

Summary of January 1, 2027 Health & Insurance Benefit Changes



Following is a summary of key changes to Pfizer's U.S. health and insurance plans for January 1, 2027. Be sure to refer to your enrollment details for important enrollment information.

Medical

- Beginning January 1, 2027, deductibles and/or out-of-pocket maximums will increase for some medical plan options, as shown below.

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%					
Deductible¹ (individual/family)	\$1,800/\$3,600 (combined medical and prescription ³)	\$3,600/\$7,200 (combined medical and prescription ³)	\$750/ \$1,500	\$1,500/ \$3,000	\$1,000/\$2,000 ² from \$950/\$1,900 in 2026	
Out-of-Pocket Maximum⁴ (individual/family)	\$4,100/\$8,200 from \$4,000/\$8,000 in 2026 (combined medical and prescription ³)	\$8,200/\$16,400 from \$8,000/\$16,000 in 2026 (combined medical and prescription ³)	\$2,800/ \$4,350	\$4,770/ \$7,450	\$4,000/\$6,200 ² from \$3,800/\$5,800 in 2026	
Pfizer HSA Copay Contribution	Pfizer contributes if your annual base pay is less than \$310,000 (from \$305,000 in 2026).		N/A		N/A	
Virtual Visits Services⁵	\$15 copay ⁶	Not available	\$15 copay ⁶	N/A	\$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; you pay 40% ¹	\$30 copay ⁶	Plan pays 70% up to Allowed Amount; you pay 30% ¹	Plan pays 80% up to Allowed Amount; 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 Facility fee (for procedure)	\$550 copay ¹		\$450 copay ⁶			
Urgent Care	\$100 copay ¹		\$75 copay ⁶			
Emergency Room Visit	\$550 copay ¹	\$550 copay ¹	\$450 copay ⁶	\$450 copay ⁶		

Note: Out-of-network coverage for select services, including dialysis and certain home and specialty medications, **are not covered** regardless of plan option. Refer to your Summary Plan description for details.

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 same 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 you pay 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 mental 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.

- The maximum **allowed amount** for out-of-network medical (including mental health) services is changing to 200% of the Medicare reimbursement rate from the 250% maximum reimbursement rate used in 2026.

For covered services and supplies where Medicare does not provide a reimbursable rate, the allowed amount for 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 costs, or the difference between the billed charges and the allowance for out-of-network providers.

Prescription Drug

- Beginning January 1, 2027, the prescription drug per prescription minimums and maximums for non-Pfizer brand medications and Pfizer medications (when a generic is available) are increasing, and the out-of-pocket maximums are also increasing. Additionally, the copay for non-Pfizer biosimilar medications is increasing. 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). In addition to Humira and Stelara, for 2027, this will affect members taking Epogen, Procrit, Prolia and Remicade.

Note: During 2026, the Plan was enhanced to allow members taking Abrilada, a Pfizer biosimilar for Humira, to fill this specialty medication at any specialty pharmacy, including Amazon Pharmacy which is in-network with CVS Caremark.

Medication or Supply	HSA Copay	Network Copay and Traditional Coinsurance
Annual Deductible	\$1,800/\$3,600 (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

Non-Pfizer Biosimilar Medications — Per 30-day Supply

Non-Pfizer Biosimilar Medications¹	\$120 copay from \$100 in 2026, after deductible; deductible doesn't apply if the medication is on the HSA Preventive Drug List	\$120 copay from \$100 in 2026
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Retail Medications — Per 30-day Supply

Non-Pfizer Generic Medication	\$25 copay, after deductible; deductible doesn't apply if the medication is on the HSA Preventive Drug List	\$25 copay
Non-Pfizer Brand Medications and Pfizer Medications (when a generic is available)	20% coinsurance, after deductible (Min \$35 from \$30 in 2026, Max \$120 from \$100 in 2026); deductible doesn't apply if the medication is on the HSA Preventive Drug List	20% coinsurance (Min \$35 from \$30 in 2026, Max \$120 from \$100 in 2026)

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, after deductible; deductible doesn't apply if medication is on the HSA Preventive Drug List	\$65.50 copay
Non-Pfizer Brand Medications and Pfizer Medications (when a generic is available)	20% coinsurance, after deductible (Min \$87.50 from \$75 in 2026, Max \$300 from \$250 in 2026); deductible doesn't apply if medication is on the HSA Preventive Drug List	20% coinsurance; (Min \$87.50 from \$75 in 2026, Max \$300 from \$250 in 2026)

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	\$4,100/\$8,200 (individual/family) from \$4,000/\$8,000 in 2026 (Combined with medical)	\$2,200/\$4,000 (individual/family) from \$2,000/\$3,750 in 2026 (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., Epogen, Humira, Procrit, Prolia, Remicade and Stelara) is requested instead of the biosimilar; otherwise, you will pay your regular cost share PLUS an 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. However, this requirement to order through CVS Specialty is waived for Abrilada which may be ordered through any specialty pharmacy, including Amazon pharmacy which is a network pharmacy.

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 a reminder, the **Zero Cost Prescription Drug List is reviewed and updated annually**. For 2027, Xeljanz and certain forms of Premarin will no longer be covered at no cost, rather they will be covered as a Pfizer Medication (when a generic is available) and you will pay the applicable cost share under your Pfizer prescription drug coverage. Review the **Zero Cost Prescription Drug List** for this and other changes.

Health Savings Account

1. For 2027, the Annual Base Pay salary bands for Pfizer funding are increasing and the amount Pfizer contributes for the Less than \$90,000 pay band is increasing as well. The following changes will apply:

Annual Base Pay (As of September 1, 2026, or hire date if later)	2027 Pfizer HSA Contribution (individual/family)
Less than \$90,000 (from \$85,000 in 2026)	\$1,200/\$2,400 (from \$1,150/\$2,300 in 2026)
\$90,000 up to \$170,000 (from \$85,000 up to \$165,000 in 2026)	\$750/\$1,500
\$170,000 up to \$310,000 (from \$165,000 up to \$305,000 in 2026)	\$250/\$500
\$310,000 or greater (from \$305,000 or greater in 2026)	\$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 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 \$4,400 to **\$4,500**
- Family coverage — from \$8,750 to **\$9,000**

If you will be age 55 or older during 2027, 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. Remember, the HSA Copay option is the only option that includes the ability to contribute to a Health Savings Account – and receive a Company contribution from Pfizer if you are eligible depending on your annual base pay.

Supplemental Life Insurance

During the 2027 Annual Enrollment period ONLY, the amount of Supplemental Life Insurance you can obtain without providing Proof of Good Health is increasing. You may elect or increase your supplemental life insurance coverage up to 3x annual pay, up to \$1 million, **without** Proof of Good Health, regardless of whether you have no coverage, previously failed Proof of Good Health or have less than 3x annual pay (up to \$1 million).

Note: If enrolled in Supplemental Life for you or your spouse/domestic partner, your contributions are based on age as of December 31, 2027, and may increase due to increases in pay and/or moving to a higher age bracket (rates increase every five years, e.g., age 25, 30, 35, 40, 45, etc.).

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.