

Pfizer **Benefits**
for each of life's moments

2024 Pfizer Retiree Benefits Brochure

For U.S. Retirees



Non-Medicare Eligible

Medicare Eligible

Pfizer U.S. Retiree Benefits

Pfizer provides comprehensive benefits to retirees and their eligible dependents, including:

- same- or opposite-sex spouse (including common-law spouse) or domestic partner (who meets the Pfizer eligibility requirements), and
- dependent children up to age 26, or beyond age 26 for a disabled dependent (if they became disabled prior to turning age 26 and were already covered under the Plan).

This brochure addresses retiree benefits, resources and information to help you get the most from your benefits. Please reference this brochure throughout the year.

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Changes to Your Contact Information

Update your address or telephone number information within 31 days of any change to ensure your Pfizer coverage is not interrupted or terminated. Contact the Pfizer Benefits Center:

Go to netbenefits.com or call **1-877-208-0950**.

Representatives are available Monday through Friday from 8:30 a.m. to midnight, Eastern time.

Non-Medicare Eligible (Under Age 65)

Pfizer offers medical, prescription drug and vision coverage to retirees and their eligible dependents who are not yet eligible for Medicare (e.g., have not yet reached age 65).

Medical Plan Administrators: Horizon Blue Cross Blue Shield or UnitedHealthcare

Pfizer offers two administrators for medical, including mental health and substance use coverage — you can choose Horizon Blue Cross Blue Shield (Horizon) or UnitedHealthcare (UHC)*.

These administrators typically differ in two ways:

- They each use a different network of providers, and
- The total cost a provider charges may differ based on their agreed to network rate with the plan administrator (which affects how much you pay for services).

Regardless of the medical plan administrator you choose, you'll receive coverage and will pay the same contribution amount.

*Under UHC, Optum provides mental health and substance use services. Retirees enrolled in Horizon will receive mental health and substance use services through Horizon beginning January 1, 2024.

In-Network vs. Out-of-Network Providers

Each medical plan administrator offers in-network providers who provide a greater benefit than out-of-network providers through a:

- lower in-network annual deductible
- higher in-network reimbursable amount, and
- lower in-network provider contracted rate.

Go to **page 22** to view the list of medical plan administrators (Horizon or UHC) with websites to see if your medical providers are in-network and which network better fits your needs.

Prescription Drug Coverage

Prescription drug coverage, administered through CVS Caremark®, is included with your retiree medical plan and covers medications dispensed through a pharmacy. Coverage varies based on your medical plan option. For details, see the chart on **page 2**.

Split Family Coverage

If you and your dependents differ in Medicare eligibility (e.g., one or more of you are non-Medicare eligible and the rest are Medicare eligible), you will need to enroll yourself and your eligible dependent(s) separately in the Retiree Medical Plan based on each individual's Medicare eligibility; this is referred to as **"Split Family"** coverage. Refer to **page 18** to learn more.

Medical Plan Options: Retiree PPO or High-Deductible PPO

There are two non-Medicare medical plan options for retirees — the **Retiree PPO** option and the **High-Deductible PPO** option. Both offer in-network coverage, preventive care, and prescription drug coverage.

- **Retiree PPO:** Provides **100% coverage for Pfizer medications when no generic is available.** Pfizer medications that have a generic available (such as Accupril, Pristiq, Protonix, and others) are covered the same as any non-Pfizer medication — the Pfizer medication is covered, but you and Pfizer share in the cost.
- **High-Deductible PPO:** You and Pfizer share the cost for **all** covered Pfizer and non-Pfizer medications. Additionally, this option only covers generic medications for erectile dysfunction.

Information in this brochure as well as on the Pfizer Plus website does not apply to the following U.S. retiree groups: Aetna International, AH Robins, American Optical, Hospira Ashland Union, Warner Lambert retirees covered by the Enhanced Severance Plan (ESP), Warner Lambert Parke Davis Oil, Chemical and Atomic Workers (OCAW) Union, Warner Lambert colleagues who retired before January 1, 1992, or Wyeth retirees covered by the Change in Control (CIC) arrangement.

Medical Plan Options Comparison

Review the chart below for a comparison of key provisions for the options available to non-Medicare eligible participants. Vision coverage is included and is administered through EyeMed; refer to **page 7**.

Feature	Retiree PPO ¹		High-Deductible PPO ¹	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible (Individual/Family)	\$800/\$2,000	\$1,600/\$4,000	\$2,250/\$6,250	\$5,000/\$12,500
Out-of-Pocket Maximum² (Individual/Family) (Includes deductible)	\$4,500/\$7,250	\$7,500/\$14,500	\$6,000/\$11,500	\$9,000/\$17,000
Coinsurance	Plan pays 80% of contracted rate; You pay 20%	Plan pays 60% up to Allowed Amount; You pay 40%	Plan pays 80% of contracted rate; You pay 20%	Plan pays 60% up to Allowed Amount; You pay 40%
Preventive Care³	100%	100%	100%	100%
Hearing Aids (Annual allowance maximum is combined for in-network and out-of-network expenses)	Plan pays 80%; You pay 20% up to your annual allowance maximum of \$1,500 per year per ear	Plan pays 60%; You pay 40% up to your annual allowance maximum of \$1,500 per year per ear	Plan pays 80%; You pay 20% up to your annual allowance maximum of \$1,500 per year per ear	Plan pays 60%; You pay 40% up to your annual allowance maximum of \$1,500 per year per ear
Telehealth Services⁴	\$15 copay	Not Available	\$15 copay	Not Available
Prescription Drug Coverage				
Most Pfizer Medications When No Generic Is Available	Plan pays 100%		Plan pays 70%; You pay 30% Minimum: \$15 (or actual cost if lower) Maximum: \$225 per 30-day supply	
Retail Medications — Per 30-day Supply				
Non-Pfizer Medications + Pfizer Medications With a Generic Available	Plan pays 80%; You pay 20% Minimum: \$10 (or actual cost if lower) Maximum: \$140		Plan pays 70%; You pay 30% Minimum: \$15 (or actual cost if lower) Maximum: \$225	
Maintenance Choice[®] Program Medications	Up to a 90-day supply of non-specialty maintenance medications when filled at a CVS Pharmacy[®] or through CVS Caremark Mail Service Pharmacy			
Non-Pfizer Medications⁵ + Pfizer Medications With a Generic Available	Plan pays 80%; You pay 20% Minimum: \$20 (or actual cost if lower) Maximum: \$280		Plan pays 70%; You pay 30% Minimum: \$30 (or actual cost if lower) Maximum: \$450	

100% Coverage for Other Medications		
Certain Preventive Vaccines	Plan pays 100% for certain preventive vaccines (e.g., flu shots) at a CVS Pharmacy or a pharmacy in CVS Caremark's Broader Vaccination Network. For more information, call CVS Caremark.	
Certain Preventive Medications	Plan pays 100% for certain medications on the Affordable Care Act (ACA) List. ⁶ These include fluoride treatments, smoking-cessation treatments, oral contraceptives, colonoscopy prep medications, and low-dose generic statins, as well as certain over-the-counter products indicated for specific age and risk factors. For more information, call CVS Caremark.	
Blood Glucose Testing Meters	Plan pays 100% for certain blood glucose testing meters. ⁷	
Certain Diabetic Supplies	If you are enrolled in the TrestleTree diabetes coaching program, the plan pays 100% for certain diabetic supplies dispensed through a pharmacy, including glucose, insulin needles and syringes, lancets, devices, and test strips. For more information and to enroll, call TrestleTree.	
Coverage for Weight Loss Medications	If you are taking, or are considering taking, certain weight loss medications (such as Contrave, Wegovy , Saxenda , Qsymia, Phentermine, Benzphetamine, Phendimetrazine, and Diethylpropion), you are required to enroll in the Healthy Weight Program to receive coverage through Pfizer's prescription drug coverage. For more information and to enroll, call TrestleTree.	
Prescription Drug Out-of-Pocket Maximum		
	Retiree PPO ¹	High-Deductible PPO ¹
Individual/Family	\$3,500/\$5,500	\$3,500/\$5,500

¹ The Allowed Amount for out-of-network medical (including mental health) services is generally defined as 250% of the Medicare reimbursement rate. For certain other services and supplies where Medicare does not provide a reimbursable rate, the Allowed Amount for these out-of-network services will be determined based on the method utilized by your plan administrator. You may also be responsible for any non-covered services, or the difference between the billed charges and the allowance for out-of-network providers.

² Eligible expenses in a given calendar year for covered services, such as deductibles and coinsurance amounts, are applied toward the out-of-pocket maximum.

³ Includes annual physical and related preventive tests, such as a mammography or a colonoscopy. Contact your plan administrator for details. Preventive care must be coded as such to be covered at 100% (out-of-network services subject to Allowed Amounts).

⁴ Telehealth visits through your medical plan administrator — visit horizonblue.com/pfizer and access Horizon CareOnline, under the *Tools & Services* tab for Horizon members or myuhc.com/virtualvisits for UHC members.

⁵ Under the High-Deductible PPO, Pfizer medications eligible for the Maintenance Choice Program will be covered at the same cost-sharing level as non-Pfizer medications.

⁶ The **Prescription Drug Coverage ACA Medication List** can be found at caremark.com by going to *Plan & Benefits* and *Print Plan Forms*.

⁷ Blood glucose testing meters must be purchased through the Diabetic Meter Program. Contact **1-800-588-4456** for information. Choice of meter is subject to change.



Things to Remember

Telehealth: Telehealth services are available to you and your covered dependents for non-emergency health conditions, such as a rash, the flu, or a sinus infection and you pay a \$15 copay through your medical plan administrator — visit horizonblue.com/pfizer and access Horizon CareOnline, under the *Tools & Services* tab for Horizon members or myuhc.com/virtualvisits for UHC members. You may also access virtual visits through the app for your medical plan administrator.

Pre-authorization: Some medical services or prescription medications, including certain weight loss medications require pre-authorization and verification that the service or treatment is medically necessary under the Retiree PPO or High-Deductible PPO options. Additionally, if you have a planned hospital stay coming up and are using an out-of-network provider, it is your responsibility to make sure your medical plan administrator is notified in advance or the service may not be covered.

Experimental or unproven services or treatments (as determined by your medical carrier or pharmacy benefit administrator) are not covered. Refer to the SPDs for additional information, available at netbenefits.com in the *Reference Library*. Find the *Health & Insurance* section on the home page, and then click *Quick Links* and *Reference Library*.

Health Navigator (powered by PinnacleCare*) Expert Medical Opinion Service

The Retiree PPO and High Deductible options include access to a no cost Expert Medical Opinion Service now called Health Navigator for you and your covered non-Medicare eligible dependents. When dealing with a serious or complex health issue, such as cancer or a major surgery, a Health Navigator Advisor will support and provide guidance to help you:

- confirm your diagnosis
- evaluate available treatment options
- identify the most qualified provider or Center of Excellence
- schedule appointments
- get answers to your health questions, and
- connect you with other Pfizer-sponsored resources, such as the Cancer Support Program.

While this service does not replace your relationship with your physician or your ability to receive second opinions through your Pfizer medical coverage, it does offer additional resources and support to you and your treating physician. Alternatively, it can help you find a new physician if you prefer.

* Health Navigator is a Sun Life Company.

Contact Health Navigator powered by PinnacleCare* at: sunlife.com/pfizer or by calling **1-877-280-7466**

Representatives are available Monday through Friday from 8 a.m. to 6 p.m., Eastern time.

Healthy Weight Program for Certain Weight Loss Medications

The Healthy Weight Program combines lifestyle changes supported through 1:1 Health Coach visits and doctor-prescribed medication to help you lose unhealthy weight, keep it off, and improve your overall health.

You partner with a personal Health Coach through TrestleTree to guide you on your weight loss journey and help you make changes to your lifestyle, including exercise, diet, and other activities to support your wellbeing.

If you are taking, or are considering taking, certain weight loss medications (such as Contrave, Wegovy, Saxenda, Qsymia, Phentermine, Benzphetamine, Phendimetrazine and Diethylpropion), you are required to enroll in this program to receive coverage through Pfizer's prescription drug coverage.

For more information, contact TrestleTree at:

1-866-523-8185

Monday through Thursday from 8 a.m. to 8 p.m. and Friday from 8 a.m. to 6 p.m., Eastern time.

Specialty Medications

Specialty medications are injectable, infused, oral, topical, or inhaled requiring specialized delivery, handling, monitoring, or administration. They are offered as a medical service or through a pharmacy.

Medical service: specialty Pfizer or non-Pfizer/generic medications administered in your home, at a provider's office, or in a facility. Contact your medical plan administrator (Horizon or UHC) for coverage details and preauthorization requirements.

- **Pharmacy:** Specialty Pfizer or non-Pfizer/generic medications obtained through CVS Specialty™ only.
- **For more information, including a list of CVS Specialty™ medications, go to:**

cvsspecialty.com (Resource Center page), or call

1-800-237-2767

Representatives are available Monday through Friday from 8:30 a.m. to 9 p.m., and Saturday from 9 a.m. to 4 p.m., Eastern time.

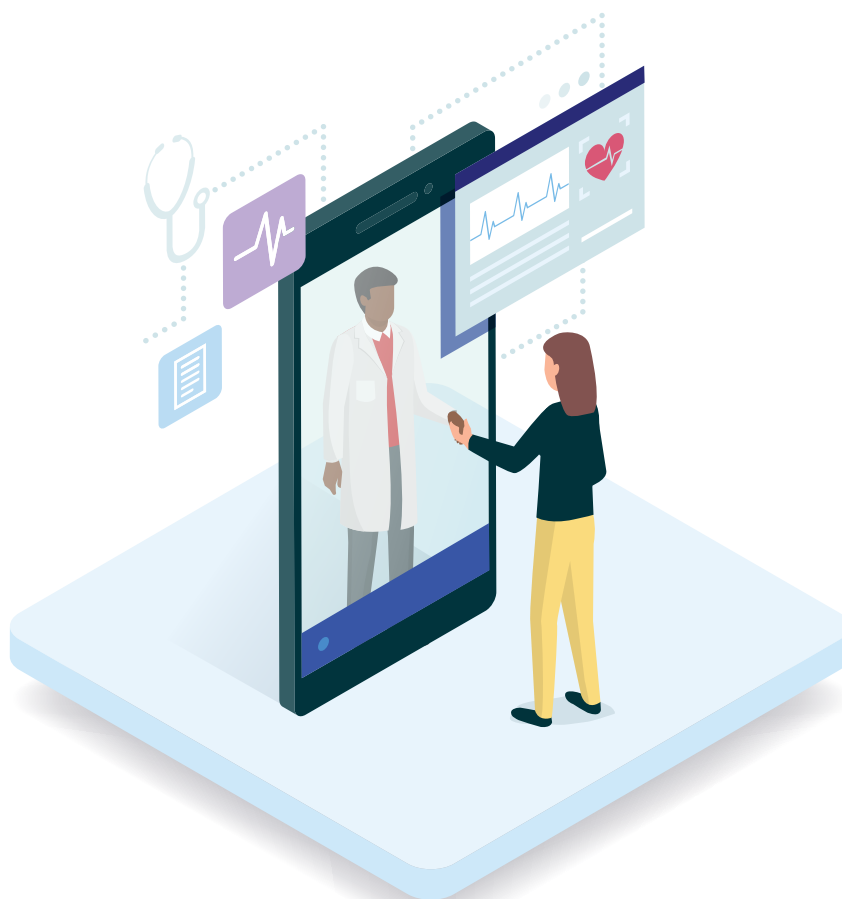
Free Diabetic Supply Program

TrestleTree offers coaching for retirees and their covered dependents diagnosed with diabetes under the Retiree PPO and High-Deductible PPO options at no cost. **If you enroll with TrestleTree, certain diabetic supplies (dispensed through a pharmacy) are available at no cost, including insulin needles and syringes, lancets, devices, and test strips.** This list excludes supplies covered under your medical plan, such as pumps and pump supplies.

To enroll in coaching, contact TrestleTree at:

1-866-523-8185

Monday through Thursday from 8 a.m. to 8 p.m. and Friday from 8 a.m. to 6 p.m., Eastern time.





Getting the Most from Your Prescription Drug Benefits

✓ Use Pfizer medications:

- **Retiree PPO:** covers 100% of cost for Pfizer medications at an in-network pharmacy when no generic is available. Out-of-network pharmacies may require a cost for generic Pfizer medications (such as Accupril, Pristiq, Protonix, and others) as these are covered the same as a non-Pfizer medication, but you and Pfizer share the cost.
- **High-Deductible PPO:** all Pfizer medications are covered at the same cost-sharing level as non-Pfizer medications.

✓ **Understand the impact of requesting a non-Pfizer brand medication.** In cases where a brand medication is prescribed and there is a generic available, the provider/prescriber must specify “dispense as written” on the prescription for you to receive the brand medication and avoid paying an additional cost. If your prescription does not include “dispense as written,” you will pay the difference between the generic medication and the brand medication requested plus your regular coinsurance amount.

✓ **Use a CVS Caremark network pharmacy.** Fill your prescriptions at a CVS Caremark network pharmacy. This includes CVS pharmacies and many local pharmacies and pharmacy chains (i.e., Walgreens), and retail store pharmacies (i.e., Walmart or Costco). Go to [caremark.com](https://www.caremark.com) to find a network pharmacy near you.

If you use an out-of-network pharmacy, you will pay the full cost of the prescription (for Pfizer, non-Pfizer, or generic). You will need to submit a reimbursement claim to CVS Caremark, which may reimburse less than what you paid if the amount was greater than the in-network CVS Caremark contracted rate. For more information, contact your local CVS Pharmacy, call CVS Caremark at **1-866-804-5881**, or go to [caremark.com](https://www.caremark.com).

✓ **Use the Maintenance Choice® Program for Maintenance Medications.** If you are regularly filling a non-specialty maintenance medication, request a 90-day prescription from your provider and use the Maintenance Choice Program to save money. You can fill a 90-day supply of your non-specialty maintenance medications via:

- a CVS Pharmacy, or
- the CVS Caremark Mail Service Pharmacy (free delivery to the location of your choice).

CVS Pharmacy and the CVS Caremark Mail Service Pharmacy offer preferred pricing and your cost will not exceed the 60-day supply coinsurance maximum. Talk with a CVS pharmacist for more information or go to [caremark.com](https://www.caremark.com), or call **1-866-804-5881**, 24 hours a day, 7 days a week.

✓ **Use CVS Specialty for specialty medications.** Specialty medications (Pfizer, non-Pfizer, or generic) dispensed through a pharmacy other than CVS Specialty will not be covered. Contact CVS Specialty for more information.

Biosimilar specialty medications: These are available to treat conditions such as Crohn’s disease, ulcerative colitis, and rheumatoid arthritis. Compared to the branded/reference medication, biosimilars have no clinically meaningful differences in terms of safety and efficacy, and they may offer a cost savings over the referenced medication. Contact CVS Specialty for more information.

Vision Coverage

Vision benefits for the Retiree PPO and High-Deductible PPO medical options are administered by EyeMed Vision Care (EyeMed). EyeMed provides coverage for routine eye care expenses, including eye examinations and eyewear, with a large network of independent and national retail providers, such as LensCrafters, Target Optical, and most Pearle Vision locations.

The following chart highlights key provisions under the Vision Plan. For more details, see the Benefits Summary available on netbenefits.com.

Benefit ¹	In-Network	Out-of-Network ²
Annual Eye Exam	\$10 copay	Up to \$40
Lenses — Single Vision	\$20 copay	Up to \$40
Lenses — Bifocal	\$20 copay	Up to \$60
Lenses — Trifocal	\$20 copay	Up to \$80
Frames³ (Any available frame at provider location)	\$0 copay, \$130 allowance; you receive a discount of 20% over the \$130 allowance	Up to \$50
Contact Lenses⁴ (Disposable)	\$0 copay, \$150 allowance	Up to \$150
Contact Lenses⁴ (Medically necessary)	\$0 copay, paid in full	Up to \$210
LASIK and PRK Procedures	Receive a discount at participating providers. Call 1-877-5LASER6 for more information.	

¹ Except for frames, all benefit provisions (eye exams, lenses, contacts) shown are covered once every calendar year, however, you must select from either lenses or contacts.

² If you visit an out-of-network provider, be sure to obtain an itemized receipt to be reimbursed.

³ Frames are covered once every other calendar year.

⁴ Contact lens allowance includes materials only.

To find an in-network vision provider, go to eyemedvisioncare.com/pfizer and choose the Insight network, or call EyeMed at **1-855-629-5015**, Monday through Friday from 7:30 a.m. to 11 p.m., Saturday 8 a.m. to 11 p.m., and Sunday from 11 a.m. to 8 p.m., Eastern time.

Contact Lens Wearers: You can fill your prescription at contactsdirect.com and receive in-network coverage.

Ongoing Vision Discounts

After you've used your in-network vision benefits, EyeMed offers access to ongoing discounts for prescription eyeglasses/sunglasses, contact lenses, and lens options not covered by the plan network providers (e.g., polycarbonate or anti-reflective coating). Visit eyemedvisioncare.com/pfizer and go to the *Special Offers* tab for the most up-to-date offers and discounts.

Turning Age 65 During the Year

If you (or your covered dependents) become eligible for Medicare (over age 65 or Medicare-Disabled) during the year, Pfizer's retiree medical plan requires you to be enrolled in Medicare Parts A and B to remain eligible for coverage. There are several things you or your eligible dependents will need to do in advance:

1. Six months before your 65th birthday, look for Medicare Parts A and B enrollment information via mail

You should receive information regarding the enrollment process directly from Medicare. If you do not, contact your local Social Security office.

2. Ninety days before you turn age 65 and become eligible for Medicare, enroll in Medicare Parts A and B

You will need to contact **Medicare and enroll in Medicare Part A and Part B**. Generally, you become eligible for Medicare on the first day of the month you turn 65. If your birthday occurs on the first of the month, you will become eligible for Medicare on the first of the month before your 65th birthday.

If you need help enrolling in Medicare, Pfizer provides no cost support through Allsup (**1-888-271-1173**) to assist with Medicare enrollment.

After you have enrolled in Medicare, the Social Security Administration will assign you a Medicare Beneficiary Identifier (MBI), which will be shown on your red, white, and blue Medicare ID card.

3. Ninety days before turning age 65, watch for a Personal Fact Sheet in the mail

The Pfizer Benefits Center will send you a letter and a Personal Fact Sheet (PFS) showing your available retiree coverage options and contributions including the coverage you will have if no action is taken. Refer to the **What to Do When Turning Age 65 Tip Sheet** available on netbenefits.com for step-by-step enrollment instructions and more information about turning age 65.

4. Contact the Pfizer Benefits Center before turning age 65

You must call the Pfizer Benefits Center to:

- Provide your MBI number
- Confirm your mailing address (this must be a street address vs. a PO Box), and
- Make your Medicare eligible coverage election based on the PFS you received from the Pfizer Benefits Center — and understand what happens if you do not enroll.

If you become Medicare eligible mid-year and elect coverage but were previously covered under Pfizer's non-Medicare eligible coverage, your deductible and out-of-pocket maximum amounts previously paid in the year will not count towards your Pfizer Medicare eligible coverage (amounts accumulated toward your Pfizer prescription drug coverage, however, will carry over).



Didn't Sign Up for Medicare Parts A and B When Eligible?

If you missed enrolling in Medicare Part A and Part B when you were first eligible or during a Special Enrollment Period, Medicare will assess you a financial penalty in the form of a higher Medicare monthly premium for late enrollment. **This penalty will continue to apply for as long as you are enrolled in Medicare. You are responsible for paying this penalty.** If you missed the enrollment deadline, contact Allsup to request assistance in enrolling in Medicare. This service is provided at no cost; refer to the **Resources** section of this brochure.

Medicare Eligible (Age 65 or Above)

Medical Plan Administrator

Medical coverage under the Pfizer Medicare Advantage Plan is administered through UHC and replaces Medicare Parts A and B coverage. Please note, however, that you must continue to pay your Part A (if applicable) and Part B premiums to Medicare. **Failure to enroll in both Medicare Parts A and B will affect your eligibility to elect coverage under the Pfizer Medicare Advantage Plan.**

Medical Plan Options

Pfizer offers medical, prescription drug, and vision coverage for retirees and/or dependents who are eligible for Medicare (i.e., have reached age 65 or are disabled and eligible for Medicare).

If you and/or your eligible dependent(s) are eligible for Medicare, you can choose from one of the following coverage options:

- Medicare Advantage with Rx Plus — RMS
- Medicare Advantage with Rx Base — RMS
- Rx Plus Only — RMS, or
- Rx Base Only — RMS.

The Pfizer Medicare Advantage Plan requires you to elect either the Rx Plus or Rx Base option for your prescription drug coverage.



Pfizer Medicare Advantage Plan Features

See the chart below for the key provisions of the Pfizer Medicare Advantage Plan for 2024. These provisions apply regardless of whether you enroll in the Medicare Advantage with Rx Plus option or the Medicare Advantage with Rx Base option.

Feature	Pfizer Medicare Advantage Plan
Deductible	\$0
Out-of-Pocket Maximum	\$1,500 per individual
Flu Vaccination	100% coverage
Primary Care Office Visit	\$10 copay
Specialist Office Visit	\$20 copay
Outpatient Mental Health and Substance Use Visit	\$15 copay
Lab	\$10 per test
X-ray	\$20 per procedure
Magnetic Resonance Imaging (MRI)	\$25 copay
PT/OT/Speech Therapy Visit	\$15 copay
Inpatient Hospital Stay	\$250 per admission
Outpatient Hospital Stay (Facility/Urgent Care)	\$150 per admission
Routine Acupuncture	\$15 copay; maximum of 20 visits per year
Routine Chiropractic Services	\$15 copay; maximum of 20 visits per year
Emergency Room Visit	\$120 copay
Urgent Care Visit	\$35 copay
Durable Medical Equipment	Plan pays 80%; you pay 20% ¹
Diabetic Supplies	100% coverage for OneTouch® for Accu-Chek blood glucose testing strips and meters ²
Private Duty Nursing Requiring skilled care	\$5,000 allowance per year
Medicare Part B Prescription Drugs (including eligible Pfizer medications) (covered under medical)	\$40 copay
Extra Benefits (including hearing aids, meal delivery and more)	Refer to page 12 for more details
Prescription Drug Coverage	Choose from the Rx Plus and Rx Base options outlined in the chart on page 13

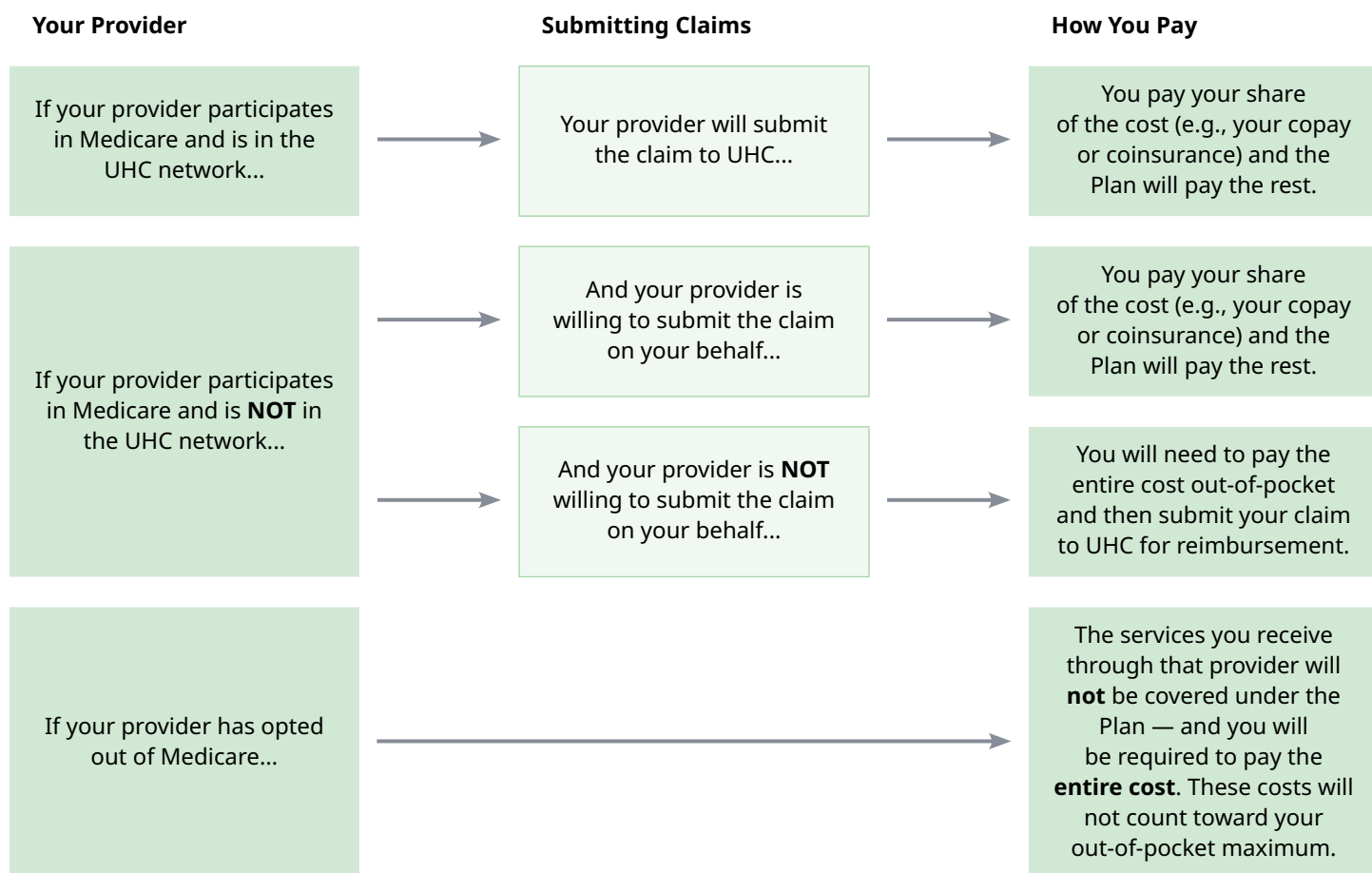
¹ Medicare participating providers must be used. Providers who participate in the UHC network will be reimbursed at the contracted rate. Providers who participate with Medicare but do not participate with UHC will be reimbursed based on the Medicare fee schedule.

² Blood glucose testing meters are provided by LifeScan Inc. (OneTouch) and Roche (Accu-Chek) and require a prescription from your doctor. To learn more about this benefit, call UHC at **1-866-868-0329**.

Note: The Rx Plus Only and the Rx Base Only options do not include coverage for any medical services (including mental health). Refer to **page 13** for more information on your coverage if you are enrolled in either of these options.

Submitting Claims

The Pfizer Medicare Advantage Plan provides the flexibility to see any provider who has not opted out of Medicare. The diagram below shows how you submit claims and pay for care based on your provider:



To find Medicare participating providers:

visit [medicare.gov/care-compare](https://www.medicare.gov/care-compare).

To find providers who have opted out of Medicare:

visit <https://data.cms.gov/tools/provider-opt-out-affidavits-look-up-tool>.

Submitting Claims for Reimbursement

- Go to retiree.uhc.com/Pfizer and select *Plan Documents and Resources* to download, print, and complete a *Reimbursement Form*.
- Call UHC at **1-866-868-0329**, TTY 711, Monday through Friday, 8 a.m. to 8 p.m. in your local U.S. time zone.

Medicare Advantage Plan Features and Programs

UHC offers a variety of programs as part of your Medicare Advantage Plan coverage to help support you. For more information, go to retiree.uhc.com/Pfizer, or call UHC's Pfizer-dedicated toll-free number at **1-866-868-0329**, TTY 711, Monday through Friday, 8 a.m. to 8 p.m. in your local U.S. time zone.

UHS Programs	Contact Information
Telehealth Medical and Mental Health	<ul style="list-style-type: none"> Free eVisits — no copay when you visit certain providers. Speak to participating providers anytime, anywhere, via computer or mobile device (including tablets and smartphones). <ul style="list-style-type: none"> For a non-emergency health condition: Choose from two providers for this benefit. To schedule a visit, contact Doctor on Demand at 1-800-997-6196 or Amwell at 1-844-733-3627. Find a list of virtual medical doctors at retiree.uhc.com/pfizer. For a non-emergency mental health condition: Contact United Behavioral Health at 1-800-453-8440. Find a list of virtual mental health providers at retiree.uhc.com/pfizer.
HouseCalls	<ul style="list-style-type: none"> Free annual visit to your home by a health care practitioner to review your health history and medication, identify health risks, perform a physical evaluation, and provide education information. Results of the HouseCalls visit are sent to your doctor. Contact HouseCalls at: 1-866-447-7868, TTY 711, Monday through Friday from 8 a.m. to 8:30 p.m., Eastern time or go to uhhousecalls.com.
Renew Active™	<ul style="list-style-type: none"> Free gym membership and access to more than 20,000+ participating locations. Includes a personalized fitness plan, access to a wide variety of fitness classes, and an online brain health program, exclusively from AARP®, called Staying Sharp®. For questions, visit uhcrenewactive.com/location. Once you become a member, you will need a confirmation code, which you can obtain by calling the number on the back of your UnitedHealthcare member ID card.
UnitedHealthcare Hearing	<p>Choose from a selection of hearing aid devices through UnitedHealthcare Hearing.</p> <ul style="list-style-type: none"> When you purchase your hearing aid device through UHC, you will receive an allowance of up to \$1,750 off your purchase. This allowance is available every 36 months from in-network providers only. To view the hearing aid device selection and the costs, visit uhchearing.com/retiree or call 1-866-445-2071, TTY 711, Monday through Friday from 8 a.m. to 8 p.m., Central time.
Transportation for Medical-Related Trips	<ul style="list-style-type: none"> Up to 24 one-way rides for routine transportation services to medically related appointments and trips to the pharmacy, up to 50 miles each way. There's no medical requirement. Call 1-833-219-1182, (TTY: 1-844-488-9724), Monday through Friday from 8 a.m. to 5 p.m., local time, or visit modivcare.com/BookNow.
Root's Meals: In-home Meal Delivery	<ul style="list-style-type: none"> Whether you're concerned with going out during inclement weather, need extra help while recovering from a medical procedure, or need a break from cooking, receive free meals delivered to your home each year (subject to program limits). Call UHC Medicare Advantage Plan at 1-866-868-0329.
CareLinx: In-home Caregiving Support	<ul style="list-style-type: none"> In-home caregiving support (up to 16 hours per month) for you or a loved one who needs help with non-medical care (such as preparing meals, bathing, and medication reminders). Unused hours don't roll over and must be scheduled in 2-hour increments. You will typically be paired with a caregiver within five business days. Some restrictions and limitations apply. For more information, call 1-833-253-5403 Monday through Friday from 8 a.m. to 7 p.m., Central time and Saturday and Sunday from 10 a.m. to 6 p.m., Central time or visit http://carelinx.com/uhcgroup.
Personal Emergency Response (PERS) Device	<ul style="list-style-type: none"> Free device (one per person) that allows you to press a button to get help 24/7 in emergency situations. Calls are monitored through an emergency response center and work through a transmitter on your home telephone. For information or to order your device, call Lifeline at 1-855-595-8485, TTY 711, Monday through Friday from 7 a.m. to 7:30 p.m., and 8 a.m. to 4:30 p.m. Saturday, Central time, or go to lifeline.com/uhcgroup.

Prescription Drug Coverage

If you are enrolling in the **Pfizer Medicare Advantage Plan**, you must elect either **Rx Plus** or **Rx Base** option. Alternatively, you may elect Rx Plus Only or Rx Base Only. If you elect Rx Only coverage you will have no medical or vision coverage.

The prescription drug coverage for Medicare eligible participants is administered by SilverScript® Insurance Company (affiliated with CVS Caremark). The SilverScript options are Pfizer-sponsored Medicare Part D prescription drug plans covering pharmaceutical medications.

SilverScript combines a standard Medicare Part D plan with additional Pfizer-provided prescription drug coverage:

- **Rx Plus** option covers most Pfizer medications dispensed through a pharmacy at no cost to you.
- **Rx Base** option provides coverage for most Pfizer medications at the same cost-sharing level as non-Pfizer medications. Additionally, only generic medications (not brand) for erectile dysfunction are covered.

The chart below outlines both prescription drug coverage options.

	Rx Plus	Rx Base
Most Pfizer Medications When No Generic Is Available	Plan pays 100%	Plan pays 80%; You pay 20% Minimum: \$10 (or actual cost if lower) Maximum: \$225 per 30-day supply
Retail Medications — Per 30-day Supply		
Non-Pfizer Medications + Pfizer Medications When a Generic Is Available	Plan pays 80%; You pay 20% Minimum: \$10 (or actual cost if lower) Maximum: \$140	Plan pays 80%; You pay 20% Minimum: \$10 (or actual cost if lower) Maximum: \$225
Maintenance Choice Program Medications ¹	Up to a 90-day supply of non-specialty maintenance medications when filled at a CVS Pharmacy or through CVS Caremark Mail Service Pharmacy	
Non-Pfizer Medications + Pfizer Medications When a Generic Is Available	Plan pays 80%; You pay 20% Minimum: \$20 (or actual cost if lower) Maximum: \$280	Plan pays 80%; You pay 20% Minimum: \$20 (or actual cost if lower) Maximum: \$450
100% Coverage for Other Medications		
Certain Preventive Medications	Plan pays 100% for certain medications considered preventive by the Affordable Care Act (ACA) ² . These include fluoride treatments, smoking-cessation treatments, oral contraceptives, colonoscopy prep medications, and low-dose generic statins. It also includes certain over-the-counter products for specific age and risk factors. For more information, call SilverScript.	
Prescription Drug Annual Out-of-Pocket Maximum		
Per Individual	\$3,400	\$5,000

¹ Referred to in SilverScript materials as Preferred Network Pharmacy.

² The **Prescription Drug Coverage ACA Medication List** can be found at [caremark.com](https://www.caremark.com).

Note: As part of the Inflation Reduction Act, the cost for select insulin products under Medicare Part D plans such as this SilverScript plan will be limited to \$35 for a 30-day supply. Additional details will be provided in a separate communication.

If you and your dependents differ in Medicare eligibility (e.g., one or more of you are non-Medicare eligible and the rest are Medicare eligible), you will need to enroll yourself and your eligible dependent(s) separately in the Retiree Medical Plan based on each individual's Medicare eligibility; this is referred to as "Split Family" coverage. Refer to **page 18 to learn more.**



Things to Remember

Diabetic supplies are only covered under the Pfizer Medicare Advantage Plan and are not covered under your Pfizer prescription drug coverage through SilverScript. If you enroll in the Rx Plus Only or Rx Base Only option, you will only have coverage through your Medicare Part B coverage.

Note: Diabetic medications, such as insulin, are still covered under your Pfizer prescription drug coverage.

Infused Medications

Medications that are infused or administered in your home or at a provider's office or facility (including any Pfizer medications) are generally covered as a medical service under the Pfizer Medicare Advantage Plan. Please contact UHC for coverage details, including preauthorization requirements.

Prescription Drug Only Options (Rx Plus Only or Rx Base Only)

If you have medical coverage elsewhere (e.g., you are enrolled in a Medigap plan or a Medicare Supplemental plan), or you would like to keep Medicare for your medical coverage, you still have prescription drug options.

You can enroll in the Rx Plus Only or Rx Base Only option. Those options provide credible Medicare Part D prescription drug coverage through SilverScript Insurance Company (affiliated with CVS Caremark) along with additional benefits provided by Pfizer.

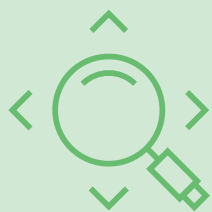
Medicare does not allow you to be enrolled in more than one Medicare prescription drug plan at the same time, which means enrolling in one of Pfizer's prescription drug only options will cancel your enrollment in any other Medicare Part D prescription drug plan, any individual Medicare Advantage plan or another non-Pfizer employer-sponsored Medicare Advantage plan.

Eligibility Requirements for Rx Only Option

You may only enroll in the Pfizer Medicare Advantage Plan if you meet the CMS requirements that you:

- Are enrolled (and remain enrolled) in Medicare Parts A and B; Enrollment in Medicare Part D is not required
- Provide the Pfizer Benefits Center with your Medicare Beneficiary Identifier (MBI) shown on your red, white and blue Medicare ID card as your "Medicare Number"
- Have a permanent U.S. street address (no P.O. Box)* on file, or
- Are not within the 30-month coordination period for end-stage renal disease.

* You can keep your P.O. Box address as your primary mailing address; we will only use your street address for purposes of Medicare eligibility.



How to Maximize your Prescription Drug Benefits

- **Use Pfizer medications:** Under the Rx Plus option, Pfizer medications dispensed at a pharmacy are covered at 100% when no generic is available. Out-of-network pharmacies may require a cost for generic Pfizer medications (i.e., Accupril, Pristiq, Protonix, and others) as these are covered the same as a non-Pfizer medication but you and Pfizer share the cost. **Note:** Under the Rx Base option, all medications are covered the same (Pfizer, non-Pfizer, or generic).

- **Use a SilverScript network pharmacy:** Fill your prescriptions at a network pharmacy to receive the maximum Plan benefit. You can find network pharmacies near you on the SilverScript website. See the **Resources** section on **page 22** for details and contact information.

If you use an out-of-network pharmacy, you may be required to pay the full cost of the prescription (including a Pfizer medication available at no cost based on your coverage option). You will also need to submit a reimbursement request along with your receipt for payment to SilverScript. Reimbursement will be provided up to the SilverScript contracted rate, which may be lower than the amount you paid.

- **Use the Maintenance Choice Program* for maintenance medications (90-day supply).** With this program, you can fill up to a 90-day supply of your non-specialty maintenance medications at either a CVS Pharmacy or through the CVS Caremark Mail Service Pharmacy (delivery is also available). Maintenance medications are typically taken on a regular basis for long-term or chronic conditions (i.e., diabetes, high blood pressure, and high cholesterol). This program offers preferred pricing and your cost will not exceed what you would have paid for a 60-day supply coinsurance maximum.

For more information, call SilverScript at **1-844-774-2273** or go to pfizer.silverscript.com. You can view a full list of non-specialty maintenance medications by logging on to caremark.com, access the *Plan & Benefits* tab and then click on *Print Plan Forms*.

- **Talk to your provider about biosimilar medication.** These are available to treat conditions such as Crohn's disease, ulcerative colitis, and rheumatoid arthritis. Compared to the branded/reference medication, biosimilars have no clinically meaningful differences in terms of safety and efficacy, and they may offer a cost savings over the referenced medication.

* Referred to in SilverScript materials as Preferred Network Pharmacy.

Vision Coverage

Vision benefits are administered by UnitedHealthcare for Medicare eligible retirees covered under the Pfizer Medicare Advantage Plan, and provide reimbursement for routine eye care expenses, including eye examinations and eyewear. In addition to a routine eye exam with vision test with a Medicare participating provider, you can get reimbursed for eyewear including frames, lenses, and contact lenses at the provider of your choice, including online providers. Claims will need to be submitted to UHC for reimbursement if the provider is not willing to file the claim electronically with UHC. Refer to **page 11** for more information about submitting a claim.

Note: Vision coverage does not apply if you have prescription drug only coverage.

The chart below highlights key vision benefits.

Benefit	Coverage (every 12 months)
Eye Exam with Vision Test	\$0 copay
Frames and Lenses	\$500 allowance
Contacts (in lieu of frames and lenses)	\$200 allowance

For questions or more information about your vision coverage, visit retiree.uhc.com/pfizer or call **1-866-868-0329**, TTY 711, Monday through Friday from 8 a.m. to 8 p.m. in your local U.S. time zone.



Dental Coverage for Non-Medicare Eligible and Medicare Eligible Retirees

When you retire, you have the option to choose from two dental plan providers.

MetLife

Through MetLife, you have a one-time opportunity when you retire to elect retiree dental coverage at group rates. There is no waiting period for coverage to start. For more information, call **1-800-GET-MET-8 (1-800-438-6388)**, Monday through Friday from 8 a.m. to 8 p.m., Eastern time.

Delta Dental

Through Delta Dental, you have the option to enroll in retiree dental coverage at any time; however, waiting periods apply. Delta Dental offers you the option to enroll in their Smile On program, which is available in select states. If the Smile On program is not available in your area, coverage through an individual policy may be available. Visit deltadentalins.com/smileon or call **1-888-216-9662**, Monday through Friday from 8 a.m. to 9 p.m., Eastern time.

*Smile On dental plan options are currently available in AL, CA, DE, FL, GA, LA, MD, MS, MT, NV, NY, PA, TX, UT, WV and DC. Plan options for most other states are available at group rates through Delta Dental. Smile On representatives will help connect you to your options. Plans purchased through this coverage are considered new coverage and not a continuation of any plan you may currently have. Waiting periods may apply. Any applicable deductibles and maximums will reset. Limitations and Exclusions apply. See Delta Dental's plan documents for details.

You will receive information about electing coverage by each provider approximately 4 weeks after your termination date.

Regardless of whether you select coverage through MetLife or Delta Dental, you pay the full cost of any coverage elected. Contributions vary based on the level of coverage selected, the family members you enroll and your geographic location.



Covering Both Non-Medicare Eligible and Medicare Eligible Family Member

Split Family Coverage

If you and your dependents differ in Medicare eligibility (e.g., one or more of you are non-Medicare eligible and the rest are Medicare eligible), you will need to enroll yourself and your eligible dependent(s) separately in the Retiree Medical Plan based on each individual's Medicare eligibility; this is referred to as **"Split Family"** coverage.

Pfizer Colleague/Retiree Couples — Spouse/Domestic Partner Under the Retiree Benefits Program

If you and your spouse/domestic partner are Pfizer retirees, you can do one of the following:

- Each of you enrolls in your own coverage — only one of you covers your dependent children (if applicable)
- Enroll to cover your spouse or domestic partner under your retiree coverage, or
- Receive coverage under your spouse/domestic partner coverage (either as a non-Medicare eligible or Medicare eligible dependent along with eligible dependent children).

Deductibles and Out-of-Pocket Maximums

When you and your spouse/domestic partner or dependent is enrolled in a different retiree medical plan option (e.g., one of you is enrolled in the Pfizer Medicare Advantage Plan with Rx Plus and the other is enrolled in the Retiree PPO option), each will need to satisfy the deductible and reach the out-of-pocket maximum for that plan. Those amounts are not combined or transferable to another plan.



Additional Things to Consider (for Non-Medicare Eligible and Medicare Eligible Retirees)

Hardship Provisions

If you meet certain criteria, you may qualify for reduced contributions. Action may be required each year.

Note: The hardship provision is not available to retirees with Access-Only coverage.

- *Non-Medicare Eligible:* If you are single and your income in 2022 is less than \$21,870 or if you are married and your combined income in 2022 is less than \$29,580, you may qualify for a hardship provision and reduced medical plan contributions. You may only apply for assistance once a year during Annual Enrollment if your gross income for 2022 was lower than the thresholds outlined above.

To obtain an application, call the Pfizer Benefits Center at **1-877-208-0950** to speak with a Representative. You will be required to submit a copy of your 2022 income tax return as part of the application process. If approved, your reduced contribution rate will take effect as of January 1, 2024, and will remain in effect through December 31, 2024. Should you qualify, you will be notified of your contribution rate in writing.

Note: The income thresholds above are updated every few years and are similar to the criteria used to determine eligibility for Extra Help under Medicare Part D.

Action May Be Required Each Year for Non-Medicare Eligible

To confirm your eligibility for a hardship provision, contact the Pfizer Benefits Center at **1-877-208-0950**. You must re-apply each year during the Annual Enrollment period. If you apply and do not qualify, you have the opportunity to re-apply the following year.

- *Non-Medicare Eligible:* Retirees who have been approved for the Medicare Part D low-income subsidy (called "Extra Help") will automatically be eligible for Pfizer's contribution hardship provision. Medicare eligible retirees must apply for Extra Help through the Social Security Administration.

You can apply for Extra Help:

- Online at socialsecurity.gov/extrahelp
- By calling the Social Security Administration at **1-800-772-1213** (TTY 1-800-325-0778), or
- In person at your local Social Security office.

Once you have completed your application process, Social Security will send you a letter to advise you of your acceptance or denial.

If CMS approves your eligibility for Extra Help, CMS will notify the Pfizer Benefits Center and your monthly contribution will automatically be adjusted when you are invoiced or when the deduction is taken via automatic bank withdrawal. This reduction will include any amount from Extra Help.

Important: The process of applying for the Pfizer Hardship provision will be based on the Pfizer retiree's age, not the dependent's age.

Hardship Provision: Action May Be Required Each Year for Medicare Eligible

At the end of September, Social Security sends a letter to certain Extra Help recipients with a form outlining the financial and personal information they have on file. If you receive this letter, you will be required to confirm within 30 days whether the information has changed. If you do not respond to this request, Medicare will end your enrollment in Extra Help and your eligibility for the Pfizer hardship provision will also end.

Waiving Coverage

Pfizer recognizes that you may find other insurance that is less costly than Pfizer's coverage or better meets your health care needs. If you choose to drop your Pfizer coverage, you may re-enroll within 31 days of a qualified life event, including the loss of other medical coverage. You must certify that you have maintained continuous creditable coverage while not enrolled in the Pfizer Retiree Medical Plan, in accordance with the plan's rules. Refer to the Pfizer Retiree Medical Plan Summary Plan Description (SPD) for details.

Important note if you are Medicare eligible:

Supplemental Medicare plans (including Medigap plans and local Medicare Advantage plans) may ask you to provide evidence of health if you enroll in their plan after you become Medicare eligible; these enrollment rules vary by state. Some states may view the loss of employer-provided coverage (including Pfizer's Medicare Advantage Plan, which is an employer

group-sponsored plan) as a qualifying event and allow you to enroll in their plan without providing evidence of health.

It is your responsibility to understand the rules for any non-Pfizer Medicare plans you are considering.

To help you understand the general rules for non-Pfizer Medicare plans you are considering, you can contact a UHC enrollment specialist at: 1-866-868-0329 (press 1, regardless of whether or not you are currently enrolled in Pfizer's Medicare Advantage Plan), TTY 711, Monday through Friday from 8 a.m. to 5 p.m., local time.

If you are considering a non-Pfizer plan, you may wish to contact that plan's administrator to discuss the specific rules for the plan, including the effect of waiving coverage and the requirements to re-enroll at a future date.

If You are Enrolled in a Non-Pfizer Medicare Plan

CMS does not allow enrollment in more than one Medicare Advantage plan or more than one Medicare Part D prescription drug plan, so if you are already enrolled in one of those plans, you will need to choose between that plan and Pfizer retiree medical coverage.

If you are enrolled in a Medigap or Medicare Supplemental Plan, these types of plans are intended to supplement Medicare. Since the Pfizer Medicare Advantage Plan replaces Medicare, you would not receive any additional benefits from your Medigap or Medicare Supplemental Plan. In this case, you may want to consider enrolling in one of the Prescription Drug-Only options if you would like to keep your Pfizer prescription drug coverage.

Your Contributions

Your cost of coverage varies based on your retiree group/legacy company and your retirement date, whether you are non-Medicare eligible or Medicare eligible, the Medicare eligibility status of your covered dependents and your coverage option. For more information about your contributions, refer to your Personal Fact Sheet or call the Pfizer Benefits Center at: **1-877-208-0950**. Representatives will be available Monday through Friday from 8:30 a.m. to midnight, Eastern time.

Paying for Coverage

You will receive a monthly invoice from Fidelity for your required contribution. Failure to submit your required contribution by the due date may result in a loss of your Pfizer coverage. Consider enrolling in Automatic Bank Withdrawal (ABW) so your contributions are paid automatically, helping you avoid additional costs or loss of your Pfizer coverage.

Call the Pfizer Benefits Center at **1-877-208-0950** to enroll by phone or to request that an ABW enrollment form be mailed to you. You can enroll in ABW at any time.

Additional Premium for Higher-Income Retirees

You may be required to pay an "Income-Related Monthly Adjustment Amount" to Medicare because of your annual income. This Medicare Part D Income-Related Monthly Adjustment Amount is also referred to as "D-IRMAA." If the modified adjusted gross income as reported on your IRS tax return from two years ago is more than a certain income level, Medicare will require you to pay the D-IRMAA based on your income. Income thresholds are reviewed and set each year by the Centers for Medicare and Medicaid Services (CMS). Each family member determined to be high income

and enrolled in a Medicare Part D plan will pay the applicable D-IRMAA. For example, if both you and your spouse/domestic partner are enrolled in a Medicare Part D plan and determined to be high income, you both will pay the D-IRMAA.

Neither Pfizer nor SilverScript is notified if you are required to pay the D-IRMAA, unless you are disenrolled by Medicare for non-payment.

Retiree Medical Subsidy (RMS)

If you are eligible for Pfizer's Retiree Medical Subsidy (RMS), which is an unfunded, notional account, it will be established at the time of your retirement.* The RMS defines the total dollar amount that Pfizer will contribute toward the cost of your Company-sponsored medical coverage and is used to pay Pfizer's share of your retiree medical coverage costs. Your RMS balance will decrease over time based on the cost of the coverage you choose while you are enrolled in the Pfizer Retiree Medical Plan. You will pay the difference, in the form of monthly contributions, between the total cost of coverage and the amount Pfizer pays through the RMS.

After your RMS is depleted, you pay the full cost of coverage. To see your current RMS balance, refer to your Personal Fact Sheet or go online to netbenefits.com and find the Health & Insurance section. You can see your balance in the window that pops up. For more information, call the Pfizer Benefits Center at **1-877-208-0950**.

* The RMS is provided to legacy Pfizer retirees who initially retired after January 1, 2010, and legacy Wyeth retirees who initially retired after January 1, 2012. For information on your RMS balance, contact the Pfizer Benefits Center directly at **1-877-208-0950**. If you are not eligible for the RMS and have questions about your cost of coverage including your contributions, contact the Pfizer Benefits Center.

Support for Caregivers Assisting with Enrollment

If you are a caregiver assisting a Pfizer retiree or eligible dependent with enrollment elections or navigating health care, you may need to provide certain permissions, and in some cases a power of attorney may be required in order to speak with the Pfizer Benefits Center on behalf of the retiree or dependent. For your security, the Pfizer Benefits Center requires their own documentation, even if you have a power of attorney on file with the medical plan administrator (Horizon or UHC). If these permissions or power of attorney are on file with the Pfizer Benefits Center, we can help.

Call the Pfizer Benefits Center to speak with a Representative at: **1-877-208-0950** Monday through Friday from 8:30 a.m. to midnight, Eastern time.

If you are enrolled in the Pfizer Medicare Advantage Plan, you can also take advantage of the In-home Caregiving Support program offered by UHC as described on **page 12**.

Resources

Topic	Contact
Eligibility, Enrollment, and Contributions	Pfizer Benefits Center <ul style="list-style-type: none"> • netbenefits.com • Call the Pfizer Benefits Center at 1-877-208-0950; Representatives will be available to assist you Monday through Friday from 8:30 a.m. to midnight, Eastern time
Medical Coverage through Horizon (Non-Medicare Eligible Coverage for medical and mental health/substance use) <i>Blue Card Network</i>	Horizon (for medical and mental health/substance use services) <ul style="list-style-type: none"> • horizonblue.com/pfizer — Select <i>Tools & Services</i>, then <i>Find a Doctor</i> to search for providers. Scroll to the bottom of the selected <i>Find a Doctor</i> option and click on the applicable sample ID Card • Call Horizon at 1-888-340-5001, Monday, Tuesday, Wednesday, and Friday from 8 a.m. to 8 p.m., and Thursday from 9 a.m. to 8 p.m., Eastern time • Telehealth Services: To access care, you can use the member online services under horizonblue.com/pfizer or download the Horizon Blue Mobile App
Medical Coverage through UHC (Non-Medicare Eligible Coverage for medical and mental health/substance use) <i>Choice Plus Network*</i>	UnitedHealthcare (for medical services) myuhc.com <ul style="list-style-type: none"> • Log in to the UnitedHealthcare Health4Me Mobile App, which can be downloaded from the Apple App Store or Google Play • Call UHC at 1-800-638-8010, Monday through Friday from 8 a.m. to 8 p.m., Eastern time • Telehealth Services: myuhc.com/virtualvisits or download the UnitedHealthcare App Optum (for mental health/substance use services) <ul style="list-style-type: none"> • liveandworkwell.com; log in, or use access code 61550 to enter the site anonymously • Call Optum at 1-866-834-7603, Monday through Friday from 8 a.m. to 8 p.m., Eastern time • Telemental Health Visits: liveandworkwell.com; log in, or use access code 61550 to enter the site anonymously. Go to the <i>Find Care</i> tab and select <i>Virtual Visits</i>.
Medical Coverage through UHC Medicare Advantage (Medicare Eligible Coverage for Medical and mental/substance use)	UnitedHealthcare Medicare Advantage <ul style="list-style-type: none"> • retiree.uhc.com/pfizer • Call UHC at 1-866-868-0329, TTY 711, Monday through Friday from 8 a.m. to 8 p.m., local time Telehealth Services: <ul style="list-style-type: none"> • For a non-emergency health condition: Choose from two providers for this benefit. To schedule a visit, contact Doctor on Demand at 1-800-997-6196 or Amwell at 1-844-733-3627. • For a non-emergency mental health condition: Contact United Behavioral Health at 1-800-453-8440. • Find a list of virtual medical and mental health providers at retiree.uhc.com/pfizer.
Medicare Enrollment Assistance	Allsup <ul style="list-style-type: none"> • Call Allsup at 1-888-271-1173
Prescription Drug Coverage through Caremark (Non-Medicare Eligible Coverage)	CVS Caremark <ul style="list-style-type: none"> • caremark.com • Call Caremark at 1-866-804-5881, 24 hours a day, 7 days a week
Prescription Drug Coverage through SilverScript (Medicare Eligible Coverage)	SilverScript <ul style="list-style-type: none"> • pfizer.silverscript.com • Call SilverScript at 1-844-774-2273, 24 hours a day, 7 days a week

Topic	Contact
TrestleTree (Health coaching programs for Non-Medicare Eligible Coverage)	Free Diabetic Supply and Healthy Weight Programs <ul style="list-style-type: none"> • Call TrestleTree at 1-866-523-8185, Monday through Thursday from 8 a.m. to 8 p.m., and Friday from 8 a.m. to 6 p.m., Eastern time
Vision Coverage Through EyeMed (Non-Medicare Eligible Coverage) Insight Network	EyeMed Vision Care <ul style="list-style-type: none"> • eyemedvisioncare.com/pfizer • Log in to the EyeMed Members Mobile App, which can be downloaded from the Apple App Store or Google Play • Call EyeMed at 1-855-629-5015, Monday through Saturday from 7:30 a.m. to 11 p.m., and Sunday from 11 a.m. to 8 p.m., Eastern time
Vision Coverage through UHC (Medicare eligible Coverage)	UnitedHealthcare <ul style="list-style-type: none"> • retiree.uhc.com/pfizer • Call UHC at 1-866-868-0329, TTY 711, Monday through Friday from 8 a.m. to 8 p.m., local time
Expert Medical Opinion Service (Non-Medicare Eligible Coverage)	Health Navigator (powered by PinnacleCare*) <ul style="list-style-type: none"> • sunlife.com/pfizer • Call 1-877-280-7466, Monday through Friday from 8 a.m. to 6 p.m., Eastern time

* Massachusetts, Maine or New Hampshire residents: select Passport Connect Choice Plus as the provider network to begin your search.

Important Documents

Summary Plan Description (SPD)

Refer to the Summary Plan Description (SPD) for the Pfizer Retiree Medical Plan for more detailed information on plan eligibility and what services are and are not covered. This SPD is available at netbenefits.com in the *Reference Library*. Find the *Health & Insurance* section on the home page, and then click *Quick Links* and *Reference Library*.

Legal Notices Booklet

Review the legal notices booklet, which provides details on many of your rights under your health care plans. The booklet is available at netbenefits.com in the *Reference Library*. Find the *Health & Insurance* section on the home page, and then click *Quick Links* and *Reference Library*.

Pfizer Zero Cost Prescription Drug List*

Review the **Pfizer Zero Cost Prescription Drug List** located on netbenefits.com in the *Reference Library*. Find the *Health & Insurance* section on the home page, then click *Quick Links* and *Reference Library*. As a reminder, if you are enrolled in the Rx Base option, Pfizer medications are covered at the same cost-sharing level as non-Pfizer medications and only generic erectile dysfunction medications are covered under this option.

*** Note:** This list is subject to change during the year as Pfizer may add or remove products from this list at any time, for any reason.

This brochure serves as the Summary of Material Modifications (SMM) for the Pfizer Retiree Medical Plan. The IRS has assigned Pfizer Inc. the Employer Identification Number 13-5315170, and the Plan Number is 559. This SMM is not a substitute for the official plan document(s). It supplements or modifies the most recent Summary Plan Description (SPD) for the plan. Please keep this document with the SPD for future reference.

This brochure contains information about Pfizer retiree health care benefits and the Pfizer Retiree Medical Plan but it is not intended to provide every detail. Complete details can be found in the Pfizer Retiree Medical Plan document or its accompanying Summary Plan Description. Both are available upon request to the Company, or can be accessed at netbenefits.com or by calling the Pfizer Benefits Center at **1-877-208-0950**.

While Pfizer expects to continue the benefits described in this brochure, it reserves the right to amend, suspend, or terminate the Pfizer Retiree Medical Plan and any retiree health care benefits offered by the Company at any time, with or without notice, and for any reason, including, without limitation, the right to increase costs and/or reduce or eliminate any Pfizer contribution. Pfizer may also need to adjust the Pfizer Retiree Medical Plan or this program, or any or all of the benefit plans it offers, to comply with applicable laws or regulations.