

# 2022 Retiree Benefits Enrollment Guide

For US retirees who are not yet eligible for Medicare or who cover a mix of Medicare-eligible and non-Medicare-eligible family members



## It's your move



October 25 – November 12, 2021

Learn about important changes and view your personalized options and costs on [www.myhpbenefits.com](http://www.myhpbenefits.com).

# HP retiree benefits enrollment: October 25 – November 12, 2021



## Contents

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

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## Using this guide

The options available to you depend on whether you and/or your dependents are eligible for Medicare.



If you and your covered family members are not yet eligible for Medicare, refer to the **ORANGE** section of this guide.



If some members of your family are eligible for Medicare and some are not, refer to the **PURPLE** section of this guide.

# Welcome

## Annual enrollment for HP retiree benefits is here.

### In addition to this 2022 Retiree Benefits Enrollment Guide, your enrollment packet includes:

- A personalized statement that shows the coverage options available to you.
- A special insert for Medicare-eligible retirees and family members illustrating the advantages—and potential savings!—thousands of HP retirees have already realized by moving to Aon Retiree Health Exchange (Aon).

Together, these materials can help you navigate enrollment for your 2022 benefits.

For Medicare-eligible retirees and family members, if you're not currently enrolled in Aon Retiree Health Exchange coverage, this is the year to explore your options and seriously consider a move to Aon. Review the enclosed insert to see how you could save. If you have an upcoming appointment with a licensed Aon Benefits Advisor, be sure to keep this appointment and learn how you could pay less than you do today and potentially keep very similar coverage, the same carrier, and the same providers.

### Before you enroll in your 2022 health benefits:

- Use this guide to understand your choices and what you need to do to enroll.
- Explore your options through Aon—schedule (or confirm) your appointment with a licensed Aon Benefits Advisor (if you or a family member is eligible for Medicare) by calling 1-800-975-0355.
- Learn about available tools and resources to get more information.



### Get help exploring the options offered by Aon Retiree Health Exchange

If you or a family member is eligible for Medicare, you may want to consider Aon Retiree Health Exchange. It offers affordable rates with a wide variety of medical options and design features. Review the enclosed “Find out how much you could save through Aon Retiree Health Exchange” insert for highlights, including how to set up an appointment to discuss your needs and when to take action if you plan to enroll in coverage through Aon.



### If you don't enroll...

The enclosed personalized statement shows the coverage you'll have for 2022 unless you make changes. This will generally be the coverage you have today, unless your current coverage is no longer available. Even if you're happy with the coverage and costs shown on the statement, please take time to review this guide, so you know your options and what's changing.

#### **Too good to miss: Learn about Aon Retiree Health Exchange with a licensed Benefits Advisor**

If you or a family member is eligible for Medicare, did you know you can get similar or better medical benefits and potentially save money through Aon Retiree Health Exchange? You can also purchase dental, vision, and hearing care options. See for yourself! Call 1-800-975-0355 and schedule your appointment with an Aon licensed Benefits Advisor to get personalized support and help exploring your options through Aon for 2022.

Looking for contact information?  
Check out HP Continuum

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We've included important web addresses and telephone numbers throughout this guide for your convenience. For additional contact information, visit [hpcontinuum.com](http://hpcontinuum.com). If you're not registered on the site, register today to ensure you receive timely updates.



# Not yet Medicare-eligible

Review this orange section if you and your family members are not yet eligible for Medicare (due to age or disability). If you or some members of your family are eligible for Medicare (or will become eligible in January 2022) and some are not, refer to the purple section of this guide.

## What's changing for 2022

HP recognizes the importance of health care costs for retirees. This year, we encourage you to carefully consider whether your current medical coverage is the best fit for you: your life, your health, and especially your budget. Take time to explore all your options and make the right move for your needs.

**What does it mean?** Use this key to help you understand how we refer to the various HP medical options in this guide.

**CDHP w/HRA:** Consumer Driven Health Plan with Health Reimbursement Account

**EPO:** Exclusive Provider Organization

**HDHP:** High Deductible Health Plan

**HMO:** Health Maintenance Organization

**PPO:** Preferred Provider Organization

**CMP:** Comprehensive Medical Plan

## CVS Caremark replacing Express Scripts for prescription drugs

CVS Caremark will be our new prescription drug administrator in 2022 if you're enrolled in an HP medical option through Aetna, Anthem BCBS, or Cigna. Their network of more than 66,000 participating retail pharmacies includes 99% of the pharmacies used by HP participants today. Although benefits and copayments aren't changing, there may be some changes in covered prescriptions or in the classification of covered prescriptions among coverage tiers.

If you're receiving medication by mail order or you're taking a medication with prior authorization from Express Scripts, you don't need to take any action. CVS Caremark will work with Express Scripts to transfer any remaining open mail-order refills and active prior authorizations on or before January 1, 2022.

In late December, you'll receive a welcome package from CVS Caremark with your prescription drug member ID card and information about registering your account on the CVS Caremark website. Once you register, you'll be able to view your prescription drug coverage details, find participating pharmacies, and manage your home delivery prescriptions.

## Expanded services through HP Health Hub now available

HP Health Hub by Grand Rounds has expanded the services it offers for non-Medicare-eligible retirees and dependents who are enrolled in an HP medical option through Aetna, Anthem BCBS, or Cigna.

### Virtual health care where and when you need it

HP Health Hub now offers Virtual Urgent Care so you and your covered dependents can get the care you need without a trip to the doctor's office. With Virtual Urgent Care, you can get quick care for urgent and everyday issues anytime you need assistance, anywhere you go—all at no cost to you. You can see a top physician on your couch, while traveling, or anytime at all. Virtual Urgent Care allows you to connect with a licensed physician online to diagnose a new issue, prescribe medication, order tests, and more.

Schedule your virtual visit in the Grand Rounds Health app (available on the Apple App Store and Google Play Store) or call 1-855-633-9251. Then, meet the physician on any online device.

### Expert support with managing your health care needs

The new Connected Care Program through HP Health Hub is a no-cost health care service that takes the hassle out of managing your health care needs. You and your covered dependents have a whole team at your service to ensure you get the medical support you need to achieve your short-term health care needs and long-term health goals.

Your multidisciplinary care team is led by a registered nurse and physician for answers to health-related questions. They're trained to provide empathetic assistance and act as dedicated advocates for you and your dependents. From finding appointments with top doctors that fit your schedule to managing medical bills and seeing to all the other details of any health-related need, they take into account your total health situation.

To learn more about the Connected Care Program, visit [hpcontinuum.com](http://hpcontinuum.com). To get started and meet your care team, download the Grand Rounds Health app (available on the Apple App Store and Google Play Store), visit [grandrounds.com/hp](http://grandrounds.com/hp), or call 1-855-633-9251.

## Enhancements to Group Legal Services

Both Group Legal Services options will cover an expanded list of legal matters in 2022. These enhancements include:

- **UltimateAdvisor option:** Support for domestic partnership agreements, funeral directives, hospital visitation authorization, and more
- **UltimateAdvisor Plus option:** Support for the legal matters listed above, plus legal support for issues related to rental properties, from purchase and sale, to lease review and preparation, to property and neighbor disputes

As a result of these enhancements, the monthly cost of coverage will also increase slightly. For more information about these changes or to enroll for 2022 during the enrollment period, contact ARAG Group Legal Services at 1-800-762-3217 or visit [araglegalcenter.com](http://araglegalcenter.com) (access code: 15641hpr).

## Increased benefits available from EyeMed PLUS Providers

*(for recent retirees participating in vision benefits through the Consolidated Omnibus Budget Reconciliation Act (COBRA) or retirees in the former Digital Retiree Health Program)*

If you're participating in the EyeMed Premium or Standard Vision Plan, you can take advantage of exclusive savings when you visit an EyeMed PLUS Provider. Members who use EyeMed PLUS Providers pay nothing for eye exams (they're 100% covered with no copayment) and receive an extra \$50 frame allowance. You can search for PLUS Providers in your area when you enroll on MyHPBenefits or by visiting [eyemed.com](http://eyemed.com).

## Choosing a coverage option

Before you enroll, consider if your benefit needs have changed from last year and review your 2022 choices. Your coverage options include:

- **HP medical options**, which offer a variety of plan choices and coverage levels
- **The public health exchange**, which offers options for medical coverage outside of HP

You'll find more information about your coverage options below. Also review the HP medical option coverage summaries when you enroll on [www.myhpbenefits.com](http://www.myhpbenefits.com).

	HP group retiree coverage	Coverage through the public health exchange
<b>How it works</b>	HP selects insurers or carriers to offer retiree medical options with varying coverage features.	The public health 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>• HDHP</li> <li>• CDHP w/HRA</li> <li>• Premium PPO</li> <li>• Value PPO</li> <li>• HMOs</li> </ul> See highlights of these options beginning on page 17. <ul style="list-style-type: none"> <li>• EPO</li> <li>• Premium CMP</li> <li>• Standard CMP</li> <li>• Basic CMP</li> </ul>	The choices vary depending on where you live. The public health exchange offers a variety of medical carriers, as well as 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 and among options, carriers, coverage levels, and premium costs
<b>How to enroll</b> (See page 19 in the "How to enroll" section for more details about enrolling.)	Go to <a href="http://www.myhpbenefits.com">www.myhpbenefits.com</a> and select the "Enroll in 2022 Benefits" tile, or  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 get started.  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 a public health exchange plan. HP will then discontinue your 2022 HP medical and prescription drug coverage.
<b>Enrollment dates</b>	October 25 – November 12, 2021	November 1 – December 15, 2021*
<b>Support available during and after enrollment</b>	HP Benefits Center representatives are available to answer questions during and after enrollment. For information about your HP medical options and the ways HP Health Hub by Grand Rounds can help you during benefits annual enrollment, see pages 17 – 18.	Enrollment help is available at no cost to you through agent-brokers in your community. You can also call the public health exchange at 1-800-318-2596 anytime (24 hours a day, 7 days a week, except holidays).

\* If you decide you'd like to purchase coverage through the public health exchange and the HP benefits annual enrollment period has already ended, please contact the HP Benefits Center by December 17, 2021, 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 discontinue your 2022 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.

## What happens if you (or your family member) will become eligible for Medicare later in 2022?

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If you (or your family member) will become eligible for Medicare later in 2022 (February 1 or beyond), you should still enroll in a non-Medicare medical option for next year. Then:

- **If you become eligible for Medicare**, the HP Benefits Center will contact you about three months before you turn 65. You'll need to enroll in Medicare Parts A and B and provide your Medicare Beneficiary Identifier (MBI) to the HP Benefits Center. At that time, you'll enroll in a new medical option that coordinates with Medicare.
- **If your covered family member becomes eligible for Medicare**, the HP Benefits Center will reach out to you about three months before they turn 65. They'll need to enroll in Medicare Parts A and B and you'll need to provide their Medicare Beneficiary Identifier (MBI) to the HP Benefits Center. At that time, your family member will enroll in a new medical option that coordinates with Medicare.

Any remaining non-Medicare-eligible family members will stay with their current medical option. Nothing changes for them.





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

Review this purple section if you or some members of your family are eligible for Medicare (or will become eligible in January 2022) and some are not. You'll make separate medical option elections for family members who are eligible for Medicare and for those who are not.

HP recognizes the importance of health care costs for retirees. This year, we encourage you to carefully consider whether your current medical coverage is the best fit for you: your life, your health, and especially your budget. Take time to explore all your options, including coverage outside of HP through Aon Retiree Health Exchange for Medicare-eligible retirees or family members, and make the right move for your needs.

## Medical changes for Medicare-eligible family members

### Enroll and save on medical premiums with Aon Retiree Health Exchange

Thousands of HP Medicare-eligible retirees are already participating in Aon Retiree Health Exchange and enjoying the broader selection of premium costs, benefit designs, and top carriers it offers. Here are a few reasons why:

- **1:1 enrollment support you can trust.** You can schedule an appointment with a licensed Benefits Advisor. Your Benefits Advisor will listen to what's important to you, suggest a plan that could best meet your needs, and then help you complete your enrollment if you decide to enroll in coverage through Aon for 2022. Learn more about working with a licensed Benefits Advisor on page 9.

- **Lower premiums.** Premiums for plans offered through Aon Retiree Health Exchange reflect the underlying cost of care across all the members of a particular insurer. Health insurers in the individual market generally cover many more individuals than most group health plans (including HP's), which means they can offer more competitive pricing to you.



#### TIP

Aon Retiree Health Exchange has scheduled pre-set appointments for some retirees. If this applies to you, you should have received a letter from Aon Retiree Health Exchange in late September with your pre-set appointment date and time. Be sure to call Aon at 1-800-975-0355 to confirm your appointment or to reschedule for a time that's better for you.

- **Similar or better coverage options.** If you want to keep using the doctors and hospitals you know and trust, check with Aon—there’s a good chance they offer plans that meet your needs. Aon Retiree Health Exchange offers some of the same medical carriers as HP—including UnitedHealthcare and regional carriers like Tufts and Harvard Pilgrim—with very similar coverage and access to many of the same doctors and hospitals.
- **Personalized to your needs.** You don’t have to settle for one-size-fits-all. With thousands of plans from hundreds of regional and national insurance companies, Aon’s licensed Benefits Advisors can help you find a better fit for your health and budget now and as your needs change over time. Aon Retiree Health Exchange is a one-stop shop, too, and not just for medical and prescription drug coverage. Aon offers dental, vision, and hearing care plans you can purchase separately or bundled with some medical plans. When you meet with your Benefits Advisor, be sure to ask about dental, vision, and hearing care options in your area.



**It’s your move! Schedule your appointment with a Benefits Advisor**

If you don’t have a pre-set appointment, we still encourage you to set one up so you can see for yourself just how much you could save with Aon Retiree Health Exchange. Call 1-800-975-0355 (TTY 711), Monday through Friday, between 6 a.m. and 6 p.m. Pacific Time (8 a.m. and 8 p.m. Central Time).

How to get ready for your appointment

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**Visit HP Continuum and check out the Aon Retiree Health Exchange article for a helpful pre-appointment checklist you can use to prepare for your meeting with your Benefits Advisor.**



**IMPORTANT DATES**

- **October 15 – December 7:** Medicare open enrollment through Aon Retiree Health Exchange
- **October 25 – November 12:** HP retiree benefits enrollment

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**Need more time to decide? It’s not too late to enroll with Aon Retiree Health Exchange—even after HP benefits enrollment closes**

- If you decide you’d like to learn more or purchase coverage through Aon Retiree Health Exchange, simply call 1-800-975-0355 and set up an appointment before December 7.
- If you decide to enroll with Aon Retiree Health Exchange and the HP benefits annual enrollment period has already ended, Aon will coordinate making updates to your coverage with the HP Benefits Center, including dropping the HP medical and prescription drug coverage you had enrolled in for 2022.

Benefits Advisors are licensed insurance agents who have no incentive to enroll you in a specific plan or carrier offered by Aon. This personalized assistance is available at no cost to you. You only pay for the coverage you enroll in. To get started, simply call Aon Retiree Health Exchange at 1-800-975-0355 to make an appointment to speak with a Benefits Advisor.

Feel free to invite your spouse or other family members, a caregiver, your power of attorney, or a trusted friend to join you for the appointment. At the start of the call, your Benefits Advisor will ask you to provide verbal permission for your guest to participate in the conversation.

### **If some family members aren't eligible for Medicare**

You'll make separate medical option elections for family members who are eligible for Medicare and for those who are not. If you enroll yourself and/or your Medicare-eligible family members in coverage through Aon Retiree Health Exchange, you can enroll any non-Medicare-eligible family members separately in one of the HP group medical options or in coverage through a public health exchange.

### **If you change your mind**

Each fall, you can meet with your Aon Benefits Advisor to discuss any changes in your life, your health, and your budget and, if needed, enroll in a different plan. If you experience a significant change in your life during the year, you're also encouraged to call Aon Retiree Health Exchange at that time to discuss your options.

You may re-enroll in HP coverage during a future retiree benefits enrollment period or within 60 days of a qualified status change. Keep in mind, however, that HP may make changes to the medical options currently available, and the options available if you re-enroll in HP coverage may be different than what HP offers today.



## UnitedHealthcare Medicare Advantage PPO coverage enhancements

You'll see several enhancements to the UHC Medicare Advantage PPO Core and Plus options for 2022.

- **For both options:** Added benefits for members following discharge from a hospital or skilled nursing facility, when referred by a clinical advocate.
  - Healthy Meal Delivery Program offers 84 home-delivered meals to members through Mom's Meals
  - Routine health-related transportation to medical appointments and pharmacy visits for up to 30 days immediately following the member's discharge
- **For the UHC Medicare Advantage PPO Core:**
  - The copayment for urgent care services is decreasing from \$35 to \$30.
  - You'll pay the following copayments for all prescription drugs beginning in 2022 instead of paying a percentage of the cost.

Drug tier	Retail copayment	Mail-order copayment (90-day supply)
Tier 1	\$10	\$20
Tier 2	\$40	\$100
Tier 3 and Tier 4	\$60	\$150

- **For the UHC Medicare Advantage PPO Plus,** the copayment for urgent care services is decreasing from \$35 to \$25.

As a result of these enhancements, retiree contributions for both options will increase slightly.

**Note:** Although you can find UHC Medicare Advantage PPOs through Aon Retiree Health Exchange with different premiums and plan designs, none of these plans cover the exact services or provide the exact benefits as the HP options, particularly the Healthy Meal Delivery Program and routine health-related transportation. If you're considering options through Aon Retiree Health Exchange, talk to your Aon Benefits Advisor about any benefits or plan design features that are important to you.

## Medical changes for family members who are **not** eligible for Medicare

### CVS Caremark replacing Express Scripts for prescription drugs

CVS Caremark will be our new prescription drug administrator in 2022 if you're enrolled in an HP medical option through Aetna, Anthem BCBS, or Cigna. Their network of more than 66,000 participating retail pharmacies includes 99% of the pharmacies used by HP participants today. Although benefits and copayments aren't changing, there may be some changes in covered prescriptions or in the classification of covered prescriptions among coverage tiers.

If you're receiving medication by mail order or you're taking a medication with prior authorization from Express Scripts, you don't need to take any action. CVS Caremark will work with Express Scripts to transfer any remaining open mail-order refills and active prior authorizations on or before January 1, 2022.

In late December, you'll receive a welcome package from CVS Caremark with your prescription drug member ID card and information about registering your account on the CVS Caremark website. Once you register, you'll be able to view your prescription drug coverage details, find participating pharmacies, and manage your home delivery prescriptions.

**What does it mean?** Use this key to help you understand how we refer to the various HP medical options in this guide.

**CDHP w/HRA:** Consumer Driven Health Plan with Health Reimbursement Account  
**EPO:** Exclusive Provider Organization  
**HDHP:** High Deductible Health Plan  
**HMO:** Health Maintenance Organization  
**PPO:** Preferred Provider Organization  
**CMP:** Comprehensive Medical Plan

## Expanded services through HP Health Hub now available

HP Health Hub by Grand Rounds has expanded the services it offers for non-Medicare-eligible retirees and dependents who are enrolled in an HP medical option through Aetna, Anthem BCBS, or Cigna.

### Virtual health care where and when you need it

HP Health Hub now offers Virtual Urgent Care so you and your covered dependents can get the care you need without a trip to the doctor's office. With Virtual Urgent Care, you can get quick care for urgent and everyday issues anytime you need assistance, anywhere you go—all at no cost to you. You can see a top physician on your couch, while traveling, or anytime at all. Virtual Urgent Care allows you to connect with a licensed physician online to diagnose a new issue, prescribe medication, order tests, and more.

Schedule your virtual visit in the Grand Rounds Health app (available on the Apple App Store and Google Play Store) or call 1-855-633-9251. Then, meet the physician on any online device.

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Your multidisciplinary care team is led by a registered nurse and physician for answers to health-related questions. They're trained to provide empathetic assistance and act as dedicated advocates for you and your dependents. From finding appointments with top doctors that fit your schedule to managing medical bills and seeing to all the other details of any health-related need, they take into account your total health situation.

To learn more about the Connected Care Program, visit [hpcontinuum.com](http://hpcontinuum.com). To get started and meet your care team, download the Grand Rounds Health app (available on the Apple App Store and Google Play Store), visit [grandrounds.com/hp](http://grandrounds.com/hp), or call 1-855-633-9251.

## Other benefits

### Enhancements to Group Legal Services

Both Group Legal Services options will cover an expanded list of legal matters in 2022. These enhancements include:

- **UltimateAdvisor option:** Support for domestic partnership agreements, funeral directives, hospital visitation authorization, and more
- **UltimateAdvisor Plus option:** Support for the legal matters listed above, plus legal support for issues related to rental properties, from purchase and sale to lease review and preparation to property and neighbor disputes

As a result of these enhancements, the monthly cost of coverage will also increase slightly. For more information about these changes or to enroll for 2022 during the enrollment period, contact ARAG Group Legal Services at 1-800-762-3217 or visit [araglegalcenter.com](http://araglegalcenter.com) (access code: 15641hpr).

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*(for recent retirees participating in vision benefits through the Consolidated Omnibus Budget Reconciliation Act (COBRA) or retirees in the former Digital Retiree Health Program)*

If you're participating in the EyeMed Premium or Standard Vision Plan, you can take advantage of exclusive savings when you visit an EyeMed PLUS Provider. Members who use EyeMed PLUS Providers pay nothing for eye exams (they're 100% covered with no copayment) and receive an extra \$50 frame allowance. You can search for PLUS Providers in your area when you enroll on MyHPBenefits or by visiting [eyemed.com](http://eyemed.com).

On MyHPBenefits, select "Enroll in 2022 Benefits" to view the medical options and medical carriers available in your area and to access tools to help you decide.

## Choosing a coverage option

Before you enroll, review your 2022 choices. Your coverage options include:

- **Aon Retiree Health Exchange** for Medicare-eligible family members and **the public health exchange** for those not yet eligible for Medicare. Both exchanges offer options for medical coverage outside of HP.
- **HP medical options**, which offer a variety of plan choices and coverage levels.

You'll find more information about your coverage options below. Also review the HP medical option coverage summaries when you enroll on [www.myhpbenefits.com](http://www.myhpbenefits.com).

	Aon Retiree Health Exchange— Medicare-eligible	Public health exchange—not eligible for Medicare	Medicare- eligible	Not eligible for Medicare
	Coverage through an exchange		HP group retiree coverage	
<b>How it works</b>	These exchanges offer 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.	
<b>Types of options available</b>	<p>A range of Medicare options including:</p> <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> <p>Dental, vision, and hearing care plans are also available.</p>	<p>The choices vary depending on where you live. The public health exchange offers a variety of medical carriers, as well as options for premium, deductible, and coinsurance amounts.</p>	<ul style="list-style-type: none"> <li>• UnitedHealthcare (UHC) Medicare Advantage PPOs (Core or Plus) and</li> <li>• Depending on where you live, an HP-sponsored Medicare HMO option</li> </ul> <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>Depending on where you live:</p> <ul style="list-style-type: none"> <li>• HDHP</li> <li>• CDHP w/HRA</li> <li>• Premium PPO</li> <li>• Value PPO</li> <li>• HMOs</li> <li>• EPO</li> <li>• Premium CMP</li> <li>• Standard CMP</li> <li>• Basic CMP</li> </ul> <p>See highlights of these options beginning on page 17.</p>
<b>How premiums are set</b>	Premiums are based on the competitive market. They reflect the underlying cost of care across all the members of a particular insurer.		Premiums reflect the underlying cost of care across the HP retiree population.	
<b>Why you might enroll</b>	If you're looking for more choices among options, carriers, coverage levels, and premium costs		If you prefer to stay in an HP retiree medical option and it's a good fit for your health care and financial needs	


## Important note for Medicare-eligible family members

If you don't see the Medicare options you expected when you enroll in HP coverage, 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. You can provide your MBI when you enroll through MyHPBenefits or by contacting the HP Benefits Center for assistance.

	Aon Retiree Health Exchange— Medicare-eligible	Public health exchange—not eligible for Medicare	Medicare-eligible	Not eligible for Medicare
	Coverage through an exchange		HP group retiree coverage	
<b>How to enroll</b> (See page 19 in the “How to enroll” section for more details about enrolling.)	Go to <a href="https://retiree.aon.com/hp">retiree.aon.com/hp</a> or call 1-800-975-0355 to make an appointment to speak with an Aon Benefits Advisor, Monday through Friday between 6 a.m. and 6 p.m. Pacific Time (8 a.m. and 8 p.m. Central Time). See the enclosed “Find out how much you could save through Aon Retiree Health Exchange” insert for more details.	Go to <a href="https://healthcare.gov">healthcare.gov</a> to get started.  In addition, access MyHPBenefits at <a href="https://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 a public health exchange plan. HP will then discontinue your 2022 HP medical and prescription drug coverage.	Go to <a href="https://www.myhpbenefits.com">www.myhpbenefits.com</a> and select the “Enroll in 2022 Benefits” tile. You’ll make separate coverage elections for Medicare-eligible and non-Medicare-eligible family members. You can also call the HP Benefits Center at 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).	
<b>Enrollment dates</b>	October 15 – December 7, 2021*	November 1 – December 15, 2021**	October 25 – November 12, 2021	
<b>Support available during and after enrollment</b>	An Aon Retiree Health Exchange 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.	Enrollment help is available at no cost to you through agent-brokers in your community. You can also call the public health exchange at 1-800-318-2596 anytime (24 hours a day, 7 days a week, except holidays).	HP Benefits Center representatives are available to answer questions during and after enrollment. More information about Aon Retiree Health Exchange and the UHC Medicare Advantage PPOs is available on pages 15 – 16. For more information about non-Medicare HP medical options and the ways HP Health Hub by Grand Rounds can help you during benefits annual enrollment, see pages 17 – 18.	

\* The HP benefits enrollment period ends before Medicare open enrollment through Aon Retiree Health Exchange ends. If you decide you'd like to learn more or purchase coverage through Aon, simply call them and set up an appointment. If you decide to enroll with Aon Retiree Health Exchange and the HP benefits annual enrollment period has already ended, Aon will coordinate making updates to your coverage with the HP Benefits Center, including dropping the HP medical and prescription drug coverage you had enrolled in for 2022. If you're enrolled in an HP dental or vision option and wish to drop coverage, you'll need to make these changes with the HP Benefits Center.

\*\* If you decide you'd like to purchase coverage through the public health exchange and the HP benefits annual enrollment period has already ended, please contact the HP Benefits Center by December 17, 2021, 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 2022 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.



## Remember: You'll make two medical elections

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You'll make separate medical option elections for family members who are eligible for Medicare and for those who are not. This gives you the flexibility to tailor your coverage to the needs of your Medicare-eligible and non-Medicare-eligible family members. If you don't enroll or make changes, the coverage shown on the enclosed personalized statement is what you'll have for 2022.





# Need help deciding?

Visit HP Continuum for articles with enrollment tips, ways to save money and protect your health, and information for our newest retirees. And **join us November 2, 3, and 4 for a Virtual Retiree Benefits Fair** with webinars to learn more. You'll find:

- HP-hosted webinars about enrolling and Aon Retiree Health Exchange, as well as webinars that look at what's changing depending on whether you're Medicare-eligible, non-Medicare-eligible, or have a mix of Medicare-eligible and non-Medicare-eligible family members. You can access these webinars through links on [HP Continuum](#) at any time beginning November 2.
- Webinars to learn more about Aon Retiree Health Exchange coverage and the HP UnitedHealthcare (UHC) Medicare Advantage Preferred Provider Organization (PPO) options. You can ask questions during the live sessions. Recordings will be posted on [HP Continuum](#) if you can't attend a live session.

Learn about	Dates	Times	Phone access	Webex access
UHC Medicare Advantage PPOs	November 2	9 – 10:30 a.m. PT	1-844-291-4185 TTY 711 <b>Access code:</b> 7792784	<b>Visit:</b> <a href="#">UHC.webex.com</a> <b>Event number:</b> 135 818 9578 <b>Event password:</b> WelcomeHP21!
Aon Retiree Health Exchange		12 – 1:30 p.m. PT	1-877-542-7993 <b>Access code:</b> 130 311 9521	<b>Visit:</b> <a href="#">webex.com</a> <b>Select:</b> "Join" <b>Event number:</b> 130 311 9521 <b>Event password:</b> Retiree1! <b>To connect audio, use computer audio or dial:</b> 1-877-542-7993 <b>Access code:</b> 130 311 9521
UHC Medicare Advantage PPOs	November 3	9 – 10:30 a.m. PT	1-844-291-4185 TTY 711 <b>Access code:</b> 2019069	<b>Visit:</b> <a href="#">UHC.webex.com</a> <b>Event number:</b> 135 391 5468 <b>Event password:</b> WelcomeHP21!
Aon Retiree Health Exchange		12 – 1:30 p.m. PT	1-877-542-7993 <b>Access code:</b> 130 455 0769	<b>Visit:</b> <a href="#">webex.com</a> <b>Select:</b> "Join" <b>Event number:</b> 130 455 0769 <b>Event password:</b> Retiree1! <b>To connect audio, use computer audio or dial:</b> 1-877-542-7993 <b>Access code:</b> 130 455 0769
Aon Retiree Health Exchange	November 4	12 – 1:30 p.m. PT	1-877-542-7993 <b>Access code:</b> 130 565 5734	<b>Visit:</b> <a href="#">webex.com</a> <b>Select:</b> "Join" <b>Event number:</b> 130 565 5734 <b>Event password:</b> Retiree1! <b>To connect audio, use computer audio or dial:</b> 1-877-542-7993 <b>Access code:</b> 130 565 5734

**Note:** If you receive a message about security steps to join the meeting, please follow the directions shown on your screen.

### Want more information about your options and how they compare?

The personalized statement enclosed with this guide lists your available benefit options and contribution amounts. You can find the medical option coverage summaries on MyHPBenefits at [www.myhpbenefits.com](http://www.myhpbenefits.com). To get a printed copy, call the HP Benefits Center at 1-800-890-3100.



## If you're Medicare-eligible: Take a closer look at your options

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### To learn more about:

- **Options through Aon Retiree Health Exchange**, call 1-800-975-0355 or visit [retiree.aon.com/hp](https://retiree.aon.com/hp) and schedule your appointment with a licensed Aon Benefits Advisor to get personalized support and help exploring your options through Aon for 2022. Don't forget, you can get similar or better medical benefits and potentially save money through Aon Retiree Health Exchange. You can also purchase dental, vision, and hearing care options through Aon along with your medical plan. Schedule your appointment and see for yourself!
- **The UHC Medicare Advantage PPOs**, call 1-877-456-7240 or visit [uhcretiree.com/hp](https://uhcretiree.com/hp) for highlights including plan benefits and costs, prescription drug coverage, how to find a provider, and tools and services to help you improve your health.

## A closer look at non-Medicare HP medical options

If you or your covered family members aren't yet Medicare-eligible, it's a good idea to review how the HP medical options work before you enroll.

### High Deductible Health Plan (HDHP)

True to its name, the HDHP has the highest individual deductible of all the medical options. It also has the lowest monthly contributions. That means you'll pay less each month to cover your cost of coverage, but you'll pay more for health care before the plan kicks in.

The HDHP also offers a personal account—funded by you—to help pay for qualified health care expenses now or in the future. You may establish a tax-free Health Savings Account (HSA) and make tax-deductible\* contributions up to IRS limits, provided you don't have other non-HDHP coverage. For more information, visit the HealthEquity Learn site: [learn.healthequity.com/hpinc/hsa](https://learn.healthequity.com/hpinc/hsa).

If you have a Retirement Medical Savings Account (RMSA) or you're enrolled in Medicare, you cannot contribute to an HSA. It's important to consult a tax adviser before contributing to an HSA.

Keep in mind, if you're covering more than one non-Medicare-eligible family member under the HDHP, all family members must meet the entire family deductible before the plan begins to pay benefits for any covered family member. The HDHP generally won't cover prescription drugs until you meet the annual deductible.

## The network advantage

Most HP medical options use a network of physicians, hospitals, and other health care providers that have agreed to provide care at discounted prices. HP passes these discounts on to you in the form of lower monthly contributions and lower costs when you receive care.

**With the HDHP, CDHP w/HRA, and PPOs,** you can use any provider you choose—but you'll save when you use network providers.

**With the HMOs and EPO,** you generally must receive care through your medical carrier's network of doctors and hospitals. If you use a provider outside the network, the plan will cover only emergency care.

### Who's in the network?

As you weigh your medical coverage options, take time to see if your current doctor is in another carrier's network—or find a doctor who is. HP Health Hub can connect you with the highest-quality care in your network and in your area. They also offer live help to understand your 2022 medical options. Contact HP Health Hub at [grandrounds.com/hp](https://grandrounds.com/hp) or call 1-855-633-9251.

**Note:** The CMP options don't offer networks or discounted network pricing, but you can still contact HP Health Hub for help finding high-quality, cost-efficient providers.

\* 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.

### **Consumer Driven Health Plan with Health Reimbursement Account (CDHP w/HRA)**

The CDHP w/HRA has higher monthly contributions, as well as one of the higher deductibles, but it comes with an HRA, which is fully funded by HP and administered through Your Spending Account. HP contributes \$500 for individuals and \$1,000 for families annually (you cannot contribute). As you incur expenses, you can pay with your HRA funds until they run out. Once you've spent your HRA, you'll pay the full amount for services until you reach the annual deductible, after which you'll pay coinsurance or copayments.

If you don't use all the funds in your HRA by year-end, the balance will roll over to the next year if you remain enrolled in the CDHP w/HRA. If you change medical options, you'll lose your HRA funds.

### **Premium Preferred Provider Organization (PPO)**

The Premium PPO combines the highest monthly contributions of any HP medical option with lower annual deductible. That means, you pay more in monthly contributions but less when you receive care. You pay a flat fee for in-network office visits—a \$20 copayment to see your primary care physician (PCP) and a \$45 copayment to see a specialist. For other services, you pay a 10% coinsurance after the deductible when you use network providers.

### **Value Preferred Provider Organization (PPO)**

The Value PPO combines low monthly contributions with a higher deductible, so you pay less in monthly contributions but more when you receive care. The plan pays 100% of the first \$250 in in-network office visit charges annually. Once you meet your deductible, the plan pays 80% of covered in-network expenses, and you pay 20%.

### **Health Maintenance Organizations (HMOs) and Exclusive Provider Organization (EPO)**

Depending on where you live, you may have either an HMO or EPO option available to you. With both the HMOs and the EPO, the plan won't pay for care from an out-of-network provider unless it's an emergency. That means you'll want to stick with network providers. In exchange for using network providers, you'll typically receive a high level of benefits at low-to-moderate costs.

### **Comprehensive Medical Plans (CMPs)**

HP offers three CMP options: the Premium CMP, Standard CMP, and Basic CMP. The CMP options provide benefits at the same level after you meet the annual deductible. There isn't a network, but you're still encouraged to contact HP Health Hub for help finding cost-efficient, high-quality providers.

### **For more information about your HP medical options**

For more details about your HP medical options, deductibles, out-of-pocket maximums, and more, view the medical option coverage summaries when you enroll on [www.myhpbenefits.com](http://www.myhpbenefits.com). To get a printed copy of the medical option coverage summaries, call the HP Benefits Center at 1-800-890-3100.



### **TIP**

Reach out to HP Health Hub during benefits annual enrollment for questions about provider networks (including whether your provider will be in your carrier's network in 2022), estimating your out-of-pocket health care expenses, or evaluating your medical options if you have more complex health care needs.

To get started, download the Grand Rounds Health app (available on the Apple App Store and Google Play Store), visit [grandrounds.com/hp](http://grandrounds.com/hp), or call 1-855-633-9251.



# How to enroll

## If you're enrolling in an **HP retiree medical option**

Go to MyHPBenefits at [www.myhpbenefits.com](http://www.myhpbenefits.com) starting October 25 and select the "Enroll in 2022 Benefits" tile.

- 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.
- Verify or change your elections, including separate coverage elections for Medicare-eligible versus non-Medicare-eligible family members.
- Select "Complete enrollment" and watch for the "All done! You're enrolled!" message.

After you enroll, you can come back anytime through November 12 if you want to change your elections.

## If you're enrolling through **Aon Retiree Health Exchange**

You'll be guided through the application process. The HP Benefits Center will automatically be notified once your new coverage has been approved so that HP can discontinue any 2022 medical and prescription drug coverage in which you may have been enrolled. 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.

Refer to the enclosed "Find out how much you could save through Aon Retiree Health Exchange" insert for more information about how to enroll in coverage through Aon.

## If you're enrolling through the **public health exchange**

Go to [healthcare.gov](http://healthcare.gov) to get started. Enrollment dates through the public health exchange are **November 1 – December 15, 2021**. Be sure to also go to MyHPBenefits at [www.myhpbenefits.com](http://www.myhpbenefits.com) during the HP retiree benefits enrollment period, select the "Enroll in 2022 Benefits" tile, and select "No Coverage" for your HP retiree benefits by November 12.

If you decide you'd like to purchase coverage through the public health exchange and the HP benefits annual enrollment period has already ended, please contact the HP Benefits Center at 1-800-890-3100 by December 17, 2021, by 6 p.m. Pacific Time (8 p.m. Central Time). Notify the representative you've enrolled in an individual insurance market plan and will be discontinuing your 2022 HP medical and prescription drug coverage.

With either of the exchange options, you have a choice every year. 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 keep the option to enroll in HP coverage if you later disenroll from the exchange plan. You may re-enroll in HP coverage during a future retiree benefits enrollment period or within 60 days of a qualified status change.

**If you don't make changes to your HP coverage or enroll through an exchange, the coverage shown on the enclosed personalized statement and on MyHPBenefits is what you'll have for 2022.**

## Questions?

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HP Benefits Center representatives are available to answer questions during and after enrollment. Call 1-800-890-3100 (outside the US, Puerto Rico, or Canada: 1-847-883-0465), Monday through Friday, between 6 a.m. and 6 p.m. Pacific Time (8 a.m. and 8 p.m. Central Time).

**Tip:** You can schedule an appointment with the HP Benefits Center during HP annual enrollment to speak with an expert about your enrollment questions. Visit [www.myhpbenefits.com](http://www.myhpbenefits.com) and select “Need Help with Enrollment?” on the home page to schedule your appointment.

For more information about HP medical options and resources to help you decide, see “Need help deciding?” beginning on page 15.





# What happens after you enroll

## Confirm your 2022 coverage after you enroll

After you submit your elections, you have until November 12 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 17, 2021, at 6 p.m. Pacific Time (8 p.m. Central Time). After that date, you won't be able to make changes for 2022 unless you experience a qualified status change and call the HP Benefits Center within 60 days.

## If you enrolled through Aon Retiree Health Exchange

After you've completed your application for coverage through Aon Retiree Health Exchange, it will be submitted to your new health plan for approval. As soon as your new coverage has been approved, the HP Benefits Center will be automatically notified so that HP can discontinue any 2022 medical and prescription drug coverage in which you may have been enrolled.

## 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](http://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.

## Transition-of-care benefits for non-Medicare-eligible family members

If you're not eligible for Medicare and you're changing from one medical, prescription drug, or behavioral health carrier to another for 2022 and your current provider isn't in your new carrier's network, transition-of-care benefits may be made 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 or any of your covered family members are receiving care for a condition and will continue to need treatment for it in 2022:

- Contact your new medical, prescription drug, or behavioral health carrier once you receive your new ID card in late 2021 or early 2022. 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. **If your prescription drug carrier is changing from Express Scripts to CVS Caremark, you don't need to take any action.** CVS Caremark will work with Express Scripts to transfer any remaining open mail-order refills and active prior authorizations on or before January 1, 2022.
- **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.

## If you (or a family member) will become eligible for Medicare in 2022

You (or a family member) 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 a Health Maintenance Organization (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 or applying online at [ssa.gov/medicare](https://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](https://www.myhpbenefits.com) or to the HP Benefits Center. Your address change will automatically be shared with the applicable carriers for health benefits, life, and Accidental Death and Dismemberment (AD&D) insurance, and/or the HP Retirement Medical Savings Account (RMSA).
- For other benefits (e.g., Group Legal Services through ARAG), please report address changes to the benefit vendors for the programs in which you participate (go to HP Continuum 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.

**Note:** Medicare requires HP to collect a physical home address and will not accept a P.O. Box address.

Looking for contact information?

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**Don't forget to visit [hpbcontinuum.com](https://hpbcontinuum.com) to find web addresses and phone numbers for a variety of HP benefit programs and carriers.**



## HP Health Hub by Grand Rounds for non-Medicare-eligible family members

HP Health Hub by Grand Rounds is a central resource for non-Medicare-eligible participants in HP's Aetna, Anthem BCBS, or Cigna medical option\* to find extensive support for navigating the complex world of health care and ensure they get the help they need. Resources and support are available 24/7 via phone, website, or app and include:

- Help finding in-network physicians, including primary care doctors and highly qualified specialists
- Detailed explanations about medical coverage benefits, including clarifying Explanation of Benefits (EOB) documents and covered services
- Quick connections with a clinician for a virtual urgent or everyday care visit

HP Health Hub simply gets you the care you need and is provided by HP at no cost to you.



### TIP

HP Health Hub can help during annual enrollment, too. Reach out for questions about provider networks (including whether your provider will be in your carrier's network in 2022), estimating your out-of-pocket health care expenses, or evaluating your medical options if you have more complex health care needs.

To get started, download the Grand Rounds Health app (available on the Apple App Store and Google Play Store), visit [grandrounds.com/hp](https://grandrounds.com/hp), or call 1-855-633-9251.

\* If you're enrolled in another HP medical option, HP Health Hub can help connect you to other HP benefit resources for your health care needs.

## Are you on HP Continuum?

The HP Continuum website is a great way to stay connected to HP and other HP retirees—and it's where we're hosting this year's Virtual Retiree Benefits Fair. When you log on to [hpcontinuum.com](https://hpcontinuum.com), you can:

- 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 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.
- Find contact information for HP benefit programs.

If you're new to HP Continuum, register today at [hpcontinuum.com/register](https://hpcontinuum.com/register) to ensure you receive timely updates.



# 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.

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## 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>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. 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 (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 2022, all HP medical options will continue to provide these benefits, subject to applicable copayment, deductible, coinsurance, certification, or review provisions.

## 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 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

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**

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