

2021 Retiree Benefits Enrollment Guide
For US retirees who are not yet eligible for Medicare or who cover a mix
of Medicare-eligible and non-Medicare-eligible family members



Take a fresh look
at your benefits

2021

Enroll October 12 – 30, 2020

Learn about important changes and view your personalized
options and costs on www.myhpbenefits.com.



HP retiree benefits enrollment: October 12 – 30, 2020

Take a

Contents

We've made this guide easy for you to find what you need fast. Sections are color-coded so you can quickly see the information that applies to your situation.

Welcome	1
Not yet Medicare-eligible	3
Mix of Medicare-eligible and non-Medicare-eligible family members	7
Need help deciding?	18
How to enroll	20
What happens after you enroll	22
Legal information	25

Using this guide

The options available to you depend on whether you and/or your dependents are eligible for Medicare.



If you and your covered spouse/partner are not yet eligible for Medicare, refer to the **ORANGE** section of this guide.



If some members of your family are eligible for Medicare and some are not, refer to the **PURPLE** section of this guide.

Welcome

Annual enrollment for HP retiree benefits is here.

Your enrollment packet includes a personalized statement that shows the coverage options available to you, along with this Retiree Benefits Enrollment Guide to help you navigate enrollment for your 2021 benefits. You'll continue to have access to options through HP. Medicare-eligible retirees and family members also have access to a wide variety of additional options available through the Aon Retiree Health Exchange.

This year, there are some important changes to HP coverage options for families with a mix of Medicare-eligible and non-Medicare-eligible family members. Before you enroll in health benefits for 2021, use this guide to:

- Learn about coverage options available.
- Understand the choices you'll need to make and what you need to do to enroll.
- Find out about tools and resources you can use to get more information.

fresh look



Explore your options through the Aon Retiree Health Exchange

If you or a family member is eligible for Medicare, you may want to consider the Aon Retiree Health Exchange (ARHE). It offers affordable rates with a wide variety of medical options and design features. Review the enclosed "Take time to consider the Aon Retiree Health Exchange" insert for highlights, including how to set up an appointment to discuss your needs and when to take action if you plan to enroll in an ARHE option.

If you don't enroll...

The enclosed personalized statement shows the **coverage you'll have for 2021 unless you make changes**. This will generally be the coverage you have today, unless your current coverage is no longer available. Even if you're happy with the coverage shown on the statement, please take time to review this guide, so you know your options and what's changing.

Note: If some members of your family are eligible for Medicare and some are not, some coverage options will no longer be offered in 2021 for non-Medicare-eligible family members. It's especially important to review this guide so you understand what this means for you and how to take action to get the medical coverage you want for 2021.



Looking for contact information?
Check out HP Continuum

We've included important web addresses and telephone numbers throughout this guide for your convenience. For additional contact information, visit hpcontinuum.com. If you're not registered on the site, register today to ensure you receive timely updates.

Not yet Medicare-eligible

Review this orange section if you and your spouse/partner are not yet eligible for Medicare (due to age or disability). If you or some members of your family are eligible for Medicare (or will become eligible in January 2021) and some are not, refer to the **purple** section of this guide.

What's changing for 2021

HP recognizes the importance of health care for retirees and is committed to offering you access to options now and in the future at the most cost-effective rates. We are pleased to share that most options will have minimal changes next year.

What does it mean? Use this key to help you understand how we refer to the various HP medical options in this guide.

CDHP w/HRA: Consumer Driven Health Plan with Health Reimbursement Account

EPO: Exclusive Provider Organization

HDHP: High Deductible Health Plan

HMO: Health Maintenance Organization

PPO: Preferred Provider Organization

CMP: Comprehensive Medical Plan

Medical coverage

Increases to monthly contributions

For most HP retiree medical options, retiree contributions will increase as a result of rising national health care costs.

Changes to annual deductibles and out-of-pocket maximums

Annual deductibles and out-of-pocket maximums are increasing for the HMO and EPO medical options in 2021.

- For HMO options, deductibles will increase by \$50 individual/\$100 family. Out-of-pocket maximums will increase by \$400 individual/\$600 family.
- For EPO options, deductibles will increase by \$50 individual/\$100 family. Out-of-pocket maximums will increase by \$400 individual/\$650 family.

These changes are in response to ongoing health care inflation and help minimize overall increases to retiree contributions for coverage.

Prescription drug coverage

New prescription drug requirements through Express Scripts

Express Scripts, the administrator of prescription drug benefits for all non-Medicare HP medical options (excluding HMOs and the Basic CMP), is implementing new requirements for certain prescription drugs in 2021.

- Maintenance medications to treat **diabetes, chronic obstructive pulmonary disease (COPD), and asthma** will need to be filled as a 90-day supply using a Walgreens retail pharmacy or the Express Scripts Pharmacy home delivery service.
- Some preventive medications to treat **migraines** will need to be filled as a 90-day supply using the Express Scripts Pharmacy home delivery service. Fills of preventive medications for migraines will no longer be covered at a retail pharmacy. You can continue to fill acute migraine medications at the pharmacy of your choice, and you or your doctor may be contacted by a pharmacist from the Express Scripts Therapeutic Resource Center to discuss your prescription drug treatment options.
- Certain high-cost drugs will be newly subject to prior authorization or step therapy.

If these changes affect medications you currently use, you'll receive more information from Express Scripts in late November or early December.

Prescription coverage change for 90-day supplies at a retail pharmacy

For all non-Medicare HP medical options (excluding HMOs and the Basic CMP), copayments will increase slightly for 90-day supplies of prescription drugs filled at a retail network pharmacy. You'll have the lowest copayments for 90-day supplies when you use the Express Scripts Pharmacy home delivery service.

You can still obtain a 90-day supply for most prescriptions at a retail pharmacy near you, but your copayment will be higher.

To transfer your prescription for a 90-day supply to the Express Scripts Pharmacy home delivery service, contact Express Scripts at 1-877-787-8698.

SaveonSP program enrollment now required for some specialty drugs

For all non-Medicare HP medical options (excluding HMOs, the HDHP, and the Basic CMP), some specialty drugs require enrollment in this program, which is designed to substantially reduce costs for these medications for you and HP by taking full advantage of copayment assistance from the manufacturers. This change was communicated directly to affected members in July 2020, with the requirement taking effect September 1, 2020. If a qualifying drug is newly prescribed, members will be notified that they need to enroll in SaveonSP to obtain the medication. View the program list on saveonsp.com/hp.

Dental contributions—for recent retirees participating through the Consolidated Omnibus Budget Reconciliation Act (COBRA) or retirees in the former Digital Retiree Health Program

Monthly contributions for the Aetna Dental Maintenance Organization (DMO) will increase slightly in 2021 due to dental cost increases nationwide. Contributions for the MetLife Dental PPOs will remain unchanged.

Choosing a coverage option

Before you enroll, consider if your benefit needs have changed from last year and review your 2021 choices. Your coverage options include:

- **HP medical options**, which offer a variety of plan choices and coverage levels.
- **The public health exchange**, which offers options for medical coverage outside of HP.

You'll find more information about your coverage options below. Also review the HP medical option coverage summaries when you enroll on www.myhpbenefits.com.

	HP group retiree coverage	Retiree medical coverage through the public health exchange
How it works	HP selects insurers or carriers to offer retiree medical options with varying coverage features.	The public health exchange offers medical and prescription drug coverage through a variety of insurance companies nationwide.
Types of options available	Depending on where you live: <ul style="list-style-type: none"> • HDHP • CDHP w/HRA • Premium PPO Plan • Value PPO Plan • HMOs • EPO • Premium CMP • Standard CMP • Basic CMP 	The choices vary depending on where you live. The public health exchange offers a variety of medical carriers, as well as options for premium, deductible, and coinsurance amounts.
How premiums are set	Premiums reflect the underlying cost of care across the HP retiree population.	Premiums are based on the competitive market. They reflect the underlying cost of care across all the members of a particular insurer.
Why you might 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	If you're looking for more choices—including options with different carriers and/or lower premium costs
How to enroll (See page 20 in the "How to enroll" section for more details about enrolling.)	Go to www.myhpbenefits.com and select the "Enroll in 2021 Benefits" tile, or Call 1-800-890-3100 (outside the US, Puerto Rico, or Canada: 1-847-883-0465). 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).	Go to healthcare.gov to get started. In addition, access MyHPBenefits at www.myhpbenefits.com and select "No Coverage" for HP retiree medical. If you prefer, call the HP Benefits Center* to report that you've enrolled in a public health exchange plan. HP will then discontinue your 2021 HP medical and prescription drug coverage.
Enrollment dates	October 12 – 30, 2020	November 1 – December 15, 2020*
Support available during and after enrollment	HP Benefits Center representatives are available to answer questions during and after enrollment. Your medical carrier is also a good resource.	Enrollment help is available at no cost to you through agent-brokers in your community. You can also call the public health exchange at 1-800-318-2596 anytime (24 hours a day, 7 days a week, except holidays).

* If you decide you'd like to purchase coverage through the public health exchange and the HP benefits annual enrollment period has already ended, please contact the HP Benefits Center by December 18, 2020, by 6 p.m. Pacific Time (8 p.m. Central Time), and notify the representative you've enrolled in an individual insurance market plan and will discontinue your 2021 HP medical and prescription drug coverage. By notifying the HP Benefits Center of your public health exchange coverage, you'll keep the option to enroll in HP coverage within 31 days of disenrolling from a public health exchange plan in the future. When you disenroll from a public health exchange plan, if you wish to re-enroll in HP benefits coverage, you must contact the HP Benefits Center within 31 days of dropping your public health exchange coverage.



What happens if you (or your family member) won't become eligible for Medicare until later in 2021?

If you (or your family member) won't become eligible for Medicare until later in 2021, you can still enroll yourself and your covered family members in a non-Medicare medical option for next year. Then, the HP Benefits Center will contact you about 60 days before you turn 65. You'll need to enroll in Medicare and provide your Medicare Beneficiary Identifier (MBI) to the HP Benefits Center. At that time, you'll enroll in a new medical option that coordinates with Medicare.

Non-Medicare-eligible family members will stay with their current medical option. Nothing changes for them.

Mix of Medicare-eligible and non-Medicare-eligible family members

Review this purple section if you or some members of your family are eligible for Medicare (or will become eligible in January 2021) and some are not.

What's changing for 2021

HP recognizes the importance of health care costs for retirees and is committed to offering you access to options now and in the future at the most cost-effective rates. We are pleased to introduce enhancements for 2021 that give you more flexibility to tailor your coverage to the needs of your Medicare-eligible and non-Medicare-eligible family members.

What does it mean? Use this key to help you understand how we refer to the various HP medical options in this guide.

CDHP w/HRA: Consumer Driven Health Plan with Health Reimbursement Account

EPO: Exclusive Provider Organization

HDHP: High Deductible Health Plan

HMO: Health Maintenance Organization

PPO: Preferred Provider Organization

CMP: Comprehensive Medical Plan

Medical changes for all family members

Increases to monthly contributions

For most HP retiree medical options, retiree contributions will increase as a result of rising national health care costs.

For those currently enrolled in the Tufts and Harvard Pilgrim HMOs and Medicare HMOs, you will see more significant premium increases due to health care inflation and the underlying cost of care across the HP retiree population. (Current enrollees can remain enrolled in these options in 2021, but you can't newly enroll in them.)

Now more than ever, it's a good idea to compare your medical options to ensure your current coverage still meets your needs and budget.

- If you aren't yet Medicare-eligible, take a closer look at other HP medical options available to you (see page 10).
- If you're eligible for Medicare, take a closer look at the Aon Retiree Health Exchange, which even includes options through Tufts and Harvard Pilgrim.

Separate elections for Medicare-eligible and non-Medicare-eligible family members

For 2021, you'll need to make separate medical option elections for family members who are eligible for Medicare and for those who are not. This change gives you the flexibility to tailor your selections to your Medicare-eligible and non-Medicare-eligible family members.

- **Important!** For non-Medicare-eligible family members, if you're currently enrolled in a UnitedHealthcare (UHC) medical option, you will need to enroll in an option with another medical carrier for 2021. UHC will no longer be available if you are not yet eligible for Medicare. See page 10 for more information.

Note: If you and your covered family members are currently enrolled in a Kaiser, Tufts, or Harvard Pilgrim HMO option, you can remain in your current option or enroll in a new medical option.

- For Medicare-eligible family members, you may be able to continue your enrollment in a UHC Medicare Advantage PPO option, or you can enroll in an HMO (if offered in your area) or in coverage through the Aon Retiree Health Exchange.

Action required!

While Medicare-eligible family members will have minimal changes to their coverage options for next year, most non-Medicare-eligible family members will need to select a new medical option for 2021. Read on for more details.

If you don't enroll, the coverage shown on the enclosed personalized statement is what you'll have for 2021.

On MyHPBenefits, select "Enroll in 2021 Benefits" to view the medical options available in your area and cost of coverage. You'll see separate sections for Medicare-eligible and non-Medicare-eligible options, and you'll need to choose coverage options for all covered family members.



Medical changes for Medicare-eligible family members

Changes to available medical options

When you enroll in medical coverage for 2021, you'll have access to a variety of medical options, including the option to select coverage through the Aon Retiree Health Exchange. Your options will include:

- HP medical coverage through the UnitedHealthcare Medicare Advantage PPOs or regional HMO options (if available in your location), which coordinate with or supplement Medicare Parts A and B and include Part D prescription drug coverage.
- **New choice!** The Aon Retiree Health Exchange (ARHE), which offers a wide variety of affordable medical options and design features so you can find a great fit for your needs.

See pages 12 to 13 for a closer look at how HP group retiree coverage and retiree coverage through the ARHE compare, as well as tips to help you decide which is right for you. Also check out the enclosed "Take time to consider the Aon Retiree Health Exchange" insert for more information, including how to set up an appointment to discuss your needs and when to take action if you plan to enroll in an ARHE option.

Copayments for certain Medicare HMO options

Some copayments are changing for 2021 for these Medicare HMO options.

- For the Harvard Pilgrim Enhance MedSup, the emergency room copayment is changing from \$75 to \$100.
- For the Tufts Medicare Preferred HMO, the primary care office visit copayment is changing from \$20 to \$25, and the specialist office visit copayment is changing from \$25 to \$35. The urgent care copayment is changing from \$25 to \$35, and the emergency room copayment is changing from \$75 to \$100.
- For the Tufts Medicare Supp. w/PDP, the primary care office visit, specialist office visit, and urgent care copayments are changing from \$20 to \$25. The emergency room copayment is changing from \$75 to \$100.

These changes are in response to health care inflation and minimize overall increases to retiree contributions for coverage.



Medical changes for family members who are not eligible for Medicare

Changes to available medical options

You'll have access to more HP medical options, including some options that may have been available to you before your family member became eligible for Medicare.

Important! To cover eligible family members through HP, the retiree must also enroll through HP or the Aon Retiree Health Exchange.

HP medical options include a variety of plan choices and coverage levels, such as:

- The HDHP, CDHP w/HRA, Premium PPO Plan, Value PPO Plan, or EPO administered by Aetna, Anthem BCBS, or Cigna, depending on your location. Prescription drug benefits will be administered by Express Scripts, and mental health and substance use benefits will be administered by ComPsych.
- The Premium CMP or Standard CMP administered by Anthem BCBS. Prescription drug benefits will be administered by Express Scripts, and mental health and substance use benefits will be administered by ComPsych.
- The Basic CMP administered by Anthem BCBS, with prescription drug and mental health and substance use benefits also administered by Anthem BCBS.
- An HMO (depending on where you live), with prescription drug and mental health and substance use benefits also administered by the HMO.

Your coverage options also include the public health exchange, which offers medical and prescription drug coverage through a variety of insurance companies nationwide. Your choices will vary depending on where you live. The public health exchange offers a variety of medical carriers, as well as options for premium, deductible, and coinsurance amounts.

See pages 12 to 13 for a closer look at how HP group retiree coverage and the public health exchange compare, as well as tips to help you decide which is right for you.

HDHP and CMP medical options will no longer be offered through UnitedHealthcare

The HDHP and CMP medical options will have new medical and prescription drug carriers in 2021.

UnitedHealthcare will no longer be offered. Any non-Medicare-eligible family members currently enrolled in a UnitedHealthcare medical option must enroll in an option with another medical carrier for 2021.

- For the HDHP medical option, Aetna, Anthem BCBS, or Cigna will be the new medical carrier, depending on your location. Prescription drug benefits will be administered by Express Scripts, and mental health and substance use benefits will be administered by ComPsych.
- For the Standard CMP and Premium CMP medical options, Anthem BCBS will be the new medical carrier. Prescription drug benefits will be administered by Express Scripts, and mental health and substance use benefits will be administered by ComPsych.

On MyHPBenefits, select “Enroll in 2021 Benefits” to view the medical options and medical carriers available in your area and to access tools to help you decide.

Changes to HMO annual deductibles and out-of-pocket maximums

For HMO options, deductibles will increase by \$50 individual/\$100 family. Out-of-pocket maximums will increase by \$400 individual/\$600 family. These changes respond to ongoing health care inflation and help minimize overall increases to retiree contributions for coverage.

Support for health care issues and questions

A no-cost health benefits resource called HP Health Hub by Grand Rounds will be available to non-Medicare-eligible family members beginning January 1.

- If you or your spouse is enrolled in an HP CDHP, EPO, HDHP, PPO, or CMP medical option, you can get answers to your questions, explore your health benefits, get help with claim issues, find high-quality network providers, and more.
- If you or your spouse is enrolled in an HP HMO medical option, you can contact HP Health Hub by Grand Rounds for help finding high-quality network providers.

You'll find more details and contact information for HP Health Hub by Grand Rounds on page 24.

Dental contributions—for recent retirees participating through the Consolidated Omnibus Budget Reconciliation Act (COBRA) or retirees in the former Digital Retiree Health Program

Monthly contributions for the Aetna Dental Maintenance Organization (DMO) will increase slightly in 2021 due to dental cost increases nationwide. Contributions for the MetLife Dental PPOs will remain unchanged.



Choosing a coverage option

Before you enroll, review your 2021 choices. Your coverage options include:

- **HP medical options**, which offer a variety of plan choices and coverage levels.
- **The Aon Retiree Health Exchange** for Medicare-eligible family members and **the public health exchange** for those not yet eligible for Medicare. Both exchanges offer options for medical coverage outside of HP.

You'll find more information about your coverage options below. Also review the HP medical option coverage summaries when you enroll on www.myhpbenefits.com.

	HP group retiree coverage		Retiree medical coverage through an exchange	
	Medicare-eligible	Not eligible for Medicare	Aon Retiree Health Exchange—Medicare-eligible	Public health exchange—not eligible for Medicare
How it works	HP selects insurers or carriers to offer retiree medical options with varying coverage features.		These exchanges offer medical and prescription drug coverage through a variety of insurance companies nationwide.	
Types of options available	<ul style="list-style-type: none"> • UnitedHealthcare (UHC) Medicare Advantage PPOs (Core or Plus) and • Depending on where you live, an HP-sponsored Medicare HMO option <p>All medical options offered by HP require enrollment in Medicare Parts A and B, but they include prescription drug coverage, so you don't need to enroll in Medicare Part D.</p>	<p>Depending on where you live:</p> <ul style="list-style-type: none"> • HDHP • CDHP w/HRA • Premium PPO Plan • Value PPO Plan • HMOs • EPO • Premium CMP • Standard CMP • Basic CMP 	<p>A range of Medicare options including:</p> <ul style="list-style-type: none"> • Medicare Advantage, • Medicare Supplement (Medigap), and • Medicare prescription drug plans (Medicare Part D) <p>Dental and vision plans are also available.</p>	<p>The choices vary depending on where you live. The public health exchange offers a variety of medical carriers, as well as options for premium, deductible, and coinsurance amounts.</p>
How premiums are set	Premiums reflect the underlying cost of care across the HP retiree population.		Premiums are based on the competitive market. They reflect the underlying cost of care across all the members of a particular insurer.	
Why you might 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.		If you're looking for more choices—including options with different carriers and/or lower premium costs.	

Important note for Medicare-eligible family members

If you don't see the Medicare options you expected when you enroll in HP coverage, it may be because critical information is not on file with the HP Benefits Center, such as your Medicare Beneficiary Identifier (MBI), which appears on your Medicare card. You can provide your MBI when you enroll through MyHPBenefits or by contacting the HP Benefits Center for assistance.

	HP group retiree coverage		Retiree medical coverage through an exchange	
	Medicare-eligible	Not eligible for Medicare	Aon Retiree Health Exchange—Medicare-eligible	Public health exchange—not eligible for Medicare
How to enroll (See page 20 in the “How to enroll” section for more details about enrolling.)	Go to www.myhpbenefits.com and select the “Enroll in 2021 Benefits” tile. You’ll make separate coverage elections for Medicare-eligible and non-Medicare-eligible family members. Call the HP Benefits Center at 1-800-890-3100 (outside the US, Puerto Rico, or Canada: 1-847-883-0465). 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).		Go to retiree.aon.com/hp or call 1-800-975-0355 to make an appointment to speak with an ARHE Benefits Advisor, Monday through Friday between 6 a.m. and 6 p.m. Pacific Time (8 a.m. and 8 p.m. Central Time). See the enclosed “Take time to consider the Aon Retiree Health Exchange” insert for more details.	Go to healthcare.gov to get started. In addition, access MyHPBenefits at www.myhpbenefits.com and select “No Coverage” for HP retiree medical. If you prefer, call the HP Benefits Center* to report that you’ve enrolled in a public health exchange plan. HP will then discontinue your 2021 HP medical and prescription drug coverage.
Enrollment dates	October 12 – 30, 2020		October 15 – December 7, 2020*	November 1 – December 15, 2020**
Support available during and after enrollment	HP Benefits Center representatives are available to answer questions during and after enrollment. Your medical carrier is also a good resource.		An Aon Retiree Health Exchange Benefits Advisor can help you compare your options during enrollment with a personalized appointment. Ongoing support is available to answer questions and help if you move or have a change that affects your coverage.	Enrollment help is available at no cost to you through agent-brokers in your community. You can also call the public health exchange at 1-800-318-2596 anytime (24 hours a day, 7 days a week, except holidays).

* The HP benefits enrollment period ends before Aon Retiree Health Exchange (ARHE) open enrollment ends. If you decide you'd like to learn more or purchase coverage through the ARHE, simply call them and set up an appointment. If you decide to enroll with the Aon Retiree Health Exchange and the HP benefits annual enrollment period has already ended, the ARHE will coordinate making updates to your coverage with the HP Benefits Center, including dropping the HP medical and prescription drug coverage you had enrolled in for 2021. If you're enrolled in an HP dental or vision option and wish to drop coverage, you'll need to make these changes with the HP Benefits Center.

** If you decide you'd like to purchase coverage through the public health exchange and the HP benefits annual enrollment period has already ended, please contact the HP Benefits Center by December 18, 2020, by 6 p.m. Pacific Time (8 p.m. Central Time), and notify the representative you've enrolled in an individual insurance market plan and will be discontinuing your 2021 HP medical and prescription drug coverage. By notifying the HP Benefits Center of your public health exchange coverage, you'll keep the option to enroll in HP coverage within 31 days of disenrolling from a public health exchange plan in the future. When you disenroll from a public health exchange plan, if you wish to re-enroll in HP benefits coverage, you must contact the HP Benefits Center within 31 days of dropping your public health exchange coverage.



Remember: You must take action to enroll your non-Medicare-eligible family members by October 30.

This year, you'll need to make separate elections for Medicare-eligible and non-Medicare-eligible family members. While Medicare-eligible family members will continue to have access to the UnitedHealthcare Medicare Advantage PPOs, **if your non-Medicare-eligible family members are enrolled in a UnitedHealthcare medical option, they must choose an option with another medical carrier for 2021. If you don't enroll, the coverage shown on the enclosed personalized statement is what you'll have for 2021.**

A closer look at HP medical options for non-Medicare-eligible family members

As you prepare to make a new election for your non-Medicare-eligible family members, it may help to review how the HP medical options work.

High Deductible Health Plan (HDHP)

True to its name, the HDHP has the highest individual deductible of all the medical options. It also has the lowest monthly contributions. That means you'll pay less each month to cover your cost of coverage, but you'll pay more for health care before the plan kicks in.

The HDHP also offers a personal account—funded by you—to help pay for qualified health care expenses now or in the future. You may establish a tax-free Health Savings Account (HSA) and make tax-deductible* contributions up to IRS limits, provided you don't have other non-HDHP coverage. For more information, visit the HealthEquity Learn site: learn.healthequity.com/hpinc/hsa.

Please keep in mind, if you have a Retirement Medical Savings Account (RMSA) or you're enrolled in Medicare, you cannot contribute to an HSA. It's important to consult a tax adviser before contributing to an HSA.

Keep in mind, if you're covering more than one non-Medicare-eligible family member under the HDHP, all family members must meet the entire family deductible before the plan begins to pay benefits for any covered family member. The HDHP generally won't cover prescription drugs until you meet the annual deductible.

The network advantage

Most HP medical options use a network of physicians, hospitals, and other health care providers that have agreed to provide care at discounted prices. HP passes these discounts on to you in the form of lower monthly contributions and lower costs when you receive care.

With the HDHP, CDHP w/HRA, and PPOs, you can use any provider you choose—but you'll save when you use network providers.

With the HMOs and EPO, you generally must receive care through your medical carrier's network of doctors and hospitals. If you use a provider outside the network, the plan will cover only emergency care.

Who's in the network?

As you weigh your medical coverage options, take time to see if your current doctor is in another carrier's network—or find a doctor who is. Visit MyHPBenefits and select "Enroll in 2021 Benefits" to compare your options and find network providers.

Note: The CMP options don't offer networks or discounted network pricing.

* HSAs are never taxed at a federal income tax level, but California and New Jersey don't allow state income tax deductions for HSA contributions. This means HSA contributions are subject to state taxes in California and New Jersey. Note: Your HSA funds may only be used to pay for expenses for you and your tax dependents as defined by the IRS. Please consult your tax adviser before contributing to an HSA. Refer to IRS publications 502 and 969 for more information about eligible expenses.

Consumer Driven Health Plan with Health Reimbursement Account (CDHP w/HRA)

The CDHP w/HRA has higher monthly contributions, as well as one of the higher deductibles, but it comes with an HRA, which is fully funded by HP and administered through Your Spending Account. HP contributes \$500 for individuals and \$1,000 for families (you cannot contribute). As you incur expenses, you can pay with your HRA funds until they run out. Once you've spent your HRA, you'll pay the full amount for services until you reach the annual deductible, after which you'll pay coinsurance or copayments.

If you don't use all the funds in your HRA by year-end, the balance will roll over to the next year if you remain enrolled in the CDHP w/HRA. If you change medical options, you'll lose your HRA funds.

Premium Preferred Provider Organization (PPO) Plan

The Premium PPO Plan combines the highest monthly contributions of any HP medical option with a low annual deductible. That means, you pay more in monthly contributions but less when you receive care. You pay a flat fee for office visits—a \$20 copayment to see your primary care physician (PCP) and a \$45 copayment to see a specialist. For other services, you pay a 10% coinsurance after the deductible when you use network providers.

Value Preferred Provider Organization (PPO) Plan

The Value PPO Plan combines low monthly contributions with a higher deductible, so you pay less in monthly contributions but more when you receive care. The plan pays 100% of the first \$250 in office visit charges annually. Once you meet your deductible, the plan pays 80% of covered expenses, and you pay 20%.

Health Maintenance Organizations (HMOs) and Exclusive Provider Organization (EPO)

Depending on where you live, you may have either an HMO or EPO option available to you. With both the HMOs and the EPO, the plan won't pay for care from an out-of-network provider unless it's an emergency. That means you'll want to stick with network providers. In exchange for using network providers, you'll typically receive a high level of benefits at low-to-moderate costs.

Comprehensive Medical Plans (CMPs)

HP offers three CMP options: the Premium CMP, Standard CMP, and Basic CMP. The CMP options don't offer networks or discounted network pricing.

For more information about your HP medical options

For more details about your HP medical options, deductibles, out-of-pocket maximums, and more, view the medical option coverage summaries when you enroll on www.myhpbenefits.com. To get a printed copy of the medical option coverage summaries, call the HP Benefits Center at 1-800-890-3100.



If you don't make an election for your non-Medicare-eligible family members by October 30...

.....
...those family members will have the coverage shown on the enclosed personalized statement, which may not meet their needs. To ensure you get the coverage you and your family want for 2021, be sure to review your options and enroll.



Need help deciding?

Visit HP Continuum for articles with enrollment tips, ways to save money and protect your health, and information for our newest retirees. And **join us the week of October 19 for a Virtual Retiree Benefits Fair** with webinars to learn more. You'll find:

- HP-hosted webinars about enrolling and the Aon Retiree Health Exchange, as well as webinars that look at what's changing depending on whether you're Medicare-eligible, non-Medicare-eligible, or have a mix of Medicare-eligible and non-Medicare-eligible family members. You can access these webinars through links on [HP Continuum](#) at any time beginning the week of October 19.
- Webinars to learn more about the HP UnitedHealthcare (UHC) Medicare Advantage Preferred Provider Organization (PPO) options and the Aon Retiree Health Exchange options. You can ask questions during the live sessions. Recordings will be posted on [HP Continuum](#) if you can't attend a live session.

Learn about	Dates	Times	Phone access	Webex access
UHC Medicare Advantage PPOs	October 20	10 – 11:30 a.m. PT	1-763-957-6400, TTY 711	Visit: uhc.webex.com Event number: 135 215 5514 Event password: HP@Oct20 To connect audio, dial: 1-877-226-8216 Access code: 6749500
Aon Retiree Health Exchange		12 – 1:30 p.m. PT	1-877-542-7993 Access code: 130 549 9752	Visit: webex.com Select: "Join" Event number: 130 549 9752 Event password: Retiree1\$ To connect audio, dial: 1-877-542-7993 Access code: 130 549 9752
UHC Medicare Advantage PPOs	October 21	10 – 11:30 a.m. PT	1-763-957-6400, TTY 711	Visit: uhc.webex.com Event number: 135 539 4054 Event password: HP@Oct21 To connect audio, dial: 1-877-226-8216 Access code: 6749500
Aon Retiree Health Exchange		12 – 1:30 p.m. PT	1-877-542-7993 Access code: 130 476 0806	Visit: webex.com Select: "Join" Event number: 130 476 0806 Event password: Retiree1\$ To connect audio, dial: 1-877-542-7993 Access code: 130 476 0806

Note: If you receive a message about security steps to join the meeting, please follow the directions shown on your screen.



Learn more about the UHC Medicare Advantage PPOs

If you're Medicare-eligible and want more information about the UHC Medicare Advantage PPOs, visit uhcretiree.com/hp. You'll find highlights including plan benefits and costs, prescription drug coverage, how to find a provider, and tools and services to help you improve your health.



How to enroll

If you're enrolling in an HP retiree medical option, go to MyHPBenefits at www.myhpbenefits.com starting October 12 and select the "Enroll in 2021 Benefits" tile.

- Choose who you want to cover and verify everyone you enroll is eligible (or discontinue coverage if they're not). For dependent eligibility questions, view the HP benefits: Who you can cover guide on MyHPBenefits.
- Verify or change your elections, including separate coverage elections for Medicare-eligible versus non-Medicare-eligible family members.
- Select "Complete enrollment" and watch for the "Completed Successfully" message.

After you enroll, you can come back anytime through October 30 if you want to change your elections.

If you're enrolling through the Aon Retiree Health Exchange, you'll be guided through the application process. The HP Benefits Center will automatically be notified once your new coverage has been approved. Refer to the enclosed "Take time to consider the Aon Retiree Health Exchange" insert for more information. If you're enrolled in an HP vision or dental option and wish to drop coverage, you'll need to make these changes through the HP Benefits Center.

If you're enrolling through the public health exchange, go to healthcare.gov to get started. Enrollment dates through the public health exchange are **November 1 – December 15, 2020**. Be sure to also go to MyHPBenefits at www.myhpbenefits.com during the HP retiree benefits enrollment period, select the "Enroll in 2021 Benefits" tile, and select "No Coverage" for your HP retiree benefits by October 30.

If you decide you'd like to purchase coverage through the public health exchange and the HP benefits annual enrollment period has already ended, please contact the HP Benefits Center at 1-800-890-3100 by December 18, 2020, by 6 p.m. Pacific Time (8 p.m. Central Time). Notify the representative you've enrolled in an individual insurance market plan and will be discontinuing your 2021 HP medical and prescription drug coverage.

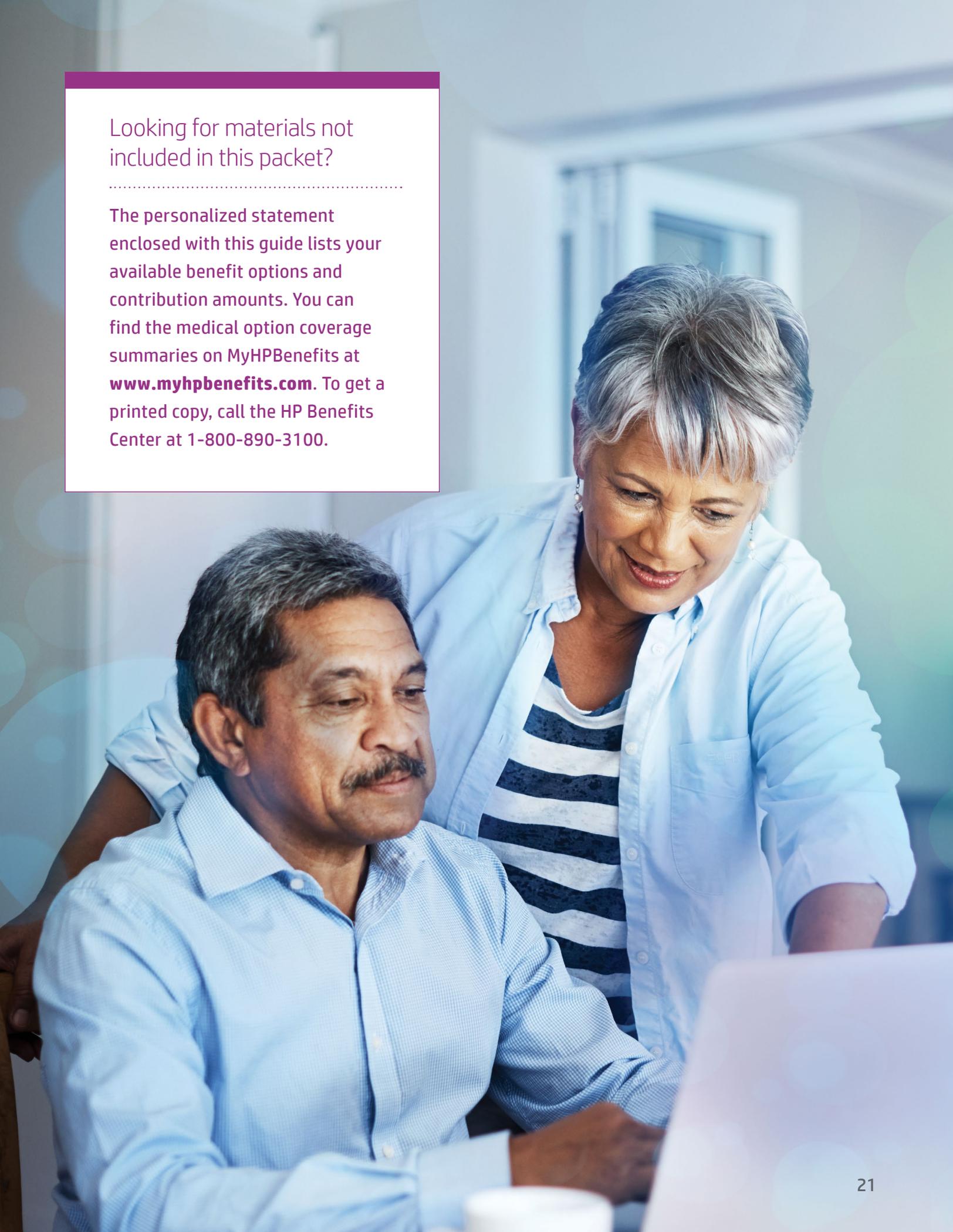
With either of the exchange options, you'll keep the option to enroll in HP coverage if you later disenroll from the exchange plan. You may re-enroll in HP coverage during a future retiree benefits enrollment period or within 31 days of a qualified status change.

If you don't make changes through the HP Benefits Center or enroll through an exchange, the coverage shown on the enclosed personalized statement and on MyHPBenefits is what you'll have for 2021.



Looking for materials not included in this packet?

The personalized statement enclosed with this guide lists your available benefit options and contribution amounts. You can find the medical option coverage summaries on MyHPBenefits at **www.myhpbenefits.com**. To get a printed copy, call the HP Benefits Center at 1-800-890-3100.





What happens after you enroll

Confirm your 2021 coverage after you enroll

After you submit your elections, you have until October 30 to make any additional changes. In mid-November, you will receive a Confirmation of Benefits statement by US mail.

If you need to make corrections, call the HP Benefits Center immediately at 1-800-890-3100. You must make corrections by December 18, 2020, at 6 p.m. Pacific Time (8 p.m. Central Time). After that date, you won't be able to make changes for 2021 unless you experience a qualified status change.

If you enrolled through the Aon Retiree Health Exchange

After you've completed your application for coverage through the Aon Retiree Health Exchange, it will be submitted to your new health plan for approval. As soon as your new coverage has been approved, the HP Benefits Center will be automatically notified so that HP can discontinue any 2021 medical and prescription drug coverage in which you may have been enrolled.

Transition-of-care benefits

If you're not eligible for Medicare and you're changing from one medical, prescription drug, or behavioral health carrier to another for 2021 and your current provider isn't in your new carrier's network, transition-of-care benefits may be made 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 and/or any of your covered family members are currently receiving care for a condition and will continue to need treatment for it in 2021:

- Contact your new medical, prescription drug, or behavioral health carrier once you receive your new ID card in late 2020 or early 2021. Look for the contact information on the back of your card.
- You'll be asked to provide basic information about the patient, condition, and treating provider. If your prescription drug carrier is changing (e.g., from OptumRx to Express Scripts), you may need to have any remaining mail-order prescription refills or prior authorization for certain medications transferred from your current prescription drug carrier to your new carrier.
- **Important!** Allow up to 30 days to receive a decision. Services received during the review period will be handled according to the transition-of-care decision.

It's important to check with the carrier to see if your condition will qualify for transition-of-care benefits. If transition-of-care benefits are approved, covered benefits will be processed at in-network benefit levels, for the time period approved by your new medical, prescription drug, or behavioral health carrier. Benefits will be subject to reasonable and customary (R&C) limits on covered expenses. Expenses for all other illnesses or injuries will be processed according to your new carrier's benefit provisions.

Your Medicare Beneficiary Identifier (MBI) is important

If you or a covered family member is eligible for Medicare, please ensure you have provided your MBI by calling the HP Benefits Center or through MyHPBenefits at www.myhpbenefits.com. Your MBI, which appears on your Medicare card, allows you to see all of the medical options available to you when you enroll. Some HP retiree medical options require confirmation of your Medicare enrollment before you can begin participating.

If you (or a family member) will become eligible for Medicare in 2021

You (or a family member) must enroll in Medicare Parts A and B as soon as you qualify, whether due to age or disability. Once you qualify, **Medicare becomes your primary coverage**, with your HP coverage or individual insurance market plan paying on a secondary basis. If you enroll in a Health Maintenance Organization (HMO), you generally assign your Medicare benefits to the HMO, and the HMO provides all benefits.

In either case, **you must choose a new medical option that coordinates with Medicare** to cover the part of the costs that Medicare doesn't. To ensure a smooth transition and avoid unnecessary expenses:

- **Enroll in Medicare Parts A and B as soon as you're eligible** (due to age or disability) by calling Social Security at 1-800-772-1213 or applying online at ssa.gov/medicare. Enrolling promptly 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

As long as you're covered by an HP retiree medical option, you don't need to enroll in Medicare Part D because your HP coverage automatically includes qualifying prescription drug benefits.

- **For help with Medicare enrollment, contact Allsup at 1-800-883-6650.** HP provides access to Allsup, an agency that specializes in Medicare coordination services. You may find that Allsup can help complete your Medicare enrollment more quickly than you could on your own.
- **Notify the HP Benefits Center at 1-800-890-3100** as soon as you or any covered family member become eligible for Medicare (due to age or disability), if you have HP medical coverage, and provide your **Medicare Beneficiary Identifier (MBI)**.

Note: Any family members who are not yet eligible for Medicare will remain in their current medical option and can make changes at the next retiree benefits enrollment or when they become Medicare-eligible.





What happens after you enroll (continued)

About your address

If your address changes

- Please report the change on www.myhpbenefits.com or to the HP Benefits Center for health benefits, and if applicable, life insurance benefits and the HP Retirement Medical Savings Account (RMSA).
- For other benefits, please report address changes to the benefit vendors for the programs in which you participate (go to HP Continuum for contact information).

If you split your time between two homes

Verify the medical option you chose allows for services in both locations. HMO service areas may be restricted.

Note: Medicare requires HP to collect a physical home address and will not accept a P.O. Box address.

HP Health Hub by Grand Rounds for non-Medicare-eligible family members

If you or your spouse is enrolled in an HP medical option and not yet eligible for Medicare, HP Health Hub by Grand Rounds can give you expert guidance whenever you need to use your health benefits. Think of it as your personal health care assistant, making it simple to use your health benefits. HP Health Hub can help you better understand your medical coverage and out-of-pocket costs and when necessary, dispute incorrect charges, find a doctor, get medical guidance, and more.

It's available to you and your non-Medicare-eligible covered dependents if you're enrolled in an Aetna, Anthem, or Cigna medical option. HMO participants can use HP Health Hub for help with finding network providers and for treatment decision support.

To register, visit grandrounds.com/hp or call 1-855-633-9251 from 5 a.m. to 6 p.m. Pacific Time (7 a.m. to 8 p.m. Central Time), Monday through Friday.

Are you on HP Continuum?

The HP Continuum website is a great way to stay connected to HP and other HP retirees—and it's where we're hosting this year's Virtual Retiree Benefits Fair. When you log on to hpcontinuum.com, you can:

- Get special previews before retiree benefits enrollment each fall.
- 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.
- Find contact information for HP benefit programs.

If you're not registered on the site, register today to ensure you receive timely updates.

Looking for contact information?

.....

Don't forget to visit hpcontinuum.com to find web addresses and phone numbers for a variety of HP benefit programs and carriers, including contact information for ARAG if you're interested in enrolling in Group Legal Services.

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 *HP Inc. U.S. Benefits Summary Plan Description* for more details about these plans and programs. In the event of any inconsistency between this guide, the *HP Inc. U.S. Benefits Summary Plan Description*, any Summary of Material Modifications, 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. Also, nothing in the enrollment materials creates a contract of employment between retirees and HP Inc.

HIPAA (Health Insurance Portability and Accountability Act of 1996)

HP is committed to protecting the confidentiality of your personal health information. HP health plans are required by the HIPAA Privacy Rule to maintain the privacy of your health information. Detailed information regarding HP's privacy practices concerning your personal health information, including HP's responsibilities regarding the use and disclosure of your personal health information and your rights under HIPAA's privacy rules, can be found in your HIPAA Privacy Notice. You can view this notice on MyHPBenefits at www.myhpbenefits.com. Go to MyHPBenefits>Forms & Plan Information. 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 (at 100% with no deductible under most HP medical options). Similar coverage provisions may be available with HMO options (contact your HMO for details).

Coverage for reconstructive surgery after a mastectomy

HP is required to provide the following reminder to all health plan participants annually. Under federal law, health plans and health insurers that cover mastectomies must also cover reconstructive surgery after mastectomies. Coverage includes reconstructive surgery of the breast on which the mastectomy was performed, reconstructive surgery of the other breast to produce a symmetrical appearance, and prostheses and physical complications at all stages of mastectomies (including lymphedemas). In 2021, all HP medical options will continue to provide these benefits, subject to applicable copayment, deductible, coinsurance, certification, or review provisions.

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.

These **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.

Cover the right people

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 or retroactive premium refunds. Here are some important points to keep in mind when you enroll:

- **Correct any errors.** Review the family information on the enclosed personalized statement 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 the HP benefits: Who you can cover guide on MyHPBenefits.
- **Dependent eligibility is subject to periodic audits.** If you're found to be covering an ineligible dependent or you don't provide the required information by the due date, that dependent's coverage will be dropped retroactively without eligibility for COBRA or retroactive premium refunds.



© 2020 HP Inc. and the HP logo are registered in the US Patent and Trademark Office. Other products or company names mentioned herein may be trademarks or registered trademarks of their respective companies.

For eligible US retirees of HP Inc. and acquired companies

H000235766