



Statement Date: September 26, 2025



**HPBenefitsCenter**

HPBenefitsCenter.com

1-800-890-3100

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

## Annual Enrollment 2026

### Action Needed!

Confirm your HP benefits in this statement and if you need to make changes visit [HPBenefitsCenter.com](https://HPBenefitsCenter.com) between **October 13, 2025** and **October 31, 2025**. If you make changes you will receive a new statement in November.

You and your eligible dependents can continue health benefits as long as they remain eligible under plan terms. This statement confirms your HP benefit options and contribution amounts starting on January 1, 2026. Your current family information is also provided. ***Please be sure to carefully review your guide and take time to understand what's changing for the coming year.***

Because you and/or one of your dependents are Medicare eligible, Medicare medical coverage is exclusively offered through Alight Retiree Health Solutions. Please call Alight Retiree Health Solutions at 1-800-975-0355 to speak to a Benefit Advisor about your 2026 Medicare coverage options.

### Your Benefits

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

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

#### Your Benefits If You Don't Make Changes effective 01-01-2026

Plan

Medicare Medical

No coverage

No coverage

Monthly Contribution Amount

\$0.00

#### All Monthly Contribution Amounts

Contribution Amount

\$0.00

**Your Total Monthly Contribution Amounts**

**\$0.00**

### Reminder About Re-Enrollment Rules

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

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

### Current Family Information

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

**It's your responsibility to ensure that the dependents you enroll are eligible.** When you enroll your dependents, you're confirming they are eligible. Any attempt to enroll an ineligible dependent is considered a material misrepresentation by you and evidence of fraud on the plans. If you cover a dependent who isn't eligible, that dependent's coverage will be dropped retroactively and premiums will not be refunded.