

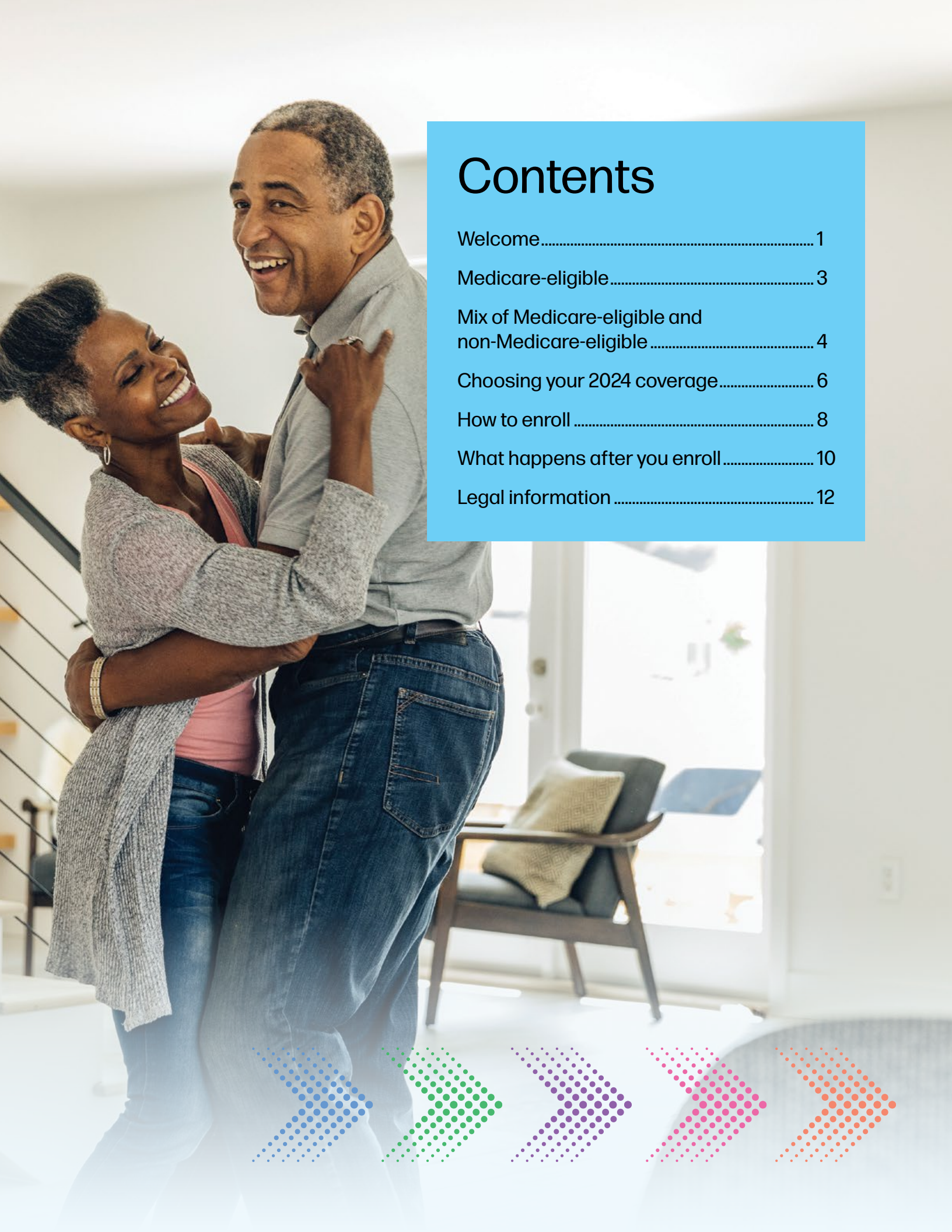
2024 Retiree Benefits Enrollment Guide



For US retirees and spouses/partners participating in the Pre-2003 HP Retiree Medical Program or the former Digital Retiree Health Program



View your personalized options and costs on myhpbenefits.com.



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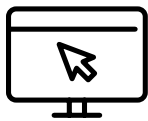


Welcome

It's time to enroll for HP retiree benefits

HP retiree benefits enrollment:
October 16 – November 3, 2023

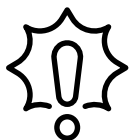
Medicare open enrollment through Alight Retiree Health Solutions:
October 15 – December 7, 2023



Get ready

Your enrollment packet includes this **2024 Retiree Benefits Enrollment Guide** and a **personalized statement**.

- 1** Use **this guide** to understand your choices, what's changing for 2024, and required actions.
- 2** Explore the options available through **Alight Retiree Health Solutions** for Medicare-eligible retirees and family members. See page 6.
- 3** Check out **webinars** on HP Continuum to learn more about your medical options and how to enroll. See page 2.



If you don't enroll...

You will have the 2024 coverage shown on your personalized statement.

Using this guide



MEDICARE-ELIGIBLE

If you and your covered spouse/partner are **eligible for Medicare**, refer to the section showing this symbol. See page 3.



MEDICARE-ELIGIBLE + NON-MEDICARE-ELIGIBLE

If you're covering a **mix of Medicare-eligible and non-Medicare-eligible** family members, refer to the section showing this symbol. See page 4.

Check out HP Continuum

Visit hpcontinuum.com for:

- Enrollment tips and webinars
- Contact information for HP benefit programs

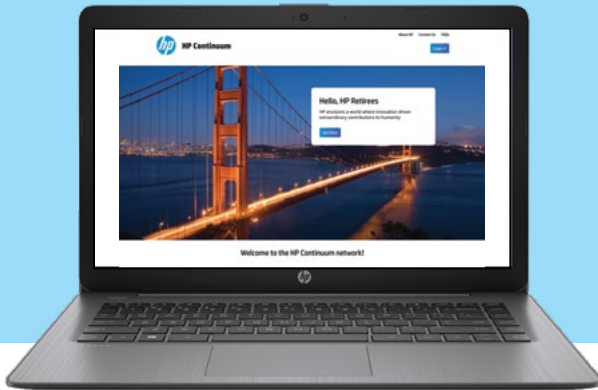


Update your contact information

Don't miss important benefits communications!

- **Go to myhpbenefits.com>Your Profile>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 MyHPBenefits login page to reset it.



Learn more and ask questions

- Join us for live webinars.
- **Can't attend a live session?** Access the webinars on hpcontinuum.com beginning October 16.

Learn about	Dates	Times	Phone access	Web access
UnitedHealthcare (UHC) Medicare Advantage PPOs	October 17	9 a.m. to 10 a.m. PT	Visit hpcontinuum.com for access information	Visit hpcontinuum.com for access information
Alight Retiree Health Solutions	October 17	11 a.m. to 12 p.m. PT	Phone: 1-618-539-7006 Access code: 2495 820 7204	Visit: webex.com Select: "Join a meeting" Enter the meeting number: 2495 820 7204 Enter the webinar password: Retiree!



What's changing for 2024

Review this section to see what's changing if you and your covered spouse/partner are eligible for Medicare (or will become eligible by the end of January 2024). You have a variety of coverage options to choose from, including HP retiree medical options and coverage through Aight Retiree Health Solutions.

Retiree medical premium increases

For Medicare-eligible participants, premiums for the UnitedHealthcare Medicare Advantage PPOs will experience smaller increases (with premiums for the PPO Core option having a small reduction), but you may notice higher increases for Medicare HMOs including Kaiser. If you haven't already done so, you can also consider coverage options through Aight Retiree Health Solutions, which offers lower-cost alternatives across a wide range of medical, dental, and hearing care plans, with HP funding a Retiree Reimbursement Account (RRA) to help pay premium costs.

The increases for 2024 were determined by our medical carriers—not HP—based on retiree claim costs and health care inflation. We understand how critical health care is to our retirees, and although our retiree medical program limits the amounts HP contributes toward retiree coverage costs, **we have authorized special additional subsidies for 2024 to help ensure retiree increases do not exceed 10% versus 2023 premium levels.**

HP also continues 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. You can do your part by using health care wisely, including using in-network providers, limiting use of the emergency room, and taking advantage of preventive care features and options like second opinions and generic and/or mail-order drugs.

Dental premium increases*

Retiree premiums for dental coverage in 2024 will see a modest increase due to dental cost increases nationwide.

* For recent retirees participating in dental benefits through COBRA or retirees in the former Digital Retiree Health Program.

Have you considered Aight Retiree Health Solutions?

Medicare-eligible retirees and spouses/partners have the opportunity to enroll in medical and prescription drug coverage through Aight Retiree Health Solutions. Almost 5,000 Medicare-eligible HP retirees already participate and enjoy the value and choice offered through Aight.

- **Aight Retiree Health Solutions offers a wide variety of options** with a range of designs and premiums from dozens of medical carriers. Aight also offers dental, vision, and hearing care plans you can purchase separately or bundled with some medical plans.
- **HP helps pay your premiums** for coverage through Aight by funding a Retiree Reimbursement Account (RRA), with an annual allowance for you and your covered spouse/partner.
- **You can get personalized recommendations** from a licensed Benefits Advisor to help you choose your 2024 coverage and enroll.
- **You can come back to HP coverage** during a future retiree benefits enrollment period or within 60 days of a qualified status change.

Mix of Medicare-eligible and non-Medicare-eligible



What's changing for 2024

If you or some members of your family are eligible for Medicare (or will become eligible by the end of January 2024) and some are not:

- Review page 3 for changes for retirees and spouses/partners who are eligible for Medicare.
- Review this section for changes for retirees and spouses/partners who are **not** eligible for Medicare.

Medical changes

Although most non-Medicare HP retiree medical options are staying the same, there are some changes you should be aware of for 2024.

- **Retiree medical premium increases:** For non-Medicare family members, premiums for most medical options will increase more significantly than in recent years. As described below, HP is helping to limit these increases, but you will still see higher costs in 2024—so it's important to consider all your options, including lower-cost options such as HP's High Deductible Health Plan (HDHP) or coverage available through public health care exchanges.

The increases for 2024 were determined by our medical carriers—not HP—based on retiree claim costs and health care inflation. We understand how critical health care is to our retirees, and although our retiree medical program limits the amounts HP contributes toward retiree coverage costs, **we have authorized special additional subsidies for 2024 to help ensure retiree increases do not exceed 10% versus 2023 premium levels.**

HP also continues 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. You can do your part by using health care wisely, including using in-network providers, limiting use of the emergency room, and taking advantage of preventive care features and options like second opinions and generic and/or mail-order drugs.

- **Combined medical and prescription drug out-of-pocket maximum:** For the CDHP w/HRA, EPO, and PPO medical options, medical and prescription drug out-of-pocket maximums will be combined, so expenses of either type will count toward a single maximum expense. The new, combined out-of-pocket maximum will also be lower—reducing overall health care costs for the majority of retirees and their families. You will receive a new ID card to reflect this change.
- **Caremark Cost Saver for lower out-of-pocket drug costs:** Cost Saver makes sure you get the lowest possible cost for medications covered under your plan. All you have to do is present your CVS Caremark member ID card when you pick up your prescriptions, and the lowest available discount price will be applied automatically.

See your personalized statement for the coverage you'll have in 2024 if you take no action. Go to myhpbenefits.com to confirm or change your assigned coverage for 2024.

Transition-of-care benefits

If you're changing from one carrier to another for 2024 and your current provider isn't in your new carrier's network, transition-of-care benefits may be made available to you. **See page 10.**

Dental premium increases*

Retiree premiums for dental coverage in 2024 will see a modest increase due to dental cost increases nationwide.

* For recent retirees participating in dental benefits through COBRA or retirees in the former Digital Retiree Health Program.

If you (or your spouse/partner) will become eligible for Medicare later in 2024

- You should still enroll in an HP non-Medicare medical option for the coming year if you or your covered spouse/partner will become eligible for Medicare February 1 or beyond.
- See page 11 for details about what happens if you or your covered spouse/partner becomes eligible for Medicare.

Care for your heart KARDIA^{COMPLETE} health with KardiaComplete

KardiaComplete is a free heart health program offered to HP pre-Medicare retirees—currently enrolled in an HP medical option—with 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.

What does it mean?

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



Need help deciding?

To view the medical options and medical carriers available in your area, visit MyHPBenefits and select “It’s time to make your Annual Enrollment Choices. Enrollment ends November 3, 2023.” Use the comparison tool when you enroll on myhpbenefits.com to help you compare your medical options and decide.

Non-Medicare-eligible: Contact Included Health if you have questions about provider networks or need support with more complex health care needs. Download the Included Health app (available on the Apple App Store and Google Play Store), visit includedhealth.com/hp, or call 1-855-633-9251.

Choosing your 2024 coverage

Your coverage options include:

- For Medicare-eligible retirees and spouses/partners: HP group retiree medical coverage as well as Aight Retiree Health Solutions
- For non-Medicare-eligible retirees and spouses/partners: HP group retiree medical coverage*.

	Medicare-eligible		Not eligible for Medicare
	HP group retiree medical coverage	Aight Retiree Health Solutions	HP group retiree medical coverage
How it works	HP selects insurers or carriers to offer retiree medical options with varying coverage features.	Aight offers medical and prescription drug coverage through a variety of insurance companies nationwide.	HP selects insurers or carriers to offer retiree medical options with varying coverage features.
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>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, vision, and hearing care plans are also available.</p>	<p>Depending on where you live:</p> <ul style="list-style-type: none"> • HDHP • CDHP w/HRA • Premium and Value PPOs • HMOs • EPO • Premium, Standard, and Basic CMPs <p>See details in the comparison tool when you enroll on myhpbenefits.com.</p>
How premiums are set	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 the members of a particular insurer.	Premiums reflect the underlying cost of care across HP's retiree population.
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 among options, carriers, coverage levels, and premiums.	If you want to participate in an HP retiree medical option and it's a good fit for your health care and financial needs.

* If you're not eligible for Medicare, you also have the option to purchase coverage through a public health exchange instead of through HP. The choices vary depending on where you live. If 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 15, 2023, 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 2024 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.



How to enroll

Retirees and spouses/partners enrolling in an HP retiree medical option

Go to MyHPBenefits at myhpbenefits.com **October 16 – November 3, 2023**, and select “It’s time to make your Annual Enrollment Choices. Enrollment ends November 3, 2023.”

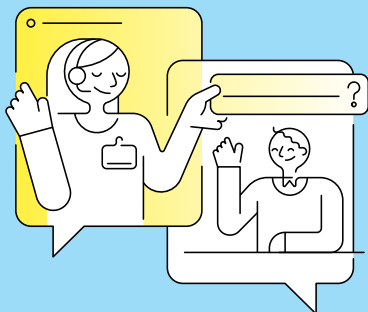
1. Choose who you want to cover and verify everyone you enroll is eligible (or discontinue coverage if they’re not). For dependent eligibility questions, view the HP benefits: Who you can cover guide on MyHPBenefits at myhpbenefits.com. Go to MyHPBenefits>Quick Links>Forms & Plan Information.
2. Verify or change your elections, making separate coverage elections for Medicare-eligible and non-Medicare-eligible family members.
3. Select “Continue” and look for the “All done! You’re enrolled!” message.

TIPS:

- **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.
- **If you want to change your elections:** After you enroll, you can go to MyHPBenefits anytime through November 3, 2023, to change your elections.

Questions?

- HP Benefits Center 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).
- Call 1-800-890-3100 (outside the US, Puerto Rico, or Canada: 1-847-883-0465) and say “Annual Enrollment.”



Schedule an appointment with an HP Benefits Center representative

Visit myhpbenefits.com and select “It’s time to make your Annual Enrollment Choices. Enrollment ends November 3, 2023.” Then select “Want Help Enrolling in Benefits?” to make an appointment with an HP Benefits Center representative.



Medicare-eligible retirees and spouses/partners enrolling through Aight Retiree Health Solutions

Visit retiree.alight.com/hp or call 1-800-975-0355 from **October 15 – December 7, 2023**, to be guided through the application process.

TIPS:

- The HP Benefits Center will automatically be notified once your new medical coverage has been approved.
- If you're enrolled in an HP vision or dental option and wish to drop coverage, you'll need to make these changes through MyHPBenefits. Go to myhpbenefits.com October 16 - November 3, 2023, and select "It's time to make your Annual Enrollment Choices. Enrollment ends November 3, 2023."
- Once you're enrolled with Aight Retiree Health Solutions, each fall you can review what's changed in your life, your health, and your budget and, if needed, enroll in a different plan. You'll also keep the option to re-enroll in HP coverage during a future retiree benefits enrollment period or within 60 days of a qualified status change.

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

You'll make two medical elections.

- One will be for those who are eligible for Medicare, and one will be for those who are not.
- If you enroll yourself and/or your Medicare-eligible family members in coverage through Aight Retiree Health Solutions, you can still enroll your non-Medicare-eligible family members in one of the HP group retiree medical options or in coverage through a public health exchange.

If you don't make changes to your HP coverage or enroll through Aight Retiree Health Solutions, the coverage shown on the enclosed personalized statement and on MyHPBenefits is what you'll have for 2024.

Medicare-eligible: 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 either by calling the HP Benefits Center or through MyHPBenefits at 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.

What happens after you enroll

Confirm your 2024 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 15, 2023, at 6 p.m. Pacific Time (8 p.m. Central Time).
- After that date, you won't be able to make changes for 2024 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 carrier to another for 2024 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 2024:

- Contact your new carrier once you receive your new ID card in December. 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: If you enrolled through Alight Retiree Health Solutions

After you've completed your application for coverage through Alight Retiree Health Solutions, it will be submitted to your new health plan for approval.

When your new coverage has been approved, the HP Benefits Center will be automatically notified so that HP can discontinue any 2024 medical and prescription drug coverage in which you may have been enrolled.

If you (or your spouse/partner) will become eligible for Medicare in 2024

You (or a spouse/partner) 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.

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 (TTY 1-800-325-0778), Monday – Friday, 8 a.m. – 7 p.m. 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 before age 65 due to disability, 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 becomes 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.

About your address

If your address changes

- Please report the change on myhpbenefits.com or to the HP Benefits Center. Your address change will automatically be shared with the applicable carriers for health benefits and/or the HP Retirement Medical Savings Account (RMSA).
- For other benefits (e.g., Group Legal Insurance through ARAG), please report address changes to the benefit vendors for the programs in which you participate (go to hpcontinuum.com 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.

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.

If you're new to HP Continuum, register at hpcontinuum.com/register.

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.

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 myhpbenefits.com. Go to MyHPBenefits>Quick Links>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. You can view HP's privacy policy on MyHPBenefits at myhpbenefits.com. Go to MyHPBenefits>Quick Links>Forms & Plan Information.

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 2024, all HP medical options will continue to provide these benefits, subject to applicable copayment, deductible, coinsurance, certification, or review provisions.

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 (or coverage through Alight Retiree Health Solutions, if you qualify for Medicare), the following re-enrollment restrictions will apply:

- You will not have an option to re-enroll in retiree medical coverage (or coverage through Alight Retiree Health Solutions, for Medicare-eligible individuals) 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 within 60 days of 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/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 qualify to 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 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 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 at myhpbenefits.com. Go to MyHPBenefits>Quick Links>Forms & Plan Information.
- **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.

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For eligible US retirees of HP Inc. and acquired companies participating in the Pre-2003 HP Retiree Medical Program or the former Digital Retiree Health Program



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