

Pfizer **Benefits**

for each of life's moments

Summary of January 1, 2026 Health & Insurance Benefit Changes



Medical

1. Beginning January 1, 2026, 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 some 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)	\$1,800/\$3,600 ¹ in 2026 from \$1,700/\$3,400 in 2025 (combined medical and prescription ³)	\$3,600/\$7,200 ¹ in 2026 from \$3,400/\$6,800 in 2025 (combined medical and prescription ³)	\$750/\$1,500 in 2026 from \$650/\$1,300 in 2025	\$1,500/\$3,000 in 2026 from \$1,300/\$2,600 in 2025	\$950/\$1,900 ² in 2026 from \$850/\$1,700 in 2025	
Out-of-Pocket Maximum⁴ (individual/family)	\$4,000/\$8,000 in 2026 from \$3,800/\$7,600 in 2025 (combined medical and prescription ³)	\$8,000/\$16,000 in 2026 from \$7,600/\$15,200 in 2025 (combined medical and prescription ³)	\$2,800/\$4,350 in 2026 from \$2,600/\$3,950 in 2025	\$4,770/\$7,450 in 2026 from \$4,370/\$6,650 in 2025	\$3,800/\$5,800 ² in 2026 from \$3,600/\$5,400 in 2025	
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 ⁶	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	Plan pays 60% up to Allowed Amount ⁷ ; you pay 40% ¹	\$30 copay ⁶	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		\$50 copay ⁶			
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)	\$300 copay ¹ per admit in 2026 from \$250 copay in 2025		\$200 copay ⁶ per admit in 2026 from \$150 copay in 2025			
Inpatient/ Outpatient Facility fee (for procedure)	\$550 copay ¹ in 2026 from \$500 copay in 2025		\$450 copay ⁶ per admit in 2026 from \$400 copay in 2025			
Urgent Care	\$100 copay ¹		\$75 copay ⁶			
Emergency Room Visit	\$550 copay ¹ in 2026 from \$500 copay in 2025	\$550 copay ¹ in 2026 from \$500 copay in 2025	\$450 copay ⁶ in 2026 from \$400 copay in 2025	\$450 copay ⁶ in 2026 from \$400 copay in 2025		

¹ Deductible applies except for annual preventive care. Additionally, under 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 and specialist visits. 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. As a reminder, due to new legislation, beginning August 1, 2025, the \$15 copay virtual visits through your medical plan administrator will no longer be subject to the deductible in the HSA Copay option and instead the \$15 copay will apply (excludes behavioral health and specialist visits). Additionally, the \$15 copay does not apply for telehealth visits you have with regular providers; these are considered office visits under Pfizer's medical plan.
3. **If you enroll through Horizon**, you will have in-network access to Spring Health providers for both virtual and in-person visits (currently in-person visits through Spring Health are not covered if you are enrolled with Horizon). If you are enrolled with UHC, you will continue to have in-network coverage through Spring Health for both virtual and in-person visits. If you enroll through Horizon
4. **If you enroll through Horizon**, your member services team will have a new name: Horizon Health Guide will be changing to Horizon Care Connect offering enhanced member and advocacy support services.

Prescription Drug

- Beginning January 1, 2026, there will be changes to the prescription drug coverage. Copays, coinsurance minimums and maximums, and out-of-pockets maximums will increase as follows:

Medication or Supply	HSA Copay	Network Copay and Traditional Coinsurance
Annual Deductible	\$1,800/\$3,600 in 2026 from \$1,700/\$3,400 in 2025 (Combined with medical)	No deductible
Most Pfizer Medications (when no generic is available) including Pfizer biosimilars	No cost, after deductible; deductible doesn't apply if the Pfizer medication is on the HSA Preventive Drug List	No cost

NEW Coverage Tier: Non-Pfizer Biosimilar Medications — Per 30-day Supply

Non-Pfizer Biosimilar Medications¹	\$100 copay, after deductible; deductible doesn't apply if the medication is on the HSA Preventive Drug List	\$100 copay
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Retail Medications — Per 30-day Supply

Non-Pfizer Generic Medication	\$25 copay in 2026 from \$20 copay in 2025, after deductible; deductible doesn't apply if the medication is on the HSA Preventive Drug List	\$25 copay in 2026 from \$20 copay in 2025
Non-Pfizer Brand Medications and Pfizer Medications (when a generic is available)	20% coinsurance, after deductible (Min \$30 in 2026 from \$20 in 2025, Max \$100 in 2026 from \$85 in 2025); deductible doesn't apply if the medication is on the HSA Preventive Drug List	20% coinsurance (Min \$30 in 2026 from \$20 in 2025, Max \$100 in 2026 from \$85 in 2025)

Maintenance Choice Program Medications – Up to a 90-day Supply

Non-specialty maintenance medications when filled at a CVS Pharmacy or through CVS Caremark Mail Service Pharmacy.

Non-Pfizer Generic Medication	\$62.50 copay in 2026 from \$50 copay in 2025, after deductible; deductible doesn't apply if medication is on the HSA Preventive Drug List	\$62.50 copay in 2026 from \$50 copay in 2025
Non-Pfizer Brand Medications and Pfizer Medications (when a generic is available)	20% coinsurance, after deductible (Min \$75 in 2026 from \$50 in 2025, Max \$250 in 2026 from \$212.50 in 2025); deductible doesn't apply if medication is on the HSA Preventive Drug List	20% coinsurance; (Min \$75 in 2026 from \$50 in 2025, Max \$250 in 2026 from \$212.50 in 2025)

Plan Pays 100% Coverage for Other Medications

Medications on the ACA Drug List including preventive vaccines	100% (Deductible doesn't apply)	100%
Blood Glucose Testing Meters		
Eligible Diabetic Supplies		
Out-of-Pocket Maximum	\$4,000/\$8,000 (individual/family) in 2026 from \$3,800/\$7,600 in 2025 (Combined with medical)	\$2,000/\$3,750 (individual/family) in 2026 from \$1,750/\$2,625 in 2025 (Separate from medical)

Note: If actual cost of medication is less than the copay or coinsurance minimum, you will pay the actual cost.

¹ Prior authorization is required if the biosimilar's reference product (i.e., Humira or Stelara) is requested instead of the biosimilar; otherwise you will pay your regular cost share PLUS and additional fee of \$500 per 30-day supply; this additional fee will not count toward your deductible and out-of-pocket maximum, as applicable. Currently all available biosimilars dispensed through a pharmacy are considered specialty medications and must be ordered through CVS Specialty.

Reminder: If you use an out-of-network pharmacy, you will be required to pay the full cost of the prescription (even for Pfizer medications) at the time of your purchase and then submit a claim to CVS Caremark for reimbursement. Your reimbursement, less any applicable cost share, may be less than the full cost of the prescription if the cost is over the contracted rate.

2. As noted in the above chart, a new coverage tier will apply for **non-Pfizer biosimilar medications**; these medications will be covered with a \$100 copay per 30-day supply. If you continue to fill the reference product for the biosimilar medication without a prior authorization through CVS Caremark, you will be required to pay your regular coinsurance plus an additional fee of \$500 per 30-day supply (this additional fee will not count toward your deductible or out-of-pocket maximum). Currently, this will impact members taking Humira and Stelara. Affected members will receive additional information from CVS Caremark by early November. Eligible Pfizer biosimilar medications remain at no cost to you (unless you are enrolled in the HSA Copay option, then they will be covered at no cost after your deductible is met, unless they are on the HSA Preventive Drug List).

Health Savings Account

1. For 2026, the Annual Base Pay salary threshold is changing; specifically, if your Annual Base Pay is less than \$85,000, you are eligible to receive the highest level of Company contribution.

Annual Base Pay (As of September 1, 2025 or hire date if later)	2026 Pfizer HSA Contribution (individual/family)
Less than \$85,000 (from \$80,000 in 2025)	\$1,150/\$2,300
\$85,000 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 Fidelity at 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 Fidelity at the Pfizer Benefits Center during Annual Enrollment or within 31 days of turning age 65 to re-enroll in the HSA.

2. The annual maximum HSA contribution set by the IRS, will increase:

- Individual coverage — from \$4,300 to \$4,400
- Family coverage — from \$8,550 to \$8,750

If you will be age 55 or older during 2026, you may contribute an additional \$1,000 to the HSA as an HSA catch-up contribution.

Note: The annual HSA contribution limits noted above include your contributions plus Pfizer's Company contribution, if applicable.

Dependent Care Account

Due to new legislation, the annual Dependent Care Account maximum IRS contribution limit for January 1, 2026 will increase to \$7,500.

As a reminder, the DCA allows you to use before-tax contributions to pay for eligible childcare and adult care expenses incurred so you can work (and if applicable, your spouse is working or attending school). Election changes are permitted mid-year if you have a change in providers (such as moving or enrolling your child in a summer program). Changes must be reported to Fidelity at the Pfizer Benefits Center within 31 days of the change. For more details about this account, refer to the Summary Plan Description for the Pfizer Flexible Spending Accounts (Dependent Care Account) located in the Reference Library on netbenefits.com.

Enhanced Mental Health Coverage through Spring Health

Beginning January 1, 2026, Pfizer's employee assistance program will be administered by Spring Health, providing you (plus your eligible household members) with 12 therapy and coaching sessions annually at no cost. In addition, if you (or your covered dependents) are enrolled in a U.S. Pfizer medical plan option through Horizon or UnitedHealthcare (UHC), you will be able to continue care through Spring Health as an in-network provider for additional coverage beyond the 12 no cost therapy visits or if you need care for mental health related medication management. Under Pfizer's medical plan if you receive care through Spring Health as an in-network provider, you will pay the applicable copay or coinsurance based on your Pfizer medical plan option.

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 Fidelity at the Pfizer Benefits Center at **1-877-208-0950**.