

Understanding the HSA Copay Option and the Health Savings Account

Frequently Asked Questions (FAQ)

This FAQ is intended to provide answers to common questions about the HSA Copay medical option and the Health Savings Account. For full details, refer to the applicable Summary Plan Descriptions located on netbenefits.com in the Reference Library.

How the HSA Copay Option Works

1. What is the HSA Copay option and what's a Health Savings Account (HSA)?

The HSA Copay option is a high deductible health plan (HDHP) that includes a tax-advantaged Health Savings Account (HSA) to pay for eligible health care expenses. After you meet the deductible, you'll pay a copay for most covered services. To help you meet the deductible, Pfizer generally contributes to your HSA if your annual base pay is less than \$305,000. You may also contribute to the HSA on a before-tax basis.

2. What are key similarities between the HSA Copay option and the other U.S. Pfizer medical options?

HSA Copay works similarly to the other medical options in that:

- The same eligible expenses are covered;
- The same services are subject to prior authorization and medical necessity review;
- The same preventive care such as well visits, and recommended screenings (e.g. mammography, colonoscopy) are covered at no cost;
- The same medications covered on the Affordable Care Act (ACA) Drug List including preventive vaccines are covered at no cost;
- You pay a cost share for non-preventive care; and
- You pay the full cost over the Allowed Amount for care through out-of-network providers.

Note: The Allowed Amount for out-of-network services is determined by your claims administrator. It is generally defined as 250 percent of the Medicare reimbursement rate. For certain other supplies and services such as those for which Medicare does not provide a reimbursement rate, the Allowed Amount will be determined based on the method utilized by your claims administrator. Contact your claims administrator for details before receiving out-of-network services.

3. What are key differences between the HSA Copay option and the other U.S. Pfizer medical options?

There are some differences that affect how you pay for care that are summarized in the following chart.

Feature	HSA Copay	Network Copay and Traditional Coinsurance
Family Deductible	The family deductible applies to the entire family. This means that no individual in the family will satisfy the deductible until the entire family deductible amount is reached.	The family deductible applies on both an individual and on a family basis. This means that an individual within a family can satisfy the individual deductible or a combination of family members can satisfy the family deductible.
How the Deductible Works	Deductible applies to eligible non-preventive medical expenses <i>including</i> mental health and eligible non-preventive prescription drug expenses.	Deductible applies to eligible non-preventive medical expenses <i>excluding</i> mental health. There is no deductible for eligible prescription drug expenses.
Out-of-pocket Maximum	<i>Combined</i> amount applies to eligible medical expenses <i>including</i> mental health and prescription drug expenses.	<i>Separate</i> amounts apply to eligible medical expenses <i>including</i> mental health and prescription drug expenses.
Reimbursement Accounts for Eligible Health Care Expenses	May only participate in the Limited Purpose Health Care Account (LPHCA) and/or the Health Savings Account (HSA). LPHCA covers eligible dental and vision expenses <i>before and after</i> meeting the deductible. Eligible medical and prescription drug expenses are covered under the LPHCA <i>after</i> meeting the plan deductible. In other words, the LPHCA covers the same expenses as the GPHCA <i>except for eligible medical and prescription drug expenses incurred before meeting the plan's annual deductible</i> . HSA covers all eligible expenses.	May only participate in the General Purpose Health Care Account (GPHCA). Covers eligible medical and prescription drug expenses <i>before and after</i> the applicable deductible as well as eligible dental and vision expenses. These medical plan options do not meet IRS requirements to allow contributions to an HSA.
Pfizer Zero Copay Drug List	Prior to deductible being met: Zero copay benefit is only available for Pfizer medications that are <i>also</i> on the HSA Copay Preventive Drug List. After deductible is met: Zero copay benefit is available for all medications on the list.	Zero copay benefit is available for all medications on the list and is not subject to a deductible.

Note: Eligible expenses include eligible over-the-counter (OTC) expenses and will be covered as categorized by the IRS. For example, contact solution is considered an eligible OTC vision expense for both the LPHCA and GPHCA. Personal protection equipment (PPE) is considered an eligible post-deductible medical expense in the LPHCA but is eligible under the GPHCA.

4. Is there an example of how the Family Deductible works?

Under **Network Copay** and **Traditional Coinsurance** options, both the individual and family deductibles apply; here's what this means:

- An individual within a family can satisfy the individual deductible or the combination of all family members can satisfy the family deductible.
- For any one individual, the individual deductible is the most that will count towards the family deductible.
- The family deductible is met when the combined total of all covered family members' expenses (up to each person's individual deductible) equals the family deductible.

For this example, let's assume your family includes a spouse and a child.

Under **Network Copay**, most eligible services are covered by copays and, in those cases, the deductible does not apply. For those eligible services that are subject to the deductible (e.g. tests and imaging such as X-rays, CT scans, etc.) the in-network individual deductible is \$600 and the family deductible is \$1,200. This means that once a covered person incurs \$600 in expenses that are subject to the deductible, the individual deductible will be satisfied for that covered person. If you and your spouse both incur \$600 in eligible expenses, the family deductible will be satisfied for the entire family including your child because the family deductible was met by you and your spouse.

Under the **HSA Copay** option, only the family deductible applies to the family; here's what this means:

- If you are covering your family — whether that is just a spouse and/or any children, the plan will start paying benefits after the family deductible is met.
- Under this option, the in-network individual deductible is \$1,600 and the family deductible is \$3,200. This means that once one covered person or a combination of covered persons incurs \$3,200 in eligible expenses as a family, the family deductible will be satisfied for the entire family.
- If one individual incurs \$1,600 in eligible expenses, that will count towards the family deductible, but the individual deductible will not be satisfied for the one individual.
- Don't forget under this option, eligible mental health and prescription expenses will count toward the annual deductible — it's not just your eligible medical expenses.

View the **Understanding the Family Deductible** tip sheet — available in the *Reference Library* on netbenefits.com — for more information and examples.

5. What are the advantages of a Health Savings Account (HSA)?

- You contribute pre-tax dollars to help pay for current or future eligible health care expenses.
- The HSA is the only triple-tax savings vehicle allowed by the IRS - contributions, investment earnings and qualified distributions are generally tax exempt both when you contribute to the account and when you take money out for qualified health care expenses.
- Pfizer makes a contribution to your HSA (if your annual base pay is less than \$305,000). This money is yours and is available for use as soon as it's deposited.
- Your account rolls over from year to year, so you'll never lose the money.
- Once your balance reaches \$1,000, you can make investment elections.
- A debit card makes it easy to access your HSA funds.
- Your HSA is yours to keep, even if you leave Pfizer.

Eligibility

6. Are all colleagues eligible to contribute to the HSA?

Not all colleagues will be eligible for the HSA. Generally, to be eligible for the HSA, you must be enrolled in a HDHP. Additionally, you must not be:

- Someone's tax dependent;
- Enrolled in non-HDHP health care coverage including but not limited to, Medicare, Tricare, or coverage through a spouse/partner or parent; or
- Eligible to access a health care flexible spending account, a general purpose HCA, or have access to a Health Reimbursement Account (HRA) which covers pre-deductible medical expenses.

Further restrictions may apply including receiving medical benefits from the Indian Health Service or the US Department of Veterans Affairs for non-service-related disability treatment.

Note: If you are enrolled in the HSA, once you turn age 65 you will be opted out of the HSA; however, if you call the Pfizer Benefits Center within 31 days and certify that you continue to meet the IRS eligibility rules and are not enrolled in Medicare, you may re-enroll and continue contributing to your HSA. Special rules apply if you are age 65 or older. Refer to FAQs 57-61 or call the Pfizer Benefits Center during your enrollment period to learn more.

It is your responsibility to determine whether you are eligible or not to make contributions to the HSA. For additional details about eligibility for an HSA, refer to the [IRS website](#). If you have questions about your eligibility to contribute to an HSA, contact your personal tax advisor.

7. If I am enrolling for the first time and wish to enroll in the HSA Copay option but I am not eligible to contribute to an HSA, can I still elect that option?

Yes, if you are newly eligible for enrolling for the first time either due to a qualifying life event which permits you to elect medical coverage mid-year or during Annual Enrollment, you may elect the HSA Copay option. However, if you are not eligible to contribute to the HSA (which may include a contribution from Pfizer), you need to call the Pfizer Benefits Center during the applicable enrollment period. Please advise the representative that you would like to enroll in the HSA Copay option but are NOT eligible for the HSA plan due to IRS requirements, so you need to opt out of the "HSA Plan Enrollment." If this applies to you, be sure to check your applicable paycheck to ensure that no HSA contributions are being made to your account because having ineligible HSA contributions will likely create tax issues that you will personally be responsible to correct. Call **1-866-476-8723** and follow the *colleague services* prompts for *health and insurance* to reach the Pfizer Benefits Center. Representatives are available Monday through Friday from 8:30 a.m. to Midnight, Eastern time.

8. What if my spouse and children have other medical coverage through another employer? May I still contribute to the HSA?

Yes, as long as you are not covered under your spouse's plan.

You cannot contribute to the HSA if you are covered as a dependent under your spouse's non-HDHP coverage or have access to a health care flexible spending account or a health reimbursement account which covers pre-deductible expenses.

9. If my spouse or partner works at Pfizer, can we both contribute to the HSA if we elect coverage under the HSA Copay option? Will we both receive Pfizer's HSA contribution?

It depends on how you and your spouse/partner elect medical coverage for your family. You and your spouse/partner can either each cover yourselves separately or one of you can cover the whole family.

- **If you and your spouse/partner cover yourselves separately** – You and your spouse/partner will each have your own Pfizer HSA so you may both make pre-tax contributions to your respective accounts and receive Pfizer's HSA contribution based on the coverage level selected. If you are married, keep in mind that the sum of your contributions, your spouse's contributions, and Pfizer's contributions may not exceed the IRS's annual HSA contribution limit for families.
- **If you or your spouse/partner covers the whole family and the other waives Pfizer medical coverage** – Only the colleague who is covering the family will be eligible to open an HSA through Pfizer and receive the Company contribution. That colleague can also make before-tax payroll contributions into the HSA, subject to the family maximum. The other colleague who is enrolled as a covered spouse/partner will not have an HSA through Pfizer and will not be able to make before-tax payroll contributions into an HSA.

10. If my spouse/partner and I are enrolled under my spouse's/partner's employer's high deductible medical plan, can I still participate in the HSA or get the Company Contribution?

No. In order to have an HSA through Pfizer, which includes receiving the Company contribution, you must enroll in the HSA Copay option.

11. Can I still enroll in the Health Care Account (HCA) if I enroll in the HSA?

No. Pfizer offers an HCA (referred to as the General Purpose HCA or GPHCA), which is available only if you enroll in a medical option other than the HSA Copay option. IRS rules do not permit participants in an HSA to participate in an HCA or a GPHCA. Therefore, you can participate in a Limited Purpose Health Care Account (LPHCA) if you enroll in a high deductible health plan like the HSA Copay option.

Employee and Pfizer Contributions

12. How much can I contribute?

For 2024, you may contribute up to the maximum allowed by the IRS, \$4,150 for single coverage and \$8,300 for family coverage. In addition, if you are age 55 or older, you may make a catch-up contribution up to an additional \$1,000.

13. How soon may I use the contributions to the HSA?

You may use the funds as soon as they are deposited into your account.

Note: Expenses incurred prior to your HSA effective date are not eligible for reimbursement through your Pfizer HSA account.

14. How much is the Company contribution to my HSA?

If you enroll in the HSA Copay option, the Pfizer HSA contribution is based on your Annual Base Pay as of:

- The later of September 1 or your eligibility date (if enrolling during Annual Enrollment)
- Your start or eligibility date (if enrolling as a new colleague mid-year)

Refer to the following chart for details.

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Note: You must enroll by November 1 of a given year to receive the Company contribution for that year or elect to contribute via payroll. After November 1, you may only make contributions directly to HealthEquity.

Annual Base Pay (As of your start or eligibility date; if enrolling during Annual Enrollment, as of Sept. 1, if later)	2024 Total Company Contribution (Single/Family)
Less than \$80,000	\$1,100/\$2,200
\$80,000 up to \$165,000	\$750/\$1,500
\$165,000 up to \$305,000	\$250/\$500
\$305,000 or greater	\$0/\$0

15. Will all new hires/newly eligible colleagues who enroll in the HSA Copay option receive the Company contribution?

If you are eligible for a Company contribution based on your Annual Base Pay, a pro-rated Company contribution will be provided for a given calendar year if you enroll in the HSA Copay option before November 1. You must make this election before this date even if your 31-day enrollment window ends after November 1 of a given year.

16. Do new hires/newly eligible colleagues receive the full Company contribution?

The annual Company contribution is prorated for new hires and for new mid-year enrollees into the HSA Copay option (it will be prorated based on the number of full months you are expected to be enrolled in the HSA). For example, if you are hired February 8, elect the HSA Copay option and are eligible for a Company contribution to your HSA, you will receive 10/12 of the annual Company contribution as you will only be enrolled for 10 full months of the calendar year.

17. If I enroll in the HSA Copay option, when will I receive my first Company contribution?

If you enroll in the HSA Copay option and your annual base pay is less than \$305,000, you will receive a Company contribution to your account.

If you enroll during Annual Enrollment, the Company contribution is generally made by mid-January.

If you enroll mid-year either as a new hire/newly eligible colleague or if you are enrolling for the first time due to a qualifying life event, the Company contribution is generally made within one to two weeks from your HSA enrollment date. Your HSA enrollment is effective as of your date of hire/eligibility or the date of the qualifying life event if reported within 31 days of the event.

18. Is the Company contribution for the HSA Copay guaranteed?

At this time, the Company contribution amount is a part of the HSA Copay design. While Pfizer reserves the right to make changes to the Pfizer Medical Plan, including the medical options offered in the future, Pfizer currently intends to make a contribution each year.

19. If I continue enrollment in the HSA Copay option with the HSA, do I need make an active election to contribute to the HSA each year during Annual Enrollment?

For most colleagues, your HSA annual contribution election carries over year to year. However, if you wish to change the annual contribution amount, you can update that amount during the Annual Enrollment period or at any time through November 1 of any given calendar year. However, if you are age 65 or older, your election will not carry over. You will need to call the Pfizer Benefits Center during the Annual Enrollment period to confirm you are eligible for the HSA before you make an election. This is to avoid any potential adverse tax consequences.

20. Why does the Company contribution differ based on Annual Base Pay?

The intent of Pfizer's contribution and the different levels of contribution is to help ensure equitable access to quality health care.

21. How do I confirm my Annual Base Pay?

To confirm your Annual Base Pay, visit Workday and select *View Profile*, or look for the *Quick Action* button in Fuse under *Access My Profile in Workday*. From your profile, select the *Compensation* tab to view your annual base pay or hourly rate. If you are an hourly colleague, multiply your hourly rate by 2,080* to calculate your annual base pay.

Note: Annual Base Pay is your base pay only and does not include variable pay such as bonuses, overtime, etc.

If you have questions about your pay or need help confirming your pay, call **1-866-476-8723** and follow the *colleague services* prompts for *payroll* to reach the Pfizer Colleague Service Center. Representatives are available Monday through Friday from 8 a.m. to 6 p.m., Eastern time.

*Assumes your work location is paid on a 40-hour work week

22. If my covered dependents change (e.g., add a spouse, have a baby, or get divorced) mid-year, will the Company contribution amount to my HSA be adjusted mid-year?

In most cases, the Company contribution will be adjusted mid-year if you add an eligible dependent which affects the Company contribution for which you are eligible (e.g. those moving from single coverage to spouse/partner, child, or family coverage). Remember, your eligible dependent must be added within 31 days of the event. Additionally, there will only be an adjustment if your eligible dependent is added to your coverage by November 1 of a given year.

Once the Company contribution is made to your account, it's yours to keep. Therefore, if you are enrolled in the HSA Copay option and you drop a dependent which results in a change from family coverage to single coverage, you will not be asked to refund your Company contribution for that year.

23. If my salary changes mid-year, will the Company contribution amount to my HSA be adjusted?

No, if you are eligible for a Company contribution to your HSA, this contribution is made based on your annual base salary in effect on your eligibility date unless you are enrolling during Annual Enrollment; then it will be based on your Annual Base Pay in effect on September 1 preceding the Annual Enrollment period, if later (e.g. September 1, 2023 for coverage beginning January 1, 2024).

24. Can I contribute to my HSA? How?

Regardless of whether Pfizer contributes to your HSA, you may contribute to your account through payroll deductions or by making a contribution directly to HealthEquity. (If you make your elections after November 1, you may only make contributions directly to HealthEquity; in the following year, you will be able to make or change payroll contributions.)

During your enrollment period, you will have the opportunity to elect the annual amount to contribute to your HSA (up to the maximum allowed by the IRS). The amount you elect will be contributed via payroll deductions throughout the year and you can change your future payroll deductions at any time. Note: Changes to your contribution rate may be made through November 1 for a given calendar year by calling **1-866-476-8723** and following the *colleague services* prompts for *health and insurance* to reach the Pfizer Benefits Center.

Alternatively, you can contribute directly to your HSA through HealthEquity. Additional information regarding how to make a direct contribution by check or electronic fund transfer to HealthEquity will be provided in your Welcome Kit that will be sent after your enrollment.

25. How do I make or update my HSA contributions from my Pfizer pay?

You can make or change your future payroll deductions to your HSA at any time. Changes to your contribution rate may be made through November 1 for a given calendar year and are effective prospectively. To update your contribution rate, visit netbenefits.com and go to the Health & Insurance tab, select I Want To > Take Action > Change HSA Contribution.

You may also call **1-866-476-8723** and follow the *colleague services* prompts for *health and insurance* to reach the Pfizer Benefits Center.

26. Will I receive a confirmation from HealthEquity once a contribution is made to my HSA?

Yes. You will receive an email from HealthEquity confirming when the company contribution or your own contributions are received. It generally takes three to five business days once a contribution is received to be posted to your HSA and become available for withdrawal or investment.

27. Are there limits on how much I can contribute to my HSA?

Yes, the IRS limits what you can contribute. For 2024, the maximum annual contribution, including any Company contributions, is:

- \$4,150 single (e.g. for yourself only coverage);
- \$8,300 family (e.g. when you cover yourself plus any eligible dependents); and
- Additional \$1,000 catch-up contributions if you are age 55 or older.

28. If my spouse contributes to an HSA through another employer's high deductible medical plan, does that impact how much I can contribute to my Pfizer HSA?

Yes, you and your spouse are subject to the IRS's annual contribution limit for families, which is \$8,300 in 2024. The family limit applies even if your spouse is not covered under Pfizer's medical plan. It is your responsibility to ensure your contributions do not exceed this limit. Having ineligible HSA contributions will likely create tax issues that you will personally be responsible for correcting.

29. Am I required to contribute to my HSA to receive the Company contribution?

No, you are not required to contribute to the HSA to receive the Company contribution.

30. Do I need to contribute a minimum amount to my HSA?

No, there is no contribution minimum.

31. If I am under age 55 and I cover my spouse who is over age 55 under the HSA Copay option, can I make an additional \$1,000 catch-up contribution to the HSA?

No, you may only make a catch-up contribution to the HSA through Pfizer if you, the account owner, are age 55 or older.

HealthEquity

32. If it's my first time participating in the HSA, will I need to take any action to open my account?

Generally, HealthEquity will be able to certify your identity and will automatically open your HSA account in accordance with legal requirements. Once your account is certified, you will be able to log in and complete your HealthEquity profile, including updating your beneficiaries and more. Details will be included in your Welcome Kit mailed to your home address on file after your enrollment.

If HealthEquity is unable to automatically certify your identity, you will be notified directly by HealthEquity. **If this is required, you will receive an email from HealthEquity asking you to verify certain personal information such as your date of birth, home address, and/or Social Security number and provide documentation of this information to HealthEquity.** You must ensure your account has satisfied the identity certification requirements in order for any contributions to be deposited to your account on a timely basis. If you don't receive your Welcome Kit within three weeks of your HSA enrollment date (or if enrolling during Annual Enrollment, by late December), call HealthEquity at **1-877-924-3967** as soon as possible.

Important: If you do not complete the identity certification process as required by HealthEquity, any contributions made to your account will be returned (and any Company contribution may be forfeited).

33. What will be included in my Welcome Kit from HealthEquity?

Your Welcome Kit from HealthEquity will include the following:

- HSA Visa Debit Card;
- Welcome Kit, which includes information details on investment options and a list of fees you will be responsible for (e.g. paper checks or paper account statements); and
- Quick Start Guide for setting up your HSA.

34. I have an HSA with a prior employer. Can I transfer that balance to my Pfizer HSA?

Yes. Contact HealthEquity after your HSA account is activated for more information on how to transfer another HSA account into your Pfizer HSA account.

35. Will I get a debit card to use with my HSA?

If you elect the HSA Copay option, you will receive a Visa debit card from HealthEquity; you may use the card to pay eligible expenses. This card is optional to use. Your HSA debit card will be sent in your HealthEquity Welcome Kit.

This debit card is for your HSA only. Debit cards are not provided for either the LPHCA or the GPHCA. However, for the LPHCA (for dental and vision expenses only) and the GPHCA (for medical, prescription drug, dental, and vision expenses), eligible health care expenses incurred under the Pfizer health plans will automatically be submitted to HealthEquity on your behalf.

36. Can I use my HSA Visa debit card to pay for eligible health care expenses outside the U.S.?

The HSA Visa debit card can be used to pay for eligible health care expenses outside the U.S., if the provider accepts the card. A foreign transaction fee will be included. Contact HealthEquity for more information.

37. If I prefer not to use the debit card, how can I get reimbursed for any eligible expenses I pay and want to get reimbursed from my HSA?

If you do not use your HSA Visa debit card, you will need to file a claim with HealthEquity. Contact HealthEquity for more information. As a reminder, you may only be reimbursed up to your HSA account balance.

Once your claim is approved, HealthEquity provides two ways to get reimbursed. You can enroll in Electronic Funds Transfer (EFT) or you can receive a check. HealthEquity will charge you a per check fee, so consider enrolling in EFT.

38. Do I need to pay any account fees for my HSA account?

While you are employed by Pfizer, Pfizer will pay any account maintenance fees. There are various optional fees that are your responsibility, for example, if you request paper versus online statements or reimbursement via checks versus using EFT or the HSA card. A list of account fees will be included in your Health Equity Welcome Kit.

Once you terminate employment, generally, the monthly account maintenance fee will be your responsibility. This fee is waived if your HSA account balance is greater than \$2,500. Review the fee schedule in your HealthEquity Welcome Kit.

39. If I already have an account with HealthEquity due to my participation in a current spending account or the Commuter Program, can I view my HSA information through that same account under WageWorks.com?

Yes. If you already have a WageWorks login, you will be able to review your HSA information at [Wageworks.com](https://www.wageworks.com). Once you are logged in, click on the HSA tab on the left navigation bar for more details. You may also visit my.healthequity.com directly to create an account and view your HSA information.

Remember, your HSA balance will not be available to view until your first HSA contribution is deposited into your account.

Eligible Expenses

40. What types of expenses can be reimbursed from an HSA?

Eligible expenses include medical, behavioral health, prescription drug, dental, vision, and over-the-counter expenses. These are the same eligible expenses that can be submitted to a General Purpose Health Care Account (GPHCA). You can review a complete list of eligible expenses on the [IRS website](https://www.irs.gov). You can also visit HealthEquity for a [list](#).

41. What types of expenses can be reimbursed from a Limited Purpose HCA (LPHCA)?

The LPHCA covers the same eligible expenses as the GPHCA except for eligible medical and prescription drug expenses incurred before meeting the HSA Copay option's annual deductible.

42. Can I use the HSA and/or the LPHCA or GPHCA to cover the eligible expenses of my spouse and/or children, even if they are covered under another employer's health plan?

Yes, you may use the funds in any of the reimbursement accounts on eligible expenses incurred by your legal spouse, even if he/she is enrolled in other health coverage. Likewise, you may reimburse your dependents' eligible expenses if they are your federal tax dependents. Please also note that your enrollment in Pfizer's GPHCA will affect your spouse's eligibility for an HSA through their employer's plan.

Note: This response refers to disbursements or payments from these accounts. Different IRS rules apply to contributions to these accounts. Be sure to check the enrollment materials as appropriate.

43. Can I use my HSA, GPHCA, or LPHCA funds to reimburse eligible expenses of my covered domestic partner?

It depends. If you cover a domestic partner or the child of a domestic partner who is not your tax dependent under Pfizer's benefits, due to IRS rules, their health and dependent care expenses may not be eligible for reimbursement through any of the reimbursement accounts (Dependent Care Account, HSA, GPHCA, or LPHCA). Please contact your personal tax advisor for information.

As a reminder, depending on your medical plan option, certain eligible out-of-pocket health care expenses under your Pfizer coverage are automatically reimbursed through the Pfizer GPHCA or LPHCA. Therefore, if you cover a dependent who is not your tax dependent, you should turn off this auto reimbursement feature by logging in to [wageworks.com](https://www.wageworks.com) and updating the Automatic Health Plan Claims feature.

44. If I am enrolled in the HSA Copay option and participate in the LPHCA, will my eligible medical and prescription drug expenses be reimbursed automatically once I reach the plan's annual deductible?

No. To get reimbursed for eligible medical and prescription drug expenses incurred after meeting the deductible, you will need to complete the [HSA/HDHP Deductible Form](#) (Proof of Having Met Annual HDHP Deductible available on the Health Equity web site) and provide proof, such as an Explanation of Benefits (EOB), that you satisfied the plan's annual deductible. Remember, under the LPHCA, eligible medical and prescription drug expenses incurred before meeting the annual deductible under the HSA Copay option are not eligible for reimbursement under current tax rules. Contact HealthEquity for more information.

As a reminder, if you are enrolled in Pfizer dental and/or vision coverage, no action is required as your eligible expenses under these plans will automatically be reimbursed to you from the LPHCA.

Account Information

45. Will the Pfizer HSA be part of my Pfizer Savings Plan (PSP) or 401(k)?

No. Your HSA is a separate account which you can access through HealthEquity. The Pfizer Savings Plan is accessed through Fidelity.

You can review a complete list of eligible expenses on the [IRS website](#).

46. Can I transfer any unused balance from the LPHCA to the HSA at the end of the year?

No, this is not permitted; unused LPHCA balances in excess of the IRS carry over limit will be forfeited after March 31, 2025 and cannot be transferred to your HSA.

47. How can I view my HSA balance?

You can view your HSA balance on the HealthEquity website at my.healthequity.com or through the HealthEquity mobile app. Additional details will be provided in your Health Equity Welcome Kit.

48. What happens to my HSA balance if I pass away?

You will name a beneficiary when you open an HSA, and you can change the designation at any time. Your HSA account belongs to you, so if you pass away, your account will be transferred to your beneficiary. To update or change your beneficiary, access your member portal at my.healthequity.com and click *beneficiaries* under *Manage Account*.

49. If I elect the HSA Copay option, can I change my medical option during a future Annual Enrollment? If so, what happens to my HSA?

Yes, you can change your medical option each year during Annual Enrollment. If you elect the HSA Copay option, you can continue to contribute to your HSA and may continue to use that HSA account to pay for eligible health care expenses or you can leave the funds in the account. However, if you enroll in a medical option that is not a high deductible health plan — as defined by the IRS — you cannot contribute additional funds to your HSA, but you may continue to use that HSA account to pay for eligible health care expenses or you can leave the funds in the account.

50. Should I expect to receive any tax forms related to my HSA?

Yes, if you have an HSA account, you will receive tax forms by the end of January following the plan year in which you participate (e.g., January 2025 for 2024 participation). Below is important information about certain tax forms applicable to your HSA.

- **Form 8889** – Action Required: If you contribute or receive employer contributions to an HSA, you are required to complete and file this form with your tax return to report your HSA contributions and distributions (if applicable). To access this form online, visit www.irs.gov/file_source/pub/irs-pdf/f8889.pdf.

- **Form 5498-SA** – Issued by HealthEquity for informational purposes, this form includes the employer and employee contributions (before- and after-tax contributions). This form will be available by the end of January 2025, in the member portal under Tax Forms and Statements on HealthEquity.com. Note: You will be mailed this form in May 2025 if you make contributions to the HSA for the 2024 tax year between January 1, 2025, and the tax filing deadline.
- **Form 1099-SA** – Issued by HealthEquity, this form will be available by the end of January, in the member portal under Tax Forms and Statements on HealthEquity.com. This form is used to report any distributions (qualified or nonqualified withdrawal of funds from your HSA). **If you had HSA distributions**, this form was mailed to you by the end of January 2025. If you did not have any distributions, you will not receive this form.
- **Form W-2** – Issued by Pfizer at the end of January. Box 12 with Code W includes the sum of the employer and employee before-tax contributions made through Pfizer payroll to your HSA. The Form W-2 will not include any after-tax contributions you may have made directly to your HSA. To access your Form W-2, select Access My Pay via Fuse.

Investing Your Account Balance

51. What is the minimum amount I need to have in my HSA in order to invest?

To start investing, your account balance must be at least \$1,000. If your balance is below this amount, funds will remain in an interest-bearing account. Details will be provided in the HealthEquity Welcome Kit.

The investment threshold is \$1,000 to ensure members have funds immediately available to pay for qualified healthcare expenses. You will not be allowed to invest any funds until your HSA cash balance exceeds the investment threshold. Investment and HSA cash balances are treated as separate accounts and there is no consequence to your investments if your available balance falls below the investment threshold. You don't have to sell your investments and you don't lose them.

52. If I invest my HSA funds, can I withdraw them at any time for medical expenses?

Your investment balance is separate from your HSA cash balance. To use investment funds to pay for claims you must sell shares. The proceeds from the sale are automatically deposited back to your HSA cash balance within 3 to 5 business days. HealthEquity will not liquidate investments. To buy or sell shares from selected funds in your portfolio, visit my.healthequity.com and select **Make a Trade**.

53. Where can I get more information about the investment options that HealthEquity offers to invest my HSA account balance?

HealthEquity currently offers the "Investor Choice" line-up of mutual funds through Vanguard. You can view a list of the investment options available through this line-up and the associated fund expense ratios [here](#).

54. Other than the fund expense ratio, are there any other investment related fees associated with my account if I choose to invest my account balance?

Yes. HealthEquity charges a monthly investment administration fee. Generally, this fee is 0.03 percent of your average daily balance (note this fee is capped at \$10 per month). For example, if your average daily balance invested is \$1,000, your account would be charged \$0.30 (30 cents) per month. This fee will be subtracted from your account balance as a separate fee. Once you invest your HSA balance, you may view the amount of this fee by visiting my.healthequity.com and checking the monthly Investing fee box on the Investment dashboard.

Other than the monthly investment administration fee charged by HealthEquity and the respective mutual fund expense ratio charged by each investment option, there are no trading costs, commissions, or other fees.

Additional details about investments and the available features will be included in your HealthEquity Welcome Kit, which you will receive about three weeks after enrolling.

Vesting

55. Is there a vesting requirement for the Company Contribution?

No. Once the Company contribution is made to your account, it belongs to you, and any unused amounts roll over each year.

Financial Support

56. Other than the Company contribution to the HSA, is there other financial support to help me meet the deductible under the HSA Copay option or any of the other Pfizer medical options?

Yes. CVS Caremark offers an interest-free payment program for medications processed through either CVS Mail Order or CVS Specialty that costs you more than \$250 out-of-pocket. If you enroll in the HSA Copay option, non-preventive care and non-preventive medications are subject to the plan's annual deductible. Therefore, if you enroll in the HSA Copay option, your prescription expenses may exceed \$250 before you meet the deductible. Contact CVS Caremark or CVS Specialty for details about their payment program.

Additionally, regardless of your medical coverage, you can enroll in supplemental health coverage, including Accident Insurance, Critical Illness, and/or Hospital Indemnity Insurance through the Benefit Extras Program. These supplemental programs pay a non-taxable lump sum benefit for covered events; you can use the money at your discretion. This means you can use any lump sum payments to cover out-of-pocket medical expenses, including deductibles or copays, or other expenses not covered by insurance, such as unexpected caregiving or childcare expenses to help while you are being treated or recovering. Remember, you can only enroll in these supplemental health programs during your 31-day enrollment window as a newly eligible colleague, or during Annual Enrollment. Contact the Pfizer Benefit Extras Program administrator for details.

Medicare and the HSA

57. Can I contribute to an HSA after age 65?

If you want to continue to contribute to your HSA, you must not enroll in Medicare. There is a distinction between being eligible for Medicare, and being enrolled. You become enrolled by filing an application or being approved automatically. Receiving Social Security benefits also automatically enrolls you in Part A. If you are not enrolled in Medicare and are otherwise eligible to contribute to an HSA (by being enrolled in a qualifying high deductible health plan), you can contribute to your HSA after age 65. However, you must contact the Pfizer Benefits Center within 31 days of turning 65 and confirm eligibility.

58. I am not eligible for Medicare, but my spouse is eligible for and/or enrolled in Medicare. Can I still elect the HSA Copay option and contribute to the HSA?

You can elect the HSA Copay option regardless of your covered dependents' Medicare enrollment status. Your ability to contribute to a Health Savings Account (HSA) is based on your eligibility to participate in an HSA, because this is an individual account owned by you, the colleague. Therefore, as long as you meet the IRS eligibility rules to participate in an HSA, you may contribute and receive the Company contribution, as applicable.

Provided you are eligible to contribute to an HSA, the HSA contribution limit that applies is based on whether you are covering yourself only, or yourself and any eligible dependents (regardless of your dependents' Medicare enrollment status).

It is your responsibility to determine whether you are eligible or not to make contributions to the HSA. For additional details about eligibility for an HSA, refer to the [IRS website](#) for Publication 969. If you have questions about your eligibility to contribute to an HSA, contact your personal tax advisor.

59. If I am age 65, can I enroll in the HSA Copay and contribute to the HSA?

Once you turn age 65, you are automatically opted out of the HSA. However, if you contact the Pfizer Benefits Center with 31 days of turning age 65 and certify that you are not enrolled in Medicare and continue to meet the IRS eligibility rules, you may re-enroll in the HSA. Thereafter, if you continue to meet IRS eligibility rules, you can continue contributing to the HSA.

60. I am currently age 65 and was automatically enrolled in Part A under Medicare. Will this affect my eligibility to contribute to the HSA?

Yes, it will affect your eligibility to contribute (including having Pfizer contribute to your HSA, if applicable). To avoid any potential eligibility and tax issues, once you turn age 65 you will be automatically opted out of the HSA enrollment; however, if you call the Pfizer Benefits Center and certify that you continue to meet the IRS eligibility rules including not being enrolled in Medicare you may re-enroll in the HSA and continue making contributions. Please contact the Pfizer Benefits Center within 31 days of turning age 65.

Note: It is possible to disenroll from Part A under Medicare, but you would need to repay any Medicare benefits received and you would also be required to stop and repay any Social Security benefits you have received. To disenroll from Medicare, contact your local Social Security Administration office. Given the potential costs involved with disenrolling from Medicare, you should review your personal situation with your personal tax advisors.

61. I am thinking of retiring next year and I am currently Medicare-eligible or approaching Medicare eligibility (either due to turning age 65 or through becoming Medicare disabled). Will that affect my eligibility to contribute to the HSA?

Yes, enrolling in Medicare will affect your eligibility to contribute to the HSA (including having Pfizer contribute to your HSA, if applicable). Additionally, Medicare Part A enrollment can be retroactive for up to six months. This Medicare requirement, to backdate your Medicare Part A start date, may make you ineligible to contribute to the HSA for time periods in which you have already contributed. To avoid this, if you are planning to stop working at Pfizer (regardless of the reason) around the time you are turning age 65, consider stopping your HSA contributions at least 6 months prior to turning age 65 to avoid this issue.

Additionally, once you enroll in Medicare (which is a requirement to continue coverage through Pfizer once your employment ends — either through active benefit continuation coverage under a Pfizer separation plan or through Pfizer retiree medical coverage), IRS rules require your HSA contribution limit to be prorated. Review with your personal tax adviser how this may impact you and your personal situation.

Additional Information and Resources**62. Where can I get more information about how the HSA works?**

Visit learn.healthequity.com/pfizer for more information.

63. Who do I contact if I have questions?

If you still have questions, contact the applicable plan or program administrator directly.

For questions about:	Contact	How
Making your enrollment elections including contributing to your HSA through payroll deductions	Pfizer Benefits Center	Go to netbenefits.com or call 1-866-476-8723 and follow the <i>colleague services</i> prompts for <i>health and insurance</i> to reach the Pfizer Benefits Center. Representatives are available Monday through Friday from 8:30 a.m. to Midnight, Eastern time.

Understanding the HSA Copay Option and the Health Savings Account

Frequently Asked Questions

For questions about:	Contact	How
How the HSA, LPHCA, and GPHCA work including information about eligible expenses that can be reimbursed from each account	HealthEquity	Go to learn.healthequity.com/pfizer or call 1-877-924-3967 . Representatives are available 24 hours a day, 7 days a week.
How medical coverage works, including the deductibles	Your medical claims administrator	<p>Horizon</p> <p>Go to horizonblue.com/pfizer or call 1-888-340-5001.</p> <p>Horizon representatives are available 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.</p> <p>UnitedHealthcare (UHC)</p> <p>Go to welcometouhc.com/pfizer or call 1-800-638-8010.</p> <p>UHC representatives are available Monday through Friday from 8 a.m. to 8 p.m., Eastern time.</p> <p>Under UHC, Optum provides mental health and substance use services. Contact your medical claims administrator and select the option for mental health and substance use.</p> <p>To find an Optum provider, go to live andworkwell.com. Once you are on the site, either log in or use access code 61550 to enter the site anonymously. Optum representatives are available Monday through Friday from 8 a.m. to 8 p.m., Eastern time.</p>
How prescription drug coverage works, including information about the CVS Caremark interest free payment program for medications processed through either CVS Mail Order or CVS Specialty	CVS Caremark or CVS Specialty	<p>Visit caremark.com or call 1-866-804-5881.</p> <p>Representatives are available 24 hours a day, 7 days a week.</p> <p>Visit cvsspecialty.com or call 800-237-2767.</p> <p>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</p>
Learn about supplemental health coverage through the Benefit Extras Program	Benefit Extras	<p>Visit pfizerbenefitextras.com or call 1-888-926-2525.</p> <p>Representatives are available 365 days/year, 24 hours a day, 7 days a week.</p>

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