medicare-eligible retirees) or the Aon Retiree Health Exchange (Medicare-eligible retirees)

You’ll pay premiums directly to the insurer. You may be able to arrange for direct debit. Contact your insurer for details.

Keep your coverage active. Pay your premiums on time.

Payments for retiree benefits must be paid on or before the due date on your billing statement. Failure to make payment within 30 days of the due date will cause your coverage to be dropped for nonpayment. If you’re enrolled in an HP option and your coverage is dropped for nonpayment, you’ll receive a termination notice. You’ll have a **one-time** 90-day grace period from the date of that notice to request that coverage be reinstated retroactively to the date it was dropped for nonpayment. And you’ll need to pay the outstanding premiums immediately.



Enrolling for coverage

To enroll in a medical plan through HP



1. Start with MyHPBenefits

- Go to **www.myhpbenefits.com**.
- Log on using your user ID and password.

2. Access Your Benefits Resources

Look for the “Get started—enrollment!” link on the MyHPBenefits home page. Or, click on the Your Benefits Resources link from “My resources” (located on the top navigation bar).

3. Enroll in your benefits by November 27

- Verify or change your elections in each benefit area.
- Choose who you want to cover under each plan. Be sure everyone you enroll is eligible and discontinue coverage for anyone who isn't. (See page 18.)
- When you're finished, click on “Complete Enrollment” and watch for a “Completed Successfully” message. Print this screen for your records.

If you need to leave the enrollment site before submitting your choices, the elections you've made won't be saved.

Forgot your user ID or password?

Follow the “I forgot my...” prompts on MyHPBenefits for help and to see if you've entered a hint or answered selected security questions that you can answer to access your account. Otherwise, follow the prompts to request a new password immediately.

To enroll in an individual medical plan through a public health exchange option (non-Medicare-eligible retirees)



Go to www.healthcare.gov

After you enroll, go to Your Benefits Resources website, accessible through MyHPBenefits at **www.myhpbenefits.com** or call the HP Benefits Center to notify them you've enrolled in an individual insurance plan, so they can discontinue your 2016 HP coverage. This gives you the option to enroll in HP coverage during future annual enrollments, if you disenroll from a public health exchange plan or have a qualified status change during the year.

To enroll in an individual medical plan through the Aon Retiree Health Exchange (Medicare-eligible retirees)



Call the Aon Retiree Health Exchange at 1-800-975-0355 or go online to retiree.aon.com/hewlettpackard

To ensure coverage is in place for January 1, it's best to get your application finalized by November 20. You can submit your application in December but your Aon Retiree Health Exchange coverage might take effect February 1 instead of January 1. But don't worry! If this happens, you can extend your current HP coverage to fill the gap.

The Aon Retiree Health Exchange will automatically notify the HP Benefits Center that you've enrolled in an individual insurance plan, so they can discontinue your 2016 HP coverage. You'll have the option to enroll in HP coverage during future annual enrollments if you disenroll from Aon Retiree Health Exchange coverage or have a qualified status change. If you need help, a Benefit Support Specialist and/or Benefits Advisor¹ can help you evaluate your HP and Aon Retiree Health Exchange medical plan options.

If you are enrolling in a Medicare PPO, Medicare HMO, or Medicare Supplement option for the first time, be sure to complete and return the necessary enrollment forms by December 4, 2015, to ensure coverage is in place for January 1. See page 19 for additional information.

**Remember:
Your time to enroll
is November 9 – 27**



Have questions or prefer to speak to a representative to enroll?

If you have questions or don't have access to the Internet, you can enroll in HP coverage by speaking with an HP Benefits Center representative. Call 1-800-890-3100 and choose the option for "annual enrollment." Representatives are available Monday through Friday, between 6 a.m. and 6 p.m. Pacific Time (8 a.m. and 8 p.m. Central Time). If you're calling from outside the U.S., Puerto Rico, or Canada, call 1-847-883-0465.

See your 2016 coverage

If you make a change to your HP coverage, in early December you'll receive a Confirmation of Coverage in the mail at home showing your 2016 HP coverage. Review your confirmation and notify the HP Benefits Center immediately if any corrections are needed.

If you don't make corrections before December 31, 2015, you can't change your HP elections for 2016 unless you experience a qualified status change.



Look out for your new medical ID card

If you make changes to your medical plan or enroll in a new option, you'll generally get a new ID card. If you enroll by the November 27 deadline, you should get your health benefit ID card by January 1, 2016. Destroy your old cards once you receive your new ones (but not before January 1).

Group Legal program

With legal insurance from ARAG®, you have a way to help protect what's important. The Group Legal program gives you access to professional attorneys, financial counselors, and other resources to help you prevent and resolve unexpected legal matters. The program offers two choices, UltimateAdvisor® and UltimateAdvisor® Plus. Even better, when you enroll in the **UltimateAdvisor Plus** plan for 2016, you'll also benefit from Identity Theft Protection.

For more information and to enroll in the Group Legal program during the enrollment period, go to **www.araglegalcenter.com** (access code: 15641hpr) or call 1-800-762-3217 and speak with an ARAG Customer Care specialist.



Learn about your health and save money all year

- **Take the Wellness Assessment and act on the results.** You and your spouse or domestic partner can get a snapshot of your overall health and recommendations for things you can do to improve it. It's quick, easy, and confidential. Here's how:
 - Gather your health information, such as your cholesterol, blood pressure, blood glucose, and body mass index. You can get this information from your doctor. You'll also need the dates of your most recent checkup and health screenings.
 - Register on the Optum Wellness Assessment Activity Site at <https://client.myoptumhealth.com/hp> and complete the Wellness Assessment.
 - After you complete the Wellness Assessment, you'll get a summary of your results to help you understand more about your health risks so that you can make a plan to lower your risks and improve your health.
- **Get preventive screenings.** Annual preventive exams and screenings will help you improve your health and avoid future health problems.
- **Use network providers.** Network providers have agreed to charge a lower cost for their services, so you save money by staying in-network.
- **Know your medical history.** This will help you make the most out of visits to your doctor.
- **Choose generic drugs.** Ask your doctor if a generic substitute is appropriate for you. Generic drugs are just as effective but can cost significantly less than their brand-name counterparts.
- **Only use the ER for true emergencies.** A trip to the ER for a nonemergency will cost you significantly more, not to mention the amount of time you'll have to wait to be seen.
- **Get answers to your medical questions 24/7 by calling your HP medical plan's Nurseline:**
 - **Aetna:** 1-800-556-1555
 - **Anthem BlueCross BlueShield:** 1-800-700-9184
 - **Cigna:** 1-800-564-9286
 - **UnitedHealthcare:** 1-866-873-7557
 - **Other medical administrators:** Call the number on your medical ID card
- **Use high-performing specialists where available (for non-Medicare-eligible retirees enrolled in HP medical plans).** If you enroll in a CDHP, a PPO, or an EPO medical plan administered by Aetna, Cigna, or UnitedHealthcare (unless you live in California or certain other areas), you'll save money by using high-performing specialists. These specially selected providers offer quality, cost-efficient care in most specialty areas, including cardiology, orthopedics, and neurology. A higher copayment or coinsurance applies if high-performing specialists are available to you and you choose to use a different in-network specialist instead. To find a high-performing specialist, contact your medical plan administrator:
 - **Aetna:** www.aetna.com (select Aexcel Choice POS II) or 1-800-545-5810.
 - **Cigna:** www.cigna.com and click on the "Find a Doctor" button to look for doctors and other providers who participate in Cigna's network. Once you get a list of providers in your area, look in the "Plans Accepted" column for "OAP," and if you're in Utah, look for the Cigna Care Designation. You also can contact Cigna at 1-800-401-4041 (or 1-800-244-6224 if you are currently enrolled with Cigna).
 - **UnitedHealthcare:** www.myuhc.com (look for names with the Tier 1 designation) or 1-877-468-1029.



Stay connected with HP Continuum!

Get real-time updates on HP news and events and benefit changes, and keep connected with other retirees. Here are just a few of the ways you can benefit from HP Continuum:

- Find out about retiree events and opportunities to discover new activities.
- Access retiree services.
- Keep up with HP news, and feel proud that you helped build this iconic company.
- Share perspectives with other retirees on anything from medical coverage to tax questions to volunteering.

To sign up, go to <https://hp.alumniprogram.com/registration>. Then, log in for future visits at <https://hp.alumniprogram.com>.

Join an HP Retiree Club!

Club members can participate in monthly social activities, local trips and overnight travel, networking events, volunteer opportunities, and invitation-only HP events. Membership is open to all qualified retirees and requires a small annual membership fee. Go to www.hp.com/retiree, look for the “Stay Connected” tab near the top, and click on “Retiree Clubs” for all the details on how to join an HP Retiree Club!

Resources for more information

This resource	Provides
MyHPBenefits at www.myhpbenefits.com	Access to Your Benefits Resources website and your HP medical plan's contact information
Your Benefits Resources website, accessible through MyHPBenefits at www.myhpbenefits.com	Personalized options and monthly costs for 2016, directories of participating providers, resources, and much more
HP Benefits Center at 1-800-890-3100 between 6 a.m. and 6 p.m. Pacific Time (8 a.m. and 8 p.m. Central Time)	General benefits information, password changes, enrolling domestic partners, other enrollment assistance, and more; choose the option for "annual enrollment"
Aon Retiree Health Exchange. Call 1-800-975-0355 weekdays between 6 a.m. and 6 p.m. Pacific Time (8 a.m. and 8 p.m. Central Time) or go to retiree.aon.com/hewlettpackard	Information about the Aon Retiree Health Exchange available for Medicare-eligible retirees



This resource	Provides
<p>Plan member services departments</p>	<p>Detailed coverage provisions and network providers for:</p> <p>Medical</p> <ul style="list-style-type: none"> • Aetna: 1-800-545-5810 or www.aetna.com • Anthem BlueCross BlueShield: 1-800-364-3301 or www.anthem.com/ca • Cigna: 1-800-401-4041 (or 1-800-244-6224 if you are currently enrolled with Cigna) or www.cigna.com • UnitedHealthcare: 1-877-468-1029 or www.myuhc.com • HMO options: See your medical plan ID card <p>Prescription Drug Program</p> <p>For all medical plans except HMOs and the Comprehensive Medical Plan \$5,150, contact OptumRx:</p> <ul style="list-style-type: none"> • Non-Medicare-eligible: 1-877-468-1029 or www.myuhc.com • Medicare Advantage PPO: 1-877-776-1484 • All other Medicare-eligible: 1-877-352-7805 or www.uhcretiree.com <p>Mental Health and Substance Use Disorder Program</p> <p>For all medical plans except HMOs and the Comprehensive Medical Plan \$5,150, call Optum at 1-877-862-1158. To find an Optum network provider, go to www.liveandworkwell.com (enter access code HP in the “Members: Access Anonymously” tile).</p> <p>Group Legal</p> <p>Call ARAG at 1-800-762-3217 or visit www.araglegalcenter.com (access code: 15641hpr).</p>
<p><i>U.S. Benefits Summary Plan Descriptions</i>, available on Your Benefits Resources website, accessible through MyHPBenefits at www.myhpbenefits.com</p>	<p>Important details describing the terms and conditions for participating in HP’s benefit plans</p>
<p>Medicare. Call 1-800-MEDICARE (1-800-633-4227), available 24 hours a day/7 days a week, or go to www.medicare.gov (TTY users should call 1-877-486-2048)</p>	<p>More information about Medicare Parts A, B, or D, including enrollment</p>

Important reminders

If you've moved, are planning to move, or have more than one address

- If you've moved and your enrollment materials don't reflect your new address, call an HP Benefits Center representative at 1-800-890-3100 to update your address and see if different medical plans are available at your new address.
- If you're planning to move, make your benefit elections based on your current address. After you move, call the HP Benefits Center within 31 days to make any applicable changes.
- If you split your time between two homes or have a dependent living away from home, check with your medical plan to see if coverage is available in both locations. Particularly with HMOs, Medicare HMOs, and EPO options, service areas may be restricted. Be sure your medical plan allows you to get coverage wherever you are during the year.
- In order to best coordinate your enrollment and access to physicians and facilities, please be sure your primary address is on file with the HP Benefits Center. Note that Medicare requires a non-P.O. box address.

Medical re-enrollment rules

As you consider your choices, keep in mind that if at any time you elect not to participate in HP retiree medical coverage, there may be restrictions on your future ability to enroll. The following re-enrollment restrictions will apply if you do not elect coverage under an HP retiree medical plan, a public health insurance exchange (for retirees not yet eligible for Medicare), or the Aon Retiree Health Exchange (for Medicare-eligible retirees):

- **You will not have an option to re-enroll in retiree medical coverage during future annual enrollment periods and instead will be eligible to re-enroll only if you do so within 31 days of losing coverage under another employer's group medical plan.** This could include the loss of your own coverage or the loss of coverage under your spouse or domestic partner's coverage.

- **If you die after declining HP coverage, your surviving dependents will not be eligible to participate in HP benefits following your death.** Only dependents who are covered on the date of your death can continue HP coverage.

Make sure you're covering the right people

- **Correct any errors.** Review the family information on your personalized enrollment worksheet or Confirmation of Coverage and on Your Benefits Resources website, accessible through MyHPBenefits at www.myhpbenefits.com. Make any corrections when you enroll. Also be sure that you have provided a Social Security number for each covered dependent. This will avoid delays in processing your enrollment and initiating coverage.
- **Enroll only eligible dependents.** Enrolling only people who are eligible for coverage keeps costs lower for all of us. It's your responsibility to ensure that all of your dependents continue to meet the eligibility rules below. If any dependents no longer qualify, you'll need to discontinue their coverage when you enroll. Eligible dependents include:
 - Your legal spouse (including a same-sex spouse), unless legally separated from you pursuant to a court order.
 - Your common-law spouse—if common-law marriages are recognized in your state and you register your marriage with the appropriate public official.
 - Your qualifying domestic partner of the same sex, as long as you and your domestic partner satisfy program criteria.
 - Your biological or adopted children, your stepchildren who live primarily with you, your qualifying domestic partner's biological or adopted children who live primarily with you, your or your qualifying domestic partner's foster children who live with you exclusively, and other children who qualify as your dependents for federal tax purposes.

- Children who live with you exclusively and for whom you or your qualifying domestic partner has been appointed legal guardian by court order.
- Your biological or adopted children for whom a Qualified Medical Child Support Order (QMCSO) has been issued by a U.S. court or state agency.

You can cover eligible dependent children in HP medical benefits up to their 26th birthday, regardless of whether the child is a full-time student, financially dependent on you, or married.

Children who meet the child eligibility criteria but have reached age 26 can continue to qualify if they are incapable of self-sustaining employment by reason of physical or mental disability. In order to qualify, children must have become incapacitated before the maximum age limits applied, must be enrolled in an HP medical plan prior to the age limits applying (or within 31 days of their initial plan eligibility, if later), and must remain continuously enrolled in an HP medical plan thereafter. Eligibility for this continued coverage is subject to periodic certification and approval by your medical plan or claims administrator.

For complete eligibility rules, see your summary plan description (SPD) available on Your Benefits Resources website, accessible through MyHPBenefits at www.myhpbenefits.com.

It's your responsibility to ensure that the dependents you enroll are eligible. When you enroll your dependents, you are representing to the plans that the dependents are eligible. Any attempt to enroll an ineligible dependent is considered a material misrepresentation by you and evidence of fraud on the plans. If you cover a dependent who isn't eligible, that dependent's coverage will be dropped retroactively. You won't receive retroactive premium refunds.

Periodic dependent eligibility audits could result in termination of benefits if you're covering an ineligible dependent or you fail to provide the required information by the due date.

Transition-of-care benefits

If you're not Medicare-eligible, are changing from one medical plan or claims administrator to another for 2016, and your current provider isn't in your new claims administrator's network, transition-of-care benefits may be available to you. Transition-of-care benefits let you keep using your current provider on an in-network basis for a limited time. If you or any of your covered family members are currently receiving care for a condition and will continue to need treatment for it in 2016, check with your new medical plan directly to see if your condition qualifies for transition-of-care benefits, and what you'll need to do. Note that while you may request a transition-of-care form prior to January 1, the approval process for transition-of-care benefits will begin after January 1, 2016.

If you enroll in a Medicare HMO, PPO, or Medicare Advantage option for the first time

If you or a dependent is eligible for Medicare and enrolling in an HP-sponsored Medicare HMO, PPO, or Medicare Advantage option for the first time, or if you're changing from one of these plans to another, you may need to complete additional Medicare-related forms (including an enrollment form and/or a disenrollment form from your current medical plan).

Any necessary forms will be sent to you automatically (after you enroll) by the HP Benefits Center. For fastest processing, download the forms instead of waiting for them to arrive in the mail. To ensure your enrollment isn't delayed, complete any forms you receive and return them to the HP Benefits Center as quickly as possible (and no later than December 4, 2015) in order to have your coverage confirmed by January 1. (If you don't receive these forms within seven to 10 days after completing your enrollment, please call the HP Benefits Center and request that they be sent to you.) If you don't return the forms on time, you'll generally stay enrolled in your 2015 medical plan until your enrollment can be completed, with coverage beginning February 1.

In order to facilitate enrollment in HP prescription drug benefits, all Medicare-eligible retirees and dependents must have a Health Insurance Claim Number (HICN) on file with the HP Benefits Center.

Legal information

This enrollment guide contains some information about certain Employee Retirement Income Security Act of 1974 (ERISA) and non-ERISA benefits plans and programs offered by HP. Please refer to the *U.S. Benefits Summary Plan Descriptions* for more details about these plans and programs. In the event of any inconsistency between this guide, the *U.S. Benefits Summary Plan Descriptions*, and the terms of the plans or programs, the terms of the plans or programs will control.

Hewlett-Packard Company reserves the right to amend or terminate any of the plans and programs described in this enrollment guide at any time.

Coverage for women's preventive health care

Under the Affordable Care Act, women's preventive health care—such as mammograms, screenings for cervical cancer, prenatal care, and other services—is covered with no cost sharing. HP also covers additional women's health services (such as screenings, counseling, and routine prenatal visits) and prescription drugs (such as Tier 1 oral contraceptives for non-Medicare-eligible retirees) at 100% with no deductible under most HP medical plans. Similar coverage provisions may be available with HMO options (contact your HMO for details).

Reminder about coverage for reconstructive surgery after a mastectomy

HP is required to provide the following reminder to all health plan participants annually. Under federal law, health plans and health insurers that cover mastectomies must also cover reconstructive surgery after mastectomies. Coverage includes reconstructive surgery of the breast on which the mastectomy was performed, reconstructive surgery of the other breast to produce a symmetrical appearance, and prostheses and physical complications at all stages of mastectomies (including lymphedemas). In 2016, all HP medical plans will continue to provide these benefits, subject to applicable copayment, deductible, coinsurance, certification, or review provisions.

This information modifies the *U.S. Benefits Summary Plan Descriptions*

The information contained in this enrollment guide includes important changes to your HP retiree benefits. This guide represents a summary of material modifications under the Employee Retirement Income Security Act of 1974, as amended (ERISA), and updates information provided in the *U.S. Benefits Summary Plan Descriptions* for medical benefits under the Hewlett-Packard Company Retirement Welfare Benefits Plan (plan number 557). It's important for you to review this enrollment guide (and other enclosed information) carefully and keep it with your copy of the *U.S. Benefits Summary Plan Descriptions* for future reference.

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