



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 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)*

Increases to monthly contributions	For most HP retiree medical options, retiree contributions will increase as a result of continuing national health care cost increases.
Anthem BlueCross Medicare HMO no longer available	Due to low enrollment, the Anthem BlueCross Medicare HMO in California will no longer be available.
Enrollment limited in Harvard Pilgrim and Tufts Medicare HMOs	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.
Changes to HP premium reimbursement amounts for Aon Retiree Health Exchange coverage	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)*

Increases to monthly contributions	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)*

Expanded eligibility for opposite-sex domestic partners	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)*

Increases to monthly contributions	For most HP retiree medical options, retiree contributions will increase as a result of continuing national health care cost increases.
Changes to medical and prescription drug out-of-pocket maximums for certain medical options	<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"> • In-network and out-of-network medical out-of-pocket maximums will increase for 2020 by \$250 individual/\$750 family. • In-network and out-of-network prescription drug out-of-pocket maximums will increase for 2020 by \$200 individual/\$400 family. <p>These changes help respond to health care inflation and minimize overall increases to retiree contributions for coverage.</p>
Simplified provider networks and cost-sharing for certain medical options	<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.
- 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"> 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. <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>Standard CDHP w/HRA medical option no longer available</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>Changes to medical carriers and medical options</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 1440 1940"> <tr> <td>Alabama</td> <td>Anthem BCBS will replace UnitedHealthcare.</td> </tr> <tr> <td>Arizona</td> <td>Anthem BCBS will replace Aetna.</td> </tr> <tr> <td>Arkansas</td> <td>Anthem BCBS will replace UnitedHealthcare.</td> </tr> <tr> <td>California (except San Diego)</td> <td>The Anthem BCBS EPO will replace the Anthem BlueCross HMO.</td> </tr> <tr> <td>California—San Diego area</td> <td>The Aetna EPO will replace the Anthem BlueCross HMO.</td> </tr> <tr> <td>Florida</td> <td>Aetna will replace UnitedHealthcare.</td> </tr> <tr> <td>Indiana (Southern)</td> <td>Anthem BCBS will replace UnitedHealthcare.</td> </tr> <tr> <td>Iowa</td> <td>Anthem BCBS will replace UnitedHealthcare.</td> </tr> <tr> <td>Kansas</td> <td>Aetna will replace UnitedHealthcare.</td> </tr> <tr> <td>Louisiana</td> <td>Anthem BCBS will replace UnitedHealthcare.</td> </tr> <tr> <td>Maine</td> <td>The Anthem BCBS EPO will replace the Harvard Pilgrim HMO.</td> </tr> <tr> <td>Maryland</td> <td>Cigna will replace UnitedHealthcare.</td> </tr> <tr> <td>Massachusetts</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>	Alabama	Anthem BCBS will replace UnitedHealthcare.	Arizona	Anthem BCBS will replace Aetna.	Arkansas	Anthem BCBS will replace UnitedHealthcare.	California (except San Diego)	The Anthem BCBS EPO will replace the Anthem BlueCross HMO.	California—San Diego area	The Aetna EPO will replace the Anthem BlueCross HMO.	Florida	Aetna will replace UnitedHealthcare.	Indiana (Southern)	Anthem BCBS will replace UnitedHealthcare.	Iowa	Anthem BCBS will replace UnitedHealthcare.	Kansas	Aetna will replace UnitedHealthcare.	Louisiana	Anthem BCBS will replace UnitedHealthcare.	Maine	The Anthem BCBS EPO will replace the Harvard Pilgrim HMO.	Maryland	Cigna will replace UnitedHealthcare.	Massachusetts	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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Missouri	Cigna will replace UnitedHealthcare.
Montana	Anthem BCBS will replace UnitedHealthcare.
Nebraska	Aetna will replace UnitedHealthcare.
New Hampshire	Cigna will replace UnitedHealthcare for the CDHP, PPO, and EPO medical options. The Cigna EPO will replace the Harvard Pilgrim HMO and the Tufts HMO.
North Dakota	Anthem BCBS will replace UnitedHealthcare.
Ohio	Anthem BCBS will replace UnitedHealthcare.
Oklahoma	Aetna will replace UnitedHealthcare.
Pennsylvania	Cigna will replace Aetna.
Rhode Island	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.
South Dakota	Anthem BCBS will replace UnitedHealthcare.
Virginia—District of Columbia area	Anthem BCBS will replace UnitedHealthcare.
Wisconsin	Cigna will replace UnitedHealthcare.
Wyoming	Anthem BCBS will replace UnitedHealthcare.

On MyHPBenefits, select “Enroll in 2020 Benefits” to view the medical options and medical carriers available in your area, access tools to help you decide, and find network providers.

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

New administrator for mental health and substance use disorder services	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 guidanceresources.com and select “Register” and use the Organization Web ID: “HP.”
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Dental coverage (*for recent retirees participating through COBRA or retirees in the former Digital Retiree Health Program*)

Increases to monthly contributions	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)*

Expanded eligibility for opposite-sex domestic partners	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.
Expert guidance and support for your health care issues	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. <ul style="list-style-type: none">• 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.• If you're enrolled in an HP HMO medical option, you can contact Health Hub by Grand Rounds for help finding network providers.

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*)

Increases to monthly contributions	<p>For most HP retiree medical options, retiree contributions will increase as a result of continuing national health care cost increases.</p>
Availability of certain Health Maintenance Organization (HMO) options	<p>For family members not eligible for Medicare:</p> <ul style="list-style-type: none"> • Due to low enrollment, the Anthem BlueCross HMO in California will no longer be available. • 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. <p>For family members eligible for Medicare:</p> <ul style="list-style-type: none"> • Due to low enrollment, the Anthem BlueCross Medicare HMO in California will no longer be available. • 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.
New High Deductible Health Plan (HDHP) medical option	<p>HP is now offering an HDHP medical option for family members who are not eligible for Medicare. 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>The HDHP—comprehensive medical coverage</p> <ul style="list-style-type: none"> • 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. • 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 covering 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 myuhc.com.

	<ul style="list-style-type: none"> • Medical coverage will be provided through UnitedHealthcare. Prescription drug benefits will be provided separately through OptumRx. Benefits for mental health and substance use disorder services will be provided separately through Optum. <p>The HSA—a triple tax-advantaged savings account</p> <ul style="list-style-type: none"> • 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. • 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 is invested, too. <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>
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Dental coverage *(for recent retirees participating through COBRA or retirees in the former Digital Retiree Health Program)*

Increases to monthly contributions	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 or some members of your family are eligible for Medicare and some are not)*

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