Annual enrollment for your HPE U.S. retiree health benefits is October 7–29, 2019. This is the time to consider your and your family’s benefits needs and choose the options that fit your budget and your life. Use this guide now for what you need to know and do, and keep it for reference all year.

**HOW TO USE THIS GUIDE**

There’s a lot of important information here, but you don’t have to read it cover to cover. Read just the information you need. Look for the corresponding colored tab on the side of the page.

**Start here**

Five things to know before and after you enroll

**See what you need to know and do to enroll**

If you and your covered family members are:

- Not yet Medicare-eligible
- Medicare-eligible
- A mix of Medicare-eligible and non-Medicare-eligible

**Get details if you need them**

- Additional important information

- Build healthy habits | If you are or become Medicare-eligible | Paying for your benefits | Continuing retiree dental and vision under COBRA | Retirement Medical Savings Account | Legal insurance |
- If you have moved | Medical Enrollment Rules | Cover the right people

- Resources and legal information

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**GOT QUESTIONS?**

Chat:
Visit [MyHPERewards.com](http://MyHPERewards.com) and select HPE Benefits Center

Call:
HPE Benefits Center, 1-844-537-5304, 8 a.m.–8 p.m. CT, Monday–Friday
Your 2020 medical plan options are essentially the same as in 2019. As before, your specific HPE medical plan choices depend on where you live and whether you and your covered family members are Medicare-eligible. Review the section of this guide that pertains to you to learn more.

If you’re changing to a new plan or carrier for 2020, be sure your doctors and other providers are covered by the plan you’re choosing. Also confirm that any prescriptions you take on a regular basis are on the plan’s drug list. For carrier contact information for HPE retiree medical plans, see “Resources” on page 20, or call your provider.

Here’s when to enroll for coverage that takes effect January 1, 2020:

<table>
<thead>
<tr>
<th>Enrollment dates</th>
<th>To enroll in</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 7 – October 29</td>
<td>HPE medical plans</td>
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<td>October 15 – December 7</td>
<td><strong>Aon Retiree Health Exchange</strong> (if you and all covered family members are Medicare-eligible)</td>
</tr>
<tr>
<td>November 1 – December 15</td>
<td><strong>Public health exchanges</strong> (for you or any family members who are not Medicare-eligible)</td>
</tr>
</tbody>
</table>

If you change your HPE coverage, you’ll receive a Confirmation of Coverage by mail in early December showing your 2020 coverage. Notify the HPE Benefits Center before December 31, 2019, if any corrections are needed.

If you make changes to your medical plan or enroll in a new plan, you’ll generally get a new ID card. You should get your ID card by January 1, 2020. Destroy your old cards once you receive your new ones (but not before January 1).

**COMPARE ALL YOUR OPTIONS**

If you have coverage available through a spouse’s/domestic partner’s employer, review the information about those benefits, too.

Health plans are required to provide benefit information in a standardized format known as a Summary of Benefits and Coverage (SBC). You may find these summaries useful if you’re comparing benefits across different health plan options and sources. Look for information about where to find SBCs when you enroll. You can request a paper copy of these documents by calling the HPE Benefits Center at 1-844-537-5304.
DISCOVER

your options
ENROLLMENT INFORMATION FOR NON-MEDICARE-ELIGIBLE FAMILIES

If you and all your covered family members are not yet eligible for Medicare, your medical plan options for 2020 include coverage through an HPE medical plan or through the public health exchanges.

HPE medical plan options for 2020
Depending on where you live, your HPE medical plan choices for 2020 may include:

- PPO with $750 individual deductible
- CMP with $750, $1,400, or $5,150 individual deductible
- HDHP + HSA with $1,400 or $2,400 individual deductible
- Additional options where available

PPO = Preferred Provider Organization. CMP = Comprehensive Medical Plan. HDHP + HSA = High Deductible Health Plan with a Health Savings Account.
KNOW: YOUR COSTS AND WHAT’S COVERED
Your 2020 premiums reflect ongoing cost increases. You can reduce your costs by comparing medical plans and choosing the most cost-effective option that meets your needs.

For coverage details and to see side-by-side plan comparisons, visit MyHPERewards.com (select Enroll Now and look for View all plans side-by-side). Be sure to consider the public health exchanges, too.

DO: USE TOOLS TO COMPARE YOUR OPTIONS
Go to MyHPERewards.com beginning October 7 and select Enroll Now.

• See side-by-side plan comparisons. Click View all plans side-by-side when enrolling to compare cost, deductibles, copays, and more.
• Follow the prompts to search for providers and confirm the doctors you use are in the network for the medical plan you’re considering.

DO: ENROLL FOR 2020 HPE MEDICAL OCTOBER 7–29
To choose HPE medical coverage for 2020 for yourself and any eligible family members:

• Visit MyHPERewards.com.
• Log on using your user ID and password.
• Select Enroll Now.

Questions? See “Resources” on page 20.
Public health exchanges
As an alternative to enrolling in an HPE medical plan, you may want to consider the insurance options available through the public health exchanges.

- These exchanges allow people who are not yet eligible for Medicare to comparison shop and buy individual medical coverage from a variety of insurers.
- Premiums are based on the covered person’s age and coverage option selected.
- Depending on your family income, you may qualify for government premium subsidies that can lower your cost of coverage.
- Even if you enroll yourself in an HPE medical plan, you could enroll family members in coverage through the exchanges.

**DO: LEARN MORE ABOUT YOUR OPTIONS**
- Visit healthcare.gov.
- See what’s available and use tools to compare your options without committing to enroll.

**DO: ENROLL FOR COVERAGE THROUGH THE PUBLIC EXCHANGES**
**NOVEMBER 1 – DECEMBER 15**
To choose coverage through a public health exchange for 2020, visit healthcare.gov.

**TAKE NOTE!**
If you decide to enroll in a plan through a public health exchange:
- Call the HPE Benefits Center to discontinue coverage under HPE medical for 2020.
- You can reenroll in an HPE retiree medical plan in the future. See “Medical enrollment rules” on page 18.

**Questions?** See “Resources” on page 20.
MAKE
good choices
ENROLLMENT INFORMATION FOR MEDICARE-ELIGIBLE FAMILIES

If you and all your covered family members are eligible for Medicare, your medical plan options for 2020 include coverage through an HPE medical plan or through the Aon Retiree Health Exchange.

HPE medical plan options for 2020
Depending on where you live, your HPE medical plan choices for 2020 may include:

- Medicare Supplement $500 Plan A or B
- Medicare Supplement $1,200
- Medicare Advantage PPO
- HMOs with a Medicare product offered by HPE

TAKE NOTE!
If you enroll in an HPE-sponsored Medicare PPO, Medicare HMO, or Medicare Advantage option for the first time, you’ll need to complete and return required enrollment forms by the deadline noted on the form to ensure coverage is in place for January 1. You’ll receive forms in the mail from the carrier you selected shortly after the enrollment period ends.

Questions? See “Resources” on page 20.

PPO = Preferred Provider Organization. HMO = Health Maintenance Organization.
KNOW: YOUR COSTS AND WHAT’S COVERED
Your 2020 premiums reflect ongoing cost increases. You can reduce your costs by comparing medical plans and choosing the most cost-effective option that meets your needs.

For coverage details and to see side-by-side plan comparisons, visit MyHPERewards.com (select Enroll Now and look for View all plans side-by-side). Be sure to consider the Aon Retiree Health Exchange, too.

DO: USE TOOLS TO COMPARE YOUR OPTIONS
Go to MyHPERewards.com beginning October 7 and select Enroll Now.
• See side-by-side plan comparisons. Click View all plans side-by-side when enrolling to compare cost, deductibles, copays, and more.
• Follow the prompts to search for providers and confirm the doctors you use are in the network for the medical plan you’re considering.

DO: ENROLL FOR 2020 HPE MEDICAL OCTOBER 7–29
To choose HPE medical coverage for 2020 for yourself and any eligible family members:
• Visit MyHPERewards.com.
• Log on using your user ID and password.
• Select Enroll Now.

Aon Retiree Health Exchange
HPE partners with the Aon Retiree Health Exchange to give our Medicare-eligible retirees access to a range of medical plans offered through the individual insurance market.
• It’s a private exchange that works with retirees to explore available coverage options and prices.
• The Aon Retiree Health Exchange offers the same types of medical coverage that HPE offers—Medicare Advantage, Medicare Supplement (MediGap), and Medicare Part D Prescription Drug Plans.
• More than 100 insurance companies participate in the marketplace, including companies like Aetna, Anthem BlueCross BlueShield, Cigna, Empire, Humana, and UnitedHealthcare.
• The Aon Retiree Health Exchange helps you every step of the way to make the right choice and enroll—at no added cost to you.
KNOW: FOUR REASONS TO CONSIDER THE AON RETIREE HEALTH EXCHANGE

1. **Greater choice**
   Due to the large number of healthcare insurers in the individual market, you may be able to choose the specific coverage level and premium that suit your situation.

2. **Potential to pay less for equal or better coverage**
   Due to competition among insurers, you may find an even better value among your coverage options.

3. **Flexibility**
   Unlike group coverage, individual insurance options allow you to select a different plan for yourself and your eligible dependents to accommodate each individual’s healthcare and financial needs.

4. **Support**
   Using the exchange makes it easy! You get personalized, professional help to compare choices and enroll, at no added cost to you.

**TAKE NOTE!**

If you decide to enroll in a plan through the Aon Retiree Health Exchange for 2020:

- Call the HPE Benefits Center to discontinue your coverage under HPE medical for 2020.
- You’ll need to complete and submit an application for the new coverage by December 7 to ensure coverage by January 1. If you miss that deadline, your coverage may not start until February 1. If that happens, you can extend your HPE coverage to fill the gap.
- You can reenroll in an HPE retiree medical plan in the future. See “Medical enrollment rules” on page 18.

**Questions?** See “Resources” on page 20.

*Benefits Advisors are certified, licensed insurance agents.*
FIND the right fit
**ENROLLMENT INFORMATION IF SOME, BUT NOT ALL, FAMILY MEMBERS ARE ELIGIBLE FOR MEDICARE**

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. In this case:

- You can enroll yourself and any eligible family members in an HPE medical option available in your ZIP code, or
- Any non-Medicare-eligible family members can enroll in an insurance option through the public health exchanges.

**HPE medical plan options for 2020**

Depending on where you live, your HPE medical plan choices for 2020 may include options from the list below. Different coverage options are provided to Medicare-eligible and non-Medicare-eligible family members.

- PPO with $750 individual deductible combined with Medicare Supplement $500 Plan A
- CMP with $750 individual deductible combined with Medicare Supplement $500 Plan B or Medicare Advantage PPO (if you live in a UnitedHealthcare service area)
- HDHP + HSA with $1,400 or $2,400 individual deductible
- HMO combined with the HMO’s Medicare product
- Additional options where available

**TAKE NOTE!**

If you enroll in an HPE-sponsored Medicare PPO, Medicare HMO, or Medicare Advantage option for the first time, you’ll need to complete and return required enrollment forms by the deadline noted on the form to ensure coverage is in place for January 1. You’ll receive forms in the mail from the carrier you selected shortly after the enrollment period ends.

KNOW: YOUR COSTS AND WHAT’S COVERED

Your 2020 premiums reflect ongoing cost increases. You can reduce your costs by comparing medical plans and choosing the most cost-effective option that meets your needs.

For coverage details and to see side-by-side plan comparisons, visit MyHPERewards.com (select Enroll Now and look for View all plans side-by-side). Be sure to consider the public health exchanges for your non-Medicare-eligible family members, too.

DO: USE TOOLS TO COMPARE YOUR OPTIONS

Go to MyHPERewards.com beginning October 7 and select Enroll Now.

- See side-by-side plan comparisons. Click View all plans side-by-side when enrolling to compare cost, deductibles, copays, and more.
- Follow the prompts to search for providers and confirm the doctors you use are in the network for the medical plan you’re considering.

DO: ENROLL FOR 2020 HPE MEDICAL OCTOBER 7–29

To choose HPE medical coverage for 2020 for yourself and any eligible family members:

- Visit MyHPERewards.com.
- Log on using your user ID and password.
- Select Enroll Now.

TAKE NOTE!

If you enroll in an HPE-sponsored Medicare PPO, Medicare HMO, or Medicare Advantage option for the first time, you’ll need to complete and return required enrollment forms by the deadline noted on the form to ensure coverage is in place for January 1. You’ll receive forms in the mail from the carrier you selected shortly after the enrollment period ends.

Questions? See “Resources” on page 20.
Public health exchanges
As an alternative to enrolling in HPE medical plans, you may want to consider the insurance options available through the public health exchanges for family members who are not eligible for Medicare.

• These exchanges allow people who are not yet eligible for Medicare to comparison shop and buy individual medical coverage from a variety of insurers.
• Premiums are based on the covered person’s age and coverage option selected.
• Depending on your family income, you may qualify for government premium subsidies that can lower your cost of coverage.
• Even if you enroll yourself in an HPE medical plan, you could enroll non-Medicare-eligible family members in coverage through the exchanges.

DO: LEARN MORE ABOUT YOUR OPTIONS
• Visit healthcare.gov.
• You can see what’s available and use tools to compare your options without committing to enroll.

DO: ENROLL FOR COVERAGE THROUGH THE PUBLIC EXCHANGES NOVEMBER 1 – DECEMBER 15
To choose coverage through a public health exchange for 2020, visit healthcare.gov.

TAKE NOTE!
If you decide to enroll in a plan through a public health exchange:
• Call the HPE Benefits Center to discontinue coverage under HPE medical for 2020.
• You can reenroll in an HPE retiree medical plan in the future. See “Medical enrollment rules” on page 18.

Questions? See “Resources” on page 20.
KNOW MORE

live better
TEAM UP WITH A PERSONAL PHYSICIAN

Seeing the same doctor for all of your primary care helps you get the best care possible. Since they know you and your medical history, personal physicians can spot issues early and determine the most effective treatment. And all this goes a long way in helping you stay healthy and save money on healthcare.

Don’t have one yet? Check your medical plan carrier’s website to find doctors near you that fit your needs. See “Resources” on page 20 or check your medical ID card for your carrier’s website address.

REGISTER FOR TELADOC*

Need a same-day doctor’s visit and your personal physician isn’t available? Feeling anxious and want to talk it through without the wait? Visiting out-of-town family and need medical care? Teladoc is the right call to make in these and similar situations. You can have a phone or video chat with a U.S.-licensed physician, therapist, or psychiatrist without spending an arm and a leg.

Register now at teladoc.com/hpe so you can connect fast when you need it!

*For non-Medicare-eligible retirees and family members enrolled in an HPE medical plan. Some services may not be available in all states. Prescriptions written by Teladoc physicians are not covered under Kaiser Permanente plans.

LOWER YOUR RX COSTS

Why pay more than you should for prescriptions you need? Most prescription drug plans have different costs for different “tiers” of drugs, or for medications on a formulary list; and most offer mail service for lower-cost, 90-day supplies of maintenance medications delivered to your home.

Start saving today. See “Resources” on page 20 for how to contact your prescription drug program and research your options.

REACH OUT TO THE EXPERTS**

When you’re faced with a serious medical condition or contemplating surgery such as knee replacement, it’s just plain smart to get the most information and guidance you can from a team of medical experts. With 2nd.MD, that’s exactly what you’ll get—at no cost to you. Learn more at 2nd.md/hpe.

**HPE provides 2nd.MD consultations at no cost to retirees enrolled in an HPE medical plan and their households (children, parents, etc., who live in their home).

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REFERENCE TOPICS

Additional information if you are or become Medicare-eligible

IF YOU ENROLL IN A MEDICARE HMO, PPO, OR MEDICARE ADVANTAGE OPTION FOR THE FIRST TIME

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

If you don’t return the forms on time, you’ll generally stay enrolled in your 2019 medical plan until your enrollment can be completed, with coverage beginning February 1.

In order to facilitate enrollment in HPE prescription drug benefits, all Medicare-eligible retirees and dependents must have a Medicare Beneficiary Identifier (MBI) on file with the HPE Benefits Center.

MEDICARE PARTS A AND B

Once you (or a covered family member) become Medicare-eligible, Medicare becomes your primary coverage and your HPE coverage or individual insurance plan pays on a secondary basis. Or if you enroll in an HMO, you generally assign your Medicare benefits to the HMO and the HMO provides all benefits.

In either case, the medical plan you choose needs to coordinate with Medicare to cover the part of the costs that Medicare doesn't. Enroll in Medicare Parts A and B as soon as you’re eligible to help avoid:

- 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 HPE-sponsored Medicare HMO.

MEDICARE PART D

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

BECOMING MEDICARE-ELIGIBLE MID-YEAR

If you or a covered dependent becomes eligible for Medicare during the year, notify the HPE Benefits Center immediately. It’s important to enroll in Medicare Parts A and B as soon as you’re eligible to avoid late enrollment penalties and financial responsibility for claims that would have been covered by Medicare if you were enrolled.

Need help with Medicare enrollment before age 65? If you or a covered dependent becomes eligible for Medicare before age 65, Allsup can help you complete your Medicare enrollment. For more information and help, call Allsup at 1-800-883-6650.
Paying for your benefits

IF YOU ENROLL IN AN HPE MEDICAL PLAN
You have two options for paying for your benefits:

• Direct debit. You can have your benefit premiums automatically deducted from your checking or savings account on the payment due date. To sign up for direct debit, go to MyHPERewards.com, or call the HPE Benefits Center. If you already signed up for direct debit, it will automatically continue for 2020, reflecting any changes to your 2020 premiums.

• Monthly bill. You can have a monthly bill mailed to your home. To select this option, call the HPE Benefits Center and speak with a representative.

IF YOU ENROLL THROUGH A PUBLIC EXCHANGE OR THE AON RETIREE HEALTH EXCHANGE
You'll pay premiums directly to the insurer. Contact your insurer for details.

PAY YOUR PREMIUMS ON TIME
Payments for HPE retiree benefits must be made on or before the due date on your billing statement. Failure to make payment within 30 days of the due date will cause your coverage to be dropped for nonpayment.

If your coverage is dropped for nonpayment, you'll receive a termination notice. You'll have a one-time 90-day grace period from the date of that notice to request that coverage be reinstated retroactively to the date it was dropped for nonpayment. And you'll need to pay the outstanding premiums immediately.

Continuing retiree dental and vision coverage under COBRA
If you left HPE in the past 18 months and continue to participate in HPE dental and vision coverage under COBRA, you can change your coverage during the enrollment period. You can enroll and see your dental and vision options on MyHPERewards. You need to enroll only if:

• You want to make changes to your current coverage.
• You want to add family members or drop family members, including those who are no longer eligible.

Retirement Medical Savings Account (RMSA)
If you participated in the HPE RMSA program and have a balance remaining, you can use that balance to help pay your HPE premium costs and other eligible healthcare expenses. RMSA claims administration is through Your Spending Account (YSA), accessible through MyHPERewards or by calling the HPE Benefits Center.

For more information, see the HPE Retirement Medical Savings Account Summary Plan Description available from MyHPERewards.

Legal insurance
With legal insurance from ARAG, you have a way to help protect what's important. It gives you access to professional attorneys, financial counselors, and other resources to help you prevent and resolve unexpected legal matters.

To learn more about the expanded benefits and enroll during the enrollment period, go to araglegalcenter.com (access code: 18088hpr) or call 1-800-762-3238.
## IMPORTANT REMINDERS

### If you have 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 the HPE Benefits Center to update your address and see whether different medical plans are available at your new address. If you’re planning to move, make your benefit elections based on your current address. After you move, call the HPE Benefits Center within 31 days to make any applicable changes.

If you split your time between two homes or have a dependent living away from home, check with your medical plan to see if coverage is available in both locations. Particularly with HMOs, Medicare HMOs, and EPO options, service areas may be restricted. Be sure your medical plan allows you to get coverage wherever you are during the year.

### Medical enrollment rules

Carefully review this information to understand your eligibility to change your coverage or participate in HPE retiree medical coverage in the future based on your decision to opt in or out of coverage for 2020.

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Changes you can make mid-year</th>
<th>Annual enrollment eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>You elect coverage under an HPE retiree medical plan.</td>
<td>You generally can’t make changes to your elections during the year, unless you have a life event (you will have 31 days to make allowed changes); or if you’re enrolled in an HPE-sponsored Medicare HMO, PPO, or Medicare Advantage plan and want to switch your coverage to an HPE Medicare Supplement option.</td>
<td>You can change your election during each annual enrollment.</td>
</tr>
<tr>
<td>You enroll in medical coverage through another employer (whether through your spouse/domestic partner or through your own employer) and opt out of HPE coverage.</td>
<td>You can reenroll in HPE coverage if you lose the other employer’s coverage. You must reenroll within 31 days of the loss of coverage.</td>
<td>You won’t be eligible to reenroll in HPE coverage during future annual enrollment periods while you’re in the other employer’s plan.</td>
</tr>
<tr>
<td>You elect coverage under a public health insurance exchange (for retirees not yet eligible for Medicare) or the Aon Retiree Health Exchange (for Medicare-eligible retirees).</td>
<td>You generally can’t make changes to your elections during the year, unless you have a life event (you will have 31 days to make allowed changes).</td>
<td>You can change your election during each annual enrollment, including reenrolling in an HPE medical plan.</td>
</tr>
<tr>
<td>You die after declining HPE coverage.</td>
<td>Your surviving dependents will not be eligible to participate in benefits following your death. Only dependents who are covered on the date of your death can continue coverage. For information about survivor benefits, call the HPE Benefits Center.</td>
<td></td>
</tr>
</tbody>
</table>
Make sure you’re covering the right people

Review the family information on your Confirmation of Coverage (enclosed or on MyHPERewards). Make any corrections as needed and be sure you have a Social Security number for each dependent.

Enroll only eligible dependents. If any dependents no longer qualify, you’ll need to discontinue their coverage when you enroll. Eligible dependents include:

- Your legal spouse, including a same-sex spouse, unless legally separated from you pursuant to a court order.
- Your common-law spouse—if common-law marriages are recognized in your state and you register your marriage with the appropriate public official.
- Your qualifying domestic partner of the same or opposite sex, as long as you and your domestic partner satisfy program criteria. See “Who qualifies as my domestic partner?” below.
- Qualifying children through the end of the month in which they reach age 26, including:
  - Your biological or adopted children, including children placed with you for adoption even if the adoption has not yet been finalized.
  - Your stepchildren who primarily live with you.
  - Your qualifying domestic partner’s biological or adopted children who primarily live with you, including children placed with your domestic partner for adoption even if the adoption has not yet been finalized.
  - Your or your qualifying domestic partner’s foster children who live with you exclusively.
  - Other children who qualify as your dependents for federal tax purposes.
  - Children who live with you exclusively and for whom you or your qualifying domestic partner has been appointed legal guardian by court order.

Children who meet the child eligibility criteria but have reached age 26 can continue to qualify if they are incapable of self-sustaining employment by reason of physical or mental disability. For complete eligibility rules, see the U.S. Benefits Summary Plan Descriptions on MyHPERewards.

WHO QUALIFIES AS MY DOMESTIC PARTNER?

To qualify for benefits, you and your same- or opposite-sex domestic partner must have either registered your domestic partnership with a state or local government that accepts such registrations, or you and your domestic partner must have satisfied all of the following requirements for at least six full months:

- You must be each other’s sole domestic partner and intend to remain so indefinitely.
- You must reside together in the same principal residence and intend to remain so indefinitely.
- You must be emotionally committed to one another, share joint responsibilities for your common welfare, and be financially interdependent.
- You must each be at least 18 years of age and mentally competent to consent to a contract.
- You must not be related by blood more closely than would bar marriage under applicable law in effect where you reside.
- You must not be legally married to anyone else or involved in any other domestic partnership.

If you legally marry your domestic partner, then your partner becomes your spouse and is eligible for HPE benefits on the same basis as any other legal spouse. Contact the HPE Benefits Center to update your dependent information.

IT’S YOUR RESPONSIBILITY TO ENSURE THE DEPENDENTS YOU ENROLL ARE ELIGIBLE

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

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

<table>
<thead>
<tr>
<th>Resource</th>
<th>What to use it for</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MyHPERewards.com</strong> (select Enroll Now)</td>
<td>• Enroll in your benefits&lt;br&gt;• Review benefit options and costs&lt;br&gt;• Update your beneficiaries&lt;br&gt;• Review U.S. Benefits Summary Plan Descriptions&lt;br&gt;• Find participating providers</td>
</tr>
<tr>
<td><strong>HPE Benefits Center</strong></td>
<td>General information, password changes, enrolling domestic partners, enrollment assistance, and more</td>
</tr>
<tr>
<td>1-844-537-5304</td>
<td></td>
</tr>
<tr>
<td>8 a.m.–8 p.m. CT, Monday–Friday</td>
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</tr>
<tr>
<td>Fax: 1-866-409-5381</td>
<td></td>
</tr>
<tr>
<td><strong>Mailing address:</strong> HPE Benefits Center, P.O. Box 617907, Chicago, IL 60661</td>
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<tr>
<td><strong>Aon Retiree Health Exchange</strong></td>
<td>Information about the Aon Retiree Health Exchange for Medicare-eligible retirees, and to enroll</td>
</tr>
<tr>
<td>retiree.aon.com/hewlettpackardenterprise</td>
<td></td>
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<td>1-844-537-5303</td>
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<td>8 a.m.–8 p.m. CT, Monday–Friday</td>
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</tr>
<tr>
<td><strong>Medicare</strong></td>
<td>Information about Medicare Part A, B, or D, including enrollment information</td>
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<tr>
<td>medicare.gov</td>
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<tr>
<td>1-800-MEDICARE (1-800-633-4227) available 24 hours a day/7 days a week (TTY: 1-877-486-2048).</td>
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<tr>
<td><strong>Public health exchanges</strong></td>
<td>Information about health insurance plans and prices for non-Medicare-eligible individuals, and to enroll</td>
</tr>
<tr>
<td>healthcare.gov</td>
<td></td>
</tr>
</tbody>
</table>
### Plan providers

**Medical**

- **Anthem BlueCross BlueShield**: 1-844-409-7510 or [anthem.com/ca](https://www.anthem.com/ca)
- **UnitedHealthcare**: 1-844-234-7918 or [myuhc.com](https://www.myuhc.com), nonmembers visit [welcometouhc.com/hpe](https://www.welcometouhc.com/hpe)
- **HMO options**: See medical plan ID card.

### Prescription Drug Program

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

- **Non-Medicare-eligible**: 1-844-234-7918 or [myuhc.com](https://www.myuhc.com), nonmembers visit [welcometouhc.com/hpe](https://www.welcometouhc.com/hpe)
- **Medicare Advantage PPO**: 1-877-648-3528
- **All other Medicare-eligible**: 1-866-679-3287 or [uhcretiree.com](https://uhcretiree.com)

For an HMO or the Comprehensive Medical Plan $5,150: See medical plan ID card.

### Mental Health and Substance Use Disorder Program

- **For all medical plans except HMOs and the Comprehensive Medical Plan $5,150**: Call Optum at 1-855-892-2392. To find an Optum network provider, go to [liveandworkwell.com](https://liveandworkwell.com) (enter access code `hpe` in the “Enter anonymously” field).
- **If you’re enrolled in an HMO or the Comprehensive Medical Plan $5,150**: See medical plan ID card.

### Additional benefits

**Virtual health—Teladoc**

For non-Medicare-eligible retirees enrolled in an HPE medical plan
1-800-Teladoc (835-2362) or [teladoc.com/hpe](https://teladoc.com/hpe)

**Legal insurance—ARAG**

Call ARAG at 1-800-762-3238 or visit [araglegalcenter.com](https://araglegalcenter.com) (access code: 18088hpr)

**Expert Medical Opinion—2nd.MD**

For retirees enrolled in an HPE medical plan and their household members
1-866-842-1132 or [2nd.md/hpe](https://2nd.md/hpe)
LEGAL INFORMATION

This enrollment guide contains some information about certain Employee Retirement Income Security Act of 1974 (ERISA) plans (specifically, the Hewlett Packard Enterprise Retiree Welfare Benefits Plan and Hewlett Packard Enterprise Retirement Medical Savings Account Plan) and certain other non-ERISA benefits plans and programs offered by Hewlett Packard Enterprise. Please refer to the U.S. Benefits Summary Plan Descriptions for more details about these Hewlett Packard Enterprise plans and programs.

Hewlett Packard Enterprise reserves the right to amend or terminate any of its plans and programs described in this enrollment guide at any time for any reason.

COVERAGE FOR WOMEN’S PREVENTIVE HEALTHCARE

Under the Affordable Care Act, women’s preventive healthcare—such as mammograms, screenings for cervical cancer, prenatal care, and other services—is covered with no cost sharing under Hewlett Packard Enterprise medical plans. Hewlett Packard Enterprise 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 Hewlett Packard Enterprise medical plans. Similar coverage provisions may be available with HMO options (contact your HMO for details).

DISCLOSURE OF PATIENT PROTECTION: CHOICE OF PROVIDERS

Depending on your plan, your carrier may require the designation of a primary care provider. You have the right to designate any primary care provider who participates in the plan’s network and who is available to accept you or your eligible dependents. Until you make this designation, your carrier may designate one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Hewlett Packard Enterprise Benefits Center at 1-844-537-5304 for insurer information.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from your carrier or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a healthcare professional in our network who specializes in obstetrics or gynecology. The healthcare professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating healthcare professionals who specialize in obstetrics or gynecology, contact the Hewlett Packard Enterprise Benefits Center at 1-844-537-5304 for insurer information.

REMINDER ABOUT COVERAGE FOR RECONSTRUCTIVE SURGERY AFTER A MASTECTOMY

Hewlett Packard Enterprise is required to provide the following reminder to all health plan participants annually.

Under federal law, health plans and health insurers that cover mastectomies must also cover reconstructive surgery after mastectomies. Coverage includes reconstructive surgery of the breast on which the mastectomy was performed, reconstructive surgery of the other breast to produce a symmetrical appearance, and prostheses and physical complications at all stages of mastectomies (including lymphedemas). In 2020, all Hewlett Packard Enterprise medical plans will continue to provide these benefits, subject to applicable copayment, deductible, coinsurance, certification, or review provisions.
NOTICE OF PRIVACY PRACTICES
This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.
This Notice of Privacy Practices is effective as of January 1, 2004 (as amended effective January 1, 2016), and applies to health information received about you by the Hewlett Packard Enterprise Comprehensive Welfare Benefits Plan, the Hewlett Packard Enterprise Cafeteria Plan, the Hewlett Packard Enterprise Retirement Medical Savings Account Plan, and the Hewlett Packard Enterprise International Health Plan, designated as an affiliated Covered Entity (collectively, the “Plan”). The Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended, mandated the issuance of regulations to protect the privacy of individually identifiable health information which were issued at 45 CFR Parts 160 through 164 (the “Privacy Regulations”). As a participant or beneficiary of the Plan, you are entitled to receive a notice of the Plan’s privacy practices with respect to your health information that is created or received by the Plan (your “Protected Health Information” or “PHI”). This Notice is intended to inform you about how the Plan will use or disclose your PHI, your privacy rights with respect to the PHI, the Plan’s duties with respect to your PHI, your right to file a complaint with the Plan or with the Secretary of the U.S. Department of Health and Human Services, and the office to contact for further information about the Plan’s privacy practices. This Notice applies only to the Covered Entity (i.e., the Plan) listed above. It does not apply to Hewlett Packard Enterprise or to any other plan or entity.
You may also receive notices about your medical information and how it is handled by other plans or insurers or HMOs.
Definitions
The following terms appearing in this Notice have special meanings, as explained below:
Business associate. A business associate is a person or company who, on the Plan’s behalf, performs or assists in the performance of a function or activity involving the use or disclosure of PHI, including, for example, claims processing or administration, data analysis, processing or administration, utilization review, quality assurance, patient safety activities, billing, benefit management, etc. A business associate also means a person or company who provides services for the Plan, including, for example, legal, actuarial, accounting, consulting, data aggregation, management, administration, or financial services, which involve the use and disclosure of PHI. In addition, a business associate also means a health information organization, e-prescribing gateway, or other person that provides data transmission services and requires access on a routine basis to PHI.
Covered entity. A covered entity is a health plan, a healthcare clearinghouse, or a healthcare provider that transmits any health information in electronic form in connection with a transaction covered by the HIPAA Privacy Regulations.
Designated record set. A designated record set is a group of records maintained by or for a covered entity that is: (i) the medical records and billing records about individuals maintained by or for a covered healthcare provider; (ii) the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or (iii) used, in whole or in part, by or for the covered entity to make decisions about individuals. It includes the series of codes that make up each electronic claim. A designated record set does not include psychotherapy notes and any information compiled in reasonable anticipation of or for the use of civil, criminal, or administrative actions or proceedings or PHI that is maintained by a covered entity that is a clinical laboratory.
What is protected health information (PHI)? PHI is individually identifiable health information that is maintained or transmitted by a covered entity, subject to some exceptions. Individually identifiable health information is health information: (i) that is created or received by a healthcare provider, health plan, employer or healthcare clearinghouse; and (ii) that is related to your past, present, or future physical or mental health or condition, the provision of healthcare to you, or the past, present, or future payment for the provision of healthcare to you; and (iii) with respect to which there is a reasonable basis for believing that the information can be used to identify you. PHI does not include employment records held by Hewlett Packard Enterprise in its role as an employer.
When the plan may use and disclose your PHI without your written authorization
There are situations in which the Plan is allowed to use and disclose your PHI without your written authorization. Those situations are:
For payment. Your PHI may be used or disclosed to determine your eligibility for benefits under the Plan, to obtain payment, including disclosures for coordination of benefits paid with other plans.
and medical payment coverages, disclosures for subrogation or reimbursement in order for the Plan to pursue recovery of benefits paid from parties who caused or contributed to the injury or illness, disclosures to determine if the claim for benefits is covered under the Plan, and disclosures to obtain reimbursement under insurance, reinsurance, or stop loss policies providing reimbursement for the benefits paid under the Plan on your behalf. Your PHI may be disclosed to other health plans maintained by Hewlett Packard Enterprise for any of the purposes described above. For example, the Plan may provide PHI regarding your coverage or treatment to other health plans to coordinate the payment of benefits between or among the other plans and the Plan.

For treatment. Your PHI may be used or disclosed by the Plan to those who provide you with healthcare services or who are involved in your care and treatment, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, if your doctor requests information on what other drugs you are currently receiving.

For the Plan’s healthcare operations. Your PHI may be used or disclosed by the Plan as part of the Plan’s healthcare operations. These uses and disclosures are necessary to run the Plan. Healthcare operations would include such activities as: case management and care coordination, quality assurance, conducting or arranging for medical review, auditing, or legal services, fraud and abuse detection programs, underwriting and premium rating to obtain renewal coverage or securing or placing a contract for reinsurance of risk, including stop loss insurance, reviewing the competence and qualification of healthcare providers, and conducting cost management and customer service and resolution of internal grievances. However, the Plan does not use or disclose PHI that is genetic information for underwriting purposes. For example, the Plan may use PHI regarding your coverage or treatment for case management to help ensure that appropriate treatment is being provided for your condition.

Disclosure to business associates. The Plan may disclose your PHI to business associate(s) who perform various administrative services for the Plan. Before the Plan shares your PHI with other organizations, they must agree to implement appropriate safeguards to protect your PHI in accordance with the Privacy Regulations.

For health plan operations. Your PHI may be used so that the Plan, or one of its contracted service providers, may contact you to provide information on treatment alternatives or other health-related benefits and services that may be of interest to you, such as case management, disease management, wellness programs, or employee assistance programs.

To the Plan sponsor. Your PHI may be provided to the sponsor of the Plan, provided that the sponsor has certified that this information will not be used for any other benefits, employee benefit plans, or employment-related activities.

Other permitted or required uses and disclosures of your PHI without your authorization or opportunity to object

Use and disclosure of your PHI is allowed without your authorization or any opportunity to agree or object under the following circumstances:

When required by law. The Plan may use or disclose your PHI where required by local, state, or federal law. For example, the Plan must disclose PHI to the Secretary of the U.S. Department of Health and Human Services for investigations or determinations related to the Plan’s compliance with the Privacy Regulations. The Plan may also be required to disclose or use your PHI for certain other purposes, for example, if certain types of wounds occur that require reporting, or a disclosure to comply with a court order, a warrant, a subpoena, a summons, or a grand jury subpoena.

For workers’ compensation. The Plan may use or disclose your PHI for workers’ compensation or similar programs that provide benefits for work-related injuries or illness.

For public health activities. The Plan may use or disclose your PHI when permitted for purposes of public health activities. These activities generally include the following: to prevent or control disease, injury, or disability; to report births and deaths; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; and to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition, if authorized or required by law.

Victims of abuse, neglect, or domestic violence.

The Plan may use or disclose your PHI when authorized or required by law to report information about abuse, neglect, or domestic violence to public authorities if there exists a reasonable belief that you may be a victim of abuse, neglect, or domestic violence. In such case, the Plan will promptly inform you that such a disclosure has been or will be made unless that notice would cause a risk of serious harm.
For the purpose of reporting child abuse or neglect, it is not necessary to inform the minor that such a disclosure has been or will be made.

Public health oversight activities. The Plan may use or disclose your PHI to a public health oversight agency for oversight activities authorized or required by law. This includes uses or disclosures in civil, administrative, or criminal investigations; audits; inspections; licensure or disciplinary actions (for example, to investigate complaints against providers); and other activities necessary for appropriate oversight of government benefit programs (for example, to investigate Medicare or Medicaid fraud).

Judicial and administrative proceedings. The Plan may use or disclose your PHI when required for judicial or administrative proceedings. For example, your PHI may be disclosed in response to a subpoena or discovery request, provided certain conditions are met. One of those conditions is that satisfactory assurances must be given to the Plan that the requesting party has made a good faith effort to provide written notice to you, and the notice provided sufficient information about the proceeding to permit you to raise an objection, and no objections were raised or any raised were resolved in favor of disclosure by the court or tribunal.

Law enforcement. The Plan may use or disclose your PHI for law enforcement purposes, including for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person or to report certain types of wounds or a death that the Plan believes may be the result of criminal conduct. Disclosures for law enforcement purposes include disclosing information about an individual who is or is suspected to be a victim of a crime, but only if the individual agrees to the disclosure or the Plan is unable to obtain the individual’s agreement because of emergency circumstances.

Coroners, medical examiners, and funeral directors. The Plan may use or disclose your PHI when required to be given to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized or required by law. Also, disclosure is permitted to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent.

Cadaveric organ, eye, and tissue donation. If you are an organ donor, the Plan may use or disclose PHI to organizations that handle organ procurement or transplantation as necessary to facilitate organ, eye, or tissue donation and transplantation.

Certain limited research purposes. The Plan may use or disclose PHI for certain limited research purposes provided that the individual identifiers have been removed, or an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information and has approved the research.

To avert a serious threat to health or safety. The Plan may use or disclose PHI when consistent with applicable law and standards of ethical conduct if the Plan, in good faith, believes the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat, including the target of the threat.

Specialized government functions. The Plan may use or disclose your PHI for specialized government functions, such as disclosures deemed necessary by military authorities, correctional institutions, or authorized federal officials for the conduct of national security activities.

For disaster relief purposes. Under certain circumstances, the Plan may use or disclose your PHI to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, as permitted by the Privacy Regulations.

Uses and disclosures that require that you be given an opportunity to agree or disagree prior to the use or disclosure:

- Disclosure of your PHI to family members, other relatives, and your close personal friends is allowed if:
  - The information is directly relevant to the family’s or friend’s involvement with your care or payment for that care; and
  - You have either agreed to the disclosure or have been given an opportunity to object and have not objected.

- If you are deceased, the Plan may disclose to such individuals involved in your care or payment for your healthcare prior to your death, PHI that is relevant to the individual’s involvement, unless you have previously instructed the Plan otherwise.

When the plan may use and disclose your PHI pursuant to an authorization

Unless otherwise permitted or required by applicable law, the Plan will obtain your written authorization (subject to your right to revoke such authorization) before using or disclosing your PHI. Your written authorization is also required for (i) most uses or disclosures of psychotherapy notes
(where appropriate), (ii) uses or disclosures of your PHI for marketing purposes, and (iii) disclosures of your PHI that are considered a sale of PHI under the HIPAA Regulations.

If you provide the Plan with a valid written authorization, you may revoke that authorization at any time, except your revocation cannot be effective to the extent the Plan has taken any action relying on your authorization for a use or disclosure. Your request to revoke an authorization must be made in writing and you must identify or adequately describe the authorization that is being revoked. To revoke an authorization, contact the Hewlett Packard Enterprise Benefits Center at:

P.O. Box 617907
Chicago, IL 60661
1-844-537-5304

Your authorization may not be revoked if your authorization was obtained as a condition for obtaining insurance coverage and any law provides the insurer with the right to contest a claim under the policy or the policy itself.

If you revoke your authorization, the Plan will no longer use or disclose PHI about you for the reasons covered by your written authorization, unless the Plan is permitted or required to do so by law.

Your rights regarding your PHI

Right to request access to your PHI. You have the right to request access to your PHI and to inspect and copy your PHI in the designated record set under the policies and procedures established by the Plan. However, you do not have the right to inspect and obtain a copy of psychotherapy notes and information that is compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. The requested information will be provided within 30 days if the information is maintained onsite or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if the Plan is unable to comply with the deadline. You or your personal representative will be required to complete a form to request access to the PHI in your designated record set. Requests for access to PHI should be made to the Hewlett Packard Enterprise Benefits Center at:

P.O. Box 617907
Chicago, IL 60661
1-844-537-5304

If access is denied, you or your personal representative will be provided with a written notice setting forth the basis for the denial, a description of your rights to a review and how you may exercise those review rights, and a description of how you may complain to the Secretary of the U.S. Department of Health and Human Services.

If your PHI is maintained in one or more designated record sets electronically and if you request an electronic copy, then the Plan will provide access in the electronic form and format you requested, if it is readily producible in that form and format, or if not, then access will be provided in a readable electronic form and format that is mutually agreed upon. If you request a copy of your PHI, the Plan may charge a reasonable cost-based fee for labor and supplies for copying (paper or electronic), and mailing.

Sometimes business associates hold the PHI on behalf of the Plan. If the Plan does not maintain the PHI that you are requesting and the Plan knows where the PHI is maintained, the Plan will tell you where to direct your request. You may also contact the business associates directly (see the applicable Hewlett Packard Enterprise U.S. Benefits Summary Plan Descriptions of the Plan for contact information).

Right to request an amendment to your PHI. If you believe that the PHI the Plan has about you is incorrect or incomplete, you have the right to request an amendment to your PHI in writing under the policies established by the Plan. The Plan has 60 days after the request is made to act on the request. A single 30-day extension is allowed if the Plan is unable to comply with the deadline.

You or your personal representative will be required to complete a written form to request amendment of the PHI in your designated record set. Requests for amendment of PHI in a designated record set should be made to the Hewlett Packard Enterprise Benefits Center at:

P.O. Box 617907
Chicago, IL 60661
1-844-537-5304

Your request for an amendment may be denied if you request an amendment of PHI that the Plan determines: (i) was not created by the Plan, unless the originator of the PHI is no longer available to make the amendment; (ii) is not part of the Plan’s records or designated record set; (iii) is not PHI that you would be permitted to inspect or copy; or (iv) is accurate and complete. If the request to amend your PHI is denied in whole or part, the Plan must provide you with a written denial that explains the basis for the denial. You or your personal representative may then submit a written statement disagreeing with the denial.
and have that statement included with any future disclosures of your PHI.

**Right to receive an accounting of disclosures.** You have a right to request an accounting of disclosures about how the Plan has shared your PHI with others. However, the accounting of disclosures will not include any of the following:

- Disclosures made before April 14, 2003; or
- Disclosures related to treatment, payment, or healthcare operations; or
- Disclosures the Plan made to you; or
- Disclosures the Plan made pursuant to your authorization; or
- Disclosures made to federal officials for national security and intelligence activities; or
- Disclosures about inmates or detainees to correctional institutions or law enforcement officials; or
- Disclosures made more than six years ago (the amount of time the Plan is required to maintain records under the HIPAA Privacy Regulations); or
- Disclosures made incident to a use or disclosure permitted or required by the HIPAA Privacy Regulations; or
- Disclosures for a facility’s directory or to persons involved in your care or certain other notification purposes; or
- Disclosures that were made as part of a limited data set.

To request this accounting of disclosures, you must submit your request in writing to the Hewlett Packard Enterprise Benefits Center at:

P.O. Box 617907
Chicago, IL 60661
1-844-537-5304

Your request must state a time period for the disclosures you want to be included. You have a right to one free accounting of disclosures in any 12-month period. However, the Plan may charge you for the cost of providing any additional accounting of disclosures in that same 12-month period. The Plan will notify you of any cost involved so that you may choose to withdraw or modify your request before any costs are incurred.

If the accounting cannot be provided within 60 days, an additional 30 days is allowed if you are given a written statement of the reasons for the delay and the date by which the accounting will be provided. If you request more than one accounting within a 12-month period, the Plan will charge a reasonable, cost-based fee for each subsequent accounting.

The Plan may temporarily suspend your right to receive an accounting of disclosures under certain circumstances, such as when the Plan is requested to do so by a health oversight agency or law enforcement official.

**To obtain a paper copy of this notice.** An individual who receives an electronic Notice of Privacy Practices has the right to obtain a paper copy of the Notice of Privacy Practices from the Plan upon request. To obtain a paper copy of this Notice, contact the Plan's privacy officer:

Hewlett Packard Enterprise
Attn: Privacy Officer
6280 America Center Dr.
Mailstop SJQ-06-L20
San Jose, CA 95002

Or send your request via electronic mail to privacy@hpe.com.

**Right to request restrictions on disclosures and uses of your PHI.** You have the right to request that the Plan further restrict the way it uses and discloses your PHI for treatment, payment, or healthcare operations. You may also request that the Plan limit how it discloses PHI about you to someone who is involved in your care or the payment for your care.

**Note:** The Plan is not required to agree to your request for a restriction, and in some cases the restriction you request may not be permitted by law. If the Plan has agreed to a restriction, you have the right to revoke the restriction at any time. Under some circumstances, the Plan will also have the right to revoke the restriction.

You or your personal representative will be required to complete a form to request restrictions on uses and disclosures of your PHI. Such requests should be made to:

Hewlett Packard Enterprise
Attn: Privacy Officer
6280 America Center Dr.
Mailstop SJQ-06-L20
San Jose, CA 95002

Or send your request via electronic mail to privacy@hpe.com.

**Right to request confidential communications.** You have the right to request that the Plan communicate with you about your PHI in a more confidential way. This may be provided to you by alternative means or at alternative locations if you clearly state that the disclosure of all or part of the information could endanger you. For example, you may ask that the Plan contact you at work instead of at home. The Plan will accommodate reasonable requests to receive
communications of PHI by alternative means or at alternative locations. Such requests should be made to:

Hewlett Packard Enterprise
Attn: Privacy Officer
6280 America Center Dr.
Mailstop SJQ-06-L20
San Jose, CA 95002

Or send your request via electronic mail to privacy@hpe.com.

Note: The Plan is not required to agree to your request for confidential communications.

A note about minor children
Disclosure may generally be made to the minor’s parents or other representatives, although there may be circumstances under federal or state law when the parents or other representatives may not be given access to a minor’s PHI.

A note about personal representatives
You may exercise your rights through a personal representative (e.g., having your spouse call for you). Your personal representative will be required to produce evidence of their authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. Proof of such authority may take one of the following forms:

• A power of attorney for healthcare purposes, notarized by a notary public;
• A signed authorization completed by you;
• A court order of appointment of the person as the conservator or guardian of the individual; or
• An individual who is the parent of a minor child.

The Plan retains discretion to deny access to your PHI to a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect. This also applies to personal representatives of minors.

Minimum necessary standard
When using or disclosing PHI or when requesting PHI from another Covered Entity, the Plan will make reasonable efforts not to use, disclose, or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure, or request.

However, the minimum necessary standard will not apply in the following situations: (i) disclosures to or requests by a healthcare provider for treatment; (ii) uses or disclosures made to the individual; (iii) disclosures made to the Secretary of the U.S. Department of Health and Human Services; (iv) uses or disclosures made pursuant to an authorization you signed; (v) uses or disclosures in the designated record set; (vi) uses or disclosures that are required by law; (vii) uses or disclosures that are required for the Plan’s compliance with legal regulations; and (viii) uses and disclosures made pursuant to a valid authorization.

This Notice does not apply to information that has been de-identified. De-identified information is information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual.

The Plan may use or disclose “summary health information” to the Plan sponsor for obtaining premium bids or modifying, amending, or terminating the group health plan. Summary health information is information which summarizes the claims history, claims expenses, or type of claims experienced by individuals for whom a plan sponsor has provided health benefits under a group health plan, and from which identifying information has been deleted in accordance with HIPAA. The Plan may use or disclose a “limited data set” provided the Plan enters into a limited data set agreement with the recipient of the limited data set. Disclosures of a limited data set need not be included in any accounting of disclosures by the Plan.

General information
The Plan is required to abide by the terms of the Notice that is currently in effect. The Plan is also required to notify you in the event of a breach of your unsecured PHI. The Plan reserves the right to make amendments or changes to any and all of its privacy policies and practices described in this Notice and to apply such changes to all PHI the Plan maintains. Any PHI that the Plan previously received or created will be subject to such revised policies and practices and the Plan may make the changes applicable to all PHI it receives or maintains.

Any revised version of this Notice will be provided to you as required by the Privacy Regulations.

How to file a complaint
You have the right to file a complaint with the Plan or to the Secretary of the U.S. Department of Health and Human Services if you believe that your privacy rights have been violated. You may file a complaint with the Plan by filing a written notice with the Americas Employee Privacy Officer.
Your complaint should describe when you believe the violation occurred, and what you believe the violation was. You may also send your complaint via electronic mail to privacy@hpe.com. You will not be retaliated against for filing a complaint.

You may also file a complaint with the appropriate regional office of the Office of Civil Rights of the U.S. Department of Health and Human Services, within 180 days of any alleged violation. If you would like to receive further information, you should contact the Americas Employee Privacy Officer, your local HR manager, or the HIPAA Privacy Office.

This Notice was initially effective January 1, 2004 and reflects changes, modifications, or amendments made through January 1, 2016.

**Propositions from disclosure of medical information**

Hewlett Packard Enterprise is required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Hewlett Packard Enterprise may use aggregate information it collects to design a program based on identified health risks in the workplace, the Hewlett Packard Enterprise wellness program and its vendor partners will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Hewlett Packard Enterprise only receives aggregate health information collected from employees and spouses/domestic partners through the wellness program. In addition, your health information will not be rented, sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will be contractually bound to abide by the same confidentiality requirements. The only individual who will receive your personally identifiable health information is a health coach in order to provide you with services under the wellness program.

In addition, all aggregate medical information obtained through the wellness program that is stored electronically will be encrypted. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you as soon as possible.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact WebMD at 1-888-263-0179 or the Hewlett Packard Enterprise Benefits Center at 1-844-537-5304.

**ENROLLING ELIGIBLE DEPENDENTS**

It's your responsibility to ensure that the dependents you enroll are eligible. Information about who is an eligible dependent for purposes of coverage under the various plans can be found in the BeneFLEX Overview and Eligibility section of the U.S. Benefits Summary Plan Descriptions on MyHPERewards. 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. You will not receive retroactive premium refunds. Periodic dependent eligibility audits could result in termination of benefits if you’re covering an ineligible dependent or you fail to provide the required information by the due date.

**THIS INFORMATION MODIFIES THE U.S. BENEFITS SUMMARY PLAN DESCRIPTIONS**

The information contained in this enrollment guide includes important changes to your Hewlett Packard Enterprise retiree benefits. This guide represents a summary of material modifications under the Employee Retirement Income Security Act of 1974, as amended (ERISA), and updates information provided in the U.S. Benefits Summary Plan Descriptions for medical benefits under the Hewlett Packard Enterprise Retiree Welfare Benefits Plan (plan number 505). It’s important for you to review this enrollment guide (and other enclosed information) carefully and keep it with your copy of the U.S. Benefits Summary Plan Descriptions for future reference.