

2023 Retiree Benefits Enrollment Guide



Benefits focused on you

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



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

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Welcome

It's time to enroll for HP retiree benefits.

HP retiree benefits enrollment:
October 24 – November 11, 2022

Medicare open enrollment through Alight Retiree Health Solutions:
October 15 – December 7, 2022



Get ready

Your enrollment packet includes this **2023 Retiree Benefits Enrollment Guide** and a **personalized statement**.

- 1** Use **this guide** to understand your choices, what's changing for 2023, and required actions.
- 2** Explore the options available through **Alight Retiree Health Solutions** (formerly Aon Retiree Health Exchange) for Medicare-eligible retirees and family members. See page 7.
- 3** Check out **webinars** on HP Continuum to learn more about your medical options and how to enroll. See page 4.



If you don't enroll...

You will have the 2023 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 6.



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 8.

Check out HP Continuum

Visit hpcontinuum.com for:

- Enrollment tips and webinars
- Medical option coverage summaries
- Contact information for HP benefit programs



Update your address/ add your email address

Don't miss important benefits communication!

- Go to www.myhpbenefits.com.
- In the "Your Profile" menu at the top of the page, select "Manage Communications" and then "Change" to update your address and add your email address.

If you don't remember your password, follow the prompts on the 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 24.

Learn about	Dates	Times	Phone access	Web access
UnitedHealthcare (UHC) Medicare Advantage PPOs	October 27	9 to 11 a.m. PT	Phone: 1-844-291-6362 TTY 711 Access code: 6536710	Visit: webex.com Select: "Join" Event number: 2694 202 2442 Event password: Welcome2023!
Tufts Medicare Supplement w/PDP	November 3	9 to 10:30 a.m. PT	Phone: 1-617-804-0013 Access code: 841 582 573	Visit: microsoft.com/en-us/microsoft-teams/join-a-meeting Select: "Join a meeting" Meeting ID: 220 576 158 195 Meeting passcode: pke8Cq To connect audio, use computer audio or dial: 1-617-804-0013 Access code: 841 582 573
Alight Retiree Health Solutions	November 1	12 to 2 p.m. PT	Phone: 1-618-539-7006 Access code: 2485 516 4925	Visit: webex.com Select: "Join" Event number: 2485 516 4925 Event password: Retiree! To connect audio, use computer audio or dial: 1-618-539-7006 Access code: 2485 516 4925





What's changing for 2023

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 2023). You have a variety of coverage options to choose from, including HP retiree medical options and coverage through Alight Retiree Health Solutions.

Medical changes

Although most Medicare HP retiree medical options are staying the same, there are some changes you should be aware of, and your monthly premiums may increase based on continuing health care inflation nationally.

Harvard Pilgrim Enhanced option no longer available

- As part of the merger of Harvard Pilgrim and Tufts, HP will no longer offer the Harvard Pilgrim Enhanced option effective January 1, 2023.
- If you currently participate in this option and don't enroll or make changes for 2023, you will automatically be enrolled in the Tufts Medicare Supplement w/ PDP option. You'll have access to a similar network of providers through Tufts.
- You can also find other options through the combined Tufts/Harvard Pilgrim by exploring Alight Retiree Health Solutions.

Changes to Tufts medical options

- You'll see these changes to the Tufts Medicare Supplement w/PDP option for 2023:
 - The annual deductible is increasing from \$250 to \$500.
 - Prescription drug Tier 2, 30-day supply is decreasing from \$35 to \$25.
- OptumRx will replace CVS Caremark as the prescription drug provider for the Tufts Medicare Supplement w/PDP and Tufts Medicare HMO options.

Enhancements to UHC Medicare Advantage PPO coverage

You'll see several enhancements to the UHC Medicare Advantage PPO Core and Plus options for 2023.

- Primary care physician (PCP) and specialist copayments are decreasing by \$15.
 - Plus plan copayments: \$10/\$20
 - Core plan copayments: \$15/\$25
- Out-of-pocket (OOP) maximums are decreasing by \$500.
 - Plus plan OOP maximum: \$1,500
 - Core plan OOP maximum: \$2,500
- New Personal Emergency Response System (PERS) is a wearable device that provides 24/7 monitoring and AutoAlert fall detection.
- New Healthy at Home Premium provides access to home-delivered meals, rides to medical appointments and pharmacies, and in-home personal care.

Dental premiums increasing*

Retiree premiums for dental coverage in 2023 will see a modest increase due to dental cost increases nationwide.

* For recent retirees participating in dental benefits through the Consolidated Omnibus Budget Reconciliation Act, or COBRA, or retirees in the former Digital Retiree Health Program)



Don't forget Alight Retiree Health Solutions

Medicare-eligible retirees and spouses/partners have the opportunity to enroll in medical and prescription drug coverage through Alight. Thousands of HP retirees already participate and enjoy the value and choice offered through Alight.

- **Alight offers a wide variety of options** with a range of designs and premium costs from dozens of medical carriers. Alight also offers dental, vision, and hearing care plans you can purchase separately or bundled with some medical plans.
- **HP helps pay your premium costs** for coverage through Alight 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 2023 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 as determined by Medicare.



Schedule an appointment with a Benefits Advisor

Visit www.myhpbenefits.com, go to the Annual Enrollment welcome page, and then select the tile for scheduling an appointment.



Mix of Medicare-eligible and non-Medicare-eligible



What's changing for 2023

If you or some members of your family are eligible for Medicare (or will become eligible by the end of January 2023) and some are not:

- Review pages 6 and 7 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, and your monthly premium costs may increase based on continuing health care inflation nationally.

Effective January 1, 2023, there will be changes to medical carriers or medical options in select locations.

- **Oregon and Washington state:** Cigna will replace Aetna as the medical carrier for the HDHP, CDHP w/HRA, PPO, and EPO medical options. If you're enrolled in an Aetna medical option in these states, we'll automatically enroll you in the same medical option with Cigna. Cigna offers a similar choice of in-network providers and hospitals. Prescription drug benefits will continue to be provided through CVS, and benefits for mental health and substance use will continue through ComPsych.
- **Texas:** Blue Essentials HMO will no longer be available. If you're enrolled in this option, we'll automatically enroll you in the Anthem BlueCross BlueShield EPO. You can also consider other options available where you live.
- **Harvard Pilgrim HMO:** As part of the merger of Harvard Pilgrim and Tufts, HP will no longer offer the Harvard Pilgrim HMO option. If you're enrolled in this option, we'll automatically enroll you in the Tufts HMO.

See your personalized statement for the coverage you'll have in 2023 if you take no action. Go to **MyHPBenefits** to confirm or change your assigned coverage for 2023.

Transition-of-care benefits

If you're changing from one medical, prescription drug, or behavioral health carrier to another for 2023 and your current provider isn't in your new carrier's network, transition-of-care benefits may be made available to you.

[See page 14.](#)

Dental premiums increasing*

Retiree premiums for dental coverage in 2023 will see a modest increase due to dental cost increases nationwide.

* For recent retirees participating in dental benefits through the Consolidated Omnibus Budget Reconciliation Act, or COBRA, or retirees in the former Digital Retiree Health Program)

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

If you (or your spouse/partner) will become eligible for Medicare later in 2023

- 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 the “What happens after you enroll” section, starting on page 14, for details about what happens if you or your covered spouse/partner becomes eligible for Medicare.



Need help deciding?

Visit **MyHPBenefits** and select “Enroll in 2023 Benefits” to view the medical options and medical carriers available in your area. You can also review medical option coverage summaries and access tools to help you decide on MyHPBenefits.

Non-Medicare-eligible: Contact HP Health Hub by 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 2023 coverage

Your coverage options include:

- Alight Retiree Health Solutions (formerly Aon Retiree Health Exchange) for Medicare-eligible retirees and spouses/partners.
- HP retiree medical options* for non-Medicare-eligible retirees and spouses/partners.

	Medicare-eligible		Not eligible for Medicare
	HP group retiree medical coverage	Alight 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.	Alight 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 PPO • Value PPO • HMOs • EPO • Premium CMP • Standard CMP • Basic CMP <p>See details in the medical option coverage summaries when you enroll on www.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 premium costs.	If you want to participate in an HP retiree medical option and it's a good fit for your health care and financial needs.
How to enroll	See pages 12 - 13 in the "How to enroll" section for more details about enrolling.		

	Medicare-eligible		Not eligible for Medicare
	HP group retiree medical coverage	Alight Retiree Health Solutions	HP group retiree medical coverage
Enrollment dates	October 24 – November 11, 2022	October 15 – December 7, 2022	October 24 – November 11, 2022
Support available during and after enrollment	HP Benefits Center representatives are available to answer questions during and after enrollment.	A Benefits Advisor can help you compare your options during enrollment with a personalized appointment. Ongoing support is available to answer questions and help if you move or have a change that affects your coverage.	HP Benefits Center representatives are available to answer questions during and after enrollment.

* 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 benefits annual enrollment period has already ended, please contact the HP Benefits Center by December 16, 2022, 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 2023 HP medical and prescription drug coverage. By notifying the HP Benefits Center of your public health exchange coverage, you'll keep the option to enroll in HP coverage within 31 days of disenrolling from a public health exchange plan in the future. When you disenroll from a public health exchange plan, if you wish to re-enroll in HP benefits coverage, you must contact the HP Benefits Center within 31 days of dropping your public health exchange coverage.



How to enroll

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

Go to MyHPBenefits at www.myhpbenefits.com starting October 24 through November 11, and select “Enroll in 2023 Benefits.”

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.
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 11 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 “HP Benefits Center.”
- Go to www.myhpbenefits.com and select the blue “Need Help?” button at the lower-right side of any page to ask questions. To schedule an appointment with the HP Benefits Center, go to the Annual Enrollment welcome page and then select the tile for scheduling an appointment.

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, 2022**, 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 the HP Benefits Center.
- Once you're enrolled with Aight, 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 as determined by Medicare.

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, you can enroll any non-Medicare-eligible family members in one of the HP group 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 2023.

What happens after you enroll

Confirm your 2023 coverage after you enroll

After you submit your elections for non-Medicare-eligible family members, you have until November 11 to make any additional changes. 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 16, 2022, at 6 p.m. Pacific Time (8 p.m. Central Time). After that date, you won't be able to make changes for 2023 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, prescription drug, or behavioral health carrier to another for 2023 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 2023:

- Contact your new medical, prescription drug, or behavioral health carrier once you receive your new ID card in late 2022 or early 2023. 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 2023 medical and prescription drug coverage in which you may have been enrolled.

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 by calling the HP Benefits Center or through MyHPBenefits at www.myhpbenefits.com. Your MBI, which appears on your Medicare card, allows you to see all of the medical options available to you when you enroll. Some HP retiree medical options require confirmation of your Medicare enrollment before you can begin participating.

If you (or your spouse/partner) will become eligible for Medicare in 2023

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. If you enroll in an HMO, you generally assign your Medicare benefits to the HMO, and the HMO provides all benefits.

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

- **Enroll in Medicare Parts A and B as soon as you're eligible** (due to age or disability) by calling Social Security at 1-800-772-1213 (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 become eligible for Medicare (due to age or disability), if you have HP medical coverage, and provide your **Medicare Beneficiary Identifier (MBI)**.

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

About your address

If your address changes

- Please report the change on www.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 www.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 www.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 2023, 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 premium costs for all retirees.

Cover the right people

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

- **Correct any errors.** Review the family information on the enclosed personalized statement and on MyHPBenefits. Make any corrections when you enroll. Also be sure that you have provided a Social Security number for each covered dependent. This will avoid delays in processing your enrollment and initiating coverage.
- **Enroll only eligible dependents.** Please ensure that all of your dependents continue to meet the eligibility rules. For complete eligibility rules, see the HP benefits: Who you can cover guide on MyHPBenefits.
- **Dependent eligibility is subject to periodic audits.** If you're found to be covering an ineligible dependent or you don't provide the required information by the due date, that dependent's coverage will be dropped retroactively without eligibility for COBRA or retroactive premium refunds.



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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

