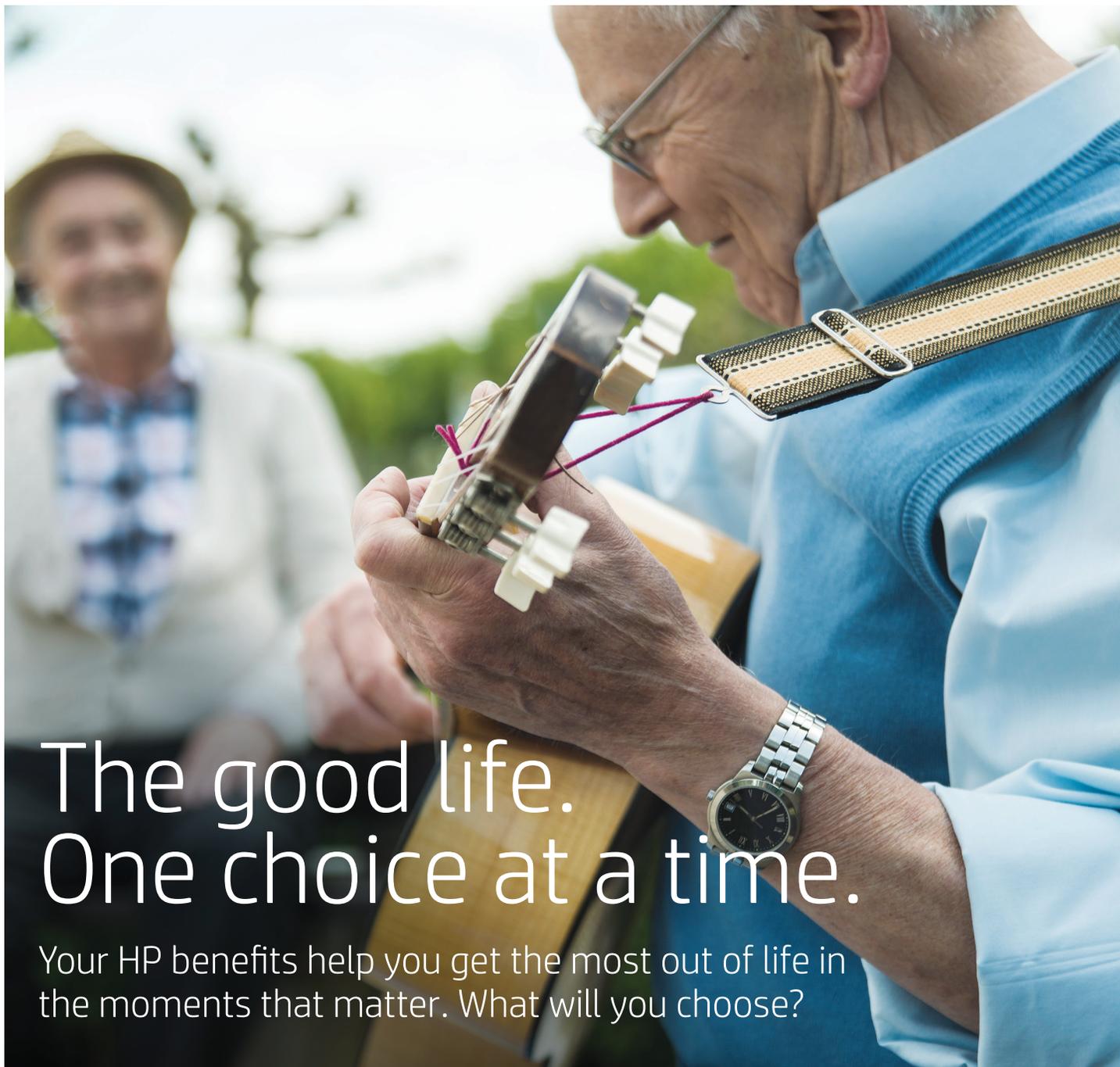




2017 Retiree Benefits Enrollment Guide



The good life.
One choice at a time.

Your HP benefits help you get the most out of life in the moments that matter. What will you choose?

What's
inside



Explore your options
and enroll



Important changes
for 2017



Helpful information
and resources

Your HP retiree benefits enrollment is here

October 10 – October 28

Your medical benefits are there for you—so you can stay focused on the moments that matter most to you. Whether you choose an HP medical option or a plan outside of HP, it's important to take the time to choose benefits that fit just right: for your needs, your budget, and your life. Annual enrollment is your chance to do just that—so you're ready for what's ahead.

Contents

There's a lot of important information in this guide, but you don't have to read the entire thing cover-to-cover. We've tried to make it easier to focus only on the pages that apply to you:

- **Overview of your options** Pages 4 – 5
- **Enrolling for 2017** Pages 6 – 9
- **Medicare-eligible** Pages 10 – 14
- **Not yet Medicare-eligible** Pages 15 – 17
- **Resources and reminders** Pages 18 – 23

Enrollment time is here!

Your HP retiree benefits enrollment is earlier this year than in the past: October 10 – 28. We heard your requests to have an earlier start to explore your choices for the coming year. Take a look at the important information provided in this enrollment guide as you make your choices.

Make your own path

What's ahead for you and your family? Think about your budget, your health, and your other needs. Then, enroll in the benefits you want for the year ahead.

Here are the top three reasons to explore your options:

1 Plans are changing for many retirees, including different options for Medicare-eligible retirees.
The HP medical option available to you may be changing. If you (or your covered family member) are Medicare-eligible, there are important changes that will impact your plan choice—including an enhanced focus on the popular and cost-effective Medicare Advantage PPO option. If you're not yet eligible for Medicare, there are medical carrier changes in certain locations. See "What's changing" on page 3 for more information.

2 You have choices.
Only you know what you need from your benefits. You'll find a variety of choices through HP. Don't forget to consider your other options, too. These might include medical coverage offered through public health insurance exchanges or, if you're eligible for Medicare, the Aon Retiree Health Exchange™.

3 You have information and support for your decision.
Take a look at this guide and your personalized enrollment worksheet. This guide provides a summary of your choices and other resources to help with your decision, including the medical option coverage summaries on the UPoint® enrollment website. You have lots of information at your fingertips to help you make the best decision for you and your family.

What other information is enclosed?

In addition to the information available through the UPoint enrollment website, you can find costs for HP medical options on the enclosed personalized enrollment worksheet. Also, be sure to review the enclosed cover letter for important information about your HP retiree benefits, including differences that may apply based on your retiree status.

Get the facts on UPoint

Costs and details about what the HP options cover and how much they pay are available through the medical option comparison tool on the UPoint enrollment website (formerly known as the “Your Benefits Resources™ website”). Access UPoint through MyHPBenefits at myhpbenefits.com. To get there, go to MyHPBenefits > “Get started—enrollment!”

What’s changing for 2017?

As health care costs continue to rise nationally, HP is continuing to work aggressively to ensure that we provide strong value and the most cost-efficient retiree benefits possible. We understand how critical this is to our retirees, which is why we’ve looked closely at our medical options for 2017, searching for alternatives that can provide better value and comprehensive coverage to support your needs.

As a result, for 2017, you’ll see some important changes to retiree medical options that will drive increased efficiency while preserving coverage levels and access to doctors and hospitals. These include changes to medical carriers/administrators for a number of pre-Medicare plans and expansion of our successful Medicare Advantage PPO for retirees and other Medicare-eligible family members over age 65. Most retirees will see comparable or better benefits through more efficient plans that minimize year-over-year premium increases.

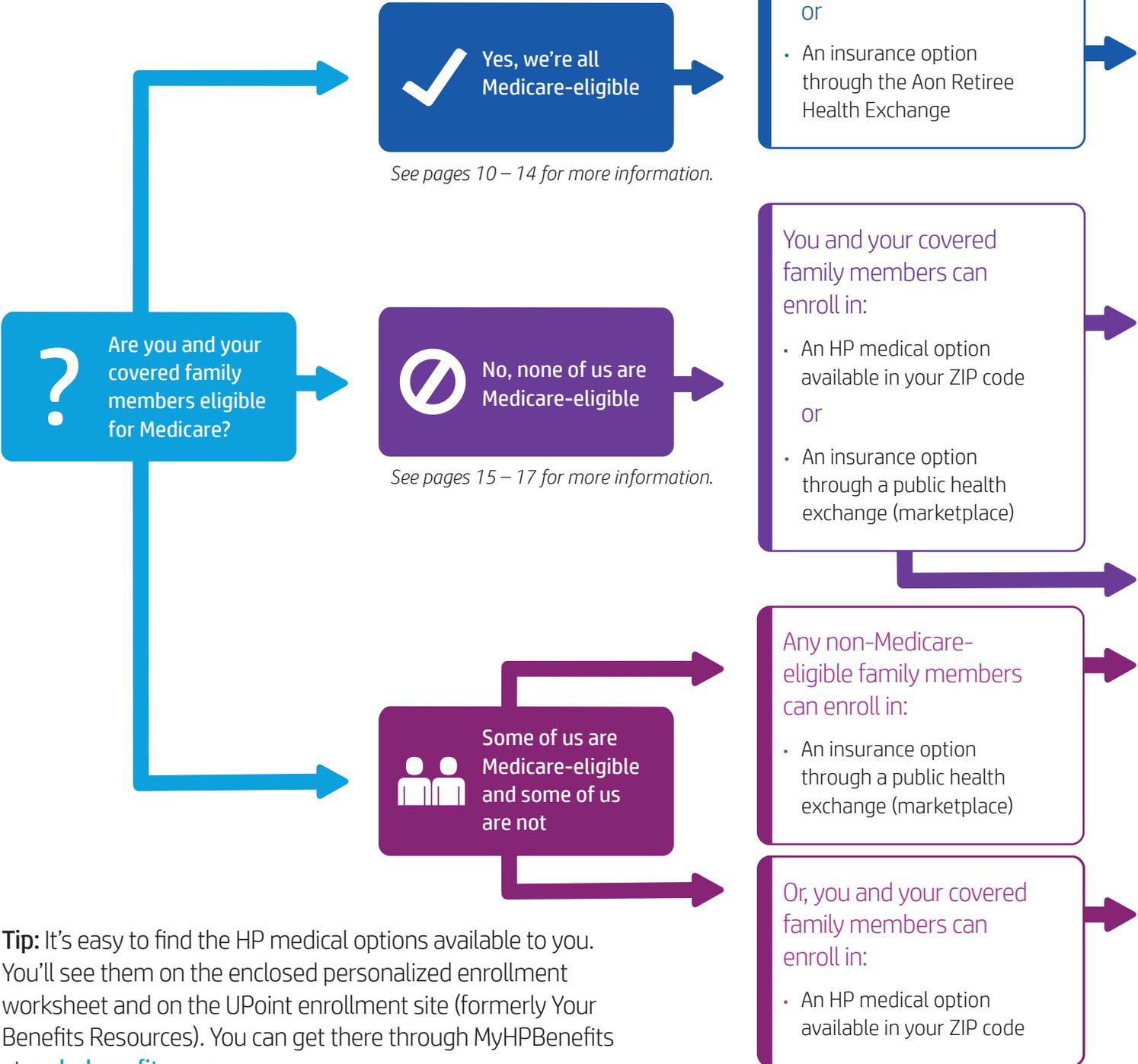
“For 2017, you’ll see some important changes to retiree medical options.”

For more details about changes, see pages 10 – 14 if you and your covered family members are Medicare-eligible, and pages 15 – 17 if you and your covered family members are not yet eligible for Medicare. In addition, please refer to the medical option coverage summaries available on the UPoint website for detailed coverage information.



Overview of your options

You can choose from a wide range of retiree medical options based on whether you and/or your covered family members are eligible for Medicare. Find your path below to learn more about your options, then refer to the applicable sections of this guide for additional details.



Tip: It's easy to find the HP medical options available to you. You'll see them on the enclosed personalized enrollment worksheet and on the UPoint enrollment site (formerly Your Benefits Resources). You can get there through MyHPBenefits at myhpbenefits.com.

HP plans for Medicare-eligible families

These plans align with Medicare. Depending on where you live, your HP medical options may include:

- UnitedHealthcare (UHC) Medicare Advantage PPO Core
- UHC Medicare Advantage PPO Plus
- An HP-sponsored Medicare plan with Kaiser, Tufts, Harvard Pilgrim, or UnitedHealthcare HMO

Aon Retiree Health Exchange

Medicare-eligible retirees can access a wide range of medical and prescription drug coverage and cost options offered through the individual insurance market. You'll find the same types of medical coverage that HP offers. And, a large variety of insurance companies participate in the marketplace.

HP plans for families that aren't Medicare-eligible

Depending on where you live, your HP medical options may include:

- \$650 individual deductible Preferred Provider Organization (PPO)
- \$1,150 or \$1,650 individual deductible Consumer Driven Health Plan (CDHP) with HP-funded Health Reimbursement Account (HRA)
- \$1,550 individual deductible plan
- Comprehensive Medical Plans \$650, \$1,150, or \$5,150
- HMO or EPO options

Public health exchanges

These exchanges are available if you're not yet eligible for Medicare. You can comparison shop and buy 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.

HP plans for families with both Medicare-eligible and non-Medicare eligible dependents

These plans include coverage for Medicare-eligible and non-Medicare-eligible participants. Depending on where you live, your HP medical options may include:

- UHC Comprehensive Medical Plan \$650 combined with UHC Medicare Advantage PPO Plus
- UHC Comprehensive Medical Plan \$1,150 combined with UHC Medicare Advantage PPO Core
- HMOs combined with the HMO's Medicare product

Do you have access to coverage through another employer?

If you have access to medical 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 still participating in another employer's plan.

You must have coverage

The Affordable Care Act (ACA)—also known as the Patient Protection and Affordable Care Act or U.S. Health Care Reform—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 option, another employer's qualifying plan, Medicare, or private insurance purchased through a public health exchange or through the Aon Retiree Health Exchange.

Enrolling for 2017

To enroll in a medical option through HP

1. Start with MyHPBenefits

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

2. Access UPoint

To get there, go to MyHPBenefits > “Get started—enrollment!”

3. Enroll in your benefits by October 28

- Verify or change your elections.
- 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 22.)
- 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.

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

Go to healthcare.gov. After you enroll, go to UPoint, accessible through MyHPBenefits at myhpbenefits.com or call the HP Benefits Center to notify them you've enrolled in an individual insurance market plan, so they can discontinue your 2017 HP coverage. You can even do this after the HP October 28 deadline, as long as you call by December 30, 2016. 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 a medical option 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 learn about the choices available to you or enroll, call the Aon Retiree Health Exchange and schedule an appointment with a Benefit Support Specialist and/or Benefits Advisor. The Exchange enrollment period is October 15 – December 7, 2016.

To ensure coverage is in place for January 1, it's best to get your application finalized by the enrollment deadline of December 7. You can submit your application later 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 assigned 2017 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 market plan, so they can discontinue your 2017 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 are enrolling in an HP-sponsored Medicare plan with Kaiser, Tufts, Harvard Pilgrim, or UnitedHealthcare HMO for the first time, be sure to complete and return the necessary enrollment forms by December 7, 2016, to ensure coverage is in place for January 1. For fastest processing, download the forms from UPoint instead of waiting for them to arrive in the mail. If you don't return the forms on time, you'll generally stay enrolled in your assigned 2017 medical option until your enrollment can be completed, with new coverage beginning February 1.

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 say “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.

Confirm your 2017 coverage

After you enroll in HP coverage, in November you'll receive a Confirmation of Coverage in the mail at home showing your 2017 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 30, 2016, you can't change your HP elections for 2017 unless you experience a qualified status change.

Group Legal Services

With legal insurance from ARAG®, you have a way to help protect what's important. Group Legal Services 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 2017, you'll also benefit from Identity Theft Protection.

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

Look out for your new medical ID card

If your medical carrier or option is changing, you'll generally get a new ID card by January 1, 2017. Destroy your old cards once you receive your new ones (but not before January 1).

Have you accessed the new HP Continuum?

It's important to stay connected to HP and other HP retirees. The HP Continuum website provides easy access to retiree information. **The site was updated earlier this year, and provides more helpful information than ever before.** When you log on to hpcontinuum.com, you can:

- Find out about retiree events and opportunities to discover new activities.
- Enjoy exclusive services for retirees, including discounts on HP products and services.
- Keep up with HP news and feel proud that you helped build this iconic company.
- Share perspectives with other retirees on anything from tax questions to volunteering.
- Order a replacement Retiree Gold Badge.
- Find and join a Retiree Club at hpcontinuum.com/retiree-club.

If you haven't registered since the site was updated, please register at hpcontinuum.com/register again to be sure you receive timely updates.

New! Retiree enrollment survey

Starting after enrollment at the end of October, you'll be able to answer questions in a quick survey right on MyHPBenefits.

You can evaluate retiree communication materials (like this guide!), and how well they provide the information you need to make your choice. Go to MyHPBenefits>Enrollment survey. We appreciate your feedback!

Paying for your benefits

If you enroll in an HP option

You'll receive invoices from the HP Benefits Center, but you also have the option to use convenient direct debit. See the enclosed personalized enrollment worksheet for additional details.

If you enroll in a medical option through a public health exchange (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.

It's important to pay your premiums on time

Payments for retiree benefits must be paid on or before the due date on your billing statement. If you don't make payment within 30 days of the due date, your coverage will 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.

Changing your elections

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 like marriage or divorce (you have 31 days to make allowed changes). You can't change your medical option because one of your providers leaves the plan's network during the year, even if a change occurs shortly following the January 1, 2017 benefit election effective date.

If you decide to enroll in an individual insurance market 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.



Live healthy, save money

Simple choices you make throughout the year can help you live healthier—and can add up to big savings.



Get preventive care.

Prevention is essential to long-term health. Be sure to schedule routine wellness exams and preventive screenings with your doctor. And remember, all HP plans cover in-network preventive care at 100%, so preventive care doesn't cost you extra.



Use in-network providers.

Network providers are covered at a higher level, which means you pay less when you use in-network providers. Before you receive care, visit your medical carrier's website or call the number on the back of your ID card to make sure your provider is in the network.



ER vs. urgent care?

Emergency room visits typically cost much more than visits to urgent care centers and have longer wait times. Avoid visiting the ER unless it's a true emergency. Contact your medical option's health information line or nurse advice line if you need help deciding.



Ask for generic medication.

If you need to fill a prescription, ask your doctor if a generic equivalent is available. They're chemically identical to their brand-name counterparts, but they generally cost much less.



Use high-performing specialists.

If you are a non-Medicare-eligible retiree enrolled in an HP CDHP, PPO, or EPO option 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. If a high-performing specialist is not available, the standard copayment or coinsurance applies.

For more information, contact your medical carrier at the phone numbers on page 18, or search for high-performing specialists online at:

- **Aetna:** aetna.com—select Aexcel Choice POS II.
- **Cigna:** cigna.com—choose “Find a Doctor.” 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.
- **UnitedHealthcare:** myuhc.com—look for names with the Premium Tier 1 designation.

If you and covered family members are Medicare-eligible

2017 changes feature new Medicare Advantage PPOs*



Since we introduced our UnitedHealthcare (UHC) Group Medicare Advantage PPO two years ago, it's been a popular and cost-effective choice for our Medicare-eligible retirees. To provide even greater value, we've recently negotiated enhancements, and we're making the Medicare Advantage PPO our primary plan for 2017 and beyond, and adding a second version to give you more flexibility when it comes to your coverage and costs. Medicare-eligible retirees and family members will be able to choose from:

“To provide even greater value, we've recently negotiated enhancements...”

- Our current UHC Medicare Advantage PPO option, which will now be known as the UHC Medicare Advantage PPO “Plus,” including some prescription drug enhancements.
- A new, lower-cost UHC Medicare Advantage PPO “Core” option.

Based on the enhanced efficiency and choice available through the PPO, HP will no longer offer our traditional Medicare Supplement \$500 Plans A or B, and \$1,200, as these plans can't provide the same premium savings or high coverage levels. If you're currently enrolled in an HP Medicare Supplement plan, your coverage will automatically transition to one of the Medicare Advantage PPO options, which takes advantage of newer funding and design opportunities created by Medicare (with any

pre-Medicare family members automatically transitioned to the UHC Comprehensive Medical Plan). HP will also continue to provide HMOs with Medicare products in certain locations. And, you'll still have the option to enroll in coverage through the Aon Retiree Health Exchange.

Explore the PPO advantages

- **Choice.** The UHC Medicare Advantage PPO Core and Plus options provide different levels of coverage, so you can choose the one that best meets your health care needs. With both options, you can use any Medicare provider who accepts the UnitedHealthcare Medicare Advantage PPO option.
- **Enhanced benefits.** In many cases, you'll find enhanced coverage levels compared to the traditional Medicare Supplement plans.
- **Lower cost.** Medicare makes funding available that keeps the cost of the Medicare Advantage PPO options lower for you and HP.

*Not seeing this plan in your worksheet? This might be because you are a Medicare-eligible retiree who lives overseas or your Medicare Health Insurance Claim Number (HICN) is not on file with the HP Benefits Center. In this case, you will be assigned to the UHC Medicare Supplement PPO Plus instead. See page 14 for more information about providing your HICN.

Prescription drug changes for Medicare-eligible retirees

If you're participating in one of the UnitedHealthcare Medicare Advantage PPO options in 2017, there will be changes to your prescription drug benefits, including copayment changes. For many participants, copayments will be lower. There are some cases where certain prescription drugs will have higher copayments, or an alternative medication is covered instead. Look for more details in communications you'll receive from UnitedHealthcare/OptumRx in mid- to late November, or call 1-877-456-7240.

Also, because UnitedHealthcare/OptumRx will administer your prescription drug plan, you will have one member ID card for both your medical and prescription drug benefits.

Changes to health care premiums

For most HP retiree medical options, premiums will increase as a result of continuing national health care cost increases. HP continues to work aggressively to manage premiums, including many of the changes described on the prior pages, to drive more efficient program value and contain costs.

Group Health Cooperative no longer offered

Based on low enrollment and a focus on streamlining plan offerings, Group Health Cooperative will no longer be offered in Washington state. Retirees will have other HP options available including the new UHC Medicare Advantage PPOs.



Other considerations

Which option is the right fit for you?

HP continues to offer our valued retirees a choice of medical options, including:

- Medicare Advantage PPO or other options provided through the HP Retiree Medical Program; and
- Plans offered on the individual insurance market, through the Aon Retiree Health Exchange.

It's important to review your options on the enrollment site and take the time to choose the right plan for you by October 28. Need more information to make your choice? See "Learn more about the new Medicare Advantage PPOs" on the next page, and "Learn more about the Aon Retiree Health Exchange" below.

Learn more about the Aon Retiree Health Exchange

The first time you call the Aon Retiree Health Exchange, a specially trained Benefit Support Specialist will ask questions to understand your needs and preferences, and give you an overview of the Medicare insurance marketplace in your area.

If you want to explore further, make an appointment to speak with a Benefits Advisor (certified, licensed insurance agent) who can make knowledgeable recommendations. If you decide to enroll in an 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 Advisors have no incentive to enroll you in any specific plan, so you can be sure the advice you're getting is impartial. Call the Aon Retiree Health Exchange at 1-800-975-0355 or go to retiree.aon.com/hewlettpackard.

Here's a reminder of how the different options work:

HP retiree medical coverage

How does it work?

Partners with insurers or carriers to offer retiree medical options with varying coverage features. HP selects the insurers/carriers and manages the plans.

What types of plans are available?

Medicare Advantage PPOs with Medicare Prescription Drug Part D plans (and HP-sponsored Medicare plans with Kaiser, Tufts, Harvard Pilgrim, or UnitedHealthcare HMO in certain locations).

How are premiums set?

Premiums reflect the underlying cost of care across the HP retiree population.

How does HP help with premium costs?

You and HP may share in the cost of retiree medical coverage (if you're participating in the Pre-2003 HP Retiree Medical Program or the former Digital Retiree Health Program), or you may pay the entire cost.

Why might you enroll?

If you feel more comfortable staying in an HP retiree medical option, and it's a good fit for your health care needs and your wallet.

What support is available during enrollment and afterward?

The HP Benefits Center is always available to answer questions—both during benefits enrollment and after. Your medical carrier is also a good resource. And if you have an issue with a claim or access to care, an advocacy representative, accessible through the HP Benefits Center, can help resolve it for you.

The Aon Retiree Health Exchange

How does it work?

Offers medical and prescription drug coverage through a variety of insurance companies nationwide to provide an expanded array of choices.

What types of plans are available?

Medicare Advantage, Medicare Supplement (Medigap), and Medicare Prescription Drug Part D plans.

How are premiums set?

Premiums are based on the competitive market. They reflect the underlying cost of care across all the members of a particular insurer.

How does HP help with premium costs?

If you're participating in the Pre-2003 HP Retiree Medical Program or the former Digital Retiree Health Program, instead of subsidizing your retiree medical premiums directly, HP will fund a Retiree Reimbursement Account (RRA) that you can use to help pay premiums for individual insurance market coverage.

Why might you enroll?

If you're looking for more choices—including those that could offer enhanced coverage features and/or save you money.

What support is available during enrollment and afterward?

Through the Aon Retiree Health Exchange, a Benefit Support Specialist and/or Benefits Advisor can help you compare your options so you can make an informed choice.

After you enroll, ongoing support is also available to answer questions and help you if you move or have a change that affects your coverage. And if you have an issue with a claim or access to care, an Advocacy Service representative can help resolve it for you. These choices include the flexibility to re-enroll in HP retiree medical group coverage in the future (see page 8).

Learn more about the new Medicare Advantage PPOs

We know you may have questions about the new Medicare Advantage PPO options. HP is providing a variety of tools and resources to help.

- If you are transitioning to a new Medicare Advantage PPO option, look for information that will be mailed to you, providing additional details.
- Visit the UPoint enrollment site to use the medical option comparison tool and access detailed benefits information about the new options.
- Listen to a presentation and ask questions during 90-minute Medicare Advantage PPO teleconferences that will be held at 10 a.m. Pacific Time on:
 - October 14 – Participant Access Code 401719
 - October 24 – Participant Access Code 401720
 - October 26 – Participant Access Code 401722
 - October 27 – Participant Access Code 401721

Call 1-866-233-3841. (**Note:** There is a maximum of 200 participants so you may want to dial in 5 to 10 minutes ahead of time.)

- Attend a Retiree Benefits Fair (if offered in your area) including a Medicare Advantage PPO break-out session. If you live in Palo Alto or Andover, additional presentations will be held at 9 a.m.:
 - Palo Alto – October 21 at the Hilton Garden Inn, 4216 El Camino Real
 - Andover – October 24 at the DoubleTree, 123 River Road
- Call UnitedHealthcare at 1-877-456-7240.

Help with Medicare enrollment before age 65

HP offers help through Allsup, an agency that specializes in Medicare coordination services. 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.

Why it's important to enroll in Medicare Parts A and B as soon as you become Medicare-eligible

Once you (or a covered family member) become Medicare-eligible, Medicare becomes your primary coverage, with your HP coverage or individual insurance market 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 option 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 plan.

Enrolling in an HP medical option? Then take a pass on Part D offered through Medicare. If you enroll in an HP medical option, 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 you or a covered dependent becomes eligible for Medicare during the year

Please 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.

Is your HICN on file?

A Health Insurance Claim Number (HICN) identifies you as a Medicare participant and speeds up the processing of your claims. Your HICN is shown on your Medicare card.

If you are a Medicare-eligible retiree who lives overseas or your HICN is not on file with the HP Benefits Center, you will not be eligible for the new UHC Medicare Advantage PPO options, and your coverage will be assigned to a similar UHC Medicare Supplement PPO Plus.

If you need to provide your HICN, you can do so when you enroll through UPoint, or by calling the HP Benefits Center at 1-800-890-3100. When you do, if you are eligible for the Medicare Advantage PPO options, you will see them as choices on UPoint.



If you and covered family members are not eligible for Medicare

2017 changes



One way HP manages costs is by aggressively negotiating with our medical carriers to ensure you—and HP—are getting the best selection of providers at the most cost-effective rates. In addition to providing claims processing services, our medical carriers negotiate fees with doctors and hospitals in your area.

We've taken a close look at the medical carriers we offer, and in some areas we found that a different medical carrier could provide similar benefits and better value because they've negotiated lower fees with the same doctors

and facilities. Paying for health care costs at the best negotiated rate adds up to a better deal for both you and HP.

This means that there will be a new medical carrier in 2017 in the states shown on page 16. You'll get a new ID card and provider network, better value with the same coverage levels for care, and access to most of the same doctors and hospitals you've had in the past.



The chart below summarizes medical carrier changes that will apply to HP medical options in selected states starting January 1, 2017:

State:	2016 medical carrier:	New medical carrier for 2017:*
California <i>except San Diego area</i>	UnitedHealthcare	BlueCross BlueShield
Colorado	UnitedHealthcare	Cigna
Illinois	UnitedHealthcare	Cigna
Kentucky	UnitedHealthcare	BlueCross BlueShield
New Mexico	UnitedHealthcare	BlueCross BlueShield
New York	BlueCross BlueShield	Aetna
Oregon	UnitedHealthcare	Aetna
Texas <i>except DFW area</i>	Aetna	BlueCross BlueShield
Washington	Group Health Options HMO and UnitedHealthcare	All options through UnitedHealthcare
Wisconsin	Various options through Aetna, BlueCross BlueShield, or UnitedHealthcare	All options through UnitedHealthcare

Take a look at your personalized enrollment worksheet to see if your medical carrier has changed. For more details on all the options, check out the medical option coverage summaries located on the UPoint website, accessible through MyHPBenefits at myhpbenefits.com.

Other changes to non-Medicare plans

In addition to medical carrier changes, non-Medicare plans will include:

- Coverage for ABA therapy for autism on all plans.
- Increased out-of-pocket maximums across most plans (amounts increasing by \$150 for individual coverage and by \$450 for family coverage).

Prescription drug changes for retirees not eligible for Medicare

Some retirees may need a prescription for a “specialty drug”—a complex drug formulation which is typically injected and requires special handling. Specialty pharmacies stock these types of drugs, and provide superior management and access to pharmacists familiar with these prescriptions. Starting in 2017, all covered specialty drugs must be filled at a specialty pharmacy beginning with the first prescription to improve the management and safety of administering these types of drugs. Look for more information to come from UnitedHealthcare/OptumRx in mid- to late November.

*Prescription drug coverage continues to be provided through UnitedHealthcare/OptumRx, with benefits for mental health and substance use disorder services provided through Optum.

Other considerations

Three good reasons to consider a CDHP

If you aren't eligible for Medicare and enroll in an HP medical option, here are three good reasons to consider one of the Consumer Driven Health Plan (CDHP) options:

- 1 The premiums are lower than the PPO option.
- 2 HP gives you money in a Health Reimbursement Account (HRA) 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 stay enrolled in an HP CDHP medical option.
- 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 option coverage summaries available on the UPoint website, accessible through MyHPBenefits at myhpbenefits.com.

Changes to health care premiums

For most HP retiree medical options, premiums will increase as a result of continuing national health care cost increases. HP continues to work aggressively to manage premiums, including many of the changes described on the prior pages, to drive more efficient program value and contain costs.

If you want to check out public health exchanges

Visit healthcare.gov to learn more about state and national exchanges and federal subsidies. The federal marketplace enrollment begins November 1, 2016. See page 6 for information about enrolling.

Name change for HMO Blue Texas

For 2017, HMO Blue Texas in Houston/Austin will change its name to Blue Essentials HMO.



Resources

Enrollment and support

MyHPBenefits

Access to UPoint and your HP medical option's contact information

myhpbenefits.com

UPoint

Enrollment in HP coverage, personalized options and monthly costs for 2017, medical option coverage summaries, directories of participating providers, resources, and much more

Accessible through MyHPBenefits at myhpbenefits.com

HP Benefits Center

General benefits information, password changes, enrolling domestic partners, other enrollment assistance, "and more; choose the option for "annual enrollment." Address changes for medical, dental, vision and HP Retirement Medical Savings Account (RMSA) programs.

1-800-890-3100

Monday through Friday between 6 a.m. and 6 p.m. Pacific Time (8 a.m. and 8 p.m. Central Time)

Aon Retiree Health Exchange

Information about the Aon Retiree Health Exchange available for Medicare-eligible retirees

1-800-975-0355

Monday through Friday between 6 a.m. and 6 p.m. Pacific Time (8 a.m. and 8 p.m. Central Time)

retiree.aon.com/hewlettpackard

Plan member services departments

Detailed coverage provisions and network providers for:

Medical

- **Aetna:** 1-800-545-5810 or aetna.com
- **BlueCross BlueShield:** 1-800-364-3301 or anthem.com/ca
- **Cigna:** 1-800-401-4041 (or 1-800-244-6224 if you are currently enrolled with Cigna) or cigna.com
- **UnitedHealthcare:** 1-877-468-1029 non-Medicare-eligible, or 1-877-456-7240 Medicare Advantage PPOs. Or myuhc.com
- **HMO options:** See your medical option ID card

Prescription Drug Program

For all medical options except HMOs and the Comprehensive Medical Plan \$5,150, contact OptumRx:

- Non-Medicare-eligible: 1-877-468-1029 or myuhc.com
- Medicare Advantage PPOs: 1-877-456-7240

Mental Health and Substance Use Disorder Program

For all medical options except HMOs and the Comprehensive Medical Plan \$5,150, call Optum at 1-877-862-1158. To find an Optum network provider, go to liveandworkwell.com (enter access code "HP" in the "Guest Access" tile).

U.S. Benefits Summary Plan Descriptions

Important details describing the terms and conditions for participating in HP's benefit plans

Available on UPoint, accessible through MyHPBenefits at myhpbenefits.com

Medicare

More information about Medicare Parts A, B, or D, including enrollment

Call 1-800-MEDICARE (1-800-633-4227), available 24 hours a day/7 days a week, or go to [medicare.gov](https://www.medicare.gov) (TTY users should call 1-877-486-2048)

HP Continuum

HP retiree news, events, networking, and more

hpcontinuum.com (hpcontinuum.com/register if you haven't registered since the site was updated)

Dental resources

(COBRA or retiree coverage, depending on eligibility)

MetLife

1-888-235-2038 or mybenefits.metlife.com/hp

Cigna DHMO

1-800-244-6224 or [cigna.com](https://www.cigna.com)

Vision resources

(COBRA or retiree coverage, depending on eligibility)

EyeMed Vision Care

1-866-504-9021 or [eyemed.com](https://www.eyemed.com)

Long-Term Care

(closed to new applicants)

John Hancock

1-800-393-7294

MetLife

1-800-438-6388

Group Legal Services

ARAG®

1-800-762-3217 or araglegalcenter.com

(access code: 15641hpr)

Voluntary Benefits

(auto and home insurance)

MetLife Auto & Home

1-800-438-6388 or mybenefits.metlife.com/hp

or metlife.com/hp (for requesting quotes)

Liberty Mutual

1-800-216-5426 or libertymutual.com/hpi

General HP resources

HP Branded Merchandise

hpstore.com

Recognition @hp

To redeem your unused points balance go to

recognition.hp.com

Retiree Discounts

beneplace.com/hp_retiree (user name: retiree; password: hp)

Email: hpdiscounts@beneplace.com

Retiree Gold Badge

A replacement gold badge order form is available at

hpcontinuum.com/gold-badge

Retiree Purchase Program

hpcontinuum.com/purchase-program

Retiree Clubs

hp.continuum.com/retiree-club

Hewlett-Packard Alumni Association (HPAA)

hpalumni.org

HPAA is an independent organization operated by former employees who volunteer their time. It is not endorsed or supported by HP.

Disability

MetLife (LTD)

1-800-858-6515 or mybenefits.metlife.com/hp

Cigna

EDS retirees disabled before 2010: 1-800-352-0611

Sedgwick

1-800-599-7790 or through ViaOne using
claimlookup.com/hpi

HP Retirement Benefits

HP 401(k) Plan, HP Retirement Plan and
HP Deferred Profit Sharing Plan (DPSP),
HP Cash Account Pension Plan (CAPP), EDS
Retirement Plan

HP Retirement Service Center at Fidelity

1-800-457-4015 or netbenefits.com

TDD number for the hearing- or speech-impaired:
1-888-343-0860

HP Retirement Medical Savings Account (RMSA)

HP Benefits Center (balance information)

1-800-890-3100. If you're calling from outside the
USA, Puerto Rico, or Canada, call 1-847-883-0465.

UPoint website accessible through MyHPBenefits at
myhpbenefits.com

Your Spending Account™ (claims)

1-800-890-3100 (choose "Spending and
Reimbursement Accounts")

Your Spending Account website is accessible through
MyHPBenefits at myhpbenefits.com

HP Equity Grants

Restricted Stock Units, Stock Options, Stock
Appreciation Rights

Merrill Lynch

1-888-447-7862 or mybenefits.ml.com

Outside the USA, Canada, or Puerto Rico: 1-609-818-8913

Global Equity Team

global.equity@hp.com

Credit Unions

First Tech Federal Credit Union (formerly Addison Avenue)

1-855-855-8805 or firsttechfed.com

InTouch Credit Union

1-800-337-3328 (option 5) or itcu.org

HP Stock Purchase Plans

Employee Stock Purchase Plan (ESPP),
Share Ownership Plan (SOP), Legacy HP Stock
Purchase Plan

Fidelity Stock Plan Services

For shares remaining in your account:
1-800-457-4015 or netbenefits.com

Outside the USA: 1-800-544-0275
or <http://fidelity.com/globalcall>

Computershare (formerly BNY Mellon) Shareowner Services

For historical information on the ESPP (prior
to April 2015) or the Share Ownership Plan (prior
to November 1, 2010): 1-888-892-4853 or
cpushareownerservices.com

Outside the USA: 1-201-680-6941 or
1-201-296-4789

Computershare Investor Services

For historical statements or inquiries related to the
Legacy HP Stock Purchase Plan (prior to November 1,
2000): 1-312-360-5100

For historical information on the EDS Employee Stock
Purchase Plan prior to August 2008: 1-800-250-5016

Wells Fargo Shareowner Services

For participants prior to 2011 or shares that were
transferred to a Direct Registration Service (DRS)
account: 1-800-286-5977 or shareowneronline.com

Outside the USA: 1-651-450-4064

Morgan Stanley

For retirees who participated in the Compaq ESPP:
1-800-367-4777 or stockplanconnect.com

Outside the USA: 1-801-617-7414

Global Equity Team
global.equity@hp.com

If your address changes



Address changes reported on the
UPoint website or to the HP Benefits
Center will be reflected on your
medical, and if applicable, dental,
vision, and HP RMSA programs.

For other benefits, please report address changes
to the benefit vendor for the programs in which you
participate. You may need to update your address
with more than one vendor.

Other

Federal Consumer Information Center
publications.usa.gov/USAPubs.php

Social Security Administration
ssa.gov

USA Government Portal
usa.gov

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 options 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 covered dependent living away from home, check with your medical option 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 option allows coverage wherever you and your family 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 option, 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 option.** 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 and on the UPoint website. 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.** Please 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), but not a former spouse, or a spouse from whom you're legally separated 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 benefits up to the end of the month in which they turn 26, regardless of whether the child is 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 option 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 option thereafter. Eligibility for this continued coverage is subject to periodic certification and approval by your medical carrier or claims administrator.

For complete eligibility rules, see your summary plan description (SPD) available on the UPoint website.

Transition-of-care benefits

If you're not Medicare-eligible, are changing from one medical carrier to another for 2017, and your current provider isn't in your new carrier'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 2017, check with your new medical carrier or claims administrator 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, 2017.

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.

HP Inc. reserves the right to amend or terminate any of the plans and programs described in this enrollment guide at any time.

Health Insurance Portability and Accountability Act of 1996 ("HIPAA") Privacy Notice

HP is committed to protecting the confidentiality of your personal health information. HP health plans are required by the HIPAA Privacy Rule to maintain the privacy of your health information. Detailed information regarding HP's privacy practices concerning your personal health information, including HP's responsibilities regarding the use and disclosure

of your personal health information and your rights under HIPAA's privacy rules, can be found in your HIPAA Privacy Notice. You can view this notice on the UPoint website. Go to MyHPBenefits>"Get started—enrollment!" tab on UPoint. You can also request a copy of the notice by calling the HP Benefits Center at 1-800-890-3100.

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 options. 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 2017, all HP medical options 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 HP Inc. 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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