

Enroll today. Enjoy tomorrow.

2018 US Retiree Benefits Enrollment Guide

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



Retiree benefits enrollment is here!

October 16 – November 3

An important part of enjoying a healthy retirement is the peace of mind that comes with having medical benefits that suit you and your family. Whether you choose an HP medical option or a plan outside of HP, it's important to take the time during retiree benefits enrollment to choose benefits that fit just right: for your needs, your budget, and your life.

Contents

There's a lot of important information in this guide, but you don't have to read the entire thing cover-to-cover. The color-coded "Start here!" sheet that came with this booklet will tell you what applies to you.

Time to choose your 2018 benefits.....	Pages 1 – 2
■ Your options: Medicare-eligible	Pages 3 – 6
■ Your options: Not yet Medicare-eligible	Pages 7 – 10
■ Your options: Families with both Medicare-eligible and non-Medicare-eligible members.....	Pages 11 – 13
Take action! Stay healthy and save on health care spending all year long	Page 14
Resources	Pages 15 – 17
Important reminders.....	Pages 18 – 19
Legal information	Page 20

! What's changing for 2018

Most retiree benefits are not changing for 2018, but you should consider how your needs may have changed—and how that may impact your choices. It's important to review the information provided in this retiree enrollment guide as you consider your options, to ensure you're getting the right coverage for the coming year.

In most cases, if you don't actively enroll, you'll have the same plans—and cover the same dependents—as you currently do, but at 2018 rates. Read on to learn more!

Time to choose your 2018 benefits

Which option should I choose?

Think about your needs.

You'll want to consider if your benefit needs have changed from last year, and if there's a better plan for you than your current option.

Read this guide and the enclosed information to understand your options.

You'll find a variety of choices through HP, but don't forget to consider your other options, too. These might include medical coverage offered through public health insurance exchanges or, if you and your spouse or domestic partner are age 65 or older and eligible for Medicare, coverage offered through the Aon Retiree Health Exchange™.

Choose your benefits.

This guide provides a summary of your choices and points to other resources, like the detailed medical option coverage summaries on MyHPBenefits at www.myhpbenefits.com. Your enclosed personalized letter highlights your coverage options and their costs and contains other important information about your HP retiree benefits. You have lots of information at your fingertips to help you make the best decision for you and your family.

To enroll in a medical option through HP

1. Access MyHPBenefits at www.myhpbenefits.com and click "Annual enrollment"

2. Enroll in your benefits by November 3

- Verify or change your elections.
- Choose who you want to cover. 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.

If you need to leave the enrollment site before submitting your choices, your elections won't be saved and you will need to start from the beginning when you come back to the site. Even when you submit your elections, you can come back any time before November 3 to make changes.

Get the facts on MyHPBenefits

Costs and details about what the HP options cover and how much they pay are available through the medical option comparison tool on MyHPBenefits at www.myhpbenefits.com. Once you're logged in, click Annual enrollment > Compare your medical options.



To enroll in a medical option through the Aon Retiree Health Exchange (Medicare-eligible retirees)

If you and your spouse or domestic partner are eligible for Medicare, call the Aon Retiree Health Exchange at 1-800-975-0355 or go online to retiree.aon.com/hp.

- **If you're not currently participating in the Aon Retiree Health Exchange**, you'll receive a letter that provides a pre-scheduled appointment to learn about options available through the Aon Retiree Health Exchange. If you want to learn more, be sure to confirm your appointment so that a licensed adviser can call you. To ask questions or to change your pre-scheduled appointment, call the Aon Retiree Health Exchange.
- **If you're already enrolled in coverage through the Aon Retiree Health Exchange** and would like to maintain your current coverage, simply continue to pay your premiums as you do today. If you need help reviewing your choices because your situation has changed, call the Aon Retiree Health Exchange and ask to set up an appointment between October 1 and December 7.

The exchange enrollment period is different from the HP enrollment period: **October 1 – December 15, 2017**. To ensure coverage is in place for January 1, it's best to get your application finalized by the enrollment deadline of December 15. You can submit your application later in December, but your Aon Retiree Health Exchange coverage might take effect February 1 instead of January 1. Don't worry! If this happens, your assigned 2018 HP coverage will 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 HP can discontinue your 2018 HP coverage. You'll still have the option to enroll in HP coverage during future retiree benefits enrollment periods if you disenroll from Aon Retiree Health Exchange coverage or have a qualified status change. Your 2018 election will be reflected on the Confirmation of Coverage you'll receive after enrollment is over.

Considering a medical option through a public health exchange (non-Medicare-eligible retirees)?

Go to healthcare.gov. If you enroll in a public health exchange option, access MyHPBenefits at www.myhpbenefits.com and select "No Coverage," or call the HP Benefits Center to notify them you've enrolled in an individual insurance market plan so they can discontinue your 2018 HP coverage. You can even do this after the HP November 3 enrollment deadline, as long as you call by December 28, 2017, at 6 p.m. Pacific Time (8 p.m. Central Time). By notifying HP of your exchange coverage, you'll keep the option to enroll in HP coverage during future retiree benefits enrollment periods if you disenroll from a public health exchange plan or have a qualified status change during the year.

Confirm your 2018 coverage

After you enroll in HP coverage, you'll receive a Confirmation of Coverage in the mail at home in November showing your 2018 HP elections. It's important to review your confirmation and notify the HP Benefits Center immediately if any corrections are needed.

If you don't make corrections by December 28, 2017, at 6 p.m. Pacific Time (8 p.m. Central Time), you can't change your HP elections for 2018 unless you experience a qualified status change.

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 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 that 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.

Your options: Medicare-eligible

If you and your spouse or domestic partner are both Medicare-eligible, you and your spouse or domestic partner can each enroll in:

- An HP retiree medical option available in your ZIP code, or
- An individual insurance option through the Aon Retiree Health Exchange.

HP plans for Medicare-eligible families

Depending on where you live, you may be eligible for the following HP medical options that coordinate with or supplement Medicare Parts A and B:

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

Not seeing these plans when you enroll? This may be because critical information is not on file with the HP Benefits Center. See page 6 for more information about providing your Medicare Health Insurance Claim Number (HICN) and contact the HP Benefits Center for assistance.

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.



What's changing for 2018

BlueCross Medicare HMO replacing UnitedHealthcare HMO in California

As part of broader changes to provide better value to retirees in California, the UnitedHealthcare Group Medicare Advantage HMO will be replaced by the new BlueCross Medicare HMO, which provides comparable coverage. Premiums for this plan will be higher for 2018, but are similar to increases anticipated with UnitedHealthcare. Generally, if you're currently enrolled in the UnitedHealthcare Group Medicare Advantage HMO and are in the BlueCross Medicare HMO service area, you'll automatically move to the BlueCross Medicare HMO and will need to elect a primary care physician (PCP) on MyHPBenefits. In addition to selecting your PCP, it's a good idea to confirm that your current doctors and hospitals participate in the BlueCross Medicare HMO network. You can click on "Find doctors and facilities" on MyHPBenefits. If you're currently enrolled in the UnitedHealthcare Group Medicare Advantage HMO and live outside of the BlueCross Medicare HMO service area, you'll automatically move to the UHC Medicare Advantage PPO Plus.

Changes to medical premiums

For most HP retiree medical options, premiums will increase as a result of continuing national health care inflation. For some plans such as the Medicare Advantage PPO options, increases will be higher than in recent years due to rapidly increasing prescription drug costs. HP recognizes the importance of health care costs for retirees and continues to work aggressively to manage premiums to drive more efficient program value. The Medicare Advantage PPO medical options continue to provide a cost-effective choice for the majority of Medicare-eligible retirees.

Get to know the advantages of a PPO

- **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 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.

Want to know more?

You can 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 17 – Participant Access Code 429088

October 24 – Participant Access Code 429089

October 27 – Participant Access Code 429090

October 31 – Participant Access Code 429091

Call 1-800-707-9573. (Note: There is a maximum of 200 participants, so you may want to dial in five to 10 minutes ahead of time.)

For more information about the UHC Medicare Advantage PPOs, you also can call 1-877-456-7240 or access uhcretiree.com/hp.

Learn more about the Aon Retiree Health Exchange

If you want to learn more about the Aon Retiree Health Exchange, a specially trained Benefit Support Specialist can help. The specialist will ask questions to understand your needs and preferences and can give you an overview of the Medicare insurance marketplace in your area.

You can also make an appointment to speak with a Benefits Advisor—a certified, licensed insurance agent who can make knowledgeable recommendations. *New this fall: if you you're not already participating in the Aon Retiree Health Exchange, you'll receive notification of a pre-scheduled appointment you can use if you want to learn more.* If you decide to enroll in an insurance option 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/hp.

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 US, Puerto Rico, or Canada, call 1-847-883-0465.

Your Medicare HICN is required

If you're enrolling in any plan through HP or the Aon Retiree Health Exchange, you'll want to be sure your Medicare Health Insurance Claim Number (HICN) is on file with the HP Benefits Center. See page 6 for more information about providing your HICN.

Which option is right for you?

HP continues to offer our Medicare-eligible retirees a choice of medical options, including the UHC Medicare Advantage PPO Core and Plus options 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 option for you by November 3. Need more information to make your choice? Here's a reminder of how the different options work.

HP retiree medical coverage

How does it work?

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

What types of options are available?

You can choose from UHC Medicare Advantage PPOs (Core or Plus) with Medicare prescription drug plans (Medicare Part D) and HP-sponsored Medicare plans with Kaiser, Tufts, Harvard Pilgrim, or BlueCross Medicare HMO in certain locations.

How are premiums set?

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

Why might you enroll?

If you prefer to stay in an HP retiree medical option and it's a good fit for your health care and financial needs, you may want to enroll.

What support is available during enrollment and afterward?

The HP Benefits Center is always available to answer questions—both during retiree benefits enrollment and after. Your medical carrier is also a good resource.

The Aon Retiree Health Exchange

How does it work?

The exchange 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 plans (Medicare Part D).

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.

Why might you enroll?

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.

Help with Medicare enrollment before age 65

HP offers help through Allsup, an agency that specializes in Medicare coordination services. If you or an eligible 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 Part B as soon as you become Medicare-eligible

Once you (or an eligible 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 Part 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 option

If you are enrolling in an HP medical option, you won't need to enroll in a stand-alone prescription drug plan, also known as Medicare Part D. This is because your HP prescription drug coverage meets the obligation of having creditable drug coverage.

If you or an eligible dependent becomes eligible for Medicare during the year

Please notify the HP Benefits Center immediately. Medicare will become primary and your HP medical option will become secondary upon your eligibility date. It's important to enroll in Medicare Part B as soon as you become eligible to avoid late enrollment penalties and financial responsibility for claims that would have been covered by Medicare if you were enrolled in Medicare Part B.

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're a Medicare-eligible retiree who lives overseas or your or your eligible family member's HICN is not on file with the HP Benefits Center, you won't see the HP or Aon Retiree Health Exchange medical options that would otherwise be available to you. To see all of your available medical options, you'll need to provide your HICN to the HP Benefits Center.

You can provide your HICN at any time by calling the HP Benefits Center at 1-800-890-3100 or when you enroll through MyHPBenefits. When you do, if you're eligible for the Medicare Advantage PPO options, you'll see them as choices on MyHPBenefits.

Your options: Not yet Medicare-eligible

If you and your spouse or domestic partner are not yet eligible for Medicare (due to age or disability), you and your spouse or domestic partner can each enroll in:

- An HP medical option available in your ZIP code, or
- An individual insurance option through a public health exchange (marketplace).

HP options 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





What's changing for 2018

Changes to medical premiums

For most HP retiree medical options, premiums will increase as a result of continuing national health care inflation. HP recognizes the importance of health care costs for retirees and continues to work aggressively to manage premiums to drive more efficient program value.

Changes in medical carriers

One national medical carrier for the Comprehensive Medical Plans (CMPs). UnitedHealthcare (UHC) will be the sole national medical carrier for the Comprehensive Medical Plans \$650, \$1,150, and \$5,150. If you're currently enrolled in a CMP with Aetna, Anthem BlueCross BlueShield, or Cigna, we'll automatically move you to the corresponding medical option with UHC as the carrier. You'll receive a new medical ID card from UHC that also will serve as your prescription drug ID card.

New medical carrier in Dallas/Fort Worth area. HP continues to evaluate our medical carriers to ensure we're giving you more cost-effective ways to purchase the medical coverage you need. Starting January 1, Anthem BlueCross BlueShield will be the new medical carrier in this area because it's a more cost-effective choice offering similar provider selection and the same benefit design at better premium costs. If you're currently enrolled in an HP medical option with UnitedHealthcare, we'll automatically move you to the corresponding medical option with Anthem BlueCross BlueShield. Prescription drug benefits will continue to be provided through UnitedHealthcare/OptumRx, and you'll receive a separate ID card for these benefits. Benefits for mental health and substance use disorder services will also continue to be provided separately through Optum. UHC will no longer be offered in your area, except through the Comprehensive Medical Plans.

BlueCross HMO replacing UnitedHealthcare HMO in California.

In California, the UnitedHealthcare Signature Value HMO will be replaced by the new BlueCross HMO, which offers comparable coverage at more cost-effective premiums, plus access to most of the same doctors and hospitals.

- If you're currently enrolled in the UnitedHealthcare Signature Value HMO and are in the BlueCross HMO service area, you'll automatically move to the BlueCross HMO and will need to elect a primary care physician (PCP) on MyHPBenefits. In addition to selecting your PCP, it's a good idea to confirm that your current doctors and hospitals participate in the BlueCross HMO network. You can click on "Find doctors and facilities" on MyHPBenefits, or you can use the Provider Finder at www.anthem.com/ca (select "Blue Cross HMO (CACare) – Large Group").
- If you're currently enrolled in the UnitedHealthcare HMO and live outside of the BlueCross HMO service area, you'll automatically move to the UnitedHealthcare Comprehensive Medical Plan \$650. Prescription drug benefits will be provided through OptumRx. Benefits for mental health and substance use disorder services will be provided separately through the Optum provider network.

If you or an eligible dependent becomes eligible for Medicare during the year

Please notify the HP Benefits Center immediately. Medicare will become primary and your HP medical option will become secondary upon your eligibility date. It's important to enroll in Medicare Part B as soon as you become eligible to avoid late enrollment penalties and financial responsibility for claims that would have been covered by Medicare if you were enrolled in Medicare Part B.



Other medical changes and prescription drug changes

New HRA administrator for UnitedHealthcare CDHPs

If you're enrolled in a UnitedHealthcare CDHP medical option, your Health Reimbursement Account (HRA) will be administered by Your Spending Account™ (YSA) instead of UnitedHealthcare. If this change applies to you, you'll receive additional information in November.

Expanded EPO availability

In most parts of Louisiana, Mississippi, Missouri, Montana, Nevada, North Dakota, Oklahoma, South Dakota, West Virginia, and Wyoming, we're expanding your medical coverage options to include the Exclusive Provider Organization (EPO) option. With an EPO, you generally must receive care through your medical carrier's EPO provider network—there's no coverage for out-of-network care except in emergencies. Deductibles and out-of-pocket costs are generally lower with an EPO as well. Your medical carrier (Aetna, Anthem BlueCross BlueShield, Cigna, or UnitedHealthcare) will depend on your location. Prescription drug benefits will be provided separately through OptumRx. Benefits for mental health and substance use disorder services will be provided separately through the Optum provider network. Visit MyHPBenefits to get a personalized look at your options for 2018. Refer to the medical option coverage summaries, also on MyHPBenefits, for complete coverage details for each medical option.

Changes to coverage for certain brand-name drugs

To encourage more cost-effective prescription drug choices, you'll pay a higher share of the cost when you fill a prescription for a brand-name drug if a generic equivalent is available, so be sure to ask your doctor before he or she writes your prescription. You'll pay the applicable coinsurance for the brand-name drug, plus the difference in cost between the brand-name drug and its generic equivalent. This change applies to all HP medical options, except some HMO options. If this change affects medications you currently use, you'll receive more information from OptumRx in mid-November, including details for contacting OptumRx should your doctor not allow generic substitution due to medical necessity.

Higher coinsurance maximums and copayments for Tier 3 and Tier 4 medications

With prescription drug costs continuing to increase nationwide, both HP and retirees share in these costs. For most medical options, you'll see increases to Tier 3 prescription drug coinsurance maximums (the maximum you'll pay when you fill a prescription), and to Tier 4 copayments and coinsurance minimums and maximums.

Coverage provisions, including prescription drug coverage, vary for some HMO plans. You'll find full coverage details for each medical option, including prescription drug coverage, in the medical option coverage summaries on MyHPBenefits.

Updated formulary for prescription medications

As in prior years, some drugs will no longer be on the OptumRx formulary list, others will move to a higher tier, and others will move from a higher tier to a lower tier. The prescription drug formulary list provides tier information about commonly prescribed medications. If formulary changes affect medications you currently use, you'll receive more information from OptumRx. For complete prescription drug formulary details or information about medications that aren't commonly prescribed, log on to myuhc.com or contact OptumRx at 1-877-468-1029. Note: If you're participating in an HMO, contact the HMO directly for information about formulary changes.



Consider a Consumer Driven Health Plan

Here are three good reasons for non-Medicare retirees to consider one of the HP Consumer Driven Health Plan (CDHP) options:

1. **Premiums are generally lower than the PPO, CMP, and HMO options.**
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. If you don't use all the money in your HRA, the balance rolls over for you to use in the next plan year 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 MyHPBenefits at www.myhpbenefits.com.



Your options: Families with both Medicare-eligible and non-Medicare-eligible dependents

If you or some members of your family are eligible for Medicare and some are not, you are considered a “split family” for purposes of eligibility.

- You and your eligible family members can enroll in an HP medical option available in your ZIP code, or
- Any non-Medicare-eligible family members can enroll in an insurance option through a public health exchange (marketplace).

HP options for “split families”

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

- UnitedHealthcare (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

Not seeing these plans when you enroll? This may be because critical information is not on file with the HP Benefits Center. See page 13 for more information about providing your Medicare Health Insurance Claim Number (HICN) and contact the HP Benefits Center for assistance.



What’s changing for 2018

BlueCross HMO replacing UnitedHealthcare HMO in California

The UHC Signature Value HMO and Group Medicare Advantage HMO will be replaced by the new BlueCross HMO + Medicare, which offers comparable coverage, plus access to most of the same doctors and hospitals.

- If you’re currently enrolled in a UnitedHealthcare HMO and are in the BlueCross HMO service area, generally, you’ll automatically move to the BlueCross HMO + Medicare and will need to elect a primary care physician (PCP) on MyHPBenefits. In addition to selecting your PCP, it’s a good idea to confirm that your current doctors and hospitals participate in the BlueCross HMO network. You can click on “Find doctors and facilities” on MyHPBenefits.
- If you’re currently enrolled in a UnitedHealthcare HMO and live outside of the BlueCross HMO service area, any non-Medicare-eligible members will automatically move to the UHC CMP \$650, and Medicare-eligible members will automatically move to the UHC Medicare Advantage PPO Plus.

Changes to medical premiums

For most HP retiree medical options, premiums will increase as a result of continuing national health care inflation. HP recognizes the importance of health care costs for retirees and continues to work aggressively to manage premiums to drive more efficient program value.

Prescription drug changes for non-Medicare-eligible members

Changes to coverage for certain brand-name drugs

To encourage more cost-effective prescription drug choices, you'll pay a higher share of the cost when you fill a prescription for a brand-name drug if a generic equivalent is available, so be sure to ask your doctor before he or she writes your prescription. You'll pay the applicable coinsurance for the brand-name drug, plus the difference in cost between the brand-name drug and its generic equivalent. This change applies to both the Comprehensive Medical Plans \$650 and \$1,150, but does not apply to some HMO options. If this change affects medications you currently use, you'll receive more information from OptumRx in mid-November, including details for contacting OptumRx should your doctor not allow generic substitution due to medical necessity.

Higher coinsurance maximums and copayments for Tier 3 and Tier 4 medications

With prescription drug costs continuing to increase nationwide, both HP and retirees share in these costs. For all medical options, you'll see increases to Tier 3 prescription drug coinsurance maximums (the maximum you'll pay when you fill a prescription), and to Tier 4 coinsurance minimums and maximums.

Coverage provisions, including prescription drug coverage, vary for some HMO plans. You'll find full coverage details for each medical option, including prescription drug coverage, in the medical option coverage summaries on MyHPBenefits.

Updated formulary for prescription medications

As in prior years, some drugs will no longer be on the OptumRx formulary list, others will move to a higher tier, and others will move from a higher tier to a lower tier. The prescription drug formulary list provides tier information about commonly prescribed medications. If formulary changes affect medications you currently use, you'll receive more information from OptumRx. For complete prescription drug formulary details or information about medications that aren't commonly prescribed, log on to myuhc.com or contact OptumRx at 1-877-468-1029. Note: If you're participating in an HMO, contact the HMO directly for information about formulary changes.

Help with Medicare enrollment before age 65

HP offers help through Allsup, an agency that specializes in Medicare coordination services. If you or an eligible 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.



Helpful tip!

You'll need to provide your HICN to enroll in coverage under the UHC Medicare Advantage PPO options or Medicare HMOs.

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

Once you (or your eligible family member) become Medicare-eligible, Medicare becomes your primary coverage, with your HP coverage 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 Part 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

If you are enrolling in an HP medical option, you won't need to enroll in a stand-alone prescription drug plan, also known as Medicare Part D. This is because your HP prescription drug coverage meets the obligation of having creditable drug coverage.

If you or your spouse or domestic partner become eligible for Medicare during the year

Please notify the HP Benefits Center immediately. Medicare will become primary and your HP medical option will become secondary upon your eligibility date. It's important to enroll in Medicare Part B upon becoming eligible to avoid late enrollment penalties and financial responsibility for claims that would have been covered by Medicare if you were enrolled in Medicare Part B.

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're a Medicare-eligible retiree who lives overseas or your or your eligible family member's HICN isn't on file with the HP Benefits Center, you won't see the HP or Aon Retiree Health Exchange medical options that would otherwise be available to you. To see all of your available medical options, you'll need to provide your HICN to the HP Benefits Center.

You can provide your HICN when you enroll through MyHPBenefits, or by calling the HP Benefits Center at 1-800-890-3100. When you do, if you're eligible for the Medicare Advantage PPO options, you'll see them as choices on MyHPBenefits.



Take action! Stay healthy and save on health care spending all year long

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 options cover in-network preventive care at 100%, so preventive care doesn't cost you extra.



Ask for generic medications

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



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.



Use high-performing specialists

If you're 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 high-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.



ER vs. urgent care?

Emergency room visits typically cost much more than visits to urgent care centers. 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 where to go, and see your provider network for your facility options.

For more information, contact your medical carrier at the phone numbers on page 15, or search for high-performing specialists online at:

- **Aetna:** [aetna.com](https://www.aetna.com)—select Aexcel Specialists (designated with a blue star).
- **Cigna:** [cigna.com](https://www.cigna.com)—look for the Cigna Care Network.
- **UnitedHealthcare:** [myuhc.com](https://www.myuhc.com)—look for names identified with a Tier 1 designation.

Resources

Enrollment and support

MyHPBenefits

Enrollment in HP coverage, personalized options and monthly costs for 2018, medical option coverage summaries, directories of participating providers, resources, and much more

Accessible through www.myhpbenefits.com

HP Benefits Center

General benefits information, password changes, enrolling domestic partners, other enrollment assistance, and more; choose the option for “annual enrollment.” Also a resource for address changes 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/hp

Plan member services departments

Detailed coverage provisions and network providers for:

Medical

- **Aetna:** 1-800-545-5810 or aetna.com
- **Anthem BlueCross BlueShield:** 1-800-364-3301 or anthem.com/ca
- **Cigna:** 1-888-806-5042 (or 1-800-244-6224 if you are currently enrolled with Cigna) or cigna.com
- **UnitedHealthcare:** 1-877-468-1029 or myuhc.com (non-Medicare-eligible) or 1-877-456-7240 or uhcretiree.com/hp (Medicare Advantage PPOs)
- **HMO options:** See your medical option ID card

Prescription Drug Program

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

- **Non-Medicare-eligible:** 1-877-468-1029 or myuhc.com (for current members) or <http://hp.welcometouhc.com/home> (for nonmembers)
- **Medicare Advantage PPOs:** 1-877-456-7240
- **All other Medicare-eligible:** 1-877-352-7805 or uhcretiree.com

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 “Enter anonymously” tile).



US Benefits Summary Plan Descriptions

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

Available on MyHPBenefits at www.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 (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

Aetna DMO

1-800-545-5810 or aetna.com

Vision resources (COBRA or retiree coverage, depending on eligibility)

EyeMed Vision Care

1-866-504-9021 or 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 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 <https://www.recognition.hp.com/hprecognition/login.do>

Retiree discounts

beneplace.com/hp_retiree (user name: retiree and password: hp) Email: hpdiscoun@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

HP Retiree Club

hpcontinuum.com/retiree-club

The HP Retiree Club provides opportunities for HP, Agilent, and Keysight retirees and former employees to connect with each other, their former companies, and the community. The club plans events throughout the year and publishes a newsletter that keeps members up-to-date on the latest club news.

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 Express using claimlookup.com/hpi

HP Retirement Benefits

HP Inc. 401(k) Plan, HP Retirement Plan, HP Deferred Profit Sharing Plan (DPSP), HP Cash Account Pension Plan (CAPP), and 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; 1-847-883-0465 (outside the US, Puerto Rico, and Canada)

MyHPBenefits at www.myhpbenefits.com

Your Spending Account™ (claims)

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

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

HP Equity Grants

Restricted Stock Units, Stock Options, Stock Appreciation Rights

Merrill Lynch (Bank of America)

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

Outside the US, Canada, and Puerto Rico: 1-609-818-8913

Global Equity Team

globalequity@hp.com

Credit Union

First Tech Federal Credit Union

1-855-855-8805 or firsttechfed.com

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 US: 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 US: 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 US: 1-651-450-4064

Morgan Stanley

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

Outside the US: 1-801-617-7414

Global Equity Team

globalequity@hp.com

Other

Federal Consumer Information Center

publications.usa.gov/USAPubs.php

Social Security Administration

ssa.gov

USA Government Portal

usa.gov

Important reminders

If your address changes

Address changes reported on MyHPBenefits at www.myhpbenefits.com 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.

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

Transition-of-care benefits

If you're not Medicare-eligible, are changing from one medical carrier to another for 2018, 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 2018, 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, 2018.

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 2018, 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.

Are you on the HP Continuum?

The HP Continuum website is a great way to stay connected to HP and other HP retirees—and it provides easy access to retiree information. When you log on to hpcontinuum.com through MyHPBenefits, you can:

- 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.

If you're not registered on the site, do so today to be sure you receive timely updates.



Legal information

This retiree 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 *US Benefits Summary Plan Descriptions* for more details about these plans and programs. In the event of any inconsistency between this guide, the *US 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 retiree 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 options 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 MyHPBenefits at www.myhpbenefits.com.

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 option 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 2018, all HP medical options will continue to provide these benefits, subject to applicable copayment, deductible, coinsurance, certification, or review provisions.

This information modifies the *US Benefits Summary Plan Descriptions*

The information contained in this retiree 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 *US Benefits Summary Plan Descriptions* for medical benefits under the HP Inc. Retiree Welfare Benefits Plan (plan number 557). It’s important for you to review this retiree enrollment guide (and other enclosed information) carefully and keep it with your copy of the *US Benefits Summary Plan Descriptions* for future reference.





© 2017 HP Inc. and the HP logo are registered in the US Patent and Trademark Office. Other products or company names mentioned herein may be trademarks or registered trademarks of their respective companies. Aon Retiree Health Exchange is a trademark of Aon Corporation. Your Benefits Resources and Your Spending Account are trademarks of Alight Solutions LLC.