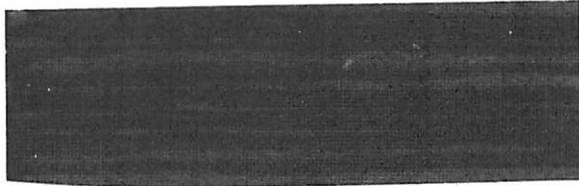




Statement Date: September 29, 2020



MyHPBenefits

www.myhpbenefits.com

1-800-890-3100

6 a.m. to 6 p.m., Pacific Time (8 a.m. to 8 p.m., Central Time)

Annual Enrollment 2021

This statement confirms your HP benefit options and contribution amounts starting on January 1, 2021. Your current family information is also provided. *Please be sure to carefully review the coverage and cost information shown on this statement and take time to understand what's changing for the coming year.*

Your annual enrollment opportunity

Pre-2003 HP retirees and their eligible dependents can continue health and insurance benefits as long as they remain eligible under plan terms. The enclosed retiree benefits materials provide important information that applies to all eligible HP retirees, including information about changes to retiree benefits for 2021 and resources you can contact for help. Even if you don't expect to make changes to your retiree benefits coverage, it's important to understand the benefit changes and how they may affect you.

For details about HP retiree health benefits, visit MyHPBenefits at www.myhpbenefits.com. Click on "Enroll in 2021 Benefits" then choose "Enroll Now" to review your options and costs. If you'd like to make changes, you may do so between **October 12, 2020** and **October 30, 2020**.

If you're continuing dental and vision coverage under COBRA

If you're currently enrolled in HP dental and/or vision coverage under COBRA, your existing coverage will automatically continue in 2021, if your 18-month COBRA eligibility period has not ended. Unless you make a change, you'll be enrolled in the same option you had in 2020.

If you have questions about your dental or vision coverage, please call the HP Benefits Center at 1-800-890-3100. Note that dental and vision coverage are not available after your 18-month period of COBRA eligibility ends.

Your Benefits

This is the coverage you'll receive if you don't enroll or make changes.

↙ HP Inc's Benefits Admin outsourcer
(Formerly Aon Hewitt)

Note: If you want to change or decline this coverage, you must complete your enrollment by the deadline.

Plan

Your Benefits If You Don't Enroll (effective 01-01-2021)

Medicare Medical

Aon Retiree Health Exchange

First name of spouse/partner

You + Spouse / Partner [REDACTED]

Monthly Contribution Amount \$0.00

Annual Contribution Amount \$0.00

All Monthly Contribution Amounts

Contribution Amount \$0.00

Your Total Monthly Contribution Amounts \$0.00

All Annual Contribution Amounts

Contribution Amount \$0.00

Your Total Annual Contribution Amounts \$0.00

Your Benefit Choices

The monthly contribution amount for each benefit plan is detailed below.

Medicare Medical

	You Only	You + Spouse / Partner	Spouse / Partner Only
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No coverage \$0.00 \$0.00 \$0.00

Aon Retiree Health Exchange \$0.00 \$0.00 \$0.00

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

\$0 paid to HP Inc - you pay the carrier directly.

Each HP group plan qualified for.

Do you have access to medical coverage through another employer?

If you have access to coverage through another employer (whether through your spouse or partner or through your own employer), you might consider opting out of HP coverage and electing coverage under that employer's plan.

Keep in mind that if you decide to enroll in coverage through another employer's plan, **you'll still have the option to re-enroll in HP retiree coverage if you lose that coverage**, as long as you re-enroll within 31 days of the loss of coverage. Note that you won't be eligible to enroll in HP coverage during future annual enrollment periods while you're participating in another employer's plan.

Aon Retiree Health Exchange™

Aon Retiree Health Exchange is one of the nation's leading advisory services in helping people navigate and understand Medicare. They provide objective and personalized guidance so retirees can choose health care coverage aligned to their needs—and their budgets.

Having access to more than 100 insurance carriers nationwide means the exchange can offer an expansive selection of health care plans. Aon Retiree Health Exchange Benefits Advisors are licensed agents with expertise to help individuals understand and compare benefits, plans, and costs. They can guide applicants through the enrollment process and help keep them on track to meet enrollment deadlines. Benefit Support Specialists and Benefits Advisors have no incentive to enroll you in any specific plan, so you can be sure the advice you're getting is impartial.

If you enroll with the Aon Retiree Health Exchange, the exchange will automatically notify the HP Benefits Center and you'll receive an updated confirmation statement. You'll still have the option to enroll in HP coverage during future retiree benefits enrollment periods if you disenroll from Aon Retiree Health Exchange coverage or have a qualified status change.

To ask questions, call the Aon Retiree Health Exchange at 1-800-975-0355 or visit retiree.aon.com/hp.

HP premium reimbursements for Aon Retiree Health Exchange™ coverage

As a qualified retiree, you are eligible for HP funding to a Retiree Reimbursement Account (RRA) instead of HP subsidizing your retiree medical premiums directly. **If you enroll in coverage through the Aon Retiree Health Exchange, HP will fund an RRA of [REDACTED] and [REDACTED] for 2021 (or [REDACTED] if both you and your Medicare-eligible spouse/partner enroll).** Your RRA will be available to help reimburse your premium costs for coverage through the Aon Retiree Health Exchange. Please note that RRA allocations from HP are not available if you purchase an individual insurance option from sources other than the Aon Retiree Health Exchange.

Special Note Regarding Medicare Prescription Drug Coverage (Medicare Part D)

Medicare prescription drug benefits (Part D) are available to provide prescription drug coverage to Medicare-eligible beneficiaries. For retirees who have medical benefits through HP, your HP coverage will provide prescription drug coverage that is, on average, at least as good as the standard Medicare prescription drug coverage. As a result, in most cases you may not want to enroll in Medicare prescription drug coverage. If you decide to enroll in both HP coverage and Medicare prescription drug coverage, your premium costs for HP coverage will remain the same, as if you have HP prescription drug coverage, in addition to paying premiums for your Medicare prescription drug coverage.

You'll receive a "creditable coverage" notice certifying that your HP medical option provides prescription drug coverage comparable to standard Medicare prescription drug coverage. It's important to keep this notice for future reference. If, at some point, you decide to enroll in Medicare prescription drug coverage, this notice will help you show that you have been covered under a comparable plan and help you avoid paying higher premiums for prescription drug coverage.

Enrolling in Medicare

If you or a covered spouse or partner is eligible for Medicare, **it's important to enroll in Medicare Part B in addition to your HP medical coverage.** Medicare generally pays benefits on a "primary" basis (pays first) for participants who are no longer active employees. Your HP coverage may provide additional benefits after Medicare has paid its share of costs. Keep in mind: **Your HP coverage will assume you've enrolled in Medicare and will pay benefits as if Medicare is in effect, regardless of whether you enroll in Medicare.**

You can get help with Medicare enrollment by contacting Allsup. HP has partnered with Allsup to assist with Medicare enrollment issues for disabled individuals. You may find that Allsup can help complete your Medicare enrollment faster than you could on your own, helping to minimize any impact on your HP benefits. For more information and assistance with enrolling in Medicare Part B, contact Allsup at 1-800-883-6650.

Reminder About Re-Enrollment Rules

As you consider your choices, keep in mind that if you elect not to participate in HP retiree medical coverage, the following re-enrollment restrictions will apply:

- You will not have an option to re-enroll in retiree medical coverage during future annual enrollment periods. Instead, you will be eligible to re-enroll only within 31 days of losing coverage under another employer's group medical plan or a public health insurance exchange. This could include the loss of your own coverage through another employer or the loss of coverage under your spouse/partner's employer's plan.
- 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 death can continue HP coverage.

HP's retiree re-enrollment rules are designed to ensure a broad base of participation in the HP Retiree Medical Program and help control premium costs for all retirees.

Retiree medical cost-sharing reminder

HP pays the majority of retiree health benefit coverage costs for most retirees and incurs a significant annual expense for the program. To help manage our program expenses, HP limits the amounts we contribute toward monthly coverage costs to no more than the level of HP's average coverage contributions in 2010. This means that **any cost increases from 2011 on are paid by participating retirees.** HP may also make other changes to contribution amounts based on business needs, which could result in additional cost increases for participating retirees.

By reducing the accounting expense associated with the retiree health program, these limits help balance HP's need to control costs with our ongoing goals of maintaining the value of the program and supporting retiree needs. HP is also continuing to take strong action to help control increases by leveraging our purchasing power, monitoring health plans for quality and efficiency, and implementing benefit features that promote preventive care and efficient use of services.

Receiving your ID card

If your medical carrier or option is changing, you'll generally get a new ID card by January 1, 2021. You'll want to destroy your old cards once you receive your new ones (but not before January 1). If you require medical services before then and need to verify your coverage, call your new medical carrier.

Paying For Your Benefits

Sign Up for Direct Debit

Avoid worrying about late bill payments by having your payment automatically deducted from your bank account with direct debit. To learn more or sign up for direct debit, access MyHPBenefits at www.myhpbenefits.com or call the HP Benefits Center at 1-800-890-3100.



Timing of Your Bills

Your bills are due on the **fifth of the month** for the cost of your benefits. Your monthly payments must be received within **31 days** of the due date on the bill, or your coverage will end retroactive to the last day of the month for which payment was received. Any payments deposited after coverage was dropped will be refunded and won't extend your coverage.

The monthly cost of your benefits will be taken from your bank account on the **fifth of the month**. If the fifth of the month falls on a weekend or bank holiday, the payment occurs the next business day.

Details About Direct Debit

If you choose direct debit, all future payments will be taken from your account on the **fifth of the month**. If the fifth of the month falls on a weekend or bank holiday, the payment occurs the next business day. Provide your account information when you enroll to authorize HP and your financial institution to start the direct debit payment process and to authorize credits to your account as may be necessary to issue refunds when benefit coverage ends. If you want to receive a paper refund check instead, access MyHPBenefits at www.myhpbenefits.com or call the HP Benefits Center. If you choose direct debit:

- You'll no longer receive paper bills.
- Your bank statement serves as your confirmation of payment.
- If your payment amount changes, you'll receive a notice at least 10 days before the next scheduled payment.

You may stop using direct debit at any time.

Current Family Information

Listed below are the covered dependents you have on file (if you're eligible to cover dependents) and the health coverages in which your dependents are enrolled for the plan year. If any of your dependent information is missing or incorrect, or if any of your dependents no longer meet the plan's dependent eligibility requirements, you must update the information with the HP Benefits Center.

It's your responsibility to ensure that the dependents you enroll are eligible. When you enroll your dependents, you're confirming they 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 that isn't eligible, that dependent's coverage will be dropped retroactively and premiums will not be refunded.

For information on eligible dependents, see the HP Benefits: Who can you cover guide at www.myhpbenefits.com. Click on "Forms & Plan Information" then view under "Benefits Communications."

Name	Birth Date	Relationship	Plans Covered Under
[REDACTED]	[REDACTED]	Self	Medicare Medical
[REDACTED]	[REDACTED]	Spouse	Medicare Medical

For More Information



Online
MyHPBenefits
at www.myhpbenefits.com



Phone
Monday through Friday between 6 a.m. and 6 p.m. Pacific Time (8 a.m. and 8 p.m. Central Time)
1-800-890-3100 (United States)
1-847-883-0465 (outside the United States)