



Hewlett Packard
Enterprise

U.S. Benefits Summary Plan Descriptions (2016 edition)

Section 12
Retiree medical benefits

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Section 12: Retiree medical benefits

Overview

This section describes key features of your Hewlett Packard Enterprise retiree medical benefits as of January 1, 2016.

Health care coverage during retirement is important. That's why Hewlett Packard Enterprise provides opportunities for eligible retirees to participate in Hewlett Packard Enterprise retiree medical benefits. Coverage can be continued both before and after age 65, with Hewlett Packard Enterprise coverage provided through a separate retiree-only medical plan on a secondary basis to Medicare Parts A and B once you qualify. Coverage can include you and your eligible dependents. More information about the medical plans available to you if you qualify for retiree medical coverage can be found in Section 5, Medical benefits. Options for retirees not yet qualified for Medicare are generally similar to the active medical plans described in Section 5, Medical benefits, with different options available to Medicare-eligible retirees.

You may qualify for retiree medical coverage if you retire from Hewlett Packard Enterprise in a benefits-eligible status after age 55 and you have satisfied program service requirements.

Please note: If you are an employee who qualifies for the Pre-2003 HP Retiree Medical Program or the former Digital Retiree Health Program, these programs are maintained by HP Inc. For more information about these programs, information about eligibility requirements, or to enroll in benefits, call the HP Benefits Center at 1-800-890-3100.

Additional option for Medicare-eligible retirees

If you and your covered dependents are both eligible for Medicare, you have an additional option to seek coverage outside of Hewlett Packard Enterprise through the Aon Retiree Health Exchange™ (formerly Aon Hewitt Navigators) insurance service. This resource can help you explore a variety of Medicare Supplement and Medicare Advantage plans to give you expanded options, and in some cases, attractive premium options. The insurance plans offered through Aon Retiree Health Exchange are individual insurance policies and are neither managed by Hewlett Packard Enterprise nor part of the Hewlett Packard Enterprise group program. Please refer to "Aon Retiree Health Exchange service for Medicare-eligible retirees" later in this section.

Eligibility

To qualify for the Retiree Medical Program, you must retire from a benefits-eligible status after satisfying at least one of the following age-service combinations:

- At age 55 or later with at least 10 years of qualifying service; or
- If you're leaving Hewlett Packard Enterprise with at least 80 age-plus-service "points."

You may also be considered eligible for retiree medical benefits if you are subject to a Hewlett Packard Enterprise workforce reduction program and terminate employment within one year of satisfying the age and service requirements outlined here.

You are not eligible for this program if you qualify for or previously retired under the Pre-2003 HP Retiree Medical Program or the former Digital Retiree Health Program and you are subsequently hired or rehired by Hewlett Packard Enterprise.

If you are rehired by Hewlett Packard Enterprise following your retirement

If you retire under the retiree medical program and later return to active employment with Hewlett Packard Enterprise, your retiree coverage will be suspended, and you will participate in active employee benefits. At the time you once again leave Hewlett Packard Enterprise, your retiree status will be restored and you will be eligible to participate in the retiree program (subject to any changes in coverage options or costs that may have occurred during your period of re-employment).

If you decline Hewlett Packard Enterprise retiree medical coverage

If you are eligible but do not elect to participate in a Hewlett Packard Enterprise retiree medical plan for any reason other than enrolling in a medical plan offered through a public marketplace exchange (for non-Medicare-eligible retirees) or the Aon Retiree Health Exchange service (for Medicare-eligible retirees), you will only be eligible to enroll in the future if you do so within 31 days of losing coverage under another employer group medical program. This 31-day enrollment opportunity may be used more than once if you lose coverage under another employer group medical program at different times. However, you will not have an option to enroll during the annual benefits enrollment period or for any other reason.

For purposes of your future ability to enroll in Hewlett Packard Enterprise retiree medical coverage, an “employer group medical program” is defined as group medical coverage provided to you or your spouse by an employer or a similar organization (whether as an employee, retiree, or Consolidated Omnibus Budget Reconciliation Act of 1985, as amended [COBRA] participant), including coverage through an employer, a union, a school system, the federal, a state, or local government (in their capacity as employers), or the U.S. military. Employer group medical program can also include Hewlett Packard Enterprise coverage provided to your spouse if your spouse is a Hewlett Packard Enterprise employee or retiree.

Coverage purchased on an individual basis directly from an insurance company, or through a group like AARP, is not considered to be employer group medical coverage. Medicare and Medicaid are also not considered to be employer group medical coverage, even though they are provided through the federal government.

In limited circumstances, you may also be able to enroll in Hewlett Packard Enterprise retiree medical coverage within 31 days of losing certain types of non-employer medical coverage. Specifically, you may re-enroll within 31 days of losing coverage provided through a government-sponsored health program outside the U.S. (even if the coverage is not provided in the government’s capacity as an employer) or within 31 days of losing health coverage provided by a state or local government in the U.S. if you lose coverage due to a change in your income status.

How the Hewlett Packard Enterprise Retiree Medical Program works

If you qualify for the Hewlett Packard Enterprise Retiree Medical Program, you're eligible to purchase medical coverage from Hewlett Packard Enterprise both before and after Medicare becomes available, typically at age 65. Although you pay the full cost of whatever coverage you choose, you may benefit from group rates and added benefit features beyond those that might be available to purchase on your own. You also have the option to use your Retirement Medical Savings Account (RMSA) balance—including Hewlett Packard Enterprise or other special company credits to your RMSA, if applicable—to cover part or all of your premium costs.

The following is a summary of how the program works:

Plan feature	Description
When you become eligible	<p>To qualify, you must retire from a benefits-eligible status at age 55 or later with at least 10 years of qualifying service. You can also qualify if you retire with at least 80 age-plus-service points.</p> <p>For this purpose, “qualifying service” is determined in the same way as years of service under the Retirement Medical Savings Account (RMSA) program. See “Years of service and age/service points” in Section 13, Retirement Medical Savings Account, for details.</p> <p>Your age-plus-service points are calculated based on your combined age and years of qualifying service, with each year equal to a “point.” For this purpose, both your age and qualifying service are calculated as full and partial years, with partial months rounded up to the next full month.</p> <p>In the case of an active employee who has already met these eligibility criteria but dies prior to retiring from Hewlett Packard Enterprise, any eligible dependents who were not covered on the date of death will have a one-time 31-day period following the death to enroll in benefits as a survivor of a retiree (see “When coverage ends” at the end of this chart for more information about survivor coverage). This is the only opportunity for non-covered surviving dependents to enroll. Otherwise, Hewlett Packard Enterprise survivor coverage will only be available for dependents who were covered on the date of death (as described under “If you die while employed at Hewlett Packard Enterprise” in Section 16, How certain life events affect your benefits).</p>
Who pays for coverage	<p>You pay the full cost of coverage, based on costs specific to retiree populations. You can use your RMSA balance—including Hewlett Packard Enterprise and other special company credits to your RMSA, if applicable—to cover part or all of your premium costs.</p> <p>You must pay premium costs in full on or before the due date on your billing statement, or your coverage will be cancelled. If coverage is cancelled, you will have a limited one-time reinstatement opportunity.</p>
Whom you can cover	<p>You can cover yourself, your spouse or qualifying domestic partner, and any other eligible dependents. Provided you are enrolled in coverage (or are eligible to enroll), you can also add or drop eligible dependents after retirement during the annual enrollment period or within 31 days of a qualified status change.</p>

Plan feature	Description
<p>Your coverage options prior to Medicare eligibility (typically at age 65)</p>	<p>Prior to becoming eligible for Medicare (typically at age 65), you can choose among most of the same medical plans offered to active employees in your area, plus you may be eligible for a lower-cost Comprehensive Medical Plan option with a \$5,150 annual deductible (some additional benefit differences also apply, including differences in available PPO and CDHP options). The medical plans available to you vary based on your and your covered dependents' Medicare eligibility; if you and your covered dependents are a mix of Medicare-eligible and non-Medicare-eligible family members, your Hewlett Packard Enterprise medical plans will be based on the Medicare provisions described in the next row.</p> <p>If you or a covered dependent becomes eligible for Medicare prior to age 65 due to disability, it's critical to enroll in Medicare Parts A and B immediately and to contact the Hewlett Packard Enterprise Benefits Center. See the next row for information on your coverage options once you become eligible for Medicare.</p>
<p>Your coverage options once you become eligible for Medicare (typically when you reach age 65)</p>	<p>Once you become eligible for Medicare—whether due to attaining age 65 or due to disability prior to age 65—you must enroll in Medicare Parts A and B to avoid loss of Hewlett Packard Enterprise benefits and potential Medicare late enrollment penalties. However, you may not want to enroll in Medicare prescription drug coverage (Part D), since your Hewlett Packard Enterprise coverage generally includes Medicare Part D. For more information, see “Important information about Medicare Part D prescription drug coverage” later in this section.</p> <p>Once you become eligible for Medicare, Hewlett Packard Enterprise coverage will pay benefits on a secondary basis to Medicare Parts A and B, regardless of your enrollment in Medicare. You must also consider which Hewlett Packard Enterprise retiree medical plan will work best for you once you are eligible for Medicare, choosing among Hewlett Packard Enterprise retiree medical plans that coordinate with Medicare. If some of your covered family members are not yet eligible for Medicare, their coverage will be based on the corresponding retiree medical plan that applies for pre-Medicare participants.</p> <p>Also, please note that if you and your covered dependents are all eligible for Medicare, you have the option to purchase individual insurance coverage through the Aon Retiree Health Exchange service, instead of participating in a Hewlett Packard Enterprise retiree medical plan. For more information, see “Aon Retiree Health Exchange service for Medicare-eligible retirees” later in this section.</p>
<p>When you can enroll</p>	<p>You can enroll in the Hewlett Packard Enterprise Retiree Medical Program after you complete the maximum period of coverage available through COBRA. COBRA is generally available for up to 18 months after you leave Hewlett Packard Enterprise. Benefits automatically continue thereafter under the Hewlett Packard Enterprise Retiree Medical Program, unless you elect to discontinue coverage.</p> <p>You can enroll in the Hewlett Packard Enterprise Retiree Medical Program earlier if you decline COBRA coverage or discontinue COBRA coverage prior to the end of your maximum COBRA eligibility period. However, it is generally a good idea to elect COBRA coverage as long as you remain eligible, since coverage costs under COBRA are the same or less than costs under the Hewlett Packard Enterprise Retiree Medical Program.</p>

Plan feature	Description
When you can enroll (continued)	<p>To elect coverage under the Hewlett Packard Enterprise Retiree Medical Program instead of COBRA, you must contact the Hewlett Packard Enterprise Benefits Center within 60 days of your termination date (or the date you are notified of COBRA rights, if later).</p> <p>Before considering waiving or dropping Hewlett Packard Enterprise retiree medical coverage, be sure to understand your options to re-enroll at a future date—in most cases, you can only enroll if you do so within 31 days of losing coverage under another employer’s group medical program (as defined under “If you decline Hewlett Packard Enterprise retiree medical coverage” earlier in this section).</p>
When coverage ends	<p>Coverage can continue for as long as you continue to meet program requirements and as long as Hewlett Packard Enterprise makes retiree coverage available, or until you drop coverage or fail to make required contributions toward coverage costs. If coverage is cancelled or dropped, you will only be able to re-enroll in the future if you do so within 31 days of losing coverage under another employer’s group medical program (as defined under “If you decline Hewlett Packard Enterprise retiree medical coverage” earlier in this section). A one-time reinstatement option is available if coverage is dropped due to nonpayment of premiums.</p> <p>Survivor coverage if you die: If you die following your retirement, your surviving spouse or qualifying domestic partner and eligible dependents can continue coverage following your death, provided they were enrolled on the date of your death. Coverage can continue for up to four years after your death, or until your surviving spouse or qualifying domestic partner elects to drop coverage or fails to make required contributions toward coverage costs.*</p> <p>If your surviving dependents’ coverage terminates for any reason during this four-year period, it can never be reinstated (except for a limited one-time exception if coverage is dropped due to nonpayment of premiums). If your surviving spouse was participating in an individual insurance policy through Aon Retiree Health Exchange at the time of your death, eligibility for Aon Retiree Health Exchange will only continue through the end of the calendar year, then your surviving spouse must re-enroll in an available retiree medical plan under the Hewlett Packard Enterprise group program in order to continue eligibility.</p> <p>If you die following retirement and your spouse or qualifying domestic partner is not covered on the date of your death, then survivor benefits are not available.</p> <p>Hewlett Packard Enterprise reserves the right to amend, change, or terminate its benefit programs, including retiree medical coverage, at any time. For additional information, see Section 17, Administrative information.</p>

*** Note that if your surviving spouse or qualifying domestic partner also qualifies as a Hewlett Packard Enterprise retiree, continued coverage for your spouse or qualifying domestic partner is available under the Hewlett Packard Enterprise retiree benefits program. Your surviving spouse or qualifying domestic partner can newly enroll in retiree coverage within 31 days of your death. If your surviving spouse or qualifying domestic partner does not enroll during this 31-day period, he or she will only be able to enroll in the future within 31 days of losing coverage under another employer’s group medical program (as defined under “If you decline Hewlett Packard Enterprise retiree medical coverage” earlier in this section).**

Things to consider once you become eligible for Medicare

As a Hewlett Packard Enterprise retiree, you must enroll for Medicare Parts A and B when you first become eligible, either due to age or disability.* Medicare will be your primary coverage, and your Hewlett Packard Enterprise benefits will provide secondary coverage to Medicare Parts A and B. If you choose to enroll in a Hewlett Packard Enterprise-sponsored Medicare HMO, PPO, or Medicare Advantage option, you may be required to assign your Medicare coverage to the HMO.

Failure to enroll in Medicare Parts A and B as soon as you are eligible and maintain your enrollment may result in one or more of the following:

- A significant reduction in your benefits;
- Delayed Medicare enrollment opportunity and/or potential Medicare late enrollment penalties;
- Financial responsibility for the portion of your claims that should have been paid by Medicare; and/or
- Rejection of enrollment in any Hewlett Packard Enterprise-sponsored Medicare HMO, PPO, or Medicare Advantage option you elect (since these plans will not accept enrollments for individuals who are not enrolled in Medicare), with your coverage moved to another retiree medical plan.

Keep in mind that you may not want to enroll in Medicare prescription drug coverage (Part D), since your Hewlett Packard Enterprise coverage generally includes Medicare Part D. For more information, see “Important information about Medicare Part D prescription drug coverage” later in this section.

Your medical claims and Medicare: If you or a family member is eligible for Medicare, your Hewlett Packard Enterprise medical plan will be required to assume Medicare enrollment in Parts A and B (even if you are not enrolled in Medicare). Your medical plan will process claims based on the assumption of what Medicare would have paid if you were enrolled in Medicare. Due to Medicare rules, your Hewlett Packard Enterprise medical plan cannot be primary for you or your covered dependents, unless you are an active employee.

Medicare and COBRA

Although Medicare entitlement generally ends your eligibility for COBRA continuation coverage, you can still qualify for COBRA continuation coverage if your Medicare entitlement starts before you elect COBRA. If you are eligible for both Medicare and COBRA continuation coverage, Hewlett Packard Enterprise benefits will only be primary (pay benefits first) when required by federal Medicare rules and regulations. This means Medicare will be primary for any employee whose employment status has been terminated, as well as his or her covered family members. Such employees or family members must enroll in Medicare Parts A and B as soon as they qualify; otherwise, Hewlett Packard Enterprise benefits may be reduced, Medicare enrollment may be delayed, and late enrollment penalties may apply for Medicare coverage. If your spouse is eligible for Medicare, Medicare will also be primary for your spouse, unless you are receiving Hewlett Packard Enterprise coverage as an active employee. For any questions about coordination of benefits under Medicare, contact the Centers for Medicare & Medicaid Services (CMS).

**** If you qualify for Medicare due to disability, but are enrolled in a Hewlett Packard Enterprise medical plan that does not coordinate benefits with Medicare, your eligibility for Medicare will be considered a qualified status change allowing you to choose another medical plan that coordinates benefits with Medicare.***

Call Allsup for help with Medicare enrollment if you're disabled

You can get help with Medicare enrollment by contacting Allsup at 1-800-883-6650. Hewlett Packard Enterprise has partnered with Allsup to assist with Medicare enrollment issues for disabled individuals. You may find that Allsup can help complete your Medicare enrollment faster than you could on your own, helping to minimize any impact on your Hewlett Packard Enterprise benefits.

Important information about Medicare Part D prescription drug coverage

This information may apply to you if you or one of your covered dependents is eligible for Medicare following your retirement.

Medicare prescription drug plans (PDPs) are made available to everyone eligible for Medicare. All Medicare PDPs provide at least a standard level of coverage set by Medicare. Hewlett Packard Enterprise sponsors its own Medicare Part D plan to provide prescription drug benefits under most Hewlett Packard Enterprise retiree medical plans. The Hewlett Packard Enterprise-sponsored Medicare Part D plan is administered by UnitedHealthcare through OptumRx, and applies to all Hewlett Packard Enterprise retiree medical plans available to Medicare-eligible retirees and dependents except HMO options.

What this means to you:

If you are a Medicare-eligible participant who is enrolled in a Hewlett Packard Enterprise retiree medical plan (except an HMO option), OptumRx will provide prescription drug benefits for you through the Hewlett Packard Enterprise-sponsored Medicare Part D plan. You will not need to separately enroll in Medicare Part D. As long as you are enrolled in the Hewlett Packard Enterprise retiree medical plan, you will automatically be enrolled in the Hewlett Packard Enterprise Medicare Part D prescription drug plan with OptumRx.

Medicare coverage rules allow a participant to be enrolled in only one Medicare Part D plan at a time—which means enrolling in both an individual Medicare Part D plan and the Hewlett Packard Enterprise-sponsored Medicare Part D plan will not be possible. There may be good reasons for you to have other Medicare Part D coverage, but you will need to determine the most appropriate coverage for your situation at the time you reach Medicare eligibility as a retiree.

Hewlett Packard Enterprise retiree medical and prescription drug coverage is one plan election, so if you would like to have other Medicare Part D coverage, you will need to “opt out” of (or elect to drop coverage under) the Hewlett Packard Enterprise-sponsored Medicare Part D plan. For information about opting out, call the Hewlett Packard Enterprise Benefits Center at 1-844-537-5304.

Aon Retiree Health Exchange service for Medicare-eligible retirees

If you and your covered dependents are all eligible for Medicare, you have an additional option to purchase individual insurance coverage outside of Hewlett Packard Enterprise through the Aon Retiree Health Exchange insurance service. This resource can help you explore a variety of Medicare Supplement and Medicare Advantage plans to give you expanded options, and in some cases, attractive premium options. The insurance plans offered through Aon Retiree Health Exchange are individual insurance policies and are neither managed by Hewlett Packard Enterprise nor part of the Hewlett Packard Enterprise group program.

If you choose to purchase coverage through Aon Retiree Health Exchange instead of enrolling in a Hewlett Packard Enterprise retiree medical plan, you will retain the option to switch back to Hewlett Packard Enterprise coverage during future annual enrollments or if you have a qualified status change.

When you enroll in a plan through Aon Retiree Health Exchange, you will need to complete any additional enrollment forms that are required. You will pay premiums directly to the medical plan you elect. Depending on the insurance product you elect, you may be able to arrange for your premiums to be paid automatically from your bank account.

Other information

This section provides additional information about your Hewlett Packard Enterprise retiree medical benefits.

Resources for more information and changes

For more information about Hewlett Packard Enterprise retiree medical benefits, or to enroll or make changes, call or contact the resources shown in Section 2, Benefits resources and phone numbers.

If you have a question about claims procedures, forms, required documentation, or the status of a particular claim, contact the claims administrator (see “Resources and phone numbers” in Section 2, Benefits resources and phone numbers). If your claim for benefits under any retiree medical plan is denied, you can file an appeal. See Section 17, Administrative information, for information on claims and appeals procedures.

Cost of coverage

You pay the full cost of coverage, based on costs specific to retiree populations. You can use your RMSA balance—including Hewlett Packard Enterprise and other special company credits to your RMSA, if applicable—to cover part or all of your premium costs. In order to continue coverage, you must pay required premiums in full and on a timely basis. As part of your enrollment, you will receive information about premium rates and how to pay premiums for the retiree medical plan you select.

If you elect to make contributions to Hewlett Packard Enterprise’s Retirement Medical Savings Account (RMSA) while you are working, you can use your RMSA to help pay your share of premium costs as a retiree. You may also use any Hewlett Packard Enterprise credits to the RMSA if you qualify.

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