



2020  
Benefits

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then get back out there

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Enroll October 7 – 25, 2019

# HP retiree benefits enrollment: October 7 – 25, 2019



## Contents

We've made this guide easy for you to find what you need fast. Each section is color-coded so you can quickly see the information that applies to your situation.

Enrollment overview .....	1 – 3
 Your options: Medicare-eligible .....	4 – 7
 Your options: Not yet Medicare-eligible .....	8 – 11
 Your options: Split family (some are eligible for Medicare and some are not) .....	12 – 13
Stay healthy and save all year long .....	14
Resources .....	15 – 17
Important reminders .....	18 – 19
Legal information .....	20
What does it mean? .....	21

# Enrollment overview

Annual enrollment for HP retiree benefits is October 7 – 25, 2019. Before you enroll in health care benefits for 2020, use this guide to:



Learn about the coverage options available.



Understand the choices you'll need to make and what you need to do to enroll.



Find out about tools and resources you can use to get more information.

## If you don't enroll...



The enclosed statement shows the coverage you'll have for 2020 unless you make changes. In most cases, this will be the coverage you have today, except if your current coverage is no longer offered. Even if you're happy with the coverage shown in the letter, please take time to review this guide, so you know your options and what's changing.

## What's changing for 2020

The changes to your HP benefits for 2020 **vary depending on if you and your dependents are eligible for Medicare**. For an overview of what's changing in 2020 and the coverage options available to you, refer to the color-coded section of this guide that applies to your situation:

**Medicare-eligible** (both you and your spouse/partner are 65 or older or disabled) – page 4

**Not yet Medicare-eligible** (neither you nor your spouse/partner are eligible yet) – page 8

**Split family** (some family members are eligible for Medicare and some are not) – page 12

For complete details about 2020 changes, review the enclosed What's Changing Guide.

## Choosing a coverage option

Before you enroll, consider if your benefit needs have changed from last year and review your 2020 choices. Your coverage options may include:

- **HP medical options**, which offer a variety of plan choices and coverage levels.
- **Individual insurance market options** with a variety of insurance companies that participate in the marketplace and offer a wide range of medical and prescription drug options.

For more information about your coverage choices, read on. Also review the medical option coverage summaries at [www.myhpbenefits.com](http://www.myhpbenefits.com).

# Enrollment overview (cont'd)

## How to enroll in an HP medical option

- 1 **Find your personalized medical options and costs** through MyHPBenefits at [www.myhpbenefits.com](http://www.myhpbenefits.com) by selecting the “Enroll in 2020 Benefits” tile.

### Looking for print materials?

To get a printed summary of your coverage, comparison charts, or other materials, call the HP Benefits Center at 1-800-890-3100.

- 2 **If you're eligible for Medicare, provide your Medicare Beneficiary Identifier (MBI)** by contacting the HP Benefits Center or through MyHPBenefits when you enroll. By providing your MBI, which appears on your Medicare card, you'll see all of the medical options available to you when you enroll.

### Your MBI is important

It's essential to provide your MBI by calling the HP Benefits Center or through MyHPBenefits at [www.myhpbenefits.com](http://www.myhpbenefits.com).

- 3 **Enroll in your benefits by October 25**

- Go to MyHPBenefits at [www.myhpbenefits.com](http://www.myhpbenefits.com) and select the “Enroll in 2020 Benefits” tile.
- Verify or change your elections.
- Choose who you want to cover and verify everyone you enroll is eligible (or discontinue coverage if they're not). See page 21 for more information.
- Select “Complete enrollment” and watch for the “Completed Successfully” message.
- (Optional) Make changes to your elections any time before October 25.

**If you don't enroll**, the coverage shown in the enclosed personalized letter is what you'll have for 2020.

- 4 **Confirm your 2020 coverage after you enroll**

- Review the Confirmation of Coverage statement you'll receive in the mail in November.
- If you need to make corrections, call the HP Benefits Center immediately at 1-800-890-3100. You must make corrections by December 27, 2019, at 6 p.m. Pacific Time (8 p.m. Central Time). After that date, you won't be able to make changes for 2020 unless you experience a qualified status change.

## Enrolling through the individual insurance market

Individual insurance options may be available to you outside of the HP group plans. How you enroll in an individual insurance market option depends on whether you and your spouse/partner are age 65 or older and eligible for Medicare:

- **If you're eligible for Medicare**, feel free to call the Aon Retiree Health Exchange™ at 1-800-975-0355 to speak with a Benefits Advisor and get recommendations or help with enrolling. **See page 6 for more information** about the services the Aon Retiree Health Exchange offers. You can also find information at [retiree.aon.com/hp](http://retiree.aon.com/hp). Enrollment dates through the Aon Retiree Health Exchange are **October 15 – December 7, 2019**.

If you decide to enroll with the Aon Retiree Health Exchange and the HP annual enrollment period has already ended, don't worry. The exchange will notify the HP Benefits Center automatically so HP can discontinue your 2020 HP medical and prescription drug coverage.

- **If you're not eligible for Medicare**, go to [healthcare.gov](http://healthcare.gov) to enroll in a public health exchange option. If you enroll in an individual insurance market option, go to MyHPBenefits at [www.myhpbenefits.com](http://www.myhpbenefits.com) during HP retiree benefits enrollment, select the “Enroll in 2020 Benefits” tile, and select “No Coverage” for your HP retiree benefits by October 25. If you prefer, you can call the HP Benefits Center at 1-800-890-3100 **by December 27, 2019**, (before 6 p.m. Pacific Time/8 p.m. Central Time) and notify the representative you've enrolled in an individual insurance market plan so he or she can discontinue your 2020 HP medical and prescription drug coverage.

With either of the exchange options, you'll keep the option to enroll in HP coverage during future retiree benefits enrollment periods if you disenroll from the exchange plan or have a qualified life event during the year.

## If you (or a family member) will become eligible for Medicare in 2020

On the date you (or a family member) enroll in Medicare (due to age or disability), **Medicare becomes your primary coverage**, with your HP coverage or individual insurance market plan paying on a secondary basis. If you enroll in a Health Maintenance Organization (HMO), you generally assign your Medicare benefits to the HMO, and the HMO provides all benefits.

In either case, **the medical option you choose needs to coordinate 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 or applying online at [ssa.gov/medicare](https://ssa.gov/medicare). This 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

You don't need to enroll in Medicare Part D as long as you're covered by an HP retiree medical option, because your HP coverage automatically includes qualifying prescription drug benefits.

- **Contact Allsup at 1-800-883-6650 if you need help with Medicare enrollment.** HP provides access to Allsup, an agency that specializes in Medicare coordination services. Allsup can probably help you complete your Medicare enrollment faster than you could do it 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. Provide your **Medicare Beneficiary Identifier (MBI)**, which appears on your Medicare card, so you'll see all of the HP medical options available to you that coordinate with Medicare when you enroll. Some HP retiree medical options require confirmation of your Medicare enrollment before you can begin participating.



# Your options: Medicare-eligible

Review this **aqua** section **if you and your spouse/partner are both** eligible for Medicare due to age (65 or older) or disability. If you or your covered spouse/partner are not eligible for Medicare, refer to the **purple** or **orange** section of this guide.



## What's changing for 2020 (at a glance)

Here are highlights of the changes to your HP benefits for 2020. For details about these changes, **review the enclosed What's Changing Guide.**

What's changing	How
Your contributions for HP medical coverage	For most HP retiree medical options, retiree contributions will increase as a result of continuing national health care cost increases.
Medical coverage options (California)	<b>BlueCross Medicare HMO in California no longer available</b> Due to low enrollment, the BlueCross Medicare HMO in California will no longer be available.
Medical coverage options	<b>Enrollment limited in Harvard Pilgrim and Tufts Medicare HMOs</b> Enrollment in the Harvard Pilgrim and Tufts Medicare HMO options will be limited to only those retirees currently participating in 2019. Other retirees can find similar options through the Aon Retiree Health Exchange.





## Choosing a coverage option

Before you enroll, consider if your benefits needs have changed from last year and review your 2020 choices. Your coverage options include:

- **HP medical options**, which coordinate with or supplement Medicare Parts A and B and include Part D prescription drug coverage
- **Individual insurance market options** through the Aon Retiree Health Exchange with a wide range of options for medical coverage

	HP retiree medical coverage	Aon Retiree Health Exchange
<b>How it works</b>	HP selects insurers or carriers to offer retiree medical options with varying coverage features. HP manages the options.	The exchange offers medical and prescription drug coverage through a variety of insurance companies nationwide.
<b>Types of options available</b>	Depending on where you live*: <ul style="list-style-type: none"> <li>• UnitedHealthcare (UHC) Medicare Advantage PPOs (Core or Plus) with Medicare prescription drug plans, and</li> <li>• An HP-sponsored Medicare HMO option.</li> </ul>	A range of Medicare options including: <ul style="list-style-type: none"> <li>• Medicare Advantage,</li> <li>• Medicare Supplement (Medigap), and</li> <li>• Medicare prescription drug plans (Medicare Part D).</li> </ul>
<b>How premiums are set</b>	Premiums reflect the underlying cost of care across the HP retiree population.	Premiums are based on the competitive market. They reflect the underlying cost of care across all the members of a particular insurer.
<b>Why you might enroll</b>	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.
<b>How to enroll</b> (See page 2 in the Enrollment overview section for more details about enrolling)	Go to <a href="http://www.myhpbenefits.com">www.myhpbenefits.com</a> and select the "Enroll in 2020 Benefits" tile.  Call 1-800-890-3100 (outside the US, Puerto Rico, or Canada: 1-847-883-0465). 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).	Go to <a href="http://retiree.aon.com/hp">retiree.aon.com/hp</a> or call 1-800-975-0355.
<b>Enrollment dates</b>	October 7 – 25, 2019	October 15 – December 7, 2019**
<b>Support available during and after enrollment</b>	HP Benefits Center representatives are available to answer questions during and after enrollment. Your medical carrier is also a good resource.	An Aon Retiree Health Exchange Benefits Advisor can help you compare your options during enrollment. Ongoing support is available to answer questions and help you if you move or have a change that affects your coverage.

\* If you don't see these options when you enroll, it may be because critical information is not on file with the HP Benefits Center, such as your **Medicare Beneficiary Identifier (MBI)**, which appears on your Medicare card. Please contact the HP Benefits Center for assistance.

\*\* Don't worry that the Aon Retiree Health Exchange open enrollment ends after the enrollment period for your HP benefits. If you decide you'd like to learn more or purchase coverage through the Aon Retiree Health Exchange, simply call the exchange and set up an appointment. If you decide to enroll with the Aon Retiree Health Exchange and the HP annual enrollment period has already ended, the exchange will coordinate your coverage with the HP Benefits Center, including dropping the HP medical and prescription drug coverage you had enrolled in for 2020.

## More about the Aon Retiree Health Exchange

When you call the Aon Retiree Health Exchange, a trained Benefits Advisor can give you an overview of the Medicare insurance marketplace in your area. If you decide to enroll in an insurance option through the Aon Retiree Health Exchange, a Benefits Advisor can help you complete your application and fill out any required forms.

Benefits Advisors are certified, licensed insurance agents who have no incentive to enroll you in a specific option, so you can be sure the advice you receive is impartial. To reach a Benefits Advisor, call 1-800-975-0355 or go to [retiree.aon.com/HP](https://retiree.aon.com/HP).

**If you're not currently participating in the Aon Retiree Health Exchange**, call them at 1-800-975-0355 for information about available options and costs. If you wish to enroll in an individual insurance market plan, you must do so during the enrollment window, October 15 – December 7. After December 7, you can only enroll if you have a qualified life event.

**If you're already enrolled in coverage through the Aon Retiree Health Exchange**, you'll receive a letter from them in the mail. If you want to maintain your current coverage, simply continue to pay your premium as you do today. (Note: If the plan you're enrolled in is no longer offered in 2020, you'll be notified by the carrier and the Aon Retiree Health Exchange, and you'll need to elect a new plan.) If you need help reviewing your choices because your situation has changed, contact them and ask to set up an appointment between October 15 and December 7.

**After you've enrolled in an individual insurance market plan**, the Aon Retiree Health Exchange will notify the HP Benefits Center automatically so that HP can discontinue your 2020 HP medical and prescription drug coverage. You'll still have the option to enroll in HP coverage during future retiree benefits enrollment periods if you disenroll from Aon Retiree Health Exchange coverage or have a qualified life event.

## More about HP Medicare Advantage PPO options

**These options offer:**



**Choice.** The UnitedHealthcare (UHC) Medicare Advantage PPO Core and Plus options provide different levels of coverage, so you can choose the one that best meets your health care needs. With both options, you can see doctors in or out of the UHC network as long as the provider participates in Medicare and accepts the plan.



**Enhanced benefits.** In many cases, you'll find enhanced coverage levels compared to traditional Medicare Supplement (Medigap) plans.



**Lower cost.** Although costs are increasing for 2020, Medicare makes funding available that keeps the cost of the Medicare Advantage PPO options lower for you and HP.



## Need help deciding? Attend a teleconference.

You can learn more about HP UnitedHealthcare (UHC) Medicare Advantage PPO options and the Aon Retiree Health Exchange options by participating in a teleconference this fall. During the teleconferences, you can view and/or listen to a presentation and ask questions.

Learn about	Dates	Times	Phone access	Webex access (see instructions below)
UHC Medicare Advantage PPO	October 7	10 a.m. PT	1-800-260-0712 Access code: 471115	N/A
Aon Retiree Health Exchange		12 p.m. PT	1-877-542-7993 Access code: 599 726 514	Meeting number: 599 726 514 Meeting password: HP12345!
UHC Medicare Advantage PPO	October 15	10 a.m. PT	1-800-260-0702 Access code: 471117	N/A
Aon Retiree Health Exchange		12 p.m. PT	1-877-542-7993 Access code: 590 621 126	Meeting number: 590 621 126 Meeting password: HP12345!



### How to access Webex

- Go to [www.webex.com](http://www.webex.com).
- Enter the meeting number, your name, email address, and meeting password.
- If you receive a message about security steps to join the meeting, follow the directions on your screen.



# Your options: Not yet Medicare-eligible

Review this **purple** section if you and your spouse/partner are not yet eligible for Medicare (due to age or disability). If you or your spouse/partner are eligible for Medicare, refer to the **aqua** or **orange** section of this guide.



## What's changing for 2020 (at a glance)

Here are highlights of the changes to your HP benefits for 2020. For details about these changes, **review the enclosed What's Changing Guide.**

What's changing	How
Your contributions for HP medical coverage	Retiree contributions will increase for most retiree medical options as a result of continuing national health care cost increases.
Medical coverage options and carriers	<ul style="list-style-type: none"><li>• HP is now offering a High Deductible Health Plan (HDHP) medical option. See page 10 for highlights.</li><li>• We're eliminating the Standard Consumer Driven Health Plan with Health Reimbursement Account (CDHP w/HRA). The Premium CDHP w/HRA will be renamed the CDHP w/HRA.</li><li>• An Exclusive Provider Organization (EPO) will replace the BlueCross HMO (Anthem BlueCross BlueShield), Harvard Pilgrim HMO, and Tufts HMO.</li><li>• Medical carriers are changing in select states, if you're enrolled in a CDHP, Comprehensive Medical Plan (CMP), EPO, or PPO medical option.</li></ul>
Support for health care issues and questions	<p>A new, no-cost health benefits resource called Health Hub by Grand Rounds will be available to you and your covered dependents beginning January 1.</p> <ul style="list-style-type: none"><li>• <b>If you're enrolled in an HP CDHP, CMP, EPO, HDHP, or PPO</b> medical option, you can get answers to your questions, explore your health benefits, get help with claims issues, find network providers, and more.</li><li>• <b>If you're enrolled in an HP HMO</b> medical option, you can contact Health Hub by Grand Rounds for help finding network providers.</li></ul>
Out-of-pocket maximums	Medical and prescription drug out-of-pocket maximums will increase for the CDHP w/HRA and the Value PPO options.
Mental health administrator	For all medical options except the HMOs, ComPsych will replace Optum for mental health and substance use disorder benefits.



## Choosing a coverage option

Before you enroll, consider if your benefit needs have changed from last year and review your 2020 choices. Your coverage options include:

- **HP medical options**, which offer a variety of plan choices and coverage levels
- **Individual insurance market options** through a public health exchange, with a wide range of options for medical coverage

	HP retiree medical coverage	Public health exchange marketplace
<b>How it works</b>	HP selects insurers or carriers to offer retiree medical options with varying coverage features. HP manages the options.	The marketplace offers medical and prescription drug coverage through a variety of insurance companies nationwide.
<b>Types of options available</b>	Depending on where you live: <ul style="list-style-type: none"> <li>• HDHP</li> <li>• CDHP w/HRA</li> <li>• Premium PPO</li> <li>• Value PPO</li> <li>• Premium CMP</li> <li>• Standard CMP</li> <li>• Basic CMP</li> <li>• HMOs</li> <li>• EPO</li> </ul>	The choices vary depending on where you live and include medical options similar to what HP offers. The marketplace offers a variety of medical carriers, as well as many options for premium, deductible, and coinsurance amounts.
<b>How premiums are set</b>	Premiums reflect the underlying cost of care across the HP retiree population.	Premiums are based on the competitive market. They reflect the underlying cost of care across all the members of a particular insurer.
<b>Why you might enroll</b>	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—including those that could offer enhanced coverage features and/or lower premium costs.
<b>How to enroll</b> (See page 2 in the Enrollment overview section for more details about enrolling)	Go to <a href="http://www.myhpbenefits.com">www.myhpbenefits.com</a> and select the "Enroll in 2020 Benefits" tile. Call 1-800-890-3100 (outside the US, Puerto Rico or Canada: 1-847-883-0465). 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).	Go to <a href="http://healthcare.gov">healthcare.gov</a> to enroll in your individual insurance coverage. In addition, access MyHPBenefits at <a href="http://www.myhpbenefits.com">www.myhpbenefits.com</a> and select "No Coverage" for HP retiree medical. If you prefer, call the HP Benefits Center* to report that you've enrolled in an individual insurance market plan. HP will then discontinue your 2020 HP medical and prescription drug coverage.
<b>Enrollment dates</b>	October 7 – 25, 2019	November 1 – December 15, 2019*
<b>Support available during and after enrollment</b>	HP Benefits Center representatives are available to answer questions during and after enrollment. Your medical carrier is also a good resource.	Enrollment help is available at no cost to you through agent-brokers in your community. You can also call the public health exchange marketplace at 1-800-318-2596 anytime 24 hours a day, 7 days a week (except holidays).

\* You can even enroll after the October 25 HP enrollment deadline, if you call the HP Benefits Center by December 27, 2019, at 6 p.m. Pacific Time (8 p.m. Central Time). By notifying HP 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.



## Comparing High Deductible and Consumer Driven Health Plans

Both the new HSA-compatible HP High Deductible Health Plan (HDHP) and the Consumer Driven Health Plan with Health Reimbursement Account (CDHP w/HRA) offer you ways to manage your health care costs.

Although the new HDHP has a higher deductible and does not include an HP-funded account to help with deductible costs, **it offers lower monthly contributions and the unique advantage of potentially allowing you to make contributions to a tax-free Health Savings Account (HSA).**

	HDHP (HSA compatible)	CDHP w/HRA
<b>Monthly contributions</b>	Among the lowest of all HP medical options	Higher than the HDHP, since the CDHP covers more of your upfront costs
<b>Annual deductible dollar amounts (in-network)</b>	Higher than most HP medical options (\$2,000 for retiree only/\$4,000 for retirees covering dependents)  <b>Important note:</b> Unlike other HP medical options, with the HDHP, if you're covering dependents, you and/or your dependents must meet the entire family deductible before the plan will pay benefits for any covered family members.	Lower than the HDHP (\$1,300 individual/\$3,900 family)  Like most HP medical options, once you meet your individual annual deductible, the plan will begin to pay a percentage of your costs for care—even if you're covering family members and haven't yet met the family deductible.
<b>Health Savings Account (HSA)/Health Reimbursement Account (HRA)</b>	HP doesn't fund an account on your behalf, but you may establish a tax-free HSA and make tax-deductible* contributions up to IRS limits, provided you don't have other non-HDHP coverage. Under IRS rules, this plan qualifies as a plan with an HSA.  For more information, check out the HealthEquity Learn site: <a href="http://learn.healthequity.com/hpinc/hsa">learn.healthequity.com/hpinc/hsa</a> .	HP contributes up to \$500 per year if you're covering just you, or \$1,000 per year if you're covering family members. Your HRA can help with your deductible or other out-of-pocket health care costs, but you can't make contributions of your own. Your HRA can carry over from year to year as long as you participate in the CDHP option. If you enroll in another option, you'll lose your HRA funds.

\* HSAs are never taxed at a federal income tax level, but California and New Jersey don't allow state income tax deductions for HSA contributions. This means HSA contributions are subject to state taxes in California and New Jersey. **Note:** Your HSA funds may only be used to pay for expenses for you and your tax dependents, as defined by the IRS. Please consult your tax adviser before contributing to an HSA. Refer to IRS publications 502 and 969 for more information about eligible expenses.

	HDHP (HSA compatible)	CDHP w/HRA
<b>Out-of-pocket maximum amounts (in-network)</b>	<p><b>Combined medical and prescription drug maximum:</b> \$6,750 retiree only/\$8,150 per person up to a maximum of \$13,500 for retirees covering dependents</p> <p>Includes medical deductibles and coinsurance, prescription drug expenses, and mental health/substance use disorder expenses</p> <p>If you're covering dependents and any one covered individual reaches \$8,150 in eligible out-of-pocket medical and prescription drug expenses, the plan will pay 100% of most covered expenses for the rest of the plan year for that one individual. When two or more covered individuals reach \$13,500 in eligible expenses, the plan will pay 100% of most covered expenses for the rest of the plan year for all covered family members.</p>	<p><b>Medical maximum:</b> \$3,150 individual/\$3,150 per individual within a family up to a maximum of \$9,450</p> <p>Includes medical deductibles and coinsurance; excludes prescription drug expenses</p> <p><b>Prescription drug maximum:</b> \$2,300 individual/\$4,600 family</p> <p>Includes prescription drug copayments and coinsurance</p>
<b>How prescription drug benefits are paid</b>	<p>You pay the full cost of most covered prescription drugs until you reach the annual deductible. Then, you and the plan share the cost through coinsurance.</p> <p>A unique benefit of this medical option is that certain preventive prescription drugs are covered even before you meet the annual deductible. All you'll need to pay is your share of the coinsurance for medications listed on the preventive drug list on <a href="http://express-scripts.com/hp">express-scripts.com/hp</a> (located under "HDHP w/HSA").</p>	<p>You start paying copayments or coinsurance right away, and the plan pays its share for covered prescription drugs.</p>



## Example: Understanding the deductible

Take a look at how the deductible works for an HP retiree named Philip under the HDHP and the CDHP w/HRA medical options.

Philip chooses family coverage for himself and his wife. In March, his eye doctor decides it's finally time to remove those cataracts. Surgery costs \$4,000 per eye.

### First Philip pays:

**HDHP** → **\$4,000**—the deductible for retirees covering dependents



Philip and his wife

**CDHP w/HRA** → **\$1,300**—the individual deductible



**Philip only:** The plan won't start paying benefits for his wife until she meets the \$1,300 individual deductible (with just the two of them, they'll never reach the full family deductible, but the plan will pay full benefits when they each meet their individual deductible).

# Your options: Split family (some are eligible for Medicare and some are not)

Review this **orange** section if you or some members of your family are eligible for Medicare (or will become eligible in 2020) and some are not.



## What's changing for 2020 (at a glance)

Here are highlights of the changes to your HP benefits for 2020. For details about these changes, **review the enclosed What's Changing Guide.**

What's changing	How
Your contributions for HP medical coverage	Retiree contributions will increase for most retiree medical options as a result of continuing national health care cost increases.
Medical coverage options and carriers	<p><b>For family members <b>not eligible</b> for Medicare:</b></p> <ul style="list-style-type: none"><li>• A new High Deductible Health Plan (HDHP) is available. See below for an overview of how the HDHP works.</li><li>• The Harvard Pilgrim and Tufts HMO non-Medicare options will be closed to new enrollments. Current enrollees can continue to participate in these options in 2020, but you can't newly enroll in them.</li><li>• The BlueCross HMO in California will no longer be available.</li></ul> <p><b>For family members <b>eligible</b> for Medicare:</b></p> <ul style="list-style-type: none"><li>• The BlueCross Medicare HMO will no longer be available.</li><li>• The Harvard Pilgrim and Tufts Medicare HMO options will be closed to new enrollments. Current enrollees can continue to participate in these options in 2020, but you can't newly enroll in them.</li></ul>

**Note:** If you and your spouse/partner are both eligible for Medicare, and you cover a disabled dependent who has Medicare coverage on his or her own, you're considered a "split family" (eligible and not eligible for Medicare) for enrollment purposes.

## Choosing a coverage option

Before you enroll, consider if your benefit needs have changed and review your 2020 choices. Depending on where you live, your coverage options may include those shown below. If you don't see these options when you enroll, it may be because critical information is not on file with the HP Benefits Center, such as your **Medicare Beneficiary Identifier (MBI)**, which appears on your Medicare card. Please contact the HP Benefits Center for assistance.

If you choose this option for Medicare-eligible family members:	THEN	you'll have this option for family members not eligible for Medicare
<b>Option 1:</b> UnitedHealthcare (UHC) Medicare Advantage PPO Plus	+	UHC Premium Comprehensive Medical Plan (CMP)
<b>Option 2:</b> UHC Medicare Advantage PPO Core	+	UHC Standard CMP
<b>Option 3:</b> UHC Medicare Advantage PPO Plus or UHC Medicare Advantage PPO Core	+	UHC High Deductible Health Plan (HDHP)
<b>Option 4:</b> Medicare HMOs	+	HMOs

## About the High Deductible Health Plan

Although it has a higher deductible, for family members who aren't eligible for Medicare, the new High Deductible Health Plan (HDHP) has lower monthly contributions and potentially allows you to make contributions to a tax-free Health Savings Account (HSA) until you enroll in Medicare. The chart below provides a quick overview of how the HDHP works.

	Features
<b>Monthly contributions</b>	Among the lowest of all non-Medicare HP medical options
<b>Annual deductible dollar amounts (in-network)</b>	Higher than most HP medical options (\$2,000 for retiree only/\$4,000 for retirees covering dependents) <b>Important note:</b> Unlike other HP medical options, with the HDHP if you're covering two or more people under age 65, you and/or your dependents must meet the entire family deductible before the plan will pay benefits for any covered family members.
<b>Health Savings Account (HSA)</b>	The HDHP allows you to establish a tax-free HSA on your own and make tax-deductible contributions* up to IRS limits, provided you don't have other non-HDHP coverage (such as a spouse's PPO from their employer). For more information, check out the HealthEquity Learn site: <a href="https://learn.healthequity.com/hpinc/hsa">learn.healthequity.com/hpinc/hsa</a> .
<b>Out-of-pocket maximum amounts (in-network)</b>	<b>Combined amount for medical and prescription drug expenses:</b> \$6,750 retiree only/\$8,150 per person up to a maximum of \$13,500 for retirees covering dependents  If you're covering two or more people under age 65 and any one covered individual reaches \$8,150 in eligible out-of-pocket medical and prescription drug expenses, the plan will pay 100% of most covered expenses for the rest of the plan year for that one individual. When two or more covered individuals reach \$13,500 in eligible expenses, the plan will pay 100% of most covered expenses for the rest of the plan year for all covered family members.
<b>How prescription drug benefits are paid</b>	You pay the full cost of most covered prescription drugs until you reach the annual deductible. Then, you and the plan share the cost through coinsurance.  A unique benefit of this medical option is that certain preventive prescription drugs are covered even before you meet the annual deductible. You'll only need to pay your share of the coinsurance for medications listed on the preventive drug list on <a href="https://myuhc.com">myuhc.com</a> .

\* HSAs are never taxed at a federal income tax level, but California and New Jersey don't allow state income tax deductions for HSA contributions. This means HSA contributions are subject to state taxes in California and New Jersey. **Note:** Your HSA funds may only be used to pay for expenses for you and your tax dependents, as defined by the IRS. Please consult your tax adviser before contributing to an HSA. Refer to IRS publications 502 and 969 for more information about eligible expenses.

# Stay healthy and save all year long

HP's medical options offer you many opportunities to make healthy choices and reduce your costs, too.



## Get preventive care

It's essential to long-term health. Schedule routine wellness exams and preventive screenings with your doctor. And remember, all HP options cover in-network preventive care at 100%, so it **doesn't cost you extra**.



## Ask for generic medications

If you need to fill a prescription, ask your doctor if a generic equivalent is available. They're therapeutically identical to their brand-name counterparts, but **they generally cost much less**.



## Use in-network providers

Network providers are covered at a higher level, which means **you pay less** when you use them. Before you receive care, visit your medical carrier's website or call the number on the back of your ID card to make sure your provider is in the network.



## Try telemedicine

When you want to talk to a doctor after-hours but you're not quite sure if a trip to urgent care or the ER is in order, give telemedicine a try. **It's a less costly, more convenient alternative** to an in-person visit, and it's available to you 24/7. The next time you need treatment for a common health condition—such as a cold, pink eye, or sinus infection—consider using your medical option's telemedicine feature (available under all HP options excluding Blue Essentials HMO). Contact your carrier for more details.



## ER vs. urgent care?

Emergency room visits typically cost much more than visits to urgent care centers. **Avoid visiting the ER unless it's a true emergency**. Contact your medical option's health information line or nurse advice line if you need help deciding where to go, and see your provider network for your facility options.



## Call Health Hub by Grand Rounds first

**If you're enrolled in an HP medical option (except HMOs) and not yet eligible for Medicare**, Health Hub by Grand Rounds can give you expert guidance whenever you need to use your health benefits. Think of it as your personal health care assistant, making it simple to use your health benefits. Available to you and your covered dependents, Health Hub can help you better understand your medical coverage and out-of-pocket costs and when necessary, dispute incorrect charges, find a doctor, get medical guidance, and more. More information is coming in January of 2020. Stay tuned!

**If you're enrolled in an HMO medical option and not yet eligible for Medicare**, Health Hub by Grand Rounds can help you find network providers, but your medical carrier is your best resource for any other questions.



# Resources

## Enrollment and support

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### MyHPBenefits

Enrollment in HP coverage, personalized options and monthly costs for 2020, medical option coverage summaries, resources, and much more. To find a provider in your medical carrier's network, select the "Find a doctor, dentist, or hospital" tile on the [MyHPBenefits home page](#). You can also contact the medical carriers directly.

Return to MyHPBenefits starting in January 2020 to find resources and contact information for the options in which you're enrolled.

### HP Benefits Center

General benefits information, password changes, enrolling domestic partners, other enrollment assistance, and more; choose the option for "annual enrollment." Also a resource for address changes and HP Retirement Medical Savings Account (RMSA) programs.

1-800-890-3100, Monday through Friday between 6 a.m. and 6 p.m. Pacific Time (8 a.m. and 8 p.m. Central Time)

**Please note:** The HP Benefits Center will be closed on Thanksgiving Day, the day after Thanksgiving, Christmas Day, and New Year's Day. In addition, it will close early the day before Thanksgiving (3:30 p.m. Pacific Time), Christmas Eve (1 p.m. Pacific Time), and New Year's Eve (1 p.m. Pacific Time).

### Aon Retiree Health Exchange

Information about the Aon Retiree Health Exchange available for Medicare-eligible retirees

1-800-975-0355, Monday through Friday between 6 a.m. and 6 p.m. Pacific Time (8 a.m. and 8 p.m. Central Time); [retiree.aon.com/hp](http://retiree.aon.com/hp)

## Health care support

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### Health Hub by Grand Rounds

Available for non-Medicare-eligible retirees  
Beginning January 1, call 1-855-633-9251 or visit [www.grandrounds.com/hp](http://www.grandrounds.com/hp)

**Enrolled in a non-HMO medical option:** Help finding network providers, making doctor's appointments, answering questions about a diagnosis, and more

**Enrolled in an HMO medical option:** Help finding network providers

## Plan member services departments

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### Medical

Detailed coverage provisions and network providers for:

- **Aetna:** 1-800-545-5810 or [aetna.com](http://aetna.com)
- **Anthem BlueCross BlueShield:** 1-800-364-3301 or [anthem.com/ca](http://anthem.com/ca)
- **Cigna:** 1-888-806-5042 (or 1-800-244-6224 if you are currently enrolled with Cigna) or [cigna.com](http://cigna.com)
- **UnitedHealthcare:** 1-877-468-1029 or [myuhc.com](http://myuhc.com) (non-Medicare-eligible) or 1-877-456-7240 or [uhcretiree.com/hp](http://uhcretiree.com/hp) (Medicare Advantage PPOs)
- **HMO options:** See your medical option ID card

### Health Savings Account (HSA)

For retirees not eligible for Medicare who enroll in the new HDHP:

- **HealthEquity:** 1-866-346-5800 or [learn.healthequity.com/hpinc/hsa](http://learn.healthequity.com/hpinc/hsa)

### Prescription Drug Program

For HMOs, please contact your HMO directly. For all other medical options:

- **Non-Medicare-eligible:** Express Scripts at 1-877-787-8698 or [express-scripts.com/hp](http://express-scripts.com/hp)
- **Medicare-eligible:** 1-877-456-7240 or [uhcretiree.com/hp](http://uhcretiree.com/hp)
- **Split families:** 1-877-468-1029 or [myuhc.com](http://myuhc.com) (if you're participating in a CMP or HDHP option)  
1-877-456-7240 or [myuhc.com](http://myuhc.com) (if you're participating in a Medicare Advantage PPO option)

### Mental Health and Substance Use Disorder Program (for all medical options except HMOs)

For HMOs, please contact your HMO directly. For all other medical options:

- **Non-Medicare-eligible:** To find a ComPsych network provider, beginning January 1, call 1-844-819-4773, or log on to [guidanceresources.com](http://guidanceresources.com), select "Register" and use the Organization Web ID "HP."
- **Medicare-eligible** and **Split families:** Optum at 1-877-862-1158. To find an Optum network provider, go to [liveandworkwell.com](http://liveandworkwell.com) (enter access code "HP" in the "Enter anonymously" tile).

# Resources (cont'd)

## US Benefits Summary Plan Descriptions

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Important details describing the terms and conditions for participating in HP's benefit options

Available on MyHPBenefits at [www.myhpbenefits.com](http://www.myhpbenefits.com)  
(Select the "Plan Documents" tile from the home page)

## Medicare

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More information about Medicare Parts A, B, or D, including enrollment

Call 1-800-MEDICARE (1-800-633-4227), available 24 hours a day/7 days a week, or go to [medicare.gov](http://medicare.gov) (TTY users should call 1-877-486-2048)

## Dental resources (COBRA or retiree coverage, depending on eligibility)

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### MetLife

1-888-878-6388 or [mybenefits.metlife.com/hp](http://mybenefits.metlife.com/hp)

### Aetna DMO

1-800-545-5810 or [aetna.com](http://aetna.com)

## Vision resources (COBRA or retiree coverage, depending on eligibility)

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### EyeMed Vision Care

1-866-504-9021 or [eyemed.com](http://eyemed.com)

## Long-term care (closed to new applicants)

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### John Hancock

1-800-393-7294

### MetLife

1-800-438-6388

## Group Legal Services

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### ARAG

1-800-762-3217 or [araglegalcenter.com](http://araglegalcenter.com)  
(access code: 15641hpr)

## Voluntary Benefits (auto and home insurance)

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### MetLife Auto & Home

1-800-438-6388 or [metlife.com/hp](http://metlife.com/hp) (for requesting quotes)

### Liberty Mutual

1-800-216-5426 or [libertymutual.com/hp](http://libertymutual.com/hp)

## General HP resources

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### HP Branded Merchandise

[hpstore.com](http://hpstore.com)

### Retiree discounts

[beneplace.com/hp\\_retiree](http://beneplace.com/hp_retiree)

Sign up for discounts using your email and a password of your choice. If you need assistance, click the "Contact Us" button at the bottom of your screen or email [hpdiscounts@beneplace.com](mailto:hpdiscounts@beneplace.com)

### Hewlett-Packard Alumni Association (HPAA)

[hpalumni.org](http://hpalumni.org)

HPAA is an independent organization operated by former employees who volunteer their time. It is not endorsed or supported by HP.

## HP Continuum

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HP retiree news, events, networking, and more

[hpcontinuum.com](http://hpcontinuum.com) ([hpcontinuum.com/register](http://hpcontinuum.com/register) if you haven't registered since the site was updated)

### Retiree Gold Badge

A replacement gold badge order form is available at [hpcontinuum.com/gold-badge](http://hpcontinuum.com/gold-badge)

### Retiree Purchase Program

[hpcontinuum.com/purchase-program](http://hpcontinuum.com/purchase-program)

### HP Retiree Club

[hpcontinuum.com/retiree-club](http://hpcontinuum.com/retiree-club)

The HP Retiree Club provides opportunities for HP, Agilent, and Keysight retirees and former employees to connect with each other, their former companies, and the community. The club plans events throughout the year and publishes a newsletter that keeps members up-to-date on the latest club news.

## HP Retirement Benefits

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HP Inc. 401(k) Plan, HP Retirement Plan, HP Deferred Profit Sharing Plan (DPSP), HP Cash Account Pension Plan (CAPP), and EDS Retirement Plan

### HP Retirement Service Center at Fidelity

1-800-457-4015 or [netbenefits.com](https://netbenefits.com)

TDD number for the hearing- or speech-impaired:

1-888-343-0860

## HP Retirement Medical Savings Account (RMSA)

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### Your Spending Account (claims)

1-800-890-3100 (choose “Spending and Reimbursement Accounts”)

Your Spending Account website is accessible through MyHPBenefits at [www.myhpbenefits.com](https://www.myhpbenefits.com)

## Credit Union

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### First Tech Federal Credit Union

1-855-855-8805 or [firsttechfed.com](https://firsttechfed.com)

## Other

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### Social Security Administration

[ssa.gov](https://ssa.gov)

### USA Government Portal

[usa.gov](https://usa.gov)



# Important reminders

## About your address

- **If your address changes:**
  - **For medical benefits**, and if applicable, dental, vision, and HP RMSA programs, report the change on [www.myhpbenefits.com](http://www.myhpbenefits.com) or to the HP Benefits Center.
  - **For other benefits**, please report address changes to the benefit vendor for the programs in which you participate. You may need to update your address with more than one vendor.
- **If you've moved** and your enrollment materials don't reflect your new address, call the HP Benefits Center at 1-800-890-3100 to update your address and see if different medical options 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 HP Benefits Center within 31 days to report your new address or make any applicable changes.
- **If you split your time between two homes** or have a covered dependent living away from home, check with your medical option to see if coverage is available in both locations. Particularly with HMOs, Medicare HMOs, and EPO options, service areas may be restricted. Be sure your medical option allows coverage wherever you and your family are during the year.
- **To best coordinate your enrollment and access** to physicians and facilities, please be sure your primary address is on file with the HP Benefits Center.

**Note: Medicare** requires HP to collect a physical home address and **will not accept a post office box address**.

## Medical re-enrollment rules

As you consider your choices, keep in mind that if at any time you elect not to participate in HP retiree medical coverage, there may be restrictions on your future ability to enroll.

These **re-enrollment restrictions will apply if you do not elect coverage** under an HP retiree medical option, a public health insurance exchange (for retirees not yet eligible for Medicare), or the Aon Retiree Health Exchange (for Medicare-eligible retirees):

- **You will not have an option to re-enroll** in retiree medical coverage during future annual enrollment periods and instead will be eligible to re-enroll only if you do so within 31 days of losing coverage under another employer's group medical option. This could include the loss of your own coverage or the loss of coverage under your spouse's/ domestic partner's coverage.
- **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 your death can continue HP coverage.

## Cover the right people

**Correct any errors.** Review the family information on the enclosed personalized letter 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 Inc. U.S. Benefits Summary Plan Description (SPD)* available 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. You won't receive retroactive premium refunds.

## Transition-of-care benefits

If you're not eligible for Medicare, you're changing from one medical or behavioral health carrier to another for 2020 and your current provider isn't in your new carrier's network, transition-of-care benefits may be available to you. Transition-of-care benefits let you keep using your current provider on an in-network basis for a limited time. If you and/or any of your covered family members are currently receiving care for a condition and will continue to need treatment for it in 2020:

- Contact your new medical or behavioral health carrier once you receive your new ID card in late 2019 or early 2020. Look for the contact information on the back of your card.
- You'll be asked to provide basic information about the patient and condition. The carrier will send you a Transition of Care Request form to be completed and returned by your physician.
- Important! Allow up to 30 days from the time you mail in your form to receive a decision. Services received during the review period will be handled according to the transition-of-care decision.

It's important to check with the carrier to see if your condition will qualify for transition-of-care benefits. 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 medical or behavioral health 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.

## Group Legal Services

With legal insurance from ARAG, you have a way to help protect what's important. Group Legal Services gives you access to professional attorneys, financial counselors, and other resources to help you prevent and resolve unexpected legal matters. The program offers two choices, UltimateAdvisor and UltimateAdvisor Plus.

For more information and to enroll in Group Legal Services during the enrollment period, go to [araglegalcenter.com](http://araglegalcenter.com) (access code: 15641hpr) or call 1-800-762-3217 and speak with an ARAG Customer Care specialist.

## Are you on the HP Continuum?

The HP Continuum website is a great way to stay connected to HP and other HP retirees—and it provides easy access to retiree information. When you log on to [hpcontinuum.com](http://hpcontinuum.com), you can:

- Enjoy exclusive services for retirees, including discounts on HP products and services.
- Keep up with HP news and feel proud that you helped build this iconic company.
- Share perspectives with other retirees on anything from tax questions to volunteering.
- Order a replacement Retiree Gold Badge.
- Find and join a Retiree Club.

If you're not registered on the site, do so today to be sure you receive timely updates.



# Legal information

This retiree enrollment guide contains some information about certain Employee Retirement Income Security Act of 1974 (ERISA) and non-ERISA benefits plans and programs offered by HP. Please refer to the *HP Inc. U.S. Benefits Summary Plan Description* for more details about these plans and programs. In the event of any inconsistency between this guide, the *U.S. Benefits Summary Plan Description*, 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](http://www.myhpbenefits.com). Go to MyHPBenefits>Health & Insurance>Learn About>Forms, Materials, and Notices. 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. **HP limits the use of your Social Security number** wherever possible. You may view HP's privacy policy on MyHPBenefits at [www.myhpbenefits.com](http://www.myhpbenefits.com).

## 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 (such as Tier 1 oral contraceptives for non-Medicare-eligible retirees) 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 2020, all HP medical options will continue to provide these benefits, subject to applicable copayment, deductible, coinsurance, certification, or review provisions.

## Enrolling 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. You won't receive retroactive premium refunds. Our dependent verification process could result in termination of benefits if you're covering an ineligible dependent or you fail to provide the required information by the due date.

# What does it mean?

See the summary below for help understanding how we refer to the various HP medical options in this guide.

## HP medical options

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

➤ To view your personalized options, visit [www.myhpbenefits.com](http://www.myhpbenefits.com).





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**For eligible retirees of HP Inc. and acquired companies**

H000222292





# 2020 What's Changing Guide

## What's changing for retirees

Before you make your enrollment decisions, be sure to review US benefit changes that will be effective January 1, 2020.

**Take action! Enroll in 2020 benefits: October 7 – October 25**

Enroll on MyHPBenefits during the enrollment period: October 7 to October 25, 2019. Access [www.myhpbenefits.com](http://www.myhpbenefits.com) and select "Enroll in 2020 Benefits."

**Important note: This guide serves as your summary of material modifications (SMM) for 2020**

The information contained in this 2020 What's Changing 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 U.S. Health and Welfare Benefits Summary Plan Description* (Summary Plan Description) for medical and dental benefits under the HP Inc. Retiree Welfare Benefits Plan (plan number 557). In the event of any inconsistency between this guide, the Summary Plan Description, and the terms in the legal plan documents or programs, the terms of the plans or programs will control. It's important to keep this guide for future reference.

HP Inc. reserves the right to amend or terminate any of the plans and programs described in this guide at any time.

For details about what's changing, refer to the section that applies to you:

- If you and your covered spouse/partner are both **eligible for Medicare**, see [page 2](#).
- If you and your covered spouse/partner are **not yet eligible for Medicare**, see [pages 3–7](#).
- If you or **some members of your family are eligible for Medicare and some are not**, see [pages 8–9](#).

## You and your covered spouse/partner are both eligible for Medicare

### Medical coverage *(you and your covered spouse/partner are both eligible for Medicare)*

<b>Increases to monthly contributions</b>	For most HP retiree medical options, retiree contributions will increase as a result of continuing national health care cost increases.
<b>Anthem BlueCross Medicare HMO no longer available</b>	Due to low enrollment, the Anthem BlueCross Medicare HMO in California will no longer be available.
<b>Enrollment limited in Harvard Pilgrim and Tufts Medicare HMOs</b>	Enrollment in the Harvard Pilgrim and Tufts Medicare HMO options will be limited to only those retirees currently participating in 2019. Other retirees can find similar options through the Aon Retiree Health Exchange™.  Aon Retiree Health Exchange is a trademark of Aon Corporation.
<b>Changes to HP premium reimbursement amounts for Aon Retiree Health Exchange coverage</b>	HP currently provides an allocation to a Retiree Reimbursement Account (RRA) to help reimburse premium costs for Aon Retiree Health Exchange participants under the Pre-2003 HP Retiree Medical Program and the former Digital Retiree Health Program. RRA allocations are provided for these retirees instead of HP subsidizing retiree medical premiums directly. Starting in 2020, the annual amount HP allocates to RRAs will be reduced in recognition of the increased purchasing power and efficiencies that have become available through the exchange since it was first implemented in 2012. The reduced allocations will apply only to new enrollees in the exchange, so if you are already an exchange participant your RRA allocation amount will not change in 2020. As in the past, please note that RRA allocations from HP are not available if you purchase an individual insurance option from sources other than the Aon Retiree Health Exchange, or if you are a participant in the HP Retiree Medical Program.

### Dental coverage *(for recent retirees participating through COBRA or retirees in the former Digital Retiree Health Program)*

<b>Increases to monthly contributions</b>	Monthly contributions for the Aetna Dental Maintenance Organization (DMO) will increase in 2020 due to dental cost increases nationwide.
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### Other changes *(you and your covered spouse/partner are both eligible for Medicare)*

<b>Expanded eligibility for opposite-sex domestic partners</b>	Beginning in 2020, HP will allow coverage for opposite-sex domestic partners and their children. You must have either registered your domestic partnership with a state or local government that accepts such registrations, or you and your partner must have satisfied all of HP's partner eligibility requirements for at least six full months. For more information, refer to "HP benefits: Who you can cover" available on MyHPBenefits.
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## You and your covered spouse/partner are not yet eligible for Medicare

### Transition of care *(you and your covered spouse/partner are not yet eligible for Medicare)*

If you're changing from one medical or behavioral health carrier to another for 2020 and your current provider isn't in your new carrier's network, transition-of-care benefits may be available to you. Transition-of-care benefits let you keep using your current provider on an in-network basis for a limited time. If you and/or any of your covered family members are currently receiving care for a condition and will continue to need treatment for it in 2020:

- Contact your new medical or behavioral health carrier once you receive your new ID card in late 2019 or early 2020. Look for the contact information on the back of your card.
- You'll be asked to provide basic information about the patient and condition. The medical carrier will send you a Transition of Care Request form to be completed and returned by your physician. The behavioral health carrier will prompt you to complete an online form to initiate the transition-of-care approval process.
- Important! Allow up to 30 days from the time you mail in your form to receive a decision. Services received during the review period will be handled according to the transition-of-care decision.

It's important to check with the carrier to see if your condition will qualify for transition-of-care benefits. 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 medical or behavioral health 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.

### Medical coverage *(you and your covered spouse/partner are not yet eligible for Medicare)*

<b>Increases to monthly contributions</b>	For most HP retiree medical options, retiree contributions will increase as a result of continuing national health care cost increases.
<b>Changes to medical and prescription drug out-of-pocket maximums for certain medical options</b>	<p>For the Consumer Driven Health Plan (CDHP) with Health Reimbursement Account (HRA) (formerly called the Premium CDHP w/HRA) and Value PPO:</p> <ul style="list-style-type: none"> <li>• In-network and out-of-network medical out-of-pocket maximums will increase for 2020 by \$250 individual/\$750 family.</li> <li>• In-network and out-of-network prescription drug out-of-pocket maximums will increase for 2020 by \$200 individual/\$400 family.</li> </ul> <p>These changes help respond to health care inflation and minimize overall increases to retiree contributions for coverage.</p>
<b>Simplified provider networks and cost-sharing for certain medical options</b>	<p>Previously, certain HP medical options (CDHP, PPO, and EPO options administered by Aetna, Cigna, and UnitedHealthcare) provided a lower benefit in certain cases when you used non-preferred specialists. As part of our efforts to create a better experience, that provision will be eliminated for 2020. Beginning in 2020, anytime you see a specialist in the Aetna or Cigna provider network, you'll pay the usual in-network specialist office visit copayment or coinsurance amount after the deductible.</p> <p>To find a specialist in your provider's network, select "Find doctors and facilities" when you enroll on MyHPBenefits. If you're changing specialists, also be sure to review the "Transition of care" section above.</p>

**New High Deductible Health Plan (HDHP) medical option**

HP is now offering an HDHP medical option that combines comprehensive medical coverage with the opportunity to contribute to a Health Savings Account (HSA) to help you cover health care expenses now and in the future.

**The HDHP—comprehensive medical coverage**

- In exchange for lower monthly premiums, you'll need to meet a higher in-network deductible before the plan starts to pay its share of eligible expenses. Unlike some other HP medical options, if you're covering dependents in the HDHP medical option, you and/or your dependents must meet the entire \$4,000 family deductible before the plan begins to pay benefits for **any** covered family members. If you're covering only yourself, a \$2,000 deductible must be met before the plan will pay benefits for you.
- You're protected from high costs by the out-of-pocket maximum, which caps how much you spend each year on health care expenses. Unlike other HP medical options, both in-network medical and prescription drug expenses count toward your combined out-of-pocket maximum.
- The HDHP covers the same services as other HP medical options, including most in-network preventive care at 100%. For most medical and prescription drug expenses, you pay coinsurance after you meet the annual deductible.
- You pay the full cost of most covered prescription drugs until you reach the annual deductible. Then, you and the plan share the cost through coinsurance. A unique benefit of this medical option is that certain preventive prescription drugs are covered even before you meet the annual deductible. You'll only need to pay your share of the coinsurance for medications listed on the prescription drug list on [express-scripts.com/hp](https://express-scripts.com/hp).
- Medical coverage will be provided through the medical carrier in your area (Aetna, Anthem BCBS, or Cigna). Prescription drug benefits will be provided separately through Express Scripts. Benefits for mental health and substance use disorder services will be provided separately through the ComPsych provider network (see page 6).

**The HSA—a triple tax-advantaged savings account**

- When you enroll in the HDHP, you have the opportunity to open a special kind of savings account called a Health Savings Account (HSA). You can open your HSA with HealthEquity (HP's HSA administrator) or another financial institution of your choice.
- You choose how and when to use your HSA money—pay for your eligible expenses now or save the money for future health care expenses. You can even use money in your HSA to help cover your share of the costs before you reach your deductible.
- IRS limits allow you to contribute up to \$3,550 for individual coverage or \$7,100 for family coverage to your HSA. If you're age 55 or older, you can also make an additional \$1,000 "catch-up" contribution. With the HSA, you get a triple tax advantage. If you decide to contribute, your contributions are tax-deductible\*, the interest your money earns isn't taxed, and the money isn't taxed when you spend it on qualified health care expenses.

	<ul style="list-style-type: none"> <li>There is no use it or lose it rule for an HSA. Any unused funds stay in your account and can grow with interest for the future, and the money is yours even if you change medical options or decline HP coverage. Depending on who administers your HSA (HealthEquity or another financial institution), you may be able to manage how your HSA funds are invested, too.</li> </ul> <p>* HSA contributions are never taxed at a federal income tax level, but California and New Jersey don't allow state income tax deductions for HSA contributions. This means HSA contributions are subject to state taxes in California and New Jersey. Note: Your HSA funds may only be used to pay for expenses for you and your tax dependents, as defined by the IRS. Please consult your tax adviser before contributing to an HSA. Refer to IRS publications 502 and 969 for more information about eligible expenses.</p>																										
<p><b>Standard CDHP w/HRA medical option no longer available</b></p>	<p>For 2020, we're eliminating the Standard Consumer Driven Health Plan (CDHP) with Health Reimbursement Account (HRA).</p> <p>If you're currently enrolled in the Standard CDHP w/HRA, you'll automatically be moved to the CDHP w/HRA (formerly called the Premium CDHP w/HRA) with the medical carrier for your area (Aetna, Anthem BCBS, or Cigna). Your current HRA balance will continue to be available to use for HRA-eligible expenses while you are participating in the CDHP w/HRA.</p> <p>Keep in mind that if you enroll in another medical option for 2020, you will forfeit any remaining HRA balance. The opportunity to keep your remaining HRA balance is only available if you will be participating in the CDHP w/HRA.</p>																										
<p><b>Changes to medical carriers and medical options</b></p>	<p>Effective January 1, 2020, there will be different medical carriers for the CDHP, PPO, and EPO medical options in many locations, and the EPO will replace HMO options in some locations. Please refer to the table below to see if there are changes taking place in your location.</p> <p>For the Comprehensive Medical Plan (CMP) medical options, Anthem BCBS will replace UnitedHealthcare.</p> <p>In most cases, if the medical carrier or medical option you're currently enrolled with is no longer offered for your area in 2020, we will automatically move you to a medical option with the new carrier. Please go to MyHPBenefits to confirm or change your assigned coverage for 2020.</p> <table border="1" data-bbox="456 1329 1438 1940"> <tr> <td><b>Alabama</b></td> <td>Anthem BCBS will replace UnitedHealthcare.</td> </tr> <tr> <td><b>Arizona</b></td> <td>Anthem BCBS will replace Aetna.</td> </tr> <tr> <td><b>Arkansas</b></td> <td>Anthem BCBS will replace UnitedHealthcare.</td> </tr> <tr> <td><b>California (except San Diego)</b></td> <td>The Anthem BCBS EPO will replace the Anthem BlueCross HMO.</td> </tr> <tr> <td><b>California—San Diego area</b></td> <td>The Aetna EPO will replace the Anthem BlueCross HMO.</td> </tr> <tr> <td><b>Florida</b></td> <td>Aetna will replace UnitedHealthcare.</td> </tr> <tr> <td><b>Indiana (Southern)</b></td> <td>Anthem BCBS will replace UnitedHealthcare.</td> </tr> <tr> <td><b>Iowa</b></td> <td>Anthem BCBS will replace UnitedHealthcare.</td> </tr> <tr> <td><b>Kansas</b></td> <td>Aetna will replace UnitedHealthcare.</td> </tr> <tr> <td><b>Louisiana</b></td> <td>Anthem BCBS will replace UnitedHealthcare.</td> </tr> <tr> <td><b>Maine</b></td> <td>The Anthem BCBS EPO will replace the Harvard Pilgrim HMO.</td> </tr> <tr> <td><b>Maryland</b></td> <td>Cigna will replace UnitedHealthcare.</td> </tr> <tr> <td><b>Massachusetts</b></td> <td>Anthem BCBS will replace UnitedHealthcare for the CDHP, PPO, and EPO medical options. The Anthem BCBS EPO will replace the Harvard Pilgrim HMO and the Tufts HMO.</td> </tr> </table>	<b>Alabama</b>	Anthem BCBS will replace UnitedHealthcare.	<b>Arizona</b>	Anthem BCBS will replace Aetna.	<b>Arkansas</b>	Anthem BCBS will replace UnitedHealthcare.	<b>California (except San Diego)</b>	The Anthem BCBS EPO will replace the Anthem BlueCross HMO.	<b>California—San Diego area</b>	The Aetna EPO will replace the Anthem BlueCross HMO.	<b>Florida</b>	Aetna will replace UnitedHealthcare.	<b>Indiana (Southern)</b>	Anthem BCBS will replace UnitedHealthcare.	<b>Iowa</b>	Anthem BCBS will replace UnitedHealthcare.	<b>Kansas</b>	Aetna will replace UnitedHealthcare.	<b>Louisiana</b>	Anthem BCBS will replace UnitedHealthcare.	<b>Maine</b>	The Anthem BCBS EPO will replace the Harvard Pilgrim HMO.	<b>Maryland</b>	Cigna will replace UnitedHealthcare.	<b>Massachusetts</b>	Anthem BCBS will replace UnitedHealthcare for the CDHP, PPO, and EPO medical options. The Anthem BCBS EPO will replace the Harvard Pilgrim HMO and the Tufts HMO.
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<b>Change to Anthem BCBS network providers</b>	<p>Starting September 1, 2019, the Anthem BCBS network for the CDHP and PPO medical options no longer includes certain Stanford facilities, including the Stanford Hospital &amp; Medical Group, Lucile Packard Children’s Hospital &amp; Medical Group, and UHA Medical Group. If you or a family member began a course of treatment at Stanford Hospital before September 1, you or your physician can request continuity of care by calling Anthem Member Services at 1-800-364-3301.</p> <p>For help finding other participating Anthem BCBS network providers, you can visit <a href="http://anthem.com/ca">anthem.com/ca</a> or call Anthem Member Services at 1-800-364-3301 to confirm if your doctor is affected by this network change.</p>																												

**Behavioral health coverage** *(you and your covered spouse/partner are not yet eligible for Medicare)*

<b>New administrator for mental health and substance use disorder services</b>	<p>ComPsych will replace Optum as the administrator for mental health and substance use disorder services for all HDHP, CDHP, PPO, EPO, and CMP options administered by Aetna, Anthem BCBS, and Cigna. We selected ComPsych for its GuidanceResources program featuring an enhanced service model that’s designed to help you get quicker and easier access to expert care. All calls are answered by master’s-level clinicians, so you get connected to help right away. To find a ComPsych network provider, beginning January 1, call 1-844-819-4773 or log on to <a href="http://guidanceresources.com">guidanceresources.com</a> and select “Register” and use the Organization Web ID: “HP.”</p>
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**Dental coverage** *(for recent retirees participating through COBRA or retirees in the former Digital Retiree Health Program)*

<b>Increases to monthly contributions</b>	Monthly contributions for the Aetna Dental Maintenance Organization (DMO) will increase in 2020 due to dental cost increases nationwide.
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**Other changes** *(you and your covered spouse/partner are not yet eligible for Medicare)*

<b>Expanded eligibility for opposite-sex domestic partners</b>	Beginning in 2020, HP will allow coverage for opposite-sex domestic partners and their children. You must have either registered your domestic partnership with a state or local government that accepts such registrations, or you and your partner must have satisfied all of HP's partner eligibility requirements for at least six full months. For more information, refer to "HP benefits: Who you can cover" available on MyHPBenefits.
<b>Expert guidance and support for your health care issues</b>	<p>A new, no-cost health benefits resource called Health Hub by Grand Rounds will be available to you and your covered dependents beginning January 1.</p> <ul style="list-style-type: none"> <li>• If you're enrolled in an HP CDHP, CMP, EPO, HDHP, or PPO medical option, you can get answers to your questions, explore your health benefits, get help with claims issues, find network providers, and more.</li> <li>• If you're enrolled in an HP HMO medical option, you can contact Health Hub by Grand Rounds for help finding network providers.</li> </ul>

## You or some members of your family are eligible for Medicare and some are not

Medical coverage for split family enrollments (*you or some members of your family are eligible for Medicare and some are not*)

<p><b>Increases to monthly contributions</b></p>	<p>For most HP retiree medical options, retiree contributions will increase as a result of continuing national health care cost increases.</p>
<p><b>Availability of certain Health Maintenance Organization (HMO) options</b></p>	<p><b>For family members not eligible for Medicare:</b></p> <ul style="list-style-type: none"> <li>• Due to low enrollment, the Anthem BlueCross HMO in California will no longer be available.</li> <li>• The Harvard Pilgrim and Tufts HMO non-Medicare options will be closed to new enrollments. Current enrollees can continue to participate in these options in 2020, but you can't newly enroll in them.</li> </ul> <p><b>For family members eligible for Medicare:</b></p> <ul style="list-style-type: none"> <li>• Due to low enrollment, the Anthem BlueCross Medicare HMO in California will no longer be available.</li> <li>• The Harvard Pilgrim and Tufts Medicare HMO options will be closed to new enrollments. Current enrollees can continue to participate in these options in 2020, but you can't newly enroll in them.</li> </ul>
<p><b>New High Deductible Health Plan (HDHP) medical option</b></p>	<p>HP is now offering an HDHP medical option <b>for family members who are not eligible for Medicare</b>. The HDHP combines comprehensive medical coverage with the opportunity to contribute to a Health Savings Account (HSA) to help you cover health care expenses now and in the future.</p> <p><b>The HDHP—comprehensive medical coverage</b></p> <ul style="list-style-type: none"> <li>• In exchange for lower monthly premiums, you'll need to meet a higher in-network deductible before the plan starts to pay its share of eligible expenses. Unlike other HP medical options, with the HDHP if you're covering two or more people under age 65, you and/or your dependents must meet the entire \$4,000 family deductible before the plan will pay benefits for any covered family members. If you're covering only yourself, a \$2,000 deductible must be met before the plan will pay benefits for you.</li> <li>• You're protected from high costs by the out-of-pocket maximum, which caps how much you spend each year on health care expenses. Unlike other HP medical options, both in-network medical and prescription drug expenses count toward your combined out-of-pocket maximum.</li> <li>• The HDHP covers the same services as other HP medical options, including covering most in-network preventive care at 100%. For most medical and prescription drug expenses, you pay coinsurance after you meet the annual deductible.</li> <li>• You pay the full cost of most covered prescription drugs until you reach the annual deductible. Then, you and the plan share the cost through coinsurance. A unique benefit of this medical option is that certain preventive prescription drugs are covered even before you meet the annual deductible. You'll only need to pay your share of the coinsurance for medications listed on the prescription drug list on <a href="http://myuhc.com">myuhc.com</a>.</li> </ul>



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