

The HSA Copay Option and the Health Savings Account Reference Guide

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HSA Copay Option

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. The HSA Copay option works similarly to the other Pfizer medical options in that:

- Same eligible expenses are covered;
- Same services are subject to prior authorization and medical necessity review;
- Preventive care such as well visits, and recommended screenings (e.g. mammography, colonoscopy) are covered at no cost;
- 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.

HSA Copay Versus Pfizer's Other Medical Options

Be sure to use the [Pfizer Medical Plan Option Modeling tool](#) to help you compare the available plan options. Keep in mind these differences affect how you pay for care under Pfizer medical's options:

Feature	Network Copay and Traditional Coinsurance Options*	HSA Copay Option
Family Deductible	Applies to both an individual and family coverage. This means that an individual within a family can satisfy the individual deductible, or a combination of family members can satisfy 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.
How the Deductible Works	Applies to eligible non-preventive medical expenses, excluding mental health expenses. There is no deductible for eligible prescription drug expenses.	Applies to eligible non-preventive medical expenses, including mental health and eligible non-preventive prescription drug expenses.
Out-of-Pocket Maximum	Separate amounts apply to eligible medical expenses, including mental health and prescription drug expenses.	Combined amounts applied to eligible medical expenses, including mental health and prescription drug expenses.
Reimbursement Accounts for Eligible Health Care Expenses	May only participate in the General Purpose Health Care Account (GPHCA). For you and your tax-qualified dependents, GPHCA covers eligible: <ul style="list-style-type: none">• dental expenses• vision expenses and• medical and prescription drug expenses before and after the applicable deductible *Due to IRS rules, you are not permitted to contribute to an HSA. Refer to the Pfizer Flexible Spending Accounts Summary Plan Description for more details about eligible expenses and tax-qualified dependents.	May only participate in the Limited Purpose Health Care Account (LPHCA) and/or the Health Savings Account (HSA). For you and your tax-qualified dependents, LPHCA covers eligible: <ul style="list-style-type: none">• dental and vision expenses before and after meeting deductible.• medical and prescription drug expenses are covered under the LPHCA after meeting the plan deductible. (LPHCA covers the same expenses as the GPHCA, except for eligible medical and prescription drug expenses incurred before meeting the Plan's annual deductible.)• HSA covers all eligible expenses. Due to IRS rules, HSA participants cannot contribute to a GPHCA. Refer to the Pfizer Flexible Spending Accounts Summary Plan Description for more details about eligible expenses and tax-qualified dependents.
Pfizer Zero Cost Prescription Drug List	Zero cost benefit is available for all Pfizer medications on the list and is not subject to a deductible.	<ul style="list-style-type: none">• Prior to meeting your deductible: Zero cost benefit is only available for Pfizer medications that are on the HSA Copay Preventive Drug List.• After meeting your deductible: Zero cost benefit is available for all medications on the list.

Additional Financial Support

Additional financial support resources are available to help you manage your out-of-pocket costs with programs like:

- CVS Caremark — offers an interest-free payment program for medications dispensed through either CVS Mail Order or CVS Specialty that costs more than \$250 out-of-pocket;
- Supplemental health coverage, including Accident Insurance, Critical Illness, and/or Hospital Indemnity Insurance through the Benefit Extras Program (regardless of your medical coverage). These supplemental programs pay a non-taxable lump-sum benefit for covered events which you can use at your discretion — whether it's for unreimbursed medical expenses or expenses not covered by insurance. Refer to the [Pfizer Benefit Extras](#) program for details.

Note: Eligible expenses include eligible over the counter (OTC) expenses and will be covered as categorized by the IRS. For example, contact lens 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.

If you elect the HSA Copay option, you can contribute to a Health Savings Account (HSA) to pay for eligible health care expenses, or you can leave the funds in the account. If you enroll in a Pfizer medical option in the future that is not a high-deductible plan — as defined by the IRS — you cannot contribute additional funds to your HSA but can continue to use the remaining money in your account to pay for eligible health care expenses.

Health Savings Account (HSA)

The HSA allows both Pfizer and you to contribute money into an account to help pay for current or future eligible health care expenses. Eligible expenses include medical, mental 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](#). You can also visit HealthEquity for a [list](#).

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. Unused funds in this account roll over each year and are yours to keep even if you leave Pfizer — this account is NOT a use it or lose it account like the GPHCA and LPHCA accounts.

Eligibility

To qualify for the HSA — which includes receiving the Company contribution — you must enroll in the HSA Copay option. 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 (FSA), a general-purpose Health Care Account (HCA), or have access to a Health Reimbursement Account (HRA) which covers pre-deductible medical expenses.

Note: If you elect No Pfizer medical coverage and the GPHCA, and lose your other medical care coverage mid-year, you will not be permitted to enroll in Pfizer's HSA Copay option mid-year. You may choose to enroll in the other medical options for the remainder of the plan year.

Company Contributions

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 for January 1); or
- If enrolling mid-year, your eligibility date (new hire/newly eligible or if eligible due to a qualified life event).

If you are not eligible to contribute to the HSA (which may include a contribution from Pfizer), you need to opt out of the "HSA Plan Enrollment." Contact Fidelity at the **Pfizer Benefits Center** at **1-877-208-0950** and 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.

If you enroll mid-year and are eligible for a Company contribution based on your annual base pay:

- A prorated Company contribution will be provided for a given calendar year if you enroll in the HSA Copay option before November 1.
 - The prorated Company contribution will be based on the number of full months you are expected to be enrolled in the HSA; and
- The Company contribution will be increased 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 qualified life event. Additionally, there will only be an adjustment if your eligible dependent is added to your coverage by November 1 of a given year. It will not be decreased if you drop an eligible dependent mid-year and your coverage category changes from family to single coverage.

Refer to the following chart for **2026 Company Contribution** amounts based on annual base pay:

Annual Base Pay (as of your start or eligibility date; if enrolling during Annual Enrollment, as of Sept. 1, if later)	2026 Maximum Annual Company Contribution (single/family)
Less than \$85,000	\$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

Note: annual base pay is your base pay only, and does not include variable pay such as bonuses, overtime, etc. If you are an hourly colleague, multiply your hourly rate by 2,080* to calculate your annual base pay.

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

Colleague Contributions

Regardless of whether Pfizer contributes to your HSA, you can contribute to your account through payroll deductions, or contributing directly to HealthEquity, **but there is no requirement for you to contribute**. If you have another HSA account, you can contact HealthEquity after your Pfizer HSA account is activated to learn more about transferring another HSA account into your Pfizer HSA account.

Contribution Confirmation: HealthEquity will send you an email confirming when your account received the Company contribution or your own contributions. 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.

Pfizer Couples or Families

Spouses or partners who both work at Pfizer may both be eligible to contribute to the HSA and receive Pfizer's HSA contribution based on how each colleague elected medical coverage for the 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 before-tax contributions to your respective accounts and receive Pfizer's HSA contribution based on the coverage level selected. If you are married, the sum of your and your spouse's contributions **and** Pfizer's contributions may not exceed the IRS's annual HSA contribution limit for families, which is \$8,750 in 2026. 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. If you and your dependent child under age 26 both work at Pfizer, cover yourselves separately and elect the HSA Copay, you will each have your own Pfizer HSA as well.

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.

HSA Enrollment

When you enroll, 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. You may update your annual contribution amount through Fidelity at the **Pfizer Benefits Center** either for the during the Annual Enrollment period (for the following year), or mid-year through November 1 for a given calendar year. You should call Fidelity at the **Pfizer Benefits Center** at **1-877-208-0950**.

When enrolling in the HSA, HealthEquity will certify your identity and automatically open your HSA account in accordance with legal requirements. 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*.

Once your account is certified, you can log in and complete your HealthEquity profile, including updating your beneficiaries and more. If HealthEquity is unable to automatically certify your identity, they will notify you via email asking you to verify certain personal information, such as your date of birth, home address, and/or Social Security number, and provide documentation. You must ensure your account has satisfied the identity certification requirements to ensure any contributions are deposited to your account on a timely basis.

Important Action May Be Required: If you do not complete the HealthEquity identity certification process, any contributions made to your account will be returned (and any Company contribution may be forfeited). Additional details will be included in your **Welcome Kit** mailed to your home address on file after your enrollment.

HealthEquity Welcome Kit

If you are enrolling in the HSA for the first time, you will receive your Welcome Kit within one to two weeks after their 31-day new hire/newly eligible enrollment period ends (or by late-December if enrolling during Annual Enrollment). If you do not receive your Welcome Kit **within three weeks of enrollment**, call HealthEquity at **1-877-924-3967** as soon as possible. Your Welcome Kit will include the following:

- Quick Start Guide for setting up your HSA;
- Visa Debit Card: If you elect the HSA Copay option, you will receive a Visa debit card from HealthEquity that you can use to pay for eligible expenses in and outside of the U.S. (as long as the provider accepts the card. A transaction fee may apply.
 - If you do not want to use your HSA Visa debit card, you will need to file a reimbursement 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.
 - Remember for LPHCA or GPHCA: 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; and
- Details on investment options and a list of fees you will be responsible for (e.g. paper checks or paper account statements).

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 Welcome Kit.

Maintenance, Investment* & Fees

While you are employed by Pfizer, Pfizer will pay any account maintenance fees.

If you want to invest, your HSA account balance must be at least \$1,000. If your balance is below this amount, funds will remain in an interest-bearing account. The investment threshold is \$1,000 to ensure members have funds immediately available to pay for qualified health care expenses. Investment funds 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.

To use investment funds to pay for claims you must sell shares. The proceeds from the sale are automatically deposited into your HSA cash balance within three to five business days. To buy or sell shares from selected funds in your portfolio, visit my.healthequity.com and select *Make a Trade*.

*HealthEquity currently offers the "Investor Choice" line-up of mutual funds through Vanguard. Additionally, HealthEquity has partnered with Charles Schwab to offer a Health Savings Brokerage Account (HSBA) as an additional investment option. You can now invest in thousands of stocks, mutual funds, and Exchange Traded Funds (ETFs) through the Schwab HSBA. You can view a list of the investment options available through this line-up and the associated fund expense ratios.

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). 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.

Taxes

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 2027 for 2026 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 <http://www.irs.gov/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 2027, in the member portal under *Tax Forms and Statements* on healthequity.com. **Note:** You will be mailed this form in May 2027 if you make contributions to the HSA for the 2026 tax year between January 1, 2027, 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 will be mailed to you by the end of January 2027. 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. **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**.

Electronic Tax Statements: If you signed up for electronic monthly statements, you will be defaulted to receive your HealthEquity tax statements by email. To view or update your tax form delivery preference, please log in to your HealthEquity Member Portal.

If you wish to receive your tax forms by U.S. mail, the last day to update your delivery preference for 2026 tax forms is January 7 for the preceding tax year.

Medicare Eligibility and the HSA

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

If you are enrolled in the HSA and turn age 65, you will automatically be **opted out** of the HSA. To continue, you will need to provide details to Fidelity at the **Pfizer Benefits Center** on how to certify your eligibility to re-enroll and continue contributing to your HSA.

If you want to continue contributing to your HSA after age 65 or otherwise become Medicare-eligible, you must not enroll in Medicare (including Parts A and B). 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 Medicare 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 Fidelity at the **Pfizer Benefits Center** within 31 days of turning 65 and confirm eligibility.

If you are age 65 and enrolled in Part A under Medicare, 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 Fidelity at the **Pfizer Benefits Center** and certify that you continue to meet the IRS eligibility rules, including not being enrolled in Medicare (Part A and/or Part B), you may re-enroll in the HSA and continue making contributions. Please contact Fidelity at the **Pfizer Benefits Center** within 31 days of turning age 65.

If you are turning age 65 and plan to stop working within six months, keep in mind, 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 six months prior to turning age 65 to avoid this issue.

Disenrolling from Medicare Part A

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.

Covered Dependents Enrolled in Medicare

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.

Additional Information and Resources

To get more information about how the HSA works, visit learn.healthequity.com/pfizer for more information.

For questions about:	Contact	How
Making your enrollment elections, including contributing to your HSA through payroll deductions	Fidelity at 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.
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, seven days a week.
How medical coverage works, including the deductibles	Your medical claims administrator	Horizon Go to horizonblue.com/pfizer or call 1-888-340-5001 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. UnitedHealthcare (UHC) Go to welcometouhc.com/pfizer or call 1-800-638-8010 UHC representatives are available Monday through Friday from 8 a.m. to 8 p.m., Eastern Time. For UHC members, Optum provides mental health and substance use services. Contact your medical claims administrator to select the option for <i>Mental Health And Substance Use</i> . To find an Optum provider, go to liveandworkwell.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.
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	Visit caremark.com or call 1-866-804-5881 Representatives are available 24 hours a day, seven days a week. Visit cvsspecialty.com or call 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.
Your pay	Pfizer Colleague Service Center	Call 1-866-476-8723 Follow the <i>Leave of Absence, Workday and Payroll</i> prompt to reach the Pfizer Colleague Service Center. Representatives are available Monday through Friday from 8:00 a.m. to 6 p.m., Eastern Time.