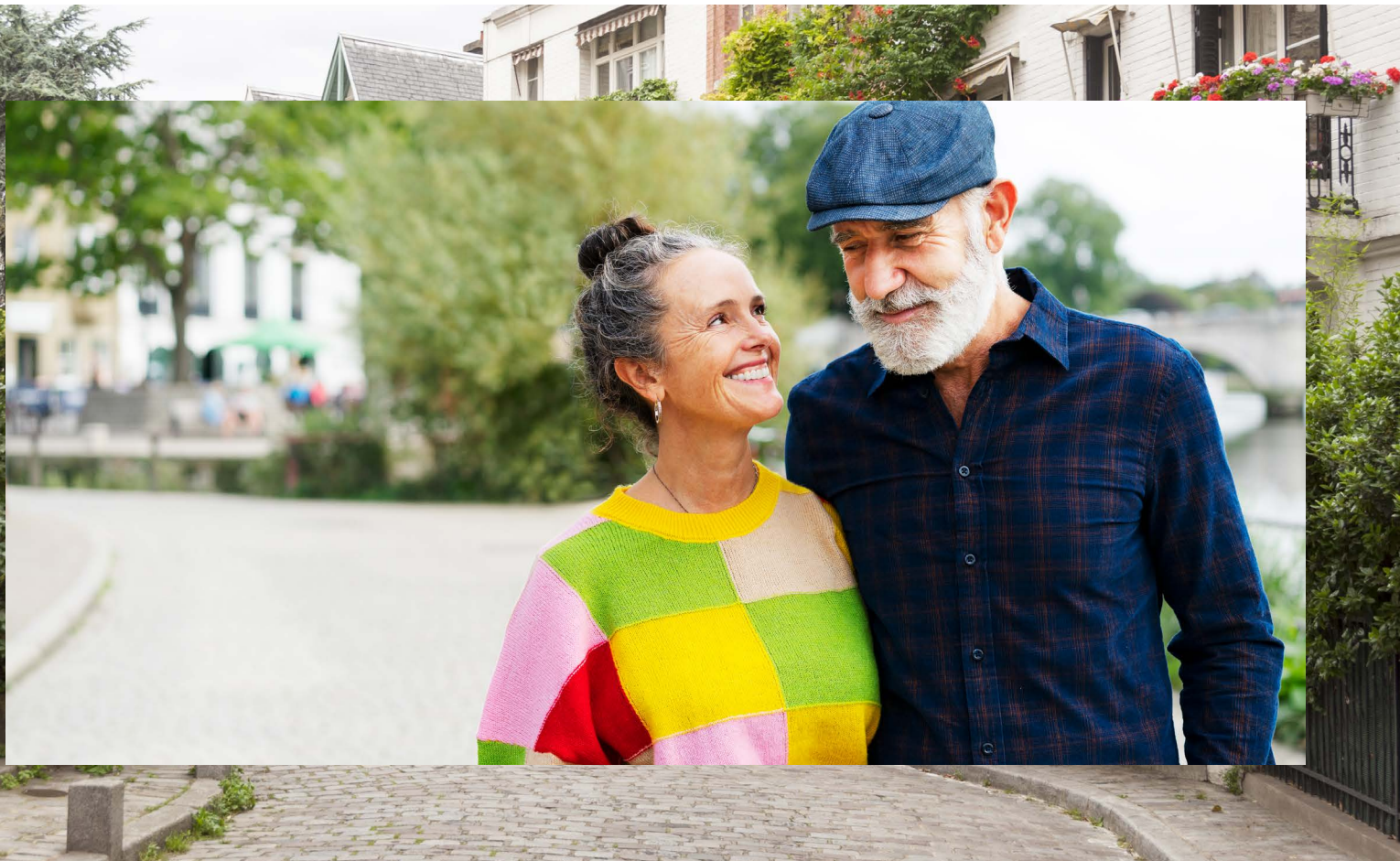


Take care of **what matters**



2024 Retiree Benefits Annual Enrollment Guide
Enroll October 9 – November 6

Retiree Benefits Toolkit 



Hewlett Packard
Enterprise

Take care of what matters

Annual enrollment for Hewlett Packard Enterprise (HPE) retiree health benefits is October 9 – November 6, 2023. You have a variety of healthcare coverage options to consider as an eligible HPE retiree. Get ready to enroll by reviewing page 1 of this guide. Then go to the Medicare eligibility section that applies to you for 2024 benefits information and enrollment tips.

Start here

Things to know before you enroll	1
Your costs and what's covered.....	2
How to enroll.....	2

If you and your covered family members are:

■ Not yet Medicare-eligible.....	3
■ Medicare-eligible.....	6
■ Mixed Medicare-eligible family.....	8

Details and who to contact

■ Good to know.....	11
■ Contacts.....	16

Access the Retiree Benefits Toolkit

See all the great retiree benefits available. Visit the Retiree Benefits Toolkit at MyHPERewards.com/retiree to view this guide online and learn about merchandise discounts, virtual healthcare, and more.

Got questions?

Chat: Visit MyHPERewards.com/retiree and select **HPE Benefits Center**

Call: HPE Benefits Center, 1-844-537-5304, 8 a.m.–8 p.m. CT, Monday–Friday

Things to know before you enroll

- **HPE Retiree Medical Program vs. COBRA.** After you retire from HPE, you'll get a COBRA notification letter saying you can continue HPE health coverage through COBRA for up to 18 months. If you are not yet Medicare-eligible, it's a good idea to elect COBRA because the cost is usually less than the HPE Retiree Medical Program. You have 60 days from the date you retire (or the date you get your COBRA notification letter, if later) to elect COBRA or enroll in the HPE Retiree Medical Program.
 - **If you elect COBRA:** You will be covered by COBRA for 18 months, and thereafter your coverage will automatically continue under the HPE Retiree Medical Program (unless you discontinue coverage).
 - **If you decide to enroll in the HPE Retiree Medical Program instead:** Since the program only provides medical coverage, you can still get dental and vision coverage through COBRA for up to 18 months.
 - Visit MyHPERewards.com/retiree and select **HPE Benefits Center** for more information.
 - » **Changes for 2024.** Go to the Medicare eligibility section that applies to you to learn about any updates.
 - » **Review your Confirmation of Coverage.** If you're in an HPE medical plan, the enclosed Confirmation of Coverage shows your benefits coverage and costs for 2023. You can change this coverage during annual enrollment.
 - » **Consider other medical plans.** As an alternative to an HPE medical plan, you can enroll through Alight Retiree Health Solutions (if Medicare-eligible) or a public health exchange (if not Medicare-eligible). When to enroll depends on the coverage you choose. If your spouse/domestic partner has employer coverage, consider whether that employer plan makes sense for you.

Coverage	When	Where
HPE medical plan	October 9 – November 6	MyHPERewards.com/retiree
Alight Retiree Health Solutions	October 16 – December 8	retiree.alight.com/hewlettpackardenterprise
Public health exchanges	November 1 – December 15	healthcare.gov

- **Use your Personal Care Team (by Included Health).** They're available by phone to help you understand your HPE medical plan options and find a network doctor. Visit includedhealth.com/hpe or call 1-855-429-7357. This service is available at no cost to non-Medicare-eligible retirees and family members enrolled in an HPE medical plan.
- **Changing your medical plan?** Contact the plan you're considering and check whether your prescriptions and doctors are covered. See page 17 for contact information.
- **Medical plan ID cards:** You will receive a new medical ID card if:
 - You enroll in the Anthem PPO, Surest, or the Harvard Pilgrim HMO for 2024;
 - You enroll in the Anthem HDHP + HSA \$2000 for 2024 and live in one of the following areas with a select network: DC, Maryland, Florida, Virginia, or New Hampshire; or
 - You switch medical plans for next year (or newly enroll in HPE medical).
 You'll get your new card by mail before January 1, 2024.
- **If you enroll in or change your HPE medical plan:**
 - Benefits Legal Notices will be provided when you enroll. You'll be asked to acknowledge receipt of this document.
 - Confirm your 2024 benefit elections immediately after you enroll. Select **My Benefits** on the top menu bar, then click **New Elections**.
 - A Confirmation of Coverage will be mailed to you in early December. If you need to correct your elections, notify the HPE Benefits Center before December 31, 2023.

Your 2024 plan options and costs

We're making changes to some of the HPE medical plans. Each year we review these plans, and for 2024, a contribution increase was needed for HPE to continue offering retiree medical.

Important ways you can help keep your healthcare costs down include being proactive with your preventive care, seeing in-network providers, and using mail-order when appropriate for your prescription drugs.

HPE offers a range of medical plan options to help minimize the impact of cost increases. You might be able to save by considering HPE's lower-cost medical plan options. You can also explore other options through:

- The public health exchange at healthcare.gov (for pre-65 retirees); or
- Alight Retiree Health Solutions marketplace at retiree.alight.com/hewlettpackardenterprise (for post-65 retirees).

Tools to compare your HPE options

Go to MyHPERewards.com/retiree, select **HPE Benefits Center**, and follow the prompts to enroll.

- Click **View all plans side-by-side** when enrolling to compare cost, deductibles, copays, and more.
- Search for providers and confirm the doctors you use are in the network for the medical plan you're considering.

How to enroll

To choose HPE medical coverage for 2024 for yourself and any eligible family members:

- Visit MyHPERewards.com/retiree and select **Enroll now**.
- Log on using your user ID and password.
- Follow the prompts to enroll.

Access legal documents

Health plans are required to provide benefit information in a standardized format known as a Summary of Benefits and Coverage (SBC). You can use SBCs to compare health plan options. Your information processed by the health plan is subject to privacy protections and rights under HIPAA, which are explained in the Notice of Privacy Practices. The health plan's SBCs, legal notices (including the Notice of Privacy Practices), and Summary Plan Descriptions are available on MyHPERewards at myhyperewards.com/main/plan-documents-legal-notice.html. To request copies, free of charge, call the HPE Benefits Center at 1-844-537-5304.



Not yet Medicare-eligible

Your medical plan options

If you and all your covered family members are not yet eligible for Medicare, you can enroll in an HPE medical plan or through the public health exchanges. See page 5 to learn about the public health exchanges.

Retiree medical plan options for 2024

Depending on where you live, your HPE retiree medical plan options might include:

- Surest
- Anthem HDHP + HSA \$2000
- Anthem PPO (formerly Anthem PPO \$750)
- Local HMO plan with Kaiser, Harvard Pilgrim, or the HMSA PPO (if available in your area). The Tufts plan will automatically change to the Harvard Pilgrim plan.

Connecticut residents: Connecticut retirees will no longer have access to Harvard Pilgrim or Tufts due to network area changes. Connecticut residents enrolled in Harvard Pilgrim or Tufts will change over to Surest for 2024 unless you enroll in a different plan during annual enrollment.

Medical plan changes

Plan	What's changing
Anthem PPO (formerly Anthem PPO \$750)	<ul style="list-style-type: none"> • In-network deductible <ul style="list-style-type: none"> – Individual \$750 to \$1000 – Family \$2250 to \$3000 • Out-of-network deductible <ul style="list-style-type: none"> – Individual \$1500 to \$2000 – Family \$4500 to \$6000 • In-network out-of-pocket maximum <ul style="list-style-type: none"> – Individual \$3000 to \$3500 – Family \$9000 to \$10,500 • Out-of-network out-of-pocket maximum <ul style="list-style-type: none"> – Individual \$6000 to \$7000 – Family \$18,000 to \$21,000 • Primary doctor office visit copays \$20 to \$30 • Specialist office visit copays \$45 to \$60 • Changes to in-network providers in certain geographic areas. If you reside in one of the following states, please check whether your provider is in-network by visiting the Anthem website at anthem.com for your designated state: <ul style="list-style-type: none"> – DC, Maryland, and Northern Virginia: BlueChoice Advantage – Virginia (all except Northern Virginia): HealthKeepers POS – Florida: NetworkBlue – New Hampshire: BlueChoice Open Access POS

Plan	What's changing
Anthem HDHP + HSA \$2000	<ul style="list-style-type: none"> • Family deductible \$4000 with embedded \$3000 individual deductible is changing to \$4000 with embedded \$3200 individual deductible (IRS change)* • Changes to in-network providers in certain geographic areas. If you reside in one of the following states, please check whether your provider is in-network by visiting the Anthem website at anthem.com for your designated state: <ul style="list-style-type: none"> – DC, Maryland, and Northern Virginia: BlueChoice Advantage – Virginia (all except Northern Virginia): HealthKeepers POS – Florida: NetworkBlue – New Hampshire: BlueChoice Open Access POS • HSA contributions <ul style="list-style-type: none"> – Individual \$3850 to \$4150 – Family \$7750 to \$8300
Kaiser California	<ul style="list-style-type: none"> • Deductible <ul style="list-style-type: none"> – Individual \$200 to \$300 – Family \$400 to \$600 • Specialist office visit copay \$30 to \$45 • Out-of-pocket maximum <ul style="list-style-type: none"> – Individual \$2000 to \$2600 – Family \$4000 to \$5200
Kaiser Washington	<ul style="list-style-type: none"> • Primary doctor office visit copay \$25 to \$20 • Specialist office visit copay \$50 to \$45
Kaiser Northwest	<ul style="list-style-type: none"> • Oregon only (state law): <ul style="list-style-type: none"> – First three primary care or primary care–related visits with Kaiser Permanente and other in-network providers will be covered at \$5 (in person) or \$0 (virtual) copays – Primary care–related services include naturopathic care and outpatient mental health and substance use disorder treatment
Tufts	<p>Tufts will no longer be available. For 2024, current participants will be automatically enrolled in Harvard Pilgrim if outside Connecticut (or enrolled in Surest if home address is in Connecticut), unless a new election is made during annual enrollment.</p>
Harvard Pilgrim	<ul style="list-style-type: none"> • Emergency room \$200 copay after deductible is changing to \$200 copay with deductible waived • Chiropractic not currently covered is changing to \$20 copay with a limit of 30 visits per calendar year • Acupuncture not currently covered is changing to \$45 copay with a limit of 20 visits per calendar year

*Under family coverage, when one individual's expenses reach \$3200, the plan begins to pay for that person (instead of waiting until the full family deductible of \$4000 is met).

PPO = Preferred Provider Organization. HDHP + HSA = High Deductible Health Plan with a Health Savings Account.
HMO = Health Maintenance Organization. HMSA = Hawaii Medical Service Association.

Tips and reminders about HPE medical

- If you enroll in the Anthem HDHP + HSA \$2000 option, you're not eligible to receive HPE contributions to an HSA. To set up or access an existing HSA with HPE, contact the HPE Benefits Center (see "Contacts" on page 16).
- Surest uses doctors and hospitals in the UHC Choice Plus network. Anthem plans use doctors and hospitals in the Anthem BlueCard PPO network, except in specific locations that use select networks. HMOs and the HMSA use providers in their plan networks.
- Your Personal Care Team (by Included Health) can help you understand your medical plan options and find doctors in the network for HPE medical plans. Learn more from the Retiree Benefits Toolkit at MyHPERewards.com/retiree.



Need enrollment assistance?

You can always call the **HPE Benefits Center** at 1-844-537-5304, 8 a.m.–8 p.m. CT, Monday–Friday

Public health exchanges

As an alternative to enrolling in an HPE medical plan, you might want to consider the insurance options available through the public health exchanges.

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

Learn more

- Visit healthcare.gov.
- See what's available and use tools to compare your options without committing to enroll.
- Enroll November 1 – December 15



If you have HPE medical coverage through COBRA

You can continue COBRA coverage for up to 18 months after you retire from HPE. Visit MyHPERewards.com/retiree and select **HPE Benefits Center** for more information.

Take note!

If you decide to enroll in a plan through a public health exchange:

- Call the HPE Benefits Center to discontinue your HPE medical coverage for 2024, if applicable. You can discontinue HPE medical after the annual enrollment deadline but no later than December 15.
- You can reenroll in an HPE retiree medical plan in the future. See "Medical enrollment rules" on page 15.

Medicare-eligible

Your medical plan options

If you and all your covered family members are eligible for Medicare, you can enroll in an HPE medical plan or through Alight Retiree Health Solutions (see page 7 to learn more).

Retiree medical plan options for 2024

Depending on where you live, your HPE retiree medical plan choices might include:

- Anthem Medicare Supplement \$500 Plan A or B.
- Anthem Medicare Supplement \$1200.
- A Medicare HMO plan with Kaiser or Harvard Pilgrim (if available in your area). Tufts is no longer available; as an alternative, you can choose to enroll in a different medical plan during annual enrollment.

Connecticut residents: Connecticut retirees will no longer have access to Harvard Pilgrim or Tufts due to network area changes. Connecticut residents enrolled in a Medicare option with Harvard Pilgrim or Tufts will be required to choose a new Medicare plan at annual enrollment.

Tips and reminders about HPE medical:

- The Anthem plans use providers in the Anthem BlueCard PPO network. However, you can see any provider that accepts Medicare.
- It's important to use doctors, hospitals, and other providers who are in the network for the plan you enroll in. You can search for providers when you enroll.
- Learn more from the Retiree Benefits Toolkit at MyHPERewards.com/retiree.

Take note!

If you enroll in an HPE-sponsored Medicare HMO option for the first time, you'll need to complete and return required Medicare-related enrollment forms by the deadline noted on the form to ensure coverage is in place for January 1. See page 12 for more information. You'll receive forms in the mail from the carrier you selected shortly after the enrollment period ends.

HPE Medicare presentation

Learn more about your Medicare options. Watch the "Medicare, HPE, and You" webinar on demand or view the presentation slides available from the Retiree Benefits Toolkit at MyHPERewards.com/retiree.

PPO = Preferred Provider Organization. HMO = Health Maintenance Organization.

Alight Retiree Health Solutions

HPE partners with Alight Retiree Health Solutions to give our Medicare-eligible retirees access to a variety of medical plans offered through the individual insurance marketplace. Alight Retiree Health Solutions offers:

- A private Medicare marketplace that works with you to explore coverage options and prices.
- The same types of medical coverage that HPE offers—Medicare Supplement (Medigap) and prescription drug plans.
- One-stop shopping, with more than 100 insurance companies available to you, including Aetna, Anthem BlueCross BlueShield, Cigna, Empire, Humana, and UnitedHealthcare.
- Personalized, unbiased guidance to help you understand your options, choose a plan that best fits your needs, and enroll—at no added cost to you.

Four reasons to consider Alight Retiree Health Solutions

- 1. Greater choice.** With more than 100 insurers in the individual marketplace, you can choose the specific coverage and premium that fits your situation.
- 2. Potential to pay less for equal or better coverage.** Competition among insurers means you might find an even better value among your coverage options in the individual marketplace.
- 3. Flexibility.** Unlike group coverage, individual insurance allows you to select a different plan for yourself and your eligible dependents to accommodate each individual's healthcare needs.
- 4. Support.** Using Alight makes it easy! You get personalized, professional help to compare choices and enroll, at no added cost to you.

Learn more

- Call Alight Retiree Health Solutions at 1-844-537-5303 or go to retiree.alight.com/hewlettpackardenterprise.
- A licensed Benefits Advisor* can help you compare your HPE and individual medical insurance options, so you can make an informed decision about your coverage.
- The first time you call, a Benefit Support Specialist will ask questions to assess your needs and then give you an overview of the Medicare insurance marketplace.
- If you want more information, you can set up an appointment to speak with a licensed Benefits Advisor, who can make recommendations based on your needs, preferences, and budget.
- If you decide to enroll in an individual insurance plan through Alight Retiree Health Solutions, you can get help completing your application and filling out any required forms.
- Enroll October 16 – December 8, 2023.

**Benefits Advisors are certified, licensed insurance agents.*

Take note!

If you decide to enroll in a plan through Alight Retiree Health Solutions:

- Call the HPE Benefits Center to discontinue your HPE medical coverage for 2024, if applicable.
- You'll need to complete and submit an application for the new coverage by December 8 to ensure coverage by January 1. If you miss that deadline, your coverage might not start until February 1. If that happens, you can extend your HPE coverage to fill the gap.
- You can reenroll in an HPE retiree medical plan in the future. See "Medical enrollment rules" on page 15.

Mixed Medicare-eligible family

Your medical plan options

If some of your family members are Medicare-eligible and others are not, you're considered a mixed Medicare-eligible family. You can enroll in one of these plan combinations:

Non-Medicare-eligible retirees and family members	Medicare-eligible retirees and family members
Anthem HDHP + HSA \$2000	Medicare Supplement \$1200
Anthem PPO (formerly Anthem PPO \$750)	Medicare Supplement \$500 Plan A
HMO with Kaiser or Harvard Pilgrim (if available)	Medicare version of HMO

You should also consider coverage through Alight Retiree Health Solutions (see page 7) if you're Medicare-eligible, along with coverage through a public health exchange (see page 10) for non-Medicare-eligible family members.

Medical plan changes

Plan	What's changing
Anthem PPO (formerly Anthem PPO \$750)	<ul style="list-style-type: none"> • In-network deductible <ul style="list-style-type: none"> – Individual \$750 to \$1000 – Family \$2250 to \$3000 • Out-of-network deductible <ul style="list-style-type: none"> – Individual \$1500 to \$2000 – Family \$4500 to \$6000 • In-network out-of-pocket maximum <ul style="list-style-type: none"> – Individual \$3000 to \$3500 – Family \$9000 to \$10,500 • Out-of-network out-of-pocket maximum <ul style="list-style-type: none"> – Individual \$6000 to \$7000 – Family \$18,000 to \$21,000 • Primary doctor office visit copays \$20 to \$30 • Specialist office visit copays \$45 to \$60 • Changes to in-network providers in certain geographic areas. If you reside in one of the following states, please check whether your provider is in-network by visiting the Anthem website at anthem.com for your designated state: <ul style="list-style-type: none"> – DC, Maryland, and Northern Virginia: BlueChoice Advantage – Virginia (all except Northern Virginia): HealthKeepers POS – Florida: NetworkBlue – New Hampshire: BlueChoice Open Access POS

Plan	What's changing
Anthem HDHP + HSA \$2000	<ul style="list-style-type: none"> • Family deductible \$4000 with embedded \$3000 individual deductible is changing to \$4000 with embedded \$3200 individual deductible (IRS change)* • Changes to in-network providers in certain geographic areas. If you reside in one of the following states, please check whether your provider is in-network by visiting the Anthem website at anthem.com for your designated state: <ul style="list-style-type: none"> – DC, Maryland, and Northern Virginia: BlueChoice Advantage – Virginia (all except Northern Virginia): HealthKeepers POS – Florida: NetworkBlue – New Hampshire: BlueChoice Open Access POS • HSA contributions <ul style="list-style-type: none"> – Individual \$3850 to \$4150 – Family \$7750 to \$8300
Kaiser California	<ul style="list-style-type: none"> • Deductible <ul style="list-style-type: none"> – Individual \$200 to \$300 – Family \$400 to \$600 • Specialist office visit copay \$30 to \$45 • Out-of-pocket maximum <ul style="list-style-type: none"> – Individual \$2000 to \$2600 – Family \$4000 to \$5200
Kaiser Washington	<ul style="list-style-type: none"> • Primary doctor office visit copay \$25 to \$20 • Specialist office visit copay \$50 to \$45
Kaiser Northwest	<ul style="list-style-type: none"> • Oregon only (state law): <ul style="list-style-type: none"> – First three primary care or primary care–related visits with Kaiser Permanente and other in-network providers will be covered at \$5 (in person) or \$0 (virtual) copays – Primary care–related services include naturopathic care and outpatient mental health and substance use disorder treatment
Tufts	<p>Tufts will no longer be available. For 2024, current participants will be automatically enrolled in Harvard Pilgrim if outside Connecticut, unless a new election is made during annual enrollment. Connecticut residents enrolled in a Medicare option with Harvard Pilgrim or Tufts will be required to choose a new Medicare plan at annual enrollment.</p>
Harvard Pilgrim	<ul style="list-style-type: none"> • Emergency room \$200 copay after deductible is changing to \$200 copay with deductible waived • Chiropractic not currently covered is changing to \$20 copay with a limit of 30 visits per calendar year • Acupuncture not currently covered is changing to \$45 copay with a limit of 20 visits per calendar year

*Under family coverage, when one individual's expenses reach \$3200, the plan begins to pay for that person (instead of waiting until the full family deductible of \$4000 is met).

PPO = Preferred Provider Organization. HMO = Health Maintenance Organization.

HDHP + HSA = High Deductible Health Plan with a Health Savings Account.

Take note!

If you or a family member enrolls in an HPE-sponsored Medicare HMO option for the first time, you'll need to complete and return required Medicare-related enrollment forms by the deadline noted on the form to ensure coverage is in place for January 1. See page 12 for more information. You'll receive forms in the mail from the carrier you selected shortly after the enrollment period ends.

Public health exchanges

As an alternative to enrolling in HPE medical plans, you might want to consider the insurance options available through the public health exchanges for family members who are not eligible for Medicare.

- Exchanges offer individual medical coverage from a variety of insurers.
- Premiums are based on age and coverage option selected.
- Depending on your family income, you might qualify for government premium subsidies that can lower your cost of coverage.
- Even if you enroll yourself in an HPE medical plan, you could enroll non-Medicare-eligible family members in coverage through the exchanges.

Learn more

- Visit [healthcare.gov](https://www.healthcare.gov).
- You can see what's available and use tools to compare your options without committing to enroll.
- Enroll November 1 – December 15.

Take note!

If you decide to enroll in a plan through a public health exchange:

- Call the HPE Benefits Center to discontinue your HPE medical coverage for 2024, if applicable. You can discontinue HPE medical after the annual enrollment deadline but no later than December 15.
- You can reenroll in an HPE retiree medical plan in the future. See “Medical enrollment rules” on page 15.

HPE Medicare presentation

Learn more about your Medicare options. Watch the “Medicare, HPE, and You” webinar on demand or view the presentation slides available from the Retiree Benefits Toolkit at MyHPERewards.com/retiree.

Good to know

Use this section of the guide during enrollment and throughout the year.

Make the most of your benefits

Take advantage of these great benefits to take care of your health.



Reach out to your Personal Care Team (by Included Health)

We know navigating the healthcare system can be time-consuming and frustrating. That's why non-Medicare-eligible retirees enrolled in HPE medical can get support from a dedicated Personal Care Team.

Need to find a personal physician or network specialist, have a question about a medical treatment, or want an expert medical opinion before having surgery? Your Personal Care Team can help you with these and other matters—saving you time so you can take care of yourself and your family. You can use this service at no cost to you if you are a non-Medicare-eligible retiree enrolled in an HPE medical plan.

Visit includedhealth.com/hpe to learn more and get started.



Team up with a personal physician

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

Don't have one yet? Check your medical plan carrier's website to find doctors near you that fit your needs. See "Contacts" on page 17 or check your medical ID card for your carrier's website address. Or if you're a non-Medicare-eligible retiree, contact your Personal Care Team for expert help to find a top doctor who's in-network nearby, and accepting new patients.



Lower your Rx costs

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

Start saving today. See "Contacts" on page 17 for details on how to contact your prescription drug program and research your options.



Connect with Doctor On Demand (by Included Health)

More people are using virtual care to see a doctor from the safety and convenience of their homes. In addition to treating things like colds and flu, Doctor On Demand offers preventive care, care for chronic conditions, and behavioral healthcare (from talk therapy to medication management), plus well-being coaching available 24/7 through the Doctor On Demand app. Doctor On Demand is available to pre-65 retirees and their family members enrolled in an HPE medical plan, including COBRA. Learn more at doctorondemand.com/hpe.

Doctor On Demand visits are free if you're enrolled in an HPE medical plan. Kaiser plan participants: Prescriptions written by non-Kaiser physicians are not covered. Cigna Global participants: Doctor On Demand visits within the U.S. are covered. If you are not located in the U.S., you are still able to see a Doctor On Demand provider for medical advice. However, you will not be able to obtain a prescription.

If you are or become Medicare-eligible or newly enroll in a Medicare HMO

If you or a dependent is eligible for Medicare and enrolling in an HPE-sponsored Medicare HMO option for the first time, you might need to complete additional Medicare-related forms (including an enrollment form and/or a disenrollment form from your current medical plan). You'll receive forms in the mail from the carrier you selected shortly after the enrollment period ends.

If you don't return the forms on time, you'll generally stay enrolled in your 2023 medical plan until your enrollment can be completed, with coverage beginning February 1.

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

Medicare Parts A and B

Once you (or a covered family member) become Medicare-eligible, Medicare becomes your primary coverage, and your HPE coverage or individual insurance plan pays on a secondary basis. Or if you enroll in an HMO, you generally assign your Medicare benefits to the HMO and the HMO provides all benefits. In either case, the medical plan you choose needs to coordinate with Medicare to cover the part of the costs that Medicare doesn't. Enroll in Medicare Parts A and B as soon as you're eligible to help avoid:

- A significant reduction in your benefits.
- Potential Medicare late enrollment penalties.
- Financial responsibility for the portion of your claims that should have been paid by Medicare.
- Rejection of enrollment in an HPE-sponsored Medicare HMO.

Medicare Part D

If you enroll in an HPE medical plan, your HPE prescription drug coverage is considered to be Part D coverage. In most cases, this means you don't need to enroll in separate Medicare Part D prescription drug coverage, and in fact, enrolling in separate Medicare Part D coverage could conflict with the terms of your HPE coverage (please check with the carrier you selected before enrolling in separate Medicare Part D coverage).

Becoming Medicare-eligible mid-year

If you or a covered dependent becomes eligible for Medicare during the year, notify the HPE Benefits Center immediately. It's important to enroll in Medicare Parts A and B as soon as you're eligible (even if participating in an HPE medical plan other than the Medicare HMO option) to avoid late enrollment penalties and financial responsibility for claims that would have been covered by Medicare if you were enrolled. All HPE medical plans will be required to assume retirees are enrolled in Medicare Parts A and B and will pay claims based on the assumption you are receiving payments from Medicare (even if you are not enrolled in Medicare).

Pay your premiums on time

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

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

Paying for your benefits

If you enroll in an HPE medical plan, you have two payment options:

- **Direct debit.** Have premiums automatically deducted from your checking or savings account on the payment due date. To sign up for direct debit, go to the **HPE Benefits Center** from MyHPERewards.com/retiree, or call the HPE Benefits Center at 1-844-537-5304. If you already use direct debit, it will continue for 2024, reflecting any changes to your 2024 premiums.
- **Monthly bill.** You can have a monthly bill mailed to your home. To select this option, call the HPE Benefits Center.

If you enroll through a public exchange or Alight Retiree Health Solutions

You'll pay premiums directly to the insurer. Contact your insurer for details.

Continuing dental and vision coverage

You can continue to participate in HPE dental and vision coverage under COBRA, generally for up to 18 months after retiring. You'll receive a COBRA enrollment package with information about 2024 dental and vision benefits and how to enroll. You can enroll and see your dental and vision options and costs via MyHPERewards.com/retiree (select **HPE Benefits Center**).

Retirement Medical Savings Account (RMSA)

If you participated in the HPE RMSA program and have a balance remaining, you can use that balance to help pay your HPE premium costs and other eligible healthcare expenses. Prior to using your RMSA funds, you must first opt in for reimbursement. To access your RMSA or view reimbursement opt-in instructions, go to MyHPERewards.com/retiree or call the HPE Benefits Center at 1-844-537-5304.

For more information, see the HPE Retirement Medical Savings Account Summary Plan Description available from the Retiree Benefits Toolkit at MyHPERewards.com/retiree.

Legal insurance

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

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

If you moved, are planning to move, or have more than one address

If you moved and your enrollment materials don't reflect your new address, call the HPE Benefits Center to update your address and see whether different medical plans are available at your new address. If you're planning to move, make your benefit elections based on your current address. After you move, call the HPE Benefits Center within 60 days to make any applicable changes.

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

Make sure you're covering the right people

Review the family information on your Confirmation of Coverage (enclosed or from the **HPE Benefits Center** via MyHPERewards.com/retiree). Make any corrections as needed and be sure you have a Social Security number for each dependent.

Who's eligible for coverage?

Eligible dependents include your legal spouse, common-law spouse, domestic partner (same-sex or opposite-sex), and children up to age 26. For eligibility details, see the U.S. Benefits Summary Plan Descriptions on MyHPERewards at myhyperewards.com/main/plan-documents-legal-notice.html. It's your responsibility to ensure that the dependents you enroll are eligible.

Medical enrollment rules

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

Scenario	Changes you can make mid-year	Annual enrollment eligibility
You elect coverage under an HPE retiree medical plan.	You generally can't make changes to your elections during the year, unless you have a qualifying life event* (you will have 60 days to make allowed changes), or if you're enrolled in an HPE-sponsored Medicare HMO plan and want to switch your coverage to an HPE Medicare Supplement option.	You can change your election during each annual enrollment.
You enroll in medical coverage through another employer (whether through your spouse/ domestic partner or through your own employer) and opt out of HPE coverage.	You can reenroll in HPE coverage if you lose the other employer's coverage. You must reenroll within 60 days of the loss of coverage.	You won't be eligible to reenroll in HPE coverage during future annual enrollment periods while you're in the other employer's plan.
You elect coverage under a public health insurance exchange (for retirees not yet eligible for Medicare) or through Aight Retiree Health Solutions (for Medicare-eligible retirees).	You generally can't make changes to your elections during the year, unless you have a qualifying life event* (you will have 60 days to make allowed changes).	You won't be eligible to reenroll in an HPE medical plan during future annual enrollment periods unless you have a qualifying life event or lose coverage.
You die after declining HPE coverage.	Your surviving dependents will not be eligible to participate in benefits following your death. Only dependents who are covered on the date of your death can continue coverage. For information about survivor benefits, call the HPE Benefits Center.	

*For more information, review the Life Events section of the U.S. Benefits Summary Plan Descriptions in the Retiree Benefits Toolkit at MyHPERewards.com/retiree.

Contacts

Resource	What to use it for
<p>Retiree Benefits Toolkit</p> <p>MyHPERewards.com/retiree</p>	<p>Select Enroll now to:</p> <ul style="list-style-type: none"> • Enroll in benefits • Review benefits and costs • Update beneficiaries • Find providers <p>Also find:</p> <ul style="list-style-type: none"> • Benefits contacts • Retiree benefits access links • Webinars • Healthcare plan information • U.S. Benefits Summary Plan Descriptions • Merchandise discounts
<p>Personal Care Team by Included Health (for non-Medicare-eligible retirees)</p> <p>1-855-429-7357</p> <p>includedhealth.com/hpe</p> <p>24/7</p>	<p>During enrollment</p> <ul style="list-style-type: none"> • Understand your medical plan options • Find network providers <p>While enrolled in an HPE medical plan (for non-Medicare-eligible retirees)*</p> <ul style="list-style-type: none"> • Guidance about a treatment or diagnosis and costs • Personalized help finding network providers based on what matters to you • Answers to questions or concerns about your medical coverage • Experts making the calls and doing what's necessary to deal with your claims or billing problems <p><i>*Services are based on the HPE medical plan you enroll in</i></p>
<p>HPE Benefits Center</p> <p>1-844-537-5304</p> <p>8 a.m.–8 p.m. CT, Monday–Friday</p> <p>Fax: 1-866-409-5381</p> <p>Mailing address:</p> <p>HPE Benefits Center PO Box 804057 Chicago, IL 60680</p>	<ul style="list-style-type: none"> • Find general information • Get enrollment help • Enroll a domestic partner • Set up an HSA • Change password

Resource	What to use it for
Alight Retiree Health Solutions retiree.alight.com/hewlettpackardenterprise 1-844-537-5303 8 a.m.–8 p.m. CT, Monday–Friday	Information about Alight Retiree Health Solutions for Medicare-eligible retirees, and to enroll
Medicare medicare.gov 1-800-MEDICARE (1-800-633-4227) available 24 hours a day/7 days a week (TTY: 1-877-486-2048)	Information about and enrollment for Medicare Parts A, B, and D
Public health exchanges healthcare.gov	Information about health insurance plans and prices for non-Medicare-eligible individuals, and to enroll

Plan providers
Medical <ul style="list-style-type: none"> • Anthem: <ul style="list-style-type: none"> – For Medicare plans: 1-844-441-1520 or anthem.com/ca – For non-Medicare plans (via Personal Care Team by Included Health): 1-855-429-7357 or includedhealth.com/hpe • HMO options: See medical plan ID card • Surest: 1-866-683-6440 or <ul style="list-style-type: none"> – Nonmembers visit join.surest.com/HPE (access code: HPE2024) – Members visit benefits.surest.com
Prescription Drug Program <ul style="list-style-type: none"> • For all medical plans except HMOs, contact OptumRx: 1-866-868-0328 or optumrx.com; nonmembers visit welcome.optumrx.com/hpe • For an HMO: See medical plan ID card
Behavioral Health and Substance Use Disorder Program <ul style="list-style-type: none"> • For Anthem medical plans: Call Optum at 1-855-892-2392. To find an Optum network provider, go to liveandworkwell.com (access code: hpe) • If you're enrolled in an HMO: See medical plan ID card • Surest: 1-866-683-6440 or <ul style="list-style-type: none"> – Nonmembers visit join.surest.com/HPE (access code: HPE2024) – Members visit benefits.surest.com

Additional benefits

Virtual healthcare—Doctor On Demand

For pre-65 retirees and their family members enrolled in an HPE medical plan, including COBRA, call 1-800-997-6196 or visit doctorondemand.com/hpe

Legal insurance—ARAG

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

Summary of material modifications

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