

Pfizer **Benefits**

for each of life's moments

Summary of January 1, 2025 Health & Insurance Benefit Changes



Medical

1. Beginning January 1, 2025, deductibles and out-of-pocket maximums will increase for all medical plan options. Under the HSA Copay and Network Copay medical plan options, copays for most services will also increase, as follows.

Benefit Provision	HSA Copay		Network Copay		Traditional Coinsurance	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Preventive Care	Plan pays 100%					
Deductible (individual/family)	\$1,700/\$3,400 ¹ in 2025 from \$1,600/\$3,200 in 2024 (combined medical and prescription ³)	\$3,400/\$6,800 ¹ in 2025 from \$3,200/\$6,400 in 2024 (combined medical and prescription ³)	\$650/\$1,300 in 2025 from \$600/\$1,200 in 2024	\$1,300/\$2,600 in 2025 from \$1,200/\$2,400 in 2024	\$850/\$1,700 ² in 2025 from \$800/\$1,600 in 2024	
Out-of-Pocket Maximum⁴ (individual/family)	\$3,800/\$7,600 in 2025 from \$3,600/\$7,200 in 2024 (combined medical and prescription ³)	\$7,600/\$15,200 in 2025 from \$7,200/\$14,400 in 2024 (combined medical and prescription ³)	\$2,600/\$3,950 in 2025 from \$2,500/\$3,800 in 2024	\$4,370/\$6,650 in 2025 from \$4,200/\$6,400 in 2024	\$3,600/\$5,400 ² in 2025 from \$3,500/\$5,250 in 2024	
Pfizer HSA Copay Contribution	Pfizer contributes if your annual base pay is less than \$305,000.		N/A		N/A	
Virtual Visits Services⁵	\$15 copay ¹	Not available	\$15 copay ⁶	Not available	\$15 copay ⁶	

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Benefit Provision	HSA Copay		Network Copay		Traditional Coinsurance	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Primary Care Visit	\$40 copay ¹ in 2025 from \$35 copay in 2024	Plan pays 60% up to Allowed Amount ⁷ ; you pay 40% ¹	\$30 copay ⁶ in 2025 from \$25 copay in 2024	Plan pays 70% up to Allowed Amount ⁷ ; you pay 30% ¹	Plan pays 80% up to Allowed Amount ⁷ ; you pay 20% ¹	
Specialist Visit	\$60 copay ¹ in 2025 from \$55 copay in 2024		\$50 copay ⁶ in 2025 from \$40 copay in 2024			
Diagnostic/ Imaging/Other Including Labs	Plan pays 80% of contracted rate; you pay 20% ¹		Plan pays 90% of contracted rate; you pay 10% ¹			
Inpatient/ Outpatient Surgeon fee (for procedure)	\$250 copay ¹ in 2025 from \$200 copay in 2024		\$150 copay ⁶ in 2025 from \$125 copay in 2024			
Inpatient/ Outpatient Facility fee (for procedure)	\$500 copay ¹ in 2025 from \$450 copay in 2024		\$400 copay ⁶ in 2025 from \$350 copay in 2024			
Urgent Care	\$100 copay ¹ in 2025 from \$75 copay in 2024		\$75 copay ⁶ in 2025 from \$50 copay in 2024			
Emergency Room Visit	\$500 copay ¹ in 2025 from \$450 copay in 2024	\$500 copay ¹ in 2025 from \$450 copay in 2024	\$400 copay ⁶ in 2025 from \$350 copay in 2024	\$400 copay ⁶ in 2025 from \$350 copay in 2024		

¹ Deductible applies. Note: under the HSA Copay, if you're covering dependents, you must meet the full family deductible before the plan begins to share the cost of non-preventive benefits.

² Under Traditional Coinsurance, the deductible and out-of-pocket maximum apply to both in- and out-of-network services.

³ Eligible prescription drug expenses includes both in- and out-of-network pharmacy expenses.

⁴ Out-of-pocket maximum includes deductible, copays, and coinsurance for eligible expenses.

⁵ \$15 copay for virtual health visits through your medical plan administrator — either through [Horizon CareOnline](#) for Horizon members or [myuhc.com/virtualvisits](#) for UHC members. From migraines and sinus infections, flu or COVID-19 concerns, to skin rashes, and more, get care 24/7 from a licensed provider. Excludes behavioral health. The \$15 copay does not apply for telehealth visits you have with regular providers; rather, these are considered office visits under the plan.

⁶ Deductible does not apply.

⁷ 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. Please contact your plan administrator if you are billed for amounts in excess of the Allowed Amount to determine if they can provide you with any balance billing support.

2. Beginning January 1, Optum's Maternity Support Program will be managed through Maven Maternity. This enhanced program will provide 24/7/365 support for maternity and postpartum (including support via the Maven Clinic app). You'll also have access to a Dedicated Care Advocate to help you find providers and navigate care as well as educational resources, including virtual classes, specialized content, and care plans for expectant parents and community forum. This program continues to be available to both Horizon and UHC members. If you are currently participating in Optum's Maternity Support Program, you will receive more information about this change from Optum.

3. Rethink offers web-based assistance if you have a child with autism or other developmental disability. Access to Rethink through the Pfizer Medical Plan will end as of December 31, 2024. If you are currently utilizing this service, contact your medical plan administrator (either Horizon or UHC) to understand your medical plan coverage for Applied Behavior Analysis (ABA) therapy as well as additional resources that may be available to you through your Pfizer benefits. If you are currently using this service, you will receive additional information later this fall.

Prescription Drug

1. The **copay** for generic medications will increase from \$15 to \$20 per 30-day supply.
2. The prescription drug **coinsurance minimum** for non-Pfizer brand medications and Pfizer medications with a generic available will increase from \$15 to \$20 and the **coinsurance maximum** will increase from \$80 to \$85 per 30-day supply.
3. Under the Maintenance Choice Program (which provides up to a 90-day supply of non-specialty maintenance medications when filled at a CVS Pharmacy or through CVS Caremark Mail Service Pharmacy), the **coinsurance minimum** will increase from \$30 to \$50, and the **coinsurance maximum** will increase from \$160 to \$212.50.
4. The combined medical and prescription drug out-of-pocket maximum will increase from \$3,600/\$7,200 (individual/family) to \$3,800/\$7,600 in the HSA Copay option; the prescription drug out-of-pocket maximum will increase from \$1,600/\$2,400 to \$1,750/\$2,625 (individual/family) in the Network Copay or Traditional Coinsurance options.
5. Coverage under the Pfizer Medical Plan for weight loss medications (such as Saxenda, Wegovy, and Zepbound) is changing for January 1, 2025. You will be required to engage in the Healthy Weight Program through TrestleTree's health coaching program as of January 1, 2025, otherwise your out-of-pocket eligible expenses for these medications will no longer count toward your out-of-pocket maximum under the Pfizer Medical Plan. Contact TrestleTree at **1-866-237-0967** for more information about the Healthy Weight Program and how to enroll.
6. GoGoMeds is currently an in-network provider through CVS Caremark which allows you to purchase Greenstone-authorized generics of Upjohn brand medications at negotiated rates. Beginning January 1, 2025, GoGoMeds will no longer be an in-network provider. You will be able to order prescriptions through GoGoMeds as an out-of-network pharmacy. Participants currently using this provider will receive additional information later this fall.

Dental

Beginning January 1, 2025, if you will be undergoing periodontal treatment, up to four periodontal maintenance cleanings will be covered at 100%.

Health Savings Account

1. For 2025, if your annual base pay is less than \$80,000, the Company contribution will increase.

Annual Base Pay (As of September 1, 2024 or hire date if later)	2025 Pfizer HSA Contribution (individual/family)
Less than \$80,000	\$1,150/\$2,300 (from \$1,100/\$2,200 in 2024)
\$80,000 up to \$165,000	\$750/\$1,500
\$165,000 up to \$305,000	\$250/\$500
\$305,000 or greater	\$0/\$0

* To receive the Company contribution, as of January 1 of the year in which the contribution applies, you must either be actively employed or be receiving active benefits continuation coverage under a Pfizer separation plan. The annual Company contribution is prorated for new hires and mid-year enrollees. If you are not eligible to participate in an HSA due to IRS rules, you must contact the Pfizer Benefits Center to opt out of the Health Savings Account enrollment; this will allow you to remain enrolled in the HSA Copay option, but without the Health Savings Account, including Pfizer's contribution. If you are age 65 or older, you must also call the Pfizer Benefits Center during Annual Enrollment or within 31 days of turning age 65 to re-enroll in the HSA.

2. Annual IRS HSA before-tax contribution limits will increase:

- Individual coverage — to \$4,300 from \$4,150
- Family coverage — to \$8,550 from \$8,300

Note: The annual before-tax contribution limit noted above includes the HSA Company contribution.

Health Care Accounts

There will be a new process for electing the Health Care Account maximum IRS contribution limit for January 1, 2025.

- During Annual Enrollment, if you elect the current contribution limit (i.e., \$3,200 for 2024), once the IRS announces the new contribution limit, your 2025 General Purpose Health Care Account (GPHCA) or Limited Purpose Health Care Account (LPHCA) will automatically increase to the new limit. There will no longer be a separate enrollment election period offered as in recent years.
- **If you do not wish for your GPHCA or LPHCA election to be automatically increased**, you must elect any amount (in \$1 increments) lower than the current limit. For example, because the current limit is \$3,200, you could elect \$3,199 so that your election does not automatically increase. You may make any changes to your elections through the correction period, which ends December 6, 2024. After that, no changes will be permitted to your GPHCA/LPHCA election until the next Annual Enrollment period.

Life Insurance

Beginning January 1, 2025, the maximum amount for spouse/domestic partner coverage is increasing to include the total of your Pfizer life insurance coverage (i.e., both your basic and supplemental coverage); the maximum spouse/domestic partner coverage will remain capped at \$250,000.

This document serves as the Summary of Material Modifications (SMM) for the Pfizer Health and Welfare Benefit Plan (Plan #601), which includes the Pfizer Medical Plan, Pfizer Dental Plan, Pfizer Vision Plan, Pfizer Health Care Account Plan, Pfizer Life Insurance Plan, the Pfizer AD&D Insurance Plan and the Pfizer LTD Plan. This SMM is not a substitute for the official plan document(s). It supplements or modifies the most recent Summary Plan Description (SPD) for each benefit plan. Please keep this document with the SPDs for future reference. Benefits provided to active union colleagues are subject to the terms of the collective bargaining agreement (CBA). The SPDs are located in the Reference Library on netbenefits.com. You may also request a paper copy by contacting the Pfizer Benefits Center at **1-866-476-8723**.