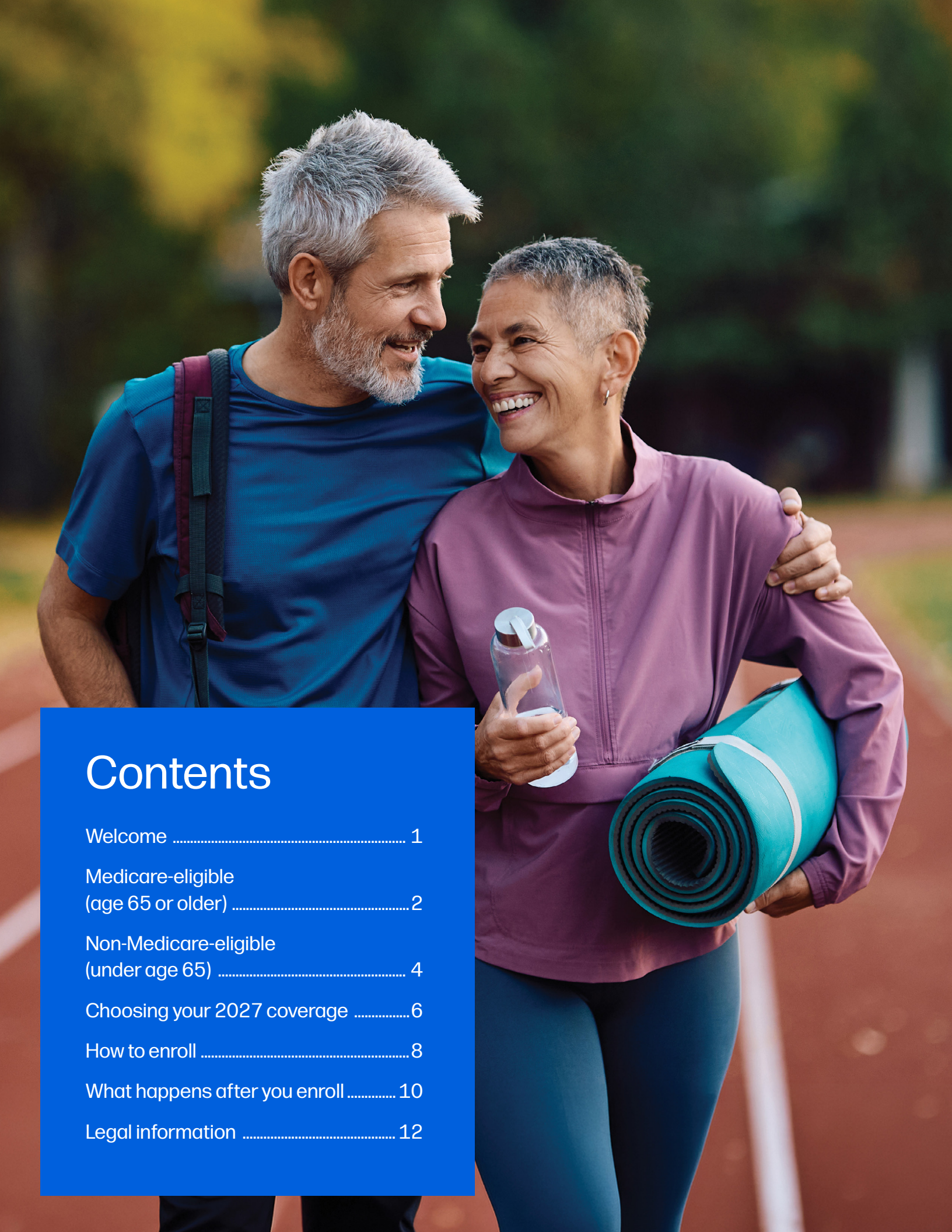


2027 Retiree Benefits Enrollment Guide

For US retirees and covered family members

September 2026

Confirm or update your 2027 coverage by October 23, 2026.



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Welcome

Get ready to enroll for HP retiree benefits

HP retiree benefits enrollment for non-Medicare coverage:
October 12–23, 2026

Medicare open enrollment through Alight Retiree Health Solutions:
October 15–December 7, 2026

Important reminder!

Medicare-eligible HP retirees and Medicare-eligible covered family members have medical coverage available exclusively through Alight Retiree Health Solutions. See page 2.

Your four retiree benefits enrollment steps:

1. Review this guide
2. Go to **HPBenefitsCenter.com** for non-Medicare-eligible participants: **October 12–23, 2026**
3. Go to **retiree.alight.com/hp** for Medicare-eligible participants: **October 15–December 7, 2026**
4. Your 2027 coverage goes live: **January 1, 2027**

If you don't enroll...

- **Medicare-eligible (age 65 or older):** If you already participate through Alight Retiree Health Solutions, you do not have to make an active election for your coverage to continue in 2027, unless communicated by your carrier.
- **Non-Medicare-eligible (under age 65):** Review your personalized statement that will be mailed to your home from the HP Benefits Center in early October. If you don't make changes to your HP coverage, the coverage shown on the personalized statement is what you'll have for 2027.
- **Participants in COBRA dental or vision benefits*:** Review your personalized statement that will be mailed to your home from the HP Benefits Center in early October for details about your 2027 coverage.

* This also applies to retirees with dental and/or vision participating in the former Digital Retiree Health Program.

Medicare-eligible (age 65 or older)

Reminders for 2027

Review this section if you or some members of your family are eligible for Medicare (or will become eligible by the end of January 2027) and some are not. You'll need to choose or confirm HP medical coverage for non-Medicare-eligible family members, while Medicare-eligible family members will make any changes through Alight Retiree Health Solutions. Review the section starting on **page 4** if you or your covered family members are not eligible for Medicare.

Retiree medical premiums

For Medicare-eligible participants, premium increases will vary based on your coverage and will be communicated by your carrier. To explore options or make changes for 2027, you can work with a licensed Benefits Advisor through Alight Retiree Health Solutions. Visit **retiree.alight.com/hp** or call 1-800-975-0355 (TTY 711), Monday through Friday, between 6 a.m. and 6 p.m. PT.



Important!

- If you already participate through Alight Retiree Health Solutions, you do not have to make an active election for your coverage to continue in 2027 unless communicated by your carrier.
- Medicare-eligible retirees and Medicare-eligible family members are eligible for medical coverage exclusively through Alight Retiree Health Solutions.
- If you qualify for Medicare but your covered family member does not, you must continue medical coverage through Alight Retiree Health Solutions for your non-Medicare-eligible family member to be eligible to continue HP medical coverage in 2027.
- Non-Medicare-eligible family members may enroll separately in one of the HP group retiree medical plans or a plan purchased through a public health exchange.



Are you newly eligible for Medicare?

If you will become eligible for Medicare by the end of January 2027, you'll need to enroll in Medicare Parts A and B and choose any additional coverage you want through Alight Retiree Health Solutions in order to continue coverage in 2027.

See **page 11** for more information, then look for communications from Alight Retiree Health Solutions and make an appointment if you'd like to speak with a licensed Benefits Advisor. You can also visit **retiree.alight.com/hp** or call 1-800-975-0355 (TTY 711), Monday through Friday, between 6 a.m. and 6 p.m. PT.

If you (or your covered family member) will become eligible for Medicare later in 2027

- You should still enroll in an HP non-Medicare medical plan for the coming year if you or your covered family member will become eligible for Medicare February 1 or later.
- See **page 11** for details about what happens if you or your covered family member becomes eligible for Medicare.

Important dates

October 15–December 7, 2026: Medicare-eligible retirees and Medicare-eligible covered family members enroll through Alight Retiree Health Solutions.

October 12–23, 2026: Non-Medicare-eligible retirees and non-Medicare-eligible covered family members enroll in HP group retiree medical coverage.

Note: If you are non-Medicare-eligible, you also have the option to purchase coverage through a public health exchange instead of through HP. Open enrollment is November 1–January 15. See **page 5**.

Non-Medicare-eligible (under age 65)

What's changing for 2027

Review this section to see what's changing if you or your covered family member is **not** eligible for Medicare (and won't become eligible by the end of January 2027).

Important reminder!

If you are not eligible for Medicare, you can continue to participate in HP group retiree medical coverage until you qualify for Medicare, as long as the Medicare-eligible HP retiree (if applicable) is enrolled in medical coverage through Alight Retiree Health Solutions.

Medical plan design changes

Due to rising health care costs, the HP non-Medicare medical plan deductible, out-of-pocket maximum, and coinsurance are increasing.

- Annual deductibles vary by plan (but are increasing for all)
- Out-of-pocket maximums vary by plan (but are increasing for all)
- In-network coinsurance is changing from 90% to 80% (does not apply to the High Deductible Health Plan or Comprehensive Medical Plans)

Expanded access to behavioral health providers

- Beginning January 1, mental health and substance use benefits will use the Aetna and Anthem BCBS provider networks, replacing ComPsych and making it easier to find care, navigate services, and access the support you need. If you're enrolled in Kaiser today, Kaiser will continue to support your mental health and substance use benefits.
- This change gives you and your family a greater choice of providers. Your dedicated Alight Health Pro* can help you determine if your mental health provider is in-network and help you find a new provider, if needed. See **page 5**.

Retiree medical premium increases

Based on rising claims costs, there is an increase in premiums for most HP non-Medicare medical plans in 2027. That's why it's important to consider all your options, including lower-cost plans such as HP's High Deductible Health Plan (HDHP) or coverage available through public health care exchanges in your state. See **page 5**.

HP retiree medical benefits are self-insured, which means claims are paid by HP. The insurance company processes your claims, but each time you use health care services, those costs are funded by HP and directly impact our business results. You can help control rising costs—for you and for HP—by being smart about how you use health care services. Start by choosing the best plan for your needs, then use resources like your dedicated Alight Health Pro* to find high-quality doctors and facilities, understand treatment options, and make informed health care decisions all year long. See **page 5**.

* The new Alight Healthcare Navigation services, including your dedicated Alight Health Pro, are available to participants in an HP non-Medicare medical plan through Aetna or Anthem BCBS. These services are not available to participants in a Kaiser medical plan or participants in dental and/or vision benefits only.

Explore ways to save through a public health exchange

If you're not eligible for Medicare, you also have the option to purchase coverage through a public health exchange instead of through HP. Open enrollment is **November 1 – January 15**. Depending on your household income, you may qualify for lower costs for your Marketplace plan, like the premium tax credit that lowers your monthly plan premium, and for extra savings on out-of-pocket costs. Visit **healthcare.gov/quick-guide** for tips about the Health Insurance Marketplace, including who can get coverage, what the Marketplace plans cover, and how to apply.

Care for your heart health with KardiaComplete

KardiaComplete is a free heart health program offered to HP pre-Medicare participants who are currently enrolled in an HP medical plan and have hypertension and/or an arrhythmia such as atrial fibrillation. When you sign up, you get access to easy-to-use devices and personalized care from the convenience of home, including free devices to track your EKG and blood pressure, personalized coaching and virtual cardiologist consults, and heart health reports you can share with your doctor. To learn more and enroll, visit **kardiacomplete.com/hp**.

KARDIA COMPLETE

New! Alight Healthcare Navigation to help with all your health care needs

- HP is introducing enhanced, personalized support for your health care needs through Alight Healthcare Navigation, a new service replacing Included Health for retirees enrolled in an HP non-Medicare medical plan through Aetna or Anthem BCBS.*
- Alight Healthcare Navigation services, including your dedicated Alight Health Pro, will be accessible via Health Pro Connection through the same HP Benefits Center site you use to enroll, and to you and your non-Medicare-eligible dependents by calling 1-800-890-3100.
- Beginning October 12, you'll receive support from a dedicated Alight Health Pro along with access to clinical resources and SmartSelect MD, a provider selection tool, to help find quality, cost-effective care and make the most of your health care dollars.
- If you have questions about a health condition, your Alight Health Pro will connect you to a Medical Ally, who can provide information on your medical diagnosis, explain the risks and benefits of surgery, and help you get a second opinion.

* HP non-Medicare medical plan participants through Aetna or Anthem BCBS who are currently obtaining support from Included Health may continue that support through December 31, 2026.



Choosing your 2027 coverage

Your coverage options include:

- Alight Retiree Health Solutions for Medicare-eligible participants.
- HP group retiree medical coverage or a public health exchange for non-Medicare-eligible participants.

Important!

If you qualify for Medicare but your covered family member does not, you must continue medical coverage through Alight Retiree Health Solutions for your non-Medicare-eligible family member to be eligible to continue HP medical coverage in 2027.

	Medicare-eligible (age 65 or older)	Non-Medicare-eligible (under age 65)	
	Coverage exclusively through Alight Retiree Health Solutions	**HP group retiree medical coverage**	**Public health exchange**
How it works	Alight offers medical and prescription drug coverage through a variety of insurance companies nationwide.	HP selects insurers or carriers to offer retiree medical plans with varying coverage features.	If you're not eligible for Medicare, you also have the option to purchase coverage through a public health exchange instead of through HP. See **page 5**.
Types of plans available	A range of Medicare plans, including: ▪ Medigap plans (also called "Medicare Supplement Insurance plans") ▪ Medicare prescription drug plans (Medicare Part D) **Note:** If you enroll in a Medigap plan and don't enroll in a Part D prescription drug plan for medications, you may be charged a Late Enrollment Penalty (LEP) if you decide to enroll in a Part D prescription drug plan later. Dental, vision, and hearing care plans are also available. See the range of plans available when you go to enroll at **retiree.alight.com/hp**.	Depending on where you live: ▪ HDHP ▪ CDHP w/HRA ▪ Premium and Value PPOs ▪ HMOs ▪ EPO ▪ Premium, Standard, and Basic CMPs See details in the comparison tool when you go to **HPBenefitsCenter.com** to enroll.	Visit **healthcare.gov** to see the range of plans available. The choices vary depending on where you live.
How premiums are set	Premiums are based on the competitive market and reflect the underlying cost of care across all the members of a particular insurer.	Premiums reflect the underlying cost of care across HP's retiree population.	Premiums are based on the competitive market and reflect the underlying cost of care across all members of a particular insurer. **TIP:** You might consider a public health exchange if you're looking for the opportunity to save on premiums while getting the coverage you need, with more choices among medical plans and carriers.

What does it mean? Review these terms as you consider your HP non-Medicare medical plans and 2027 coverage.

- **CDHP w/HRA:** Consumer Driven Health Plan with Health Reimbursement Account
- **CMP:** Comprehensive Medical Plan
- **EPO:** Exclusive Provider Organization
- **HDHP:** High Deductible Health Plan
- **HMO:** Health Maintenance Organization
- **PPO:** Preferred Provider Organization



Update your contact information

Don't miss important benefits communication!

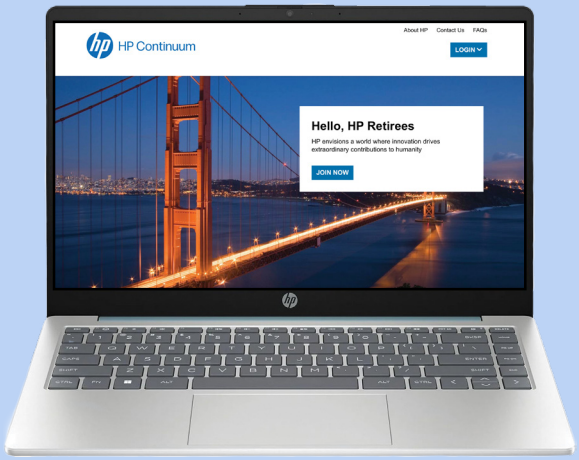
- **Go to HPBenefitsCenter.com** and click on the profile icon at the top right. Then select "Manage Communications" to update your address and add your email address.
- **Be sure to add your mobile number** and opt in to text messages for easier access if you forget your password.

If you don't remember your password, follow the prompts on the **HPBenefitsCenter.com** login page to reset it.

Check out HP Continuum

Visit **hpcontinuum.com** for:

- Enrollment tips
- Contact information for HP benefit programs



How to enroll

Medicare-eligible participants enrolling through Alight Retiree Health Solutions

Visit **retiree.alight.com/hp** or call 1-800-975-0355 **October 15–December 7, 2026,** to review your 2027 coverage and understand any changes.

If you are newly eligible for Medicare or will become eligible for Medicare by the end of January 2027, look for communications from Alight Retiree Health Solutions and make an appointment if you'd like to speak with a licensed Benefits Advisor and enroll. (If you already participate and need help, you can schedule an appointment by calling 1-800-975-0355.)

TIPS:

- If you already participate through Alight Retiree Health Solutions, you do not have to make an active election for your coverage to continue in 2027 unless communicated by your carrier.
- Each fall you can review what's changed in your life, your health, and your budget and, if needed, enroll in a different plan through Alight Retiree Health Solutions.

Participants in COBRA dental or vision benefits*

If you are a recent retiree participating in dental or vision benefits through COBRA*:

Go to **HPBenefitsCenter.com** **October 12–23, 2026**, and select the tile that says, "It's time to make your Annual Enrollment Choices. Enrollment ends October 23, 2026."

1. Choose who you want to cover, and verify everyone you enroll is eligible (or discontinue coverage if they're not).
2. Verify or change your dental and vision plan elections.
3. Select "Continue" and look for the message confirming you made your choices.

TIPS:

- If you want to change your elections after you enroll, you can go to **HPBenefitsCenter.com** anytime through October 23, 2026, to change your elections.
- If you don't make changes to your HP coverage, the coverage shown on the personalized statement you receive separately in early October is what you'll have for 2027.

* This also applies to retirees with dental and/or vision participating in the former Digital Retiree Health Program.

Non-Medicare-eligible participants enrolling in an HP retiree medical plan

Go to **HPBenefitsCenter.com** **October 12 – 23, 2026,** and select the tile that says, "It's time to make your Annual Enrollment Choices. Enrollment ends October 23, 2026." If you need help, you will have the opportunity to make an appointment with an HP Benefits Center representative.

1. 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 **HPBenefitsCenter.com**. Go to Health & Insurance > Forms and Plan Information and then open the "Plan Documents" section.
2. Verify or change your elections for non-Medicare-eligible family members.
3. Select "Continue" and look for the message confirming you made your choices.

TIPS:

- If you split your time between two homes, verify the medical plan you chose allows for services in both locations. The choices you have in medical plans and your provider network may be restricted.
- If you enroll in an HMO or EPO medical plan, you'll be prompted to confirm you understand the out-of-network restrictions before completing your enrollment.
- If you want to change your elections after you enroll, you can go to **HPBenefitsCenter.com** anytime through October 23, 2026, to change your elections.
- If you don't make changes to your HP coverage (for non-Medicare-eligible retirees and non-Medicare-eligible covered family members), the coverage shown on the personalized statement you receive separately in early October is what you'll have for 2027.

Questions?

HP Benefits Center representatives are available Monday through Friday, between 6 a.m. and 6 p.m. PT. Call 1-800-890-3100. If you're calling from outside the US, Puerto Rico, or Canada, call 1-847-883-0465.

Non-Medicare-eligible participants enrolling through a public health exchange

Visit **healthcare.gov** or call 1-800-318-2596 **November 1 – January 15** to apply. You can also find help in your area, complete a paper application, or use a certified enrollment partner. For details and instructions, go to **healthcare.gov/apply-and-enroll/how-to-apply**. You will also need to notify the HP Benefits Center of your public health exchange coverage.*

TIPS:

- **Enroll by December 15 for coverage that starts January 1.**
- **Enroll by January 15 for coverage that starts February 1.**

* If you are non-Medicare-eligible and you decide to purchase coverage through the public health exchange instead and the HP retiree benefits enrollment period has already ended, please contact the HP Benefits Center by December 11, 2026, by 6 p.m. PT, and notify the representative you've enrolled in an individual insurance market plan and will be discontinuing your 2027 HP retiree 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 60 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 60 days of dropping your public health exchange coverage.

What happens after you enroll



Non-Medicare-eligible: Confirm your 2027 coverage after you enroll

In late November, you'll 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 11, 2026, at 6 p.m. PT.
- After that date, you won't be able to make changes for 2027 unless you experience a qualified status change and call the HP Benefits Center within 60 days.

Non-Medicare-eligible: Transition-of-care benefits

Transition-of-care benefits may be available if you're not eligible for Medicare and you're changing from one medical carrier to another for 2027 and your current provider isn't in your new carrier's network.

Transition-of-care benefits let you keep using your current provider on an in-network basis for a limited time. If you or any of your covered family members are receiving care for a condition and will continue to need treatment for it in 2027:

- Contact your new medical carrier once you receive your new ID card in late 2026 or early 2027. 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.
- **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.

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 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.

Medicare-eligible and newly enrolled through Alight Retiree Health Solutions

You can speak with a licensed Benefits Advisor who will guide you through the process and share what to expect after you enroll.

If you (or your covered family member) will become eligible for Medicare in 2027

You (or your covered 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**. If you want additional coverage to cover some of the costs that Medicare doesn't, you can work with Alight Retiree Health Solutions to select a plan that meets your needs.

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 a Medicare plan through Alight Retiree Health Solutions
- When you meet with a licensed Benefits Advisor through Alight Retiree Health Solutions, you'll also need to either ensure your selected medical plan includes prescription drug coverage or enroll in a standalone prescription drug plan. They will guide you through the process.

Note: If you become eligible for Medicare, you must enroll in medical coverage through Alight Retiree Health Solutions for your non-Medicare-eligible family member to be eligible to continue HP medical coverage.

About your address

If your address changes:

- Report the change on **HPBenefitsCenter.com** or contact the HP Benefits Center at 1-800-890-3100.
- To change your address with Alight Retiree Health Solutions, contact Alight at 1-800-975-0355.

Stay connected with HP Continuum

Visit **hpcontinuum.com** to connect with HP's retiree community:

- 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.
- Order a replacement Retiree Gold Badge.
- Join an HP Retiree Club.

If you're new to HP Continuum, join now at **www.hpcontinuum.com**.

Legal information

The information contained in this retiree enrollment guide includes important changes to your HP retiree benefits. This guide represents a summary of material modifications under the Employee Retirement Income Security Act of 1974, as amended (ERISA), and updates information provided in the HP Inc. U.S. Retiree Benefits Summary Plan Descriptions for medical benefits under the HP Inc. Retiree Welfare Benefits Plan (plan number 557). It's important for you to review this retiree enrollment guide (and other enclosed information) carefully and keep it with your copy of the HP Inc. U.S. Retiree Benefits Summary Plan Descriptions for future reference. In the event of any inconsistency between this guide, the HP Inc. U.S. Retiree Benefits Summary Plan Descriptions, and the terms of the plans or programs, the terms of the plans or programs will control.

HP Inc. reserves the right to amend or terminate any of the plans and programs described in this retiree enrollment guide at any time. Also, nothing in the enrollment materials creates a contract of employment between retirees and HP Inc.

Note: Individual Medicare plans purchased through Alight Retiree Health Solutions are separate polices purchased outside of the HP benefits program.

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 **HPBenefitsCenter.com**. Go to Health & Insurance > Forms and Plan Information and open the "Plan Documents" section. 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. You can view HP's privacy policy on **HPBenefitsCenter.com**. Go to Health & Insurance > Forms and Plan Information and open the "Plan Documents" section.

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 plans. Similar coverage provisions may be available with HMO plans (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 2027, all HP medical plans will continue to provide these benefits, subject to applicable copayment, deductible, coinsurance, certification, or review provisions.

HP retiree medical re-enrollment rules

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

- You will not have an option to re-enroll in HP retiree medical coverage during future annual enrollment periods. Instead, you will be eligible to re-enroll only within 60 days of losing coverage under another employer's group medical plan or losing coverage purchased from a public health insurance exchange. Losing coverage under another employer's group medical plan could include the loss of your own coverage through another employer or the loss of coverage under your spouse'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 qualify to continue HP coverage.

HP retiree medical re-enrollment rules are designed to ensure a broad base of participation in HP retiree medical coverage and help control premiums for all retirees.



Covering eligible dependents

It's your responsibility to ensure that the dependents you enroll are eligible. When you enroll your dependents, you are representing to the plans that the dependents are eligible. Any attempt to enroll an ineligible dependent is considered a material misrepresentation by you and evidence of fraud on the plans. If you cover a dependent who isn't eligible, that dependent's coverage may be dropped retroactively, without eligibility for COBRA or retroactive premium refunds. Here are some important points to keep in mind when you enroll:

- **Review personal information and correct any errors.** Review the family information on the personalized statement you receive separately in early October. 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 **HPBenefitsCenter.com**. Go to Health & Insurance > Forms and Plan Information and open the "Plan Documents" section.
- **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.

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For eligible US retirees of HP Inc. and acquired companies participating in non-Medicare coverage under the HP Retiree Medical Program, the pre-2003 HP Retiree Medical Program, or the former Digital Retiree Health Program.

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