

2019 Retiree Benefits Enrollment Guide
Enroll between October 15 and November 2, 2018



Less time enrolling.
More time living.



Retiree benefits enrollment is here!

October 15 – November 2

Take the time during retiree benefits enrollment to plan for 2019 and choose the benefits that are right for you. Then, enjoy life's moments with the peace of mind that comes with having medical benefits that suit you and your family.

Contents

We've made this guide easy to navigate, so you can find what you need fast. The color-coded "Start here!" sheet describes which section of the guide applies to you.

Time to choose your 2019 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 dependents.....	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

For more information about changes to all of your retiree benefits, please see the "What's Changing Guide," also enclosed with this packet.

What's changing for 2019

While many retiree benefits aren't changing for 2019, some differences you'll notice include changes to option names and administrators, depending on which options are available to you. For details about 2019 benefit changes, please refer to the color-coded section that applies to you as outlined above. 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 you and your family in 2019.

Time to choose your 2019 benefits

Find your personalized options and costs

For your personalized medical options and costs, go to MyHPBenefits at www.myhpbenefits.com and click “Enroll Now.”

You may also call the HP Benefits Center at 1-800-890-3100 if you'd like a printed summary of your coverage, comparison charts, or other materials.

Choose the option that's best for you in 2019

Think about your needs and options

You'll want to consider if your benefit needs have changed from last year.

Read this guide and the enclosed information to understand your options

Your HP medical options provide great value, 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/ domestic partner are age 65 or older and eligible for Medicare, coverage offered through the Aon Retiree Health Exchange™.

Compare your choices on MyHPBenefits

Costs and details about what the HP options cover and how much they pay are available on MyHPBenefits at www.myhpbenefits.com. Once you're logged on, click Enroll Now> Tools & Resources> Compare Medical Plan Details.

Choose your benefits

This guide provides a summary of your choices. In addition, your enclosed personalized letter shows the coverage you'll have in 2019, should you choose not to take action during annual enrollment. To see your current coverage and other options and costs for 2019, visit MyHPBenefits at www.myhpbenefits.com.

How to enroll in a medical option through HP

1. Access MyHPBenefits at www.myhpbenefits.com and click “Enroll Now”

2. Enroll in your benefits by November 2

- 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'll need to start from the beginning when you come back to the site. Once you submit your elections, you can come back any time before November 2 to make changes.

Want to enroll in a medical option through the Aon Retiree Health Exchange™ or public health exchange? See page 4 for Aon Retiree Health Exchange enrollment instructions, or page 10 for help enrolling in public health exchange coverage.



Confirm your 2019 coverage

After you enroll in HP coverage, you'll receive a Confirmation of Coverage in the mail at home in November showing your 2019 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 27, 2018, at 6 p.m. Pacific Time (8 p.m. Central Time), you can't change your HP elections for 2019 unless you experience a qualified status change.

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.

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.



Your options: Medicare-eligible

If you and your spouse/domestic partner are both Medicare-eligible, you and your spouse/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 options 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 option with Kaiser, Tufts, Harvard Pilgrim, or BlueCross Medicare HMO (Anthem BlueCross BlueShield)

Not seeing these options 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) or Medicare Beneficiary Identifier (MBI) 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 2019

Changes to contributions for medical coverage

HP recognizes the importance of health care costs for retirees and strives to ensure we offer high-quality care at the most cost-effective rates. For those retirees who currently

participate in the UnitedHealthcare Medicare Advantage PPO Plus or Core option, you already know these options provide strong value with low out-of-pocket costs. HP is pleased that we're able to further reduce contributions for these options starting January 1, 2019. These reductions give you the opportunity to evaluate your needs and consider the PPO Plus option, which provides a higher level of benefits than what the PPO Core option provides today at a similar cost.

Although retiree contributions are subject to change in the future, this is good news for our retirees. If you're Medicare-eligible but not currently participating in one of these options, you may want to take a fresh look as part of the annual enrollment process.

If you're participating in an HMO option, contributions for most HMO options will increase as a result of rising health care inflation nationwide.

Updated formulary for prescription medications

The prescription drug formulary lists commonly prescribed medications and classifies them into coverage tiers that determine your share of the cost. The Medicare Advantage PPOs will have a new formulary in 2019 that could impact how your medications are classified.

If formulary changes affect medications you currently use, you'll receive more information from OptumRx about your options and what to consider. For other prescription drug questions, log on to uhcretiree.com/hp or call 1-877-456-7240. Note: If you're participating in an HMO option, contact the HMO directly for information about any formulary changes.

As in the past, the formulary will be reviewed from time to time for drug effectiveness, cost, and other considerations. Formulary changes may occur at any time during the year.

Get to know the HP Medicare Advantage PPO options

- **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.

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. *Note: if 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 option, 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.

Want to know more?

You can learn more about UnitedHealthcare (UHC) and the Aon Retiree Health Exchange by participating in a teleconference.

During the teleconferences, you can listen to a presentation and have the opportunity to ask questions. (Note: There is a maximum of 200 participants for the UHC Medicare Advantage PPO sessions, so you may want to dial in five to 10 minutes ahead of time.) For more information about the UHC Medicare Advantage PPOs, you can call 1-877-456-7240 or access uhcretiree.com/hp. For more information about the Aon Retiree Health Exchange, you can call 1-800-975-0355 or go to retiree.aon.com/hp.

Learn about	Date	Time	Phone access	WebEx access Go to https://www.webex.com/ Select "Join," and then enter the information below
UHC Medicare Advantage PPO	October 16	10 a.m. PT	1-800-260-0719 Participant Access Code: #453335	N/A
Aon Retiree Health Exchange		12 p.m. PT	1-866-692-5721 (US) Access code: 254 367 24	Meeting number: 742 800 794 Meeting password: HP
UHC Medicare Advantage PPO	October 23	10 a.m. PT	1-800-260-0719 Participant Access Code: #453336	N/A
Aon Retiree Health Exchange		12 p.m. PT	1-866-692-5721 (US) Access code: 254 367 24	Meeting number: 749 241 880 Meeting password: HP
UHC Medicare Advantage PPO	October 26	10 a.m. PT	1-800-260-0719 Participant Access Code: #453337	N/A
Aon Retiree Health Exchange		12 p.m. PT	1-866-692-5721 (US) Access code: 254 367 24	Meeting number: 740 342 944 Meeting password: HP
UHC Medicare Advantage PPO	October 30	10 a.m. PT	1-800-260-0719 Participant Access Code: #453338	N/A
Aon Retiree Health Exchange		12 p.m. PT	1-866-692-5721 (US) Access code: 254 367 24	Meeting number: 743 372 653 Meeting password: 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 or MBI is required

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

Which option is right for you?

HP continues to offer our Medicare-eligible retirees a choice of medical options, including the UHC Medicare Advantage PPOs and 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 2. 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:

- UHC Medicare Advantage PPOs (Core or Plus) with Medicare prescription drug plans (Medicare Part D), and
- An HP-sponsored Medicare option 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 options are available?

You can choose:

- 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.

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

If you and your spouse/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 contributions 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 15 and December 7.

The exchange enrollment period is different from the HP enrollment period: **October 15 – December 7, 2018**. 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. Don't worry! If this happens, your assigned 2019 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 2019 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 life event. Your 2019 election will be reflected on the Confirmation of Coverage you'll receive after enrollment is over.

Is your HICN or MBI on file?

A Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI) identifies you as a Medicare participant and speeds up the processing of your claims. Your HICN or MBI 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 or MBI 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 or MBI to the HP Benefits Center.

You can provide your HICN or MBI 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/domestic partner are not yet eligible for Medicare (due to age or disability), you and your spouse/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:

- Premium or Value Preferred Provider Organization (PPO)
- Standard or Premium Consumer Driven Health Plan (CDHP) with HP-funded Health Reimbursement Account (HRA)
- Basic, Standard, or Premium Comprehensive Medical Plan (CMP)
- Health Maintenance Organization (HMO) or Exclusive Provider Organization (EPO)



! What's changing for 2019

Changes to contributions for medical coverage

For most retiree medical options, contributions for coverage will increase as a result of national health care inflation that continues to affect coverage for pre-Medicare retirees. HP recognizes the importance of health care costs for retirees and strives to ensure we offer high-quality care at the most cost-effective rates. We also work to minimize your cost increases, leveraging HP's purchasing power and making updates to medical or prescription drug carriers, benefits designs, and other benefit provisions as needed.

New names for most medical options

We're renaming our Consumer Driven Health Plan (CDHP), Preferred Provider Organization (PPO), and Comprehensive Medical Plan (CMP) medical options to make it easier to understand the differences between options and make the names more consistent among different types of options. These are the new names:

Current name	New name beginning in 2019
\$1,150 CDHP w/HRA	Premium CDHP w/HRA
\$1,650 CDHP w/HRA	Standard CDHP w/HRA
PPO \$650	Premium PPO
\$1,550 Plan	Value PPO
Comprehensive Medical Plan \$650	Premium CMP
Comprehensive Medical Plan \$1,150	Standard CMP
Comprehensive Medical Plan \$5,150	Basic CMP

Changes to medical deductibles and out-of-pocket maximums for certain medical options

For the Premium CDHP w/HRA, Standard CDHP w/HRA, and Value PPO, in-network and out-of-network annual deductibles and out-of-pocket maximums will increase for 2019. These changes help respond to health care inflation and minimize overall increases to your contributions for coverage.

New medical carriers in Illinois and Washington state

If you live in Illinois or Washington state, there will be a new medical carrier for 2019 for the CDHP, PPO, and EPO medical options. The new carriers in these areas offer similar HP benefit designs and availability of in-network providers.

- In Illinois, Anthem BlueCross BlueShield will be the new medical carrier. If you're currently enrolled in an HP medical option with Cigna, we'll automatically move you to the corresponding option with Anthem BlueCross BlueShield for 2019. Cigna will no longer be offered in your area.
- In Washington state, Aetna will be the new medical carrier. If you're currently enrolled in an HP medical option with UnitedHealthcare, we'll automatically move you to the corresponding medical option with Aetna for 2019. UnitedHealthcare will no longer be offered in your area, except as the national carrier for our Comprehensive Medical Plans.



Prescription drug changes

Prescription drug coverage for most options provided through Express Scripts

Express Scripts will replace OptumRx as the prescription drug administrator in 2019 for all HP medical options other than the HMOs and the Basic CMP. For short-term prescription needs, Express Scripts offers access to most of the same pharmacies you use today through their network of more than 67,000 participating retail pharmacies.

New for 2019!

For 90-day supplies of maintenance medications, you'll have the flexibility to fill prescriptions at a retail pharmacy near you. You may also use the Express Scripts Pharmacy home delivery service.

In December, you'll receive a welcome package and a separate prescription drug ID card from Express Scripts. Your welcome package will include the information you need to get started, including how to register on the Express Scripts website, a list of retail pharmacies in your area, and how to use the Express Scripts Pharmacy home delivery service.

New pharmacy provider for specialty drugs

Specialty drugs will be provided through Accredo, an Express Scripts specialty pharmacy provider. Specialty drugs are used to treat complex, chronic health conditions such as multiple sclerosis or rheumatoid arthritis, and generally require special storage or handling. Specialty drug users will receive additional information from Express Scripts in December.

Updated formulary for prescription medications

The prescription drug formulary lists commonly prescribed medications and classifies them into coverage tiers that determine your share of the costs. With the change from OptumRx to Express Scripts, there will be a new formulary that could impact how your medications are classified.

If formulary changes affect medications you currently use, you'll receive more information from Express Scripts about your options and what to consider. For other prescription drug questions, call Express Scripts at 1-877-787-8698.

Note: If you're participating in an HMO, contact the HMO directly for information about any formulary changes.

As in the past, the formulary will be reviewed from time to time for drug effectiveness, cost, and other considerations. Formulary changes may occur at any time during the year.

Prescription drug coverage changes under HP's CDHP medical options

Starting in 2019, we're streamlining the prescription drug coverage available through the CDHP medical options. Both CDHP medical options will have the same prescription drug coverage. You'll pay a \$10 copayment for Tier 1 prescription drugs and you'll pay coinsurance (a percentage of the drug's negotiated cost) for Tiers 2, 3, and 4.

You can compare your medical options on MyHPBenefits. When you're electing your coverage, click "Compare Medical Options."



Consider a Consumer Driven Health Plan

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

1. **Coverage costs 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.

How to enroll in 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 2019 HP coverage. You can even do this after the HP November 2 enrollment deadline, as long as you call by December 27, 2018, 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 life event during the year.



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.

HP options for “split families”

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

- UnitedHealthcare (UHC) Premium Comprehensive Medical Plan (CMP) combined with UHC Medicare Advantage PPO Plus
- UHC Standard Comprehensive Medical Plan combined with UHC Medicare Advantage PPO Core
- HMOs combined with the HMO’s Medicare product

Not seeing these options 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) or Medicare Beneficiary Identifier (MBI) and contact the HP Benefits Center for assistance.

Special note: If you and your covered spouse/domestic partner are both Medicare-eligible, and you cover a disabled dependent who has Medicare coverage on his or her own, you’re considered a split family for enrollment purposes. HP’s retiree programs do not allow non-spouse/domestic partner dependents to be enrolled in a Medicare retiree option.

! What’s changing for 2019

New names for Comprehensive Medical Plan options

We’re renaming the Comprehensive Medical Plan medical options to make it easier to understand the differences between options. These are the new names:

Current name	New name beginning in 2019
Comprehensive Medical Plan \$650	Premium CMP
Comprehensive Medical Plan \$1,150	Standard CMP



Changes to contributions for medical coverage

HP recognizes the importance of health care costs for retirees and strives to ensure we offer high-quality care at the most cost-effective rates.

For those retirees who currently participate in the UnitedHealthcare Medicare Advantage PPO Plus or Core option (with non-Medicare-eligible family members participating in the applicable Comprehensive Medical Plan option), you already know these options provide strong value with low out-of-pocket costs. HP is pleased that we're able to maintain coverage levels while slightly reducing retiree contributions for these options starting January 1, 2019.

Although retiree contributions are subject to change in the future, this is good news for our retirees. If you have Medicare-eligible family members but are not currently participating in one of these options, you may want to take a fresh look as part of the annual enrollment process.

If you're participating in an HMO option, contributions for most HMO options will increase as a result of rising health care inflation nationwide.

Prescription drug changes

Updated formulary for prescription medications

The prescription drug formulary lists commonly prescribed medications and classifies them into coverage tiers that determine your share of the cost.

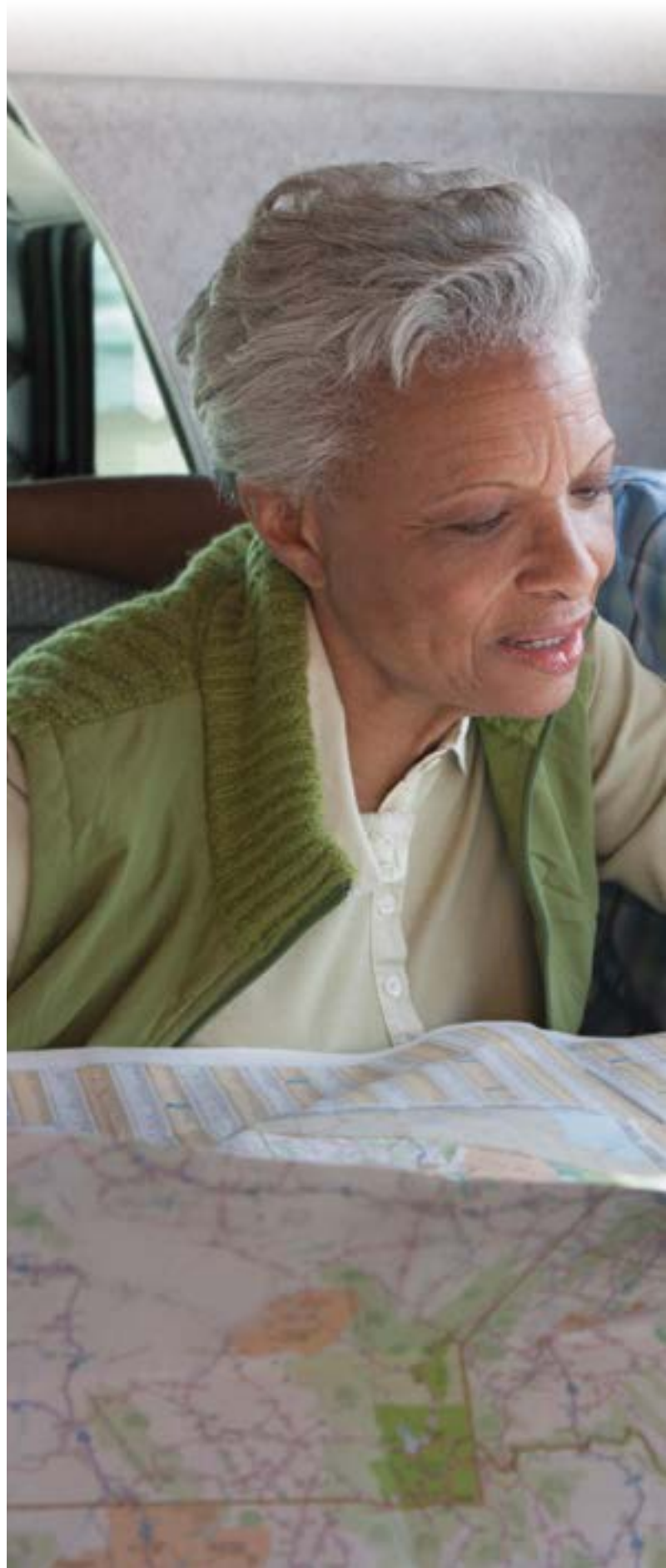
If you're participating in a CMP medical option, certain medications you take may be in a different tier in 2019, and new medications are being added. If you're participating in a Medicare Advantage PPO option, you'll have a new formulary in 2019 that could impact how your medications are classified. If formulary changes affect medications you currently use, you'll receive more information from OptumRx about your options and what to consider.

If you have questions about prescription drugs, log on to myuhc.com or call:

- 1-877-468-1029 (if you're participating in a CMP option), or
- 1-877-456-7240 (if you're participating in a Medicare Advantage PPO option).

Note: If you're participating in an HMO option, contact the HMO directly for information about any formulary changes.

As in the past, the formulary will be reviewed from time to time for drug effectiveness, cost, and other considerations. Formulary changes may occur at any time during the year.

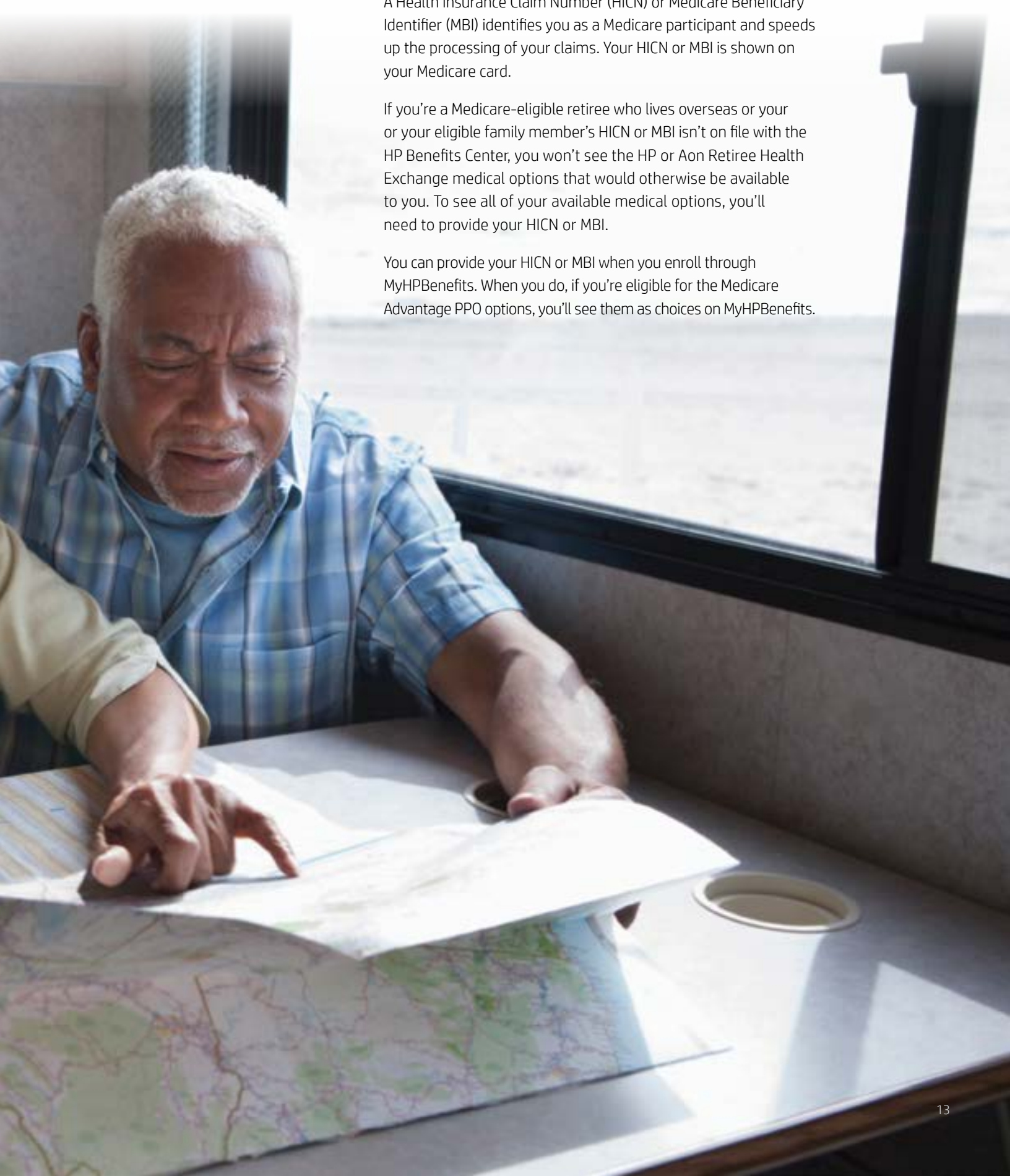


Is your HICN or MBI on file?

A Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI) identifies you as a Medicare participant and speeds up the processing of your claims. Your HICN or MBI 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 or MBI 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 or MBI.

You can provide your HICN or MBI 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.



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

HP's medical options offer you many opportunities to make healthy choices and reduce your costs, too.



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 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.

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.



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. 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.



Try telemedicine

When you want to talk to a doctor after-hours but you're not quite sure if a trip to urgent care or the ER is in order, give telemedicine a try. It's a less costly, more convenient alternative to an in-person visit, and it's available to you 24/7. The next time you need treatment for a common health condition—such as a cold, pink eye, or sinus infection—consider using your medical option's telemedicine feature. Contact your carrier for more details.

Resources

Enrollment and support

MyHPBenefits

Enrollment in HP coverage, personalized options and monthly costs for 2019, medical option coverage summaries, directories of participating providers, resources, and much more. Return to MyHPBenefits starting in January 2019 to find resources and contact information for the options in which you're enrolled.

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:

- **Non-Medicare-eligible:** Express Scripts at 1-877-787-8698 or express-scripts.com
- **Medicare-eligible:** 1-877-456-7240 or uhcretiree.com/hp
- **Split families:** 1-877-468-1029 or myuhc.com (if you're participating in a CMP option)
1-877-456-7240 or myuhc.com (if you're participating in a Medicare Advantage PPO option)

Mental Health and Substance Use Disorder Program

For all medical options except HMOs, 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 benefit options

Available on MyHPBenefits at www.myhpbenefits.com
(Select the "Plan Documents" tile from the home page)

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

Retiree discounts

beneplace.com/hp_retiree (user name: retiree and 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

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)

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

global.equity@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): global.equity@hp.com

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

global.equity@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 that HP collect a physical home address and will not accept a post office 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's/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 the enclosed personalized letter 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 2019, 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 2019, 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, 2019.

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. Both options will cover an expanded list of legal matters in 2019.

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.

Your privacy is our priority

Although HP strives to limit use and disclosure of Social Security numbers as much as possible, Social Security numbers are still the unique identifier typically used by most health care providers, as well as being the identifier required by the government and Medicare for reporting purposes. HP limits the use of your Social Security number wherever possible. You may view HP’s privacy policy on MyHPBenefits at www.myhpbenefits.com.

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 2019, all HP medical options will continue to provide these benefits, subject to applicable copayment, deductible, coinsurance, certification, or review provisions.

Enrolling eligible dependents

It’s your responsibility to ensure that the dependents you enroll are eligible. When you enroll your dependents, you are representing to the plans that the dependents are eligible. Any attempt to enroll an ineligible dependent is considered a material misrepresentation by you and evidence of fraud on the plans. If you cover a dependent who isn’t eligible, that dependent’s coverage may be dropped retroactively, without eligibility for COBRA. You won’t receive retroactive premium refunds.





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For eligible retirees of HP Inc. and acquired companies

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