2025 Pfizer Retiree Benefits Brochure

For U.S. Retirees

As of October 2024

Non-Medicare Eligible

Medicare Eligible

Pfizer U.S. Retiree Benefits — Covering Your Dependents

Pfizer provides comprehensive benefits to retirees and their eligible dependents, including:

- same- or opposite-sex spouse (including common-law spouse) or domestic partner (who meets the Pfizer eligibility requirements), and
- dependent children up to age 26, or beyond age 26 for a disabled dependent (if they became disabled prior to turning age 26 and were already covered under the Plan).

Remember: If one or more of your dependent's Medicare eligibility status differs from your Medicare eligibility, you will need to enroll yourself and your eligible dependent(s) under separate options, refer to page 22. If your Medicare eligibility is the same as your covered dependents, they will be enrolled in the same option as you.

This brochure addresses retiree benefits, resources and information to help you get the most from your benefits. Please reference this brochure throughout the year.

Moved or Changed Addresses Recently?

Update your address and/or telephone number information within 31 days of any change to ensure your Pfizer coverage is not interrupted or terminated. Contact 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.

Information in this brochure as well as on the Pfizer Plus website does not apply to the following U.S. retiree groups: Aetna International, AH Robins, American Optical, Hospira Ashland Union, Warner Lambert retirees covered by the Enhanced Severance Plan (ESP), Warner Lambert Parke Davis Oil, Chemical and Atomic Workers (OCAW) Union, Warner Lambert colleagues who retired before January 1, 1992, or Wyeth retirees covered by the Change in Control (CIC) arrangement.

Non-Medicare Eligible (Under Age 65)

Pfizer offers medical, prescription drug and vision coverage to retirees and their eligible dependents who are not yet eligible for Medicare (e.g., have not yet reached age 65).

Medical Plan Administrators: Horizon Blue Cross Blue Shield or UnitedHealthcare

Pfizer offers two administrators for medical, including mental health and substance use coverage — you can choose Horizon Blue Cross Blue Shield (Horizon) or UnitedHealthcare (UHC)*.

These administrators typically differ in two ways:

- They each use a different network of providers, and
- The total cost a provider charges may differ based on their agreed to network rate with the plan administrator (which affects how much you pay for services).

Regardless of the medical plan administrator you choose, you'll receive the same coverage and will pay the same contribution amount.

* Under UHC, Optum provides mental health and substance use coverage. Retirees enrolled in Horizon receive mental health and substance use coverage through Horizon.

Prescription Drug Coverage

Prescription drug coverage, administered through CVS Caremark®, is included with your retiree medical plan and covers medications dispensed through a pharmacy. Coverage varies based on your medical plan option. For details, see the chart on page 3.

Vision Coverage

Vision coverage, administered by EyeMed Vision Care (EyeMed), is included with your retiree medical plan. For more information, see the chart on page 8.

Medical Plan Options: Retiree PPO or HSA-Eligible PPO

There are two non-Medicare medical plan options for retirees — the **Retiree PPO** option and the **HSA-Eligible PPO** option. Both offer in-network coverage, preventive care, prescription drug, and vision coverage; however, the deductibles and other medical and prescription drug cost sharing is different between the two options. The two options also differ in how coverage for Pfizer medications (when no generic is available) works.

- **Retiree PPO:** Provides **100% coverage for Pfizer medications when no generic is available**. Pfizer medications that have a generic available (such as Accupril, Pristiq, Protonix, and others) are covered the same as any non-Pfizer medication — the Pfizer medication is covered, but you and Pfizer share in the cost.
- **HSA-Eligible PPO:** The deductible in this option is a combined medical and prescription drug deductible. This option will not pay for non-preventive medical and prescription drug services until you satisfy this combined annual deductible. In addition, you and Pfizer share the cost for **all** covered Pfizer and non-Pfizer medications. Also, this option only covers generic medications for erectile dysfunction. The HSA-Eligible PPO gives you the opportunity to contribute to a Health Savings Account (HSA) prior to your Medicare eligibility. An HSA is an individual savings and investment account that you (not Pfizer) can choose to contribute to (but you are not required to contribute to an HSA if you enroll). If you do not already have an HSA, contact your bank or another financial institution. You may also visit **HealthCare.gov** for tips on setting up an HSA.

Advantages of an HSA

- Contribute amounts up to the annual IRS limits, to pay for your eligible out-of-pocket healthcare expenses each year.
  - Your contributions, any account investment earnings, and qualified distributions are federally (and in most states) tax exempt when used for eligible healthcare expenses.
- Your account rolls over from year to year, so you'll never forfeit the money and the balance is yours to keep, even if you decide to waive Pfizer retiree medical coverage in the future or if you die.

It Is Your Responsibility to Ensure You Meet the Eligibility Requirements to Contribute to an HSA

Generally, you're not eligible to contribute to an HSA if:

- You're someone's tax dependent.
- You're enrolled in non-HSA eligible health care coverage, such as Medicare, Tricare, or coverage through a spouse/partner or parent.
  - As you approach Medicare eligibility, you should plan to stop contributing to your HSA up to six months beforehand as your Medicare Part A effective date will be retroactive by up to six months. Refer to page 10 for more information.
- You have access to a health care flexible spending account or a general purpose HCA, or have access to a health reimbursement account that covers pre-deductible medical expenses (these accounts could either be your own or your spouse's account.)

Further restrictions may apply, for instance, if you are receiving medical benefits from the Indian Health Service or the U.S. Department of Veteran Affairs for non-service-related disability treatment. For more details about HSA eligibility, refer to the IRS website and Publication 969. If you have questions about your eligibility to contribute to an HSA, contact your tax advisor.

Medical Plan Options Comparison

Review the chart below for a comparison of the key provisions for the options available to non-Medicare eligible participants. The same vision coverage is included in both options; refer to page 8.

Feature	Retiree PPO		HSA-Eligible PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Medical Coverage				
Annual Deductible (Individual/Family)	$1,000/$2,500	$2,000/$4,400	$2,250/$6,250[7] (combined medical and prescription[8])	$5,000/$12,500[7] (combined medical and prescription[8])
Annual Out-of-Pocket Maximum[2] (Individual/Family) (Includes deductible)	$4,800/$8,000	$8,000/$15,500	$7,000/$14,000 (combined medical and prescription[8])	$12,000/$24,000 (combined medical and prescription[8])
Coinsurance (After deductible)	Plan pays 80% of contracted rate; You pay 20%	Plan pays 60% up to the Allowed Amount; You pay 40%[1]	Plan pays 80% of contracted rate; You pay 20%	Plan pays 60% up to the Allowed Amount; You pay 40%[1]
Preventive Care[3] (Deductible does not apply)	Plan pays 100%	Plan pays 100%, up to the Allowed Amount	Plan pays 100%	Plan pays 100%, up to the Allowed Amount
$15 Virtual Visits[4]	$15 copay Deductible does not apply	Not Available	$15 copay After deductible	Not Available
Prescription Drug Coverage				
Most Pfizer Medications When No Generic Is Available	Plan pays 100%		Plan pays 70%; You pay 30% after deductible Minimum: $20 (or actual cost if lower) Maximum: $300 per 30-day supply Deductible doesn't apply if medication is on the HSA Preventive Drug List	
Retail Medications — Per 30-day Supply				
Non-Pfizer Medications + Pfizer Medications When a Generic Is Available	Plan pays 80%; You pay 20% Minimum: $15 (or actual cost if lower) Maximum: $150		Plan pays 70%; You pay 30% after deductible Minimum: $20 (or actual cost if lower) Maximum: $300 Deductible doesn't apply if medication is on the HSA Preventive Drug List	
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 Medications + Pfizer Medications When a Generic Is Available	Plan pays 80%; You pay 20% Minimum: $37.50 (or actual cost if lower) Maximum: $375		Plan pays 70%; You pay 30% after deductible Minimum: $50 (or actual cost if lower) Maximum: $750 Deductible doesn't apply if medication is on the HSA Preventive Drug List	

100% Coverage for Other Medications		
	Retiree PPO[1]	**HSA-Eligible PPO[1]**
Certain Preventive Vaccines (deductible does not apply)	Plan pays 100% for certain preventive vaccines (e.g., flu shots) at a CVS Pharmacy or a pharmacy in CVS Caremark's Broader Vaccination Network. For more information, call CVS Caremark.	
Certain Preventive Medications (deductible does not apply)	Plan pays 100% for certain medications on the Affordable Care Act (ACA) Drug List.[5] These include fluoride treatments, smoking-cessation treatments, oral contraceptives, colonoscopy prep medications, and low-dose generic statins, as well as certain over-the-counter products indicated for specific age and risk factors. For more information, call CVS Caremark.	
Blood Glucose Testing Meters (deductible does not apply)	Plan pays 100% for certain blood glucose testing meters.[6]	
Certain Diabetic Supplies (deductible does not apply)	If you are enrolled in the TrestleTree diabetes coaching program, the plan pays 100% for certain diabetic supplies dispensed through a pharmacy, including glucose, insulin needles and syringes, lancets, devices, and test strips. For more information and to enroll, call TrestleTree.	
Annual Prescription Drug Deductible		
Individual/Family	N/A	Combined with Medical[8]
Annual Prescription Drug Out-of-Pocket Maximum		
Individual/Family	$3,500/$5,500	Combined with Medical[8]

[1] 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] Eligible expenses in a given calendar year for covered services, such as deductibles, copays, and coinsurance amounts, are applied toward the out-of-pocket maximum.

[3] Includes annual physical and related preventive tests, such as a mammography or a colonoscopy. Contact your plan administrator for details. Preventive care must be coded as such to be covered at 100% (out-of-network services subject to Allowed Amount).

[4] $15 copay virtual medical visits through your medical plan administrator's virtual care provider — **horizonblue.com/pfizer** to access 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.

[5] The **Prescription Drug Coverage ACA Drug List** can be found at **caremark.com** by going to *Plan & Benefits and Print Plan Forms*.

[6] Blood glucose testing meters must be purchased through the Diabetic Meter Program. Contact **1-800-588-4456** for information. Choice of meter is subject to change.

[7] If you're covering dependents in the HSA-Eligible PPO, you must meet the full family deductible before the plan beings to share the cost of non-preventive benefits.

[8] Eligible prescription drug expenses includes both in and out-of-network pharmacy expenses.

Coverage for Weight Loss Medications

If you are taking, or are considering taking, a weight loss medication (such as Wegovy, Saxenda, or Zepbound), you are required to enroll in the Healthy Weight Program to receive coverage through Pfizer's prescription drug coverage. For more information and to enroll, call TrestleTree.

Things to Remember

$15 Virtual Visits: Virtual visits are available to you and your covered dependents for non-emergency health conditions, such as a rash, the flu, or a sinus infection (excludes mental health and specialist visits). Access services through your medical plan administrator — visit **horizonblue.com/pfizer** and access Horizon CareOnline, under the *Tools & Services* tab for Horizon members or **myuhc.com/virtualvisits** for UHC members. You may also access these same services through the app for your medical plan administrator. If you are enrolled in the HSA-Eligible PPO option, until your deductible is met, you pay the full cost.

Pre-authorization: Some medical services or prescription medications, including certain weight loss medications require pre-authorization and verification that the service or treatment is medically necessary under the Retiree PPO or HSA-Eligible PPO options. Additionally, if you have a planned hospital stay coming up and are using an out-of-network provider, it is your responsibility to make sure your medical plan administrator is notified in advance or the service may not be covered.

Experimental or unproven services or treatments: As determined by your medical carrier or by the pharmacy benefit administrator, experimental or unproven services or treatments are not covered. Refer to the SPDs for additional information, available at **netbenefits.com** in the *Reference Library*. Find the ***Health & Insurance*** section on the home page, and then click *Quick Links and Reference Library*.

In-Network vs. Out-of-Network Providers: Each medical plan administrator offers in-network providers which provides greater benefits than out-of-network providers through:

- lower in-network annual deductible, and a
- lower in-network rate for contracted services.

Go to page 26 to view the list of resources and websites that you can use to see if your medical providers are in-network and determine which medical claim administrator's network better fits your needs.

Get help with disputing or appealing a claim: Participant Advocacy Services can guide you through issues you experience with your Pfizer health coverage, prior authorizations, claims submissions and appealing denied claims. Call Fidelity at the Pfizer Benefits Center and request to connect with a Participant Advocate by asking the representative to open a case with the Participant Advocacy Team. You will be asked to provide a brief overview of your concern and a Participant Advocate case manager will call you back within three business days.

Paying for your prescription medications: If you need assistance paying for your prescription medications, CVS Caremark offers an interest-free payment program for medications filled through either CVS Mail Order or CVS Specialty that costs you more than $250 out of pocket. Contact CVS Caremark or CVS Specialty for details about their payment program.

Health Navigator (powered by PinnacleCare*) Expert Medical Opinion Service

The Retiree PPO and HSA-Eligible PPO options include access to a **no cost** Expert Medical Opinion Service through Health Navigator for you and your covered non-Medicare eligible dependents. When dealing with a serious or complex health issue, such as cancer or a major surgery, a Health Navigator Advisor will support and provide guidance to help you:

- confirm your diagnosis
- evaluate available treatment options
- identify the most qualified provider or Center of Excellence
- schedule appointments
- get answers to your health questions, and
- connect you with other Pfizer-sponsored resources, such as the Cancer Support Program.

While this service does not replace your relationship with your physician or your ability to receive second opinions through your Pfizer medical coverage, it does offer additional resources and support to you and your treating physician. Alternatively, it can help you find a new physician if you prefer.

* Health Navigator is a Sun Life Company.

Contact Health Navigator powered by PinnacleCare* at:

sunlife.com/pfizer or by calling **1-877-280-7466**

Representatives are available Monday through Friday from 8 a.m. to 6 p.m., Eastern time.

Healthy Weight Program for Weight Loss Medications

The Healthy Weight Program combines lifestyle changes supported through 1:1 Health Coach visits and doctor-prescribed medication to help you lose unhealthy weight, keep it off, and improve your overall health.

You partner with a personal Health Coach through TrestleTree to guide you on your weight loss journey and help you make changes to your lifestyle, including exercise, diet, and other activities to support your wellbeing.

If you are taking, or are considering taking, a weight loss medication (such as Wegovy, Saxenda, or Zepbound), you are required to enroll in this program under Pfizer's prescription drug coverage. For more information, contact TrestleTree at:

1-866-237-0967

Monday through Thursday from 8 a.m. to 8 p.m. and Friday from 8 a.m. to 6 p.m., Eastern time.

Specialty Medications

Specialty medications are injectable, infused, oral, topical, or inhaled requiring specialized delivery, handling, monitoring, or administration. They are offered as either a medical service or through a pharmacy.

- **Medical service:** The specialty Pfizer or non-Pfizer/generic medications that are administered in your home, at a provider's office, or in a facility. Contact your medical plan administrator (Horizon or UHC) for coverage details and preauthorization requirements.
- **Pharmacy:** The specialty Pfizer or non-Pfizer/generic medications that must only be obtained through CVS Specialty™.

For more information, including a list of CVS Specialty™ medications, go to:

cvsspecialty.com (Resource Center page), or call

1-800-237-2767

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.

Free Diabetic Supply Program

TrestleTree offers coaching for retirees and their covered dependents diagnosed with diabetes under the Retiree PPO and HSA-Eligible PPO options at no cost. **If you enroll with TrestleTree, certain diabetic supplies (dispensed through a pharmacy) are available at no cost, including insulin needles and syringes, lancets, devices, and test strips.** This list excludes supplies covered under your medical plan, such as pumps and pump supplies.

To enroll in coaching, contact TrestleTree at:

1-866-237-0967

Monday through Thursday from 8 a.m. to 8 p.m. and Friday from 8 a.m. to 6 p.m., Eastern time.

Getting the Most from Your Prescription Drug Benefits

✓ **Use Pfizer medications:**

- ***Retiree PPO:*** when you use an in-network pharmacy, the plan covers 100% of the cost for Pfizer medications when no generic is available. Out-of-network pharmacies may require a cost since out-of-network reimbursement is limited to the contracted rate. Remember: Pfizer medications when a generic is available (such as Accupril, Pristiq, Protonix, and others) are covered at the same cost sharing as non-Pfizer medications — you and Pfizer share in the cost.
- ***HSA-Eligible PPO:*** all Pfizer medications are covered at the same cost-sharing as non-Pfizer medications — you and Pfizer share in the cost.

✓ **Understand the impact of requesting a non-Pfizer brand medication.** In cases where a brand medication is prescribed and there is a generic available, the provider/prescriber must specify "dispense as written" on the prescription for you to receive the brand medication and avoid paying an additional cost. If your prescription does not include "dispense as written," and you request the brand, you will pay the difference between the cost of the generic medication and the brand medication plus your regular coinsurance amount.

✓ **Use a CVS Caremark network pharmacy.** Fill your prescriptions at a CVS Caremark network pharmacy. This includes CVS pharmacies and many local pharmacies and pharmacy chains (i.e., Walgreens), and retail store pharmacies (i.e., Walmart or Costco). Go to **caremark.com** to find a network pharmacy near you.

If you use an out-of-network pharmacy, you will pay the full cost of the prescription (for Pfizer, non-Pfizer, or generic). You will need to submit a reimbursement claim to CVS Caremark, which may reimburse less than what you paid if the amount is greater than the in-network CVS Caremark contracted rate. For more information, contact your local CVS Pharmacy, call CVS Caremark at **1-866-804-5881**, or go to **caremark.com**.

✓ **Use the Maintenance Choice® Program for Maintenance Medications.** If you are regularly filling a non-specialty maintenance medication, request a 90-day prescription from your provider and use the Maintenance Choice Program to save money. You can fill a 90-day supply of your non-specialty maintenance medications via:

- a CVS Pharmacy, or
- the CVS Caremark Mail Service Pharmacy (free delivery to the location of your choice).

CVS Pharmacy and the CVS Caremark Mail Service Pharmacy offer preferred pricing. Talk with a CVS pharmacist for more information or go to **caremark.com**, or call **1-866-804-5881**, 24 hours a day, 7 days a week.

✓ **Use CVS Specialty for specialty medications.** Specialty medications (Pfizer, non-Pfizer, or generic) dispensed through a pharmacy other than CVS Specialty **will not** be covered. Contact CVS Specialty for more information.

Biosimilar specialty medications: These are available to treat conditions such as Crohn's disease, ulcerative colitis, and rheumatoid arthritis. Compared to the branded/reference medication, biosimilars have no clinically meaningful differences in terms of safety and efficacy, and they may offer a cost savings over the referenced medication. Contact CVS Specialty for more information including information on which Pfizer biosimilar specialty medications are available to you.

Vision Coverage

Vision benefits for the Retiree PPO and HSA-Eligible PPO medical options are administered by EyeMed Vision Care (EyeMed). EyeMed provides coverage for routine eye care expenses, including eye examinations and eyewear, through their Insight network which includes a large network of independent and national retail providers, such as LensCrafters, Target Optical, and most Pearle Vision locations.

The following chart highlights key provisions under the Vision Plan. For more details, see the Benefits Summary available on **netbenefits.com**.

Benefit[1]	In-Network	Out-of-Network Reimbursement[2]
Annual Eye Exam	$10 copay	Up to $40
Lenses — Single Vision	$20 copay	Up to $40
Lenses — Bifocal	$20 copay	Up to $60
Lenses — Trifocal	$20 copay	Up to $80
Frames[3] (Any available frame at a provider location once every 24 months)	$0 copay, $130 allowance; you receive a discount of 20% over the $130 allowance	Up to $50
Contact Lenses[4] (Disposable)	$0 copay, $150 allowance	Up to $150
Contact Lenses[4] (Medically necessary)	$0 copay, paid in full	Up to $210
LASIK and PRK Procedures	Receive a discount at participating providers. Call **1-877-5LASER6** for more information.	

[1] Except for frames, all benefit provisions (eye exams, lenses, contacts) shown are covered once every calendar year, however, you must select from either lenses or contacts.

[2] If you visit an out-of-network provider, be sure to obtain an itemized receipt to be reimbursed.

[3] Frames are covered once every other calendar year.

[4] Contact lens allowance includes materials only.

To find an in-network vision provider, go to **eyemedvisioncare.com/pfizer** and choose the Insight network, or call EyeMed at **1-855-629-5015**, Monday through Friday from 7:30 a.m. to 11 p.m., Saturday 8 a.m. to 11 p.m., and Sunday from 11 a.m. to 8 p.m., Eastern time.

If You Wear Contact Lenses: You can fill your prescription at **contactsdirect.com** and receive in-network coverage.

Ongoing Vision Discounts

After you've used your in-network vision benefits, EyeMed offers access to ongoing discounts for prescription eyeglasses/sunglasses, contact lenses, and lens options not covered by the plan network providers (e.g., polycarbonate or anti-reflective coating). Visit **eyemedvisioncare.com/pfizer** and go to the Special Offers tab for the most up-to-date offers and discounts.

Turning Age 65 During the Year

If you (or your covered dependents) become eligible for Medicare (over age 65 or Medicare-Disabled) during the year, to remain enrolled or eligible for coverage under Pfizer's retiree medical plan, you are required to enroll in Medicare Parts A and B. **Note:** Enrollment in Medicare Part D is not required. There are several things you or your eligible dependents will need to do in advance:

1. **Six months before your 65th birthday, look for Medicare Parts A and B enrollment information via mail**

   You should receive information regarding the enrollment process directly from Medicare. If you do not, contact your local Social Security office. **Note:** both Pfizer's medical plan for active colleagues and its non-Medicare eligible coverage under this retiree medical plan are both considered creditable coverage for CMS purposes.

2. **Ninety days before you turn age 65 and become eligible for Medicare, enroll in Medicare Parts A and B**

   You will need to contact **Medicare and enroll in Medicare Part A and Part B**. Generally, you become eligible for Medicare on the first day of the month you turn 65. If your birthday occurs on the first of the month, you will become eligible for Medicare on the first of the month before your 65th birthday.

   If you missed the deadline to enroll in Medicare or otherwise need help enrolling in Medicare, Pfizer provides no cost support through Allsup (**1-888-271-1173**) to assist with Medicare enrollment.

   After you have enrolled in Medicare, the Social Security Administration will assign you a Medicare Beneficiary Identifier (MBI), which will be shown on your red, white, and blue Medicare ID card.

3. **Ninety days before turning age 65, watch for a Personal Fact Sheet in the mail**

   The Pfizer Benefits Center will send you a letter and a Personal Fact Sheet (PFS) showing your available retiree coverage options and contributions including the coverage you will have if no action is taken. Refer to the **What to Do When Turning Age 65 Tip Sheet** available on **netbenefits.com** for step-by-step enrollment instructions and more information about turning age 65.

4. **Contact Fidelity at the Pfizer Benefits Center before turning age 65**

   You must call the Pfizer Benefits Center to:

   - Provide your MBI number,
   - Confirm your mailing address (this must be a street address vs. a P.O. Box), and
   - Make your Medicare eligible coverage election based on the PFS you received from the Pfizer Benefits Center — and understand what happens if you do not enroll.

If you become Medicare eligible mid-year and elect coverage but were previously covered under Pfizer's non-Medicare eligible coverage, your deductible and out-of-pocket maximum amounts previously paid in the year will not count towards your Pfizer Medicare eligible coverage (amounts accumulated toward your Pfizer prescription drug coverage, however, will carry over to your elected plan option for your Pfizer Medicare eligible coverage).

Didn't Sign Up for Medicare Parts A and B When Eligible?

If you missed enrolling in Medicare Part A and Part B when you were first eligible or during a Special Enrollment Period, Medicare will assess you a financial penalty in the form of a higher Medicare monthly premium for late enrollment. **This penalty will continue to apply for as long as you are enrolled in Medicare. You are responsible for paying this penalty.** If you missed the enrollment deadline, contact Allsup to request assistance in enrolling in Medicare. This service is provided at no cost; refer to the **Resources** section of this brochure.

Enrolled in the HSA-Eligible PPO and contributing to a Health Savings Account (HSA)?

If you apply for Medicare prior to your 65th birthday month, you can contribute to your HSA up until the day before your Medicare effective date.

However, if you apply for Medicare after that time, you should plan to stop contributing to your HSA up to six months beforehand as your Medicare Part A effective date will be retroactive by up to six months. This could cause you to face penalties if you continued to make HSA contributions after your retroactive Medicare Part A effective date.

Medicare Eligible (Age 65 or Above)

Overview

Medical coverage under the Pfizer Medicare Advantage Plan is administered through United Healthcare (UHC) and replaces Medicare Parts A and B coverage. Please note, however, that you must continue to pay your Part A (if applicable) and Part B premiums to Medicare. **Failure to enroll in both Medicare Parts A and B will affect your eligibility to elect coverage under the Pfizer Medicare Advantage Plan.**

The Pfizer Medicare Advantage Plan includes prescription drug coverage (see page 16), so you should not enroll in another Part D prescription drug plan. Enrolling in another Part D plan will cause your Pfizer coverage to be dropped. If you are required to pay an additional high earner Medicare premium for Parts B and/or D, you must continue to pay those additional premiums; failure to do so will impact your Pfizer coverage.

If you and your dependents differ in Medicare eligibility (e.g., one or more of you are non-Medicare eligible and the rest are Medicare eligible), you will need to enroll yourself and your eligible dependent(s) separately in the Retiree Medical Plan based on each individual's Medicare eligibility; this is referred to as **"Split Family"** coverage. Refer to page 22 to learn more.

Medical Plan Options

Pfizer offers **medical**, **prescription drug**, and **vision** coverage for retirees and/or dependents who are eligible for Medicare (i.e., have reached age 65 or are disabled and eligible for Medicare).

If you and/or your eligible dependent(s) are eligible for Medicare, you can choose from one of the following coverage options:

- Medicare Advantage with Rx Plus,
- Medicare Advantage with Rx Base,
- Rx Plus Only, or
- Rx Base Only.

You may not elect Pfizer's Medicare Advantage coverage without election prescription drug coverage through Pfizer.

We recognize your healthcare needs may change and you may choose to remain in medical coverage either directly through Medicare or a supplemental Medicare program. With this in mind, consider the following key features of Pfizer's Medicare eligible coverage.

Pfizer Medicare Advantage Plan Highlights	Pfizer Prescription Drug Plan Highlights
Any U.S. provider or hospital who participates (accepts payment from) in Medicare is covered by the Plan. This includes providers who both accept assignment and don't accept assignment from Medicare. Pfizer's plan only excludes those providers who have fully opted out of Medicare.	Coverage for all Pfizer medications at any U.S. pharmacy including Mail Service through SilverScript: • Under Rx Plus, Pfizer medications when no generic is available are covered at no cost. • Under Rx Base, Pfizer medications when no generic is available are covered at the same cost share as any other non-Pfizer medication. Under both Rx options, Pfizer medications when a generic is available are covered at the same cost share as any other non-Pfizer medication.
Only the Pfizer plan deductible applies; you do not have to pay the Medicare Parts A & B deductible. The Pfizer annual plan out-of-pocket maximum applies; you are not subject to the unlimited coinsurance under Medicare Part B. Also, unlike Medicare, the Pfizer plan provides for certain emergency care incurred while travelling outside the U.S.	Access to SilverScript's broadest formulary as permitted under Medicare PLUS additional coverage for many medications not covered by Medicare (including weight loss medications such as Wegovy, Saxenda and Zepbound as well as eligible erectile dysfunction* medications). There is no cost for certain preventive medications such as for colonoscopy prep, low-dose generic statins and tobacco cessation.
Coverage for medical services not covered by Medicare including private duty nursing, vision (eyeglasses and contacts via a reimbursement option), and hearing aids.	Easier access to covered medications with limited pharmacy management restrictions to better support your relationship with your provider.
Access additional services and programs at no cost including 24/7 access to a nurse, virtual medical and mental health care, wellness incentives, gym membership benefits and in-home care like transportation and meals after a hospital stay.	Access to additional resources and programs at no cost including preferred pricing when you use a CVS Pharmacy or CVS Mail Service Pharmacy and personalized nurse support for conditions requiring specialty medications such as Rheumatoid Arthritis.

* Rx Base only covers generic erectile dysfunction medications

Pfizer Medicare Advantage Plan Features

See the chart below for the key provisions of the Pfizer Medicare Advantage Plan for 2025. These provisions apply regardless of whether you enroll in the Medicare Advantage with Rx Plus option or the Medicare Advantage with Rx Base option.

Feature	Pfizer Medicare Advantage Plan[1]
Annual Individual Deductible	$150
Annual Individual Plan Out-of-Pocket Maximum	$3,500
Preventive Care	Plan pays 100%[2] (deductible does not apply)
Primary Care Office Visit	You pay $25 copay
Specialist Office Visit	You pay $40 copay
Outpatient Mental Health and Substance Use Visit	You pay $25 copay
Lab	You pay $25 per test
X-ray	You pay $25 per procedure
Magnetic Resonance Imaging (MRI)	You pay $25 copay
PT/OT/Speech Therapy Visit	You pay $25 copay
Inpatient Hospital Stay	You pay $500 per admission
Outpatient Hospital Stay (Facility/Urgent Care)	You pay $350 per admission
Routine Acupuncture	You pay $20 copay; maximum of 20 visits per year (deductible does not apply)
Routine Chiropractic Services	You pay $20 copay; maximum of 20 visits per year (deductible does not apply)
Emergency Room Visit	You pay $125 copay (deductible does not apply)
Urgent Care Visit	You pay $50 copay (deducible does not apply)
Durable Medical Equipment	You pay 20%; Plan pays 80%[3]
Diabetic Supplies	Plan pays 100% for OneTouch® for Accu-Chek blood glucose testing strips and meters[4] (deductible does not apply)
Private Duty Nursing Requiring skilled care	$1,500 allowance per year (deductible does not apply)
Medicare Part B Prescription Drugs (including eligible Pfizer medications covered under medical)	You pay 20%; Plan pays 80%
Extra Benefits (including hearing aids, meal delivery and more)	Refer to page 15 for more details
Prescription Drug Coverage	Choose from the Rx Plus and Rx Base options outlined in the chart on page 16

[1] Unless otherwise noted, copays and/or coinsurance apply as applicable, after deductible is met.

[2] Includes annual physical and related preventive tests, as well as preventive screenings such as a mammography or a colonoscopy. Contact UHC for details. Preventive care must be coded as such to be covered at 100%.

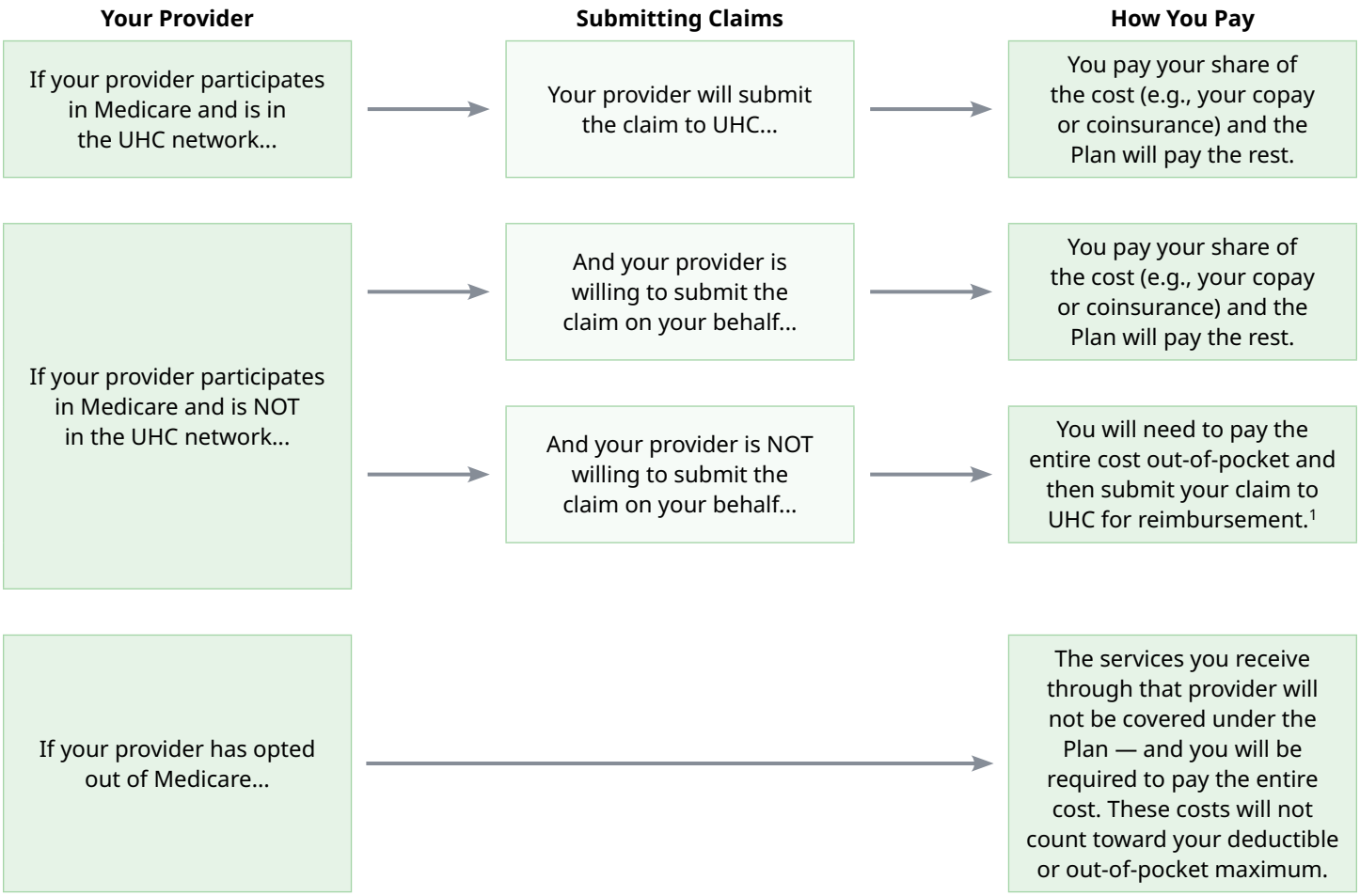
[3] Medicare participating providers must be used. Providers who participate in the UHC network will be reimbursed at the contracted rate. Providers who participate with Medicare but do not participate with UHC will be reimbursed based on the Medicare fee schedule.

[4] Blood glucose testing meters are provided by LifeScan Inc. (OneTouch) and Roche (Accu-Chek) and require a prescription from your doctor. To learn more about this benefit, call UHC at **1-866-868-0329**.

Note: The Rx Plus Only and the Rx Base Only options do not include coverage for any medical services (including mental health and vision). Refer to page 16 for more information on your coverage if you are enrolled in either of these options.

Submitting Claims

The Pfizer Medicare Advantage Plan provides the flexibility to see any provider who has not opted out of Medicare. The diagram below shows how you submit claims and pay for care based on your provider:



[1] **Note:** This occurs infrequently, but if it does, contact UHC to understand how they may be able to support you with the claim filing process.

To find Medicare participating providers:

visit **medicare.gov/care-compare**.

To find providers who have opted out of Medicare:

visit **https://data.cms.gov/tools/provider-opt-out-affidavits-look-up-tool**.

Submitting Claims for Reimbursement

- Go to **retiree.uhc.com/Pfizer** and select *Plan Documents and Resources* to download, print, and complete a *Reimbursement Form.*
- Call UHC at **1-866-868-0329**, TTY 711, Monday through Friday, 8 a.m. to 8 p.m. in your local U.S. time zone.

Reminder: Pfizer's Medicare Advantage Plan is a national, group-based PPO plan and reimburses providers who participate in Medicare but do not participate in UHC's network based on Medicare's fee schedule. Contact UHC if your non-network Medicare participating provider has questions about the plan and how it works.

Medicare Advantage Plan Features and Programs

UHC offers a variety of programs as part of your Medicare Advantage Plan coverage to help support you. For more information, go to **retiree.uhc.com/Pfizer**, or call UHC's Pfizer-dedicated toll-free number at **1-866-868-0329**, TTY 711, Monday through Friday, 8 a.m. to 8 p.m. in your local U.S. time zone.

UHC Programs	Contact Information
Telehealth Medical and Mental Health	• Free eVisits — no copay (deductible does not apply) when you visit certain providers. Speak to participating providers anytime, anywhere, via computer or mobile device (including tablets and smartphones). – **For a non-emergency health condition:** Choose from two providers for this benefit. To schedule a visit, contact Doctor on Demand at **1-800-997-6196** or Amwell at **1-844-733-3627**. Find a list of virtual medical doctors at **retiree.uhc.com/pfizer**. – **For a non-emergency mental health condition:** Contact United Behavioral Health at **1-800-453-8440**. Find a list of virtual mental health providers at **retiree.uhc.com/pfizer**.
HouseCalls	• Free annual visit to your home by a health care practitioner to review your health history and medication, identify health risks, perform a physical evaluation, and provide education information. Results of the HouseCalls visit are sent to your doctor. Contact HouseCalls at: **1-866-447-7868**, TTY 711, Monday through Friday from 8 a.m. to 8:30 p.m., Eastern time or go to **uhchousecalls.com**.
Renew Active™	• Free gym membership and access to more than 20,000+ participating locations. Includes a personalized fitness plan, access to a wide variety of fitness classes, and an online brain health program, exclusively from AARP®, called Staying Sharp®. • For questions, visit **uhcrenewactive.com/location**. Once you become a member, you will need a confirmation code, which you can obtain by calling the number on the back of your UnitedHealthcare member ID card.
UnitedHealthcare Hearing	• Choose from a selection of hearing aid devices through UnitedHealthcare Hearing. – When you purchase your hearing aid device through UHC, you will receive an allowance of up to $1,500 off your purchase. Deductible does not apply. – This allowance is available every 36 months from in-network providers only. – To view the hearing aid device selection and the costs, visit **uhchearing.com/retiree** or call **1-866-445-2071**, TTY 711, Monday through Friday from 8 a.m. to 8 p.m., Central time.
Transportation for Medical- Related Trips	• Up to 12 one-way rides for routine transportation services to medically related appointments and trips to the pharmacy, up to 50 miles each way. *This benefit is only available following a hospitalization.* • Call UHC Medicare Advantage Plan at **1-866-868-0329**.
In-home Meal Delivery	• Whether you're concerned with going out during inclement weather, need extra help while recovering from a medical procedure, or need a break from cooking, receive free meals delivered to your home each year (subject to program limits). *This benefit is only available following a hospitalization.* • Call UHC Medicare Advantage Plan at **1-866-868-0329**.
In-home Caregiving Support	• In-home caregiving support (up to 6 hours per month) for you or a loved one who needs help with non-medical care (such as preparing meals, bathing, and medication reminders). *This benefit is only available following a hospitalization.* • Unused hours don't roll over and must be scheduled in 2-hour increments. You will typically be paired with a caregiver within five business days. Some restrictions and limitations apply. • Call UHC Medicare Advantage Plan at **1-866-868-0329**.
Personal Emergency Response (PERS) Device	• Free device (one per covered individual) that allows you to press a button to get help 24/7 in emergency situations. Calls are monitored through an emergency response center and work through a transmitter on your home telephone. For information or to order your device, call Lifeline at **1-855-595-8485**, TTY 711, Monday through Friday from 7 a.m. to 7:30 p.m., and 8 a.m. to 4:30 p.m. Saturday, Central time, or go to **lifeline.com/uhcgroup**.

Prescription Drug Coverage

If you are enrolling in the **Pfizer Medicare Advantage Plan**, you must elect either **Rx Plus** or **Rx Base** option. Alternatively, you may elect Rx Plus Only or Rx Base Only. If you elect Rx Only coverage you will have no medical or vision coverage.

The prescription drug coverage for Medicare eligible participants is administered by SilverScript® Insurance Company (affiliated with CVS Caremark). The SilverScript options are Pfizer-sponsored Medicare Part D prescription drug plans covering pharmaceutical medications.

SilverScript combines a standard Medicare Part D plan — which aligns to the standard Medicare Part D plan structure — with **additional** Pfizer-provided prescription drug coverage that provides access to medications beyond what Medicare covers *plus*:

- **Rx Plus** covers most Pfizer medications when no generic is available dispensed through a pharmacy at no cost to you.
- **Rx Base** provides coverage for most Pfizer medications at the same cost-sharing level as non-Pfizer medications. Additionally, only generic medications (not brand) for erectile dysfunction are covered.

The chart below outlines both prescription drug coverage options.

	Rx Plus[1]	Rx Base[1]
Annual Individual Deductible	$590 (does not apply to Pfizer medications when no generic is available)	$590 (applies to all covered medications)
Most Pfizer Medications When No Generic Is Available	Plan pays 100%	Plan pays 75%; You pay 25%
Retail Medications — Per 30-day Supply		
Non-Pfizer Medications + Pfizer Medications When a Generic Is Available	Plan pays 75%; You pay 25%	Plan pays 75%; You pay 25%
Maintenance Choice Program Medications[2] — 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 Medications + Pfizer Medications When a Generic Is Available	Plan pays 75%; You pay 25%	Plan pays 75%; You pay 25%
100% Coverage for Other Medications		
Certain Preventive Medications *(deductible does not apply)*	Plan pays 100% for certain medications considered preventive by the Affordable Care Act (ACA)[3]. These include fluoride treatments, smoking-cessation treatments, oral contraceptives, colonoscopy prep medications, and low-dose generic statins. It also includes certain over-the-counter products for specific age and risk factors. For more information, call SilverScript.	
Prescription Drug Annual Out-of-Pocket Maximums		
Annual Individual Medicare Out-of-Pocket Maximum[4]	$2,000	$2,000
Annual Individual Pfizer Maximum Out-of-Pocket[4]	$3,500	$5,000

[1] Interest free payment plan available for Medicare Part D medications where you have a cost. Details about how the payment plan works will be provided by SilverScript in the Annual Notices of Changes. For more information, call SilverScript.

[2] The Maintenance Choice Program is referred to in SilverScript materials as Preferred Network Pharmacy.

[3] The **Prescription Drug Coverage ACA Drug List** can be found at **caremark.com**.

[4] Medications covered by Medicare Part D generally accumulate toward both the Annual Individual Medicare Out-of-Pocket Maximum and the Annual Individual Pfizer Maximum Out-of-Pocket except if you are enrolled in Rx Plus. In that case, Pfizer medications when no generic is available do not accumulate to the Annual Individual Pfizer Maximum Out-of-Pocket as these medications are covered at no cost but, due to CMS rules, estimated amounts do count toward the Annual Individual Medicare Out-of-Pocket Maximum. Applicable amounts for medications not covered by Medicare Part D, but covered through the additional coverage provided by Pfizer, will only accumulate toward the Annual Individual Pfizer Maximum Out-of-Pocket.

Note: The cost for select insulin products under Medicare Part D plans such as this SilverScript plan are capped at $35 for a 30-day supply.

Understanding Which Medications are Covered by Medicare Part D

Medications Covered by Medicare Part D — Almost all covered medications will be included under the Pfizer Retiree Medical Plan's Part D coverage. Review the SilverScript Formulary to find whether your medications are covered under the $2,000 Annual Individual Medicare Out-of-Pocket Maximum or call SilverScript with any questions. Once you reach the $2,000 Annual Individual Medicare Out-of-Pocket Maximum, the plan will pay 100% for all eligible Medicare Part D medications.

Medications Not Covered by Medicare Part D (e.g., weight loss medications such as Wegovy, Saxenda and Zepbound, eligible erectile dysfunction medications and prescription cough and cold medications) — These medications are not covered by Medicare Part D but are generally covered under your Pfizer prescription drug coverage. Due to CMS rules, your eligible out-of-pocket amounts for these medications only count toward the Annual Individual Pfizer Maximum Out-of-Pocket. The Annual Individual Pfizer Maximum Out-of-Pocket includes your costs for medications covered by Medicare Part D AND these medications that are covered by your additional coverage through Pfizer. Once you reach the Annual Individual Pfizer Maximum Out-of-Pocket, the plan will pay 100% for all eligible medications.

Examples: Understanding How Your Medicare Prescription Coverage Works

Note: Actual costs may vary, for illustrative purposes only.

Non-Part D Medication under Rx Plus and Rx Base After Deductible is Met:

Zepbound Pen 2.5 mg

Non-Part D Medication

30-day supply 2 pens

Rx Plus and Rx Base Option

Total Rx Cost	$876
Applied to Deductible	Met
You Pay	$219
Pfizer Pays	$657
Applied to Medicare out-of-pocket	N/A
Applied to Pfizer out-of-pocket	$219

Lower Cost Medication Before the Deductible Is Met:

Entresto 24mg - 26mg

Non-Pfizer Part D Medication

30-day supply 30 tablets

Rx Plus and Rx Base Option

Total Rx Cost	$330
Applied to Deductible	$330
You Pay	$330
Pfizer Pays	$0
Applied to Medicare out-of-pocket	$330
Applied to Pfizer out-of-pocket	$330

Higher Cost Medication Before and After the Deductible Is Met:

Humira 10mg/0.1ml

Non-Pfizer Part D Medication

30-day supply 1 syringe

Rx Plus and Rx Base Option

Before Deductible Is Met		After Deductible Is Met	
Total Rx Cost	$3,350	Total Rx Cost	$3,350
You Pay	$1,280	You Pay	$837.50
Deductible	$590	Deductible	Met
Coinsurance (25%)	$690	Coinsurance (25%)	$837.50
Pfizer Pays	$2,070	Pfizer Pays	$2,512.50
Applied to Medicare out-of-pocket	$1,280	Applied to Medicare out-of-pocket	$837.50
Applied to Pfizer out-of-pocket	$1,280	Applied to Pfizer out-of-pocket	$837.50

Pfizer Medication under Rx Plus and Rx Base After Deductible Is Met:

Eliquis Tab 2.5mg

Part D Pfizer Medication with no generic equivalent

30-day supply 30 tablets

Rx Plus		Rx Base	
Total Rx Cost	$288	Total Rx Cost	$288
Applied to Deductible	N/A	Applied to Deductible	Met
You Pay	$0	You Pay	$72
Pfizer Pays	$288	Pfizer Pays	$216
Applied to Medicare out-of-pocket	$72	Applied to Medicare out-of-pocket	$72
Applied to Pfizer out-of-pocket	$0	Applied to Pfizer out-of-pocket	$72

Things to Remember

Diabetic supplies including continuous glucose monitors are only covered under the Pfizer Medicare Advantage Plan and are not covered under your Pfizer prescription drug coverage through SilverScript. If you enroll in the Rx Plus Only or Rx Base Only option, you will only have diabetic supply coverage through your Medicare Part B coverage.

Note: Diabetic medications, such as insulin, are still covered under your Pfizer prescription drug coverage.

Infused Medications

Medications that are infused or administered in your home or at a provider's office or facility (including any Pfizer medications) are generally covered as a medical service under the Pfizer Medicare Advantage Plan. Please contact UHC for coverage details, including preauthorization requirements.

Prescription Drug Only Options (Rx Plus Only or Rx Base Only)

If you have medical coverage elsewhere (e.g., you are enrolled in a Medigap plan or a Medicare Supplemental plan), or you would like to keep Medicare for your medical coverage, you still have prescription drug options from Pfizer.

You can enroll in the Rx Plus Only or Rx Base Only option.

Eligibility Requirements for Rx Only Coverage

You may only enroll in the Pfizer Medicare Advantage Plan if you meet the CMS requirements that you:

- Are enrolled (and remain enrolled) in Medicare Parts A and B; Enrollment in Medicare Part D is not required
- Provide the Pfizer Benefits Center with your Medicare Beneficiary Identifier (MBI) shown on your red, white and blue Medicare ID card as your "Medicare Number"
- Have a permanent U.S. street address (no P.O. Box)* on file, or
- Are not within the 30-month coordination period for end-stage renal disease.

* You can keep your P.O. Box address as your primary mailing address; we will only use your street address for purposes of Medicare eligibility.

How to Maximize Your Prescription Drug Benefits

- **Use Pfizer medications:** Under Rx Plus, when you visit an in-network pharmacy, the plan covers 100% of the cost for Pfizer medications when no generic is available. Out-of-network pharmacies may require a cost since out-of-network reimbursement is limited to the contracted rate. Also, Pfizer medications when a generic is available (such as Accupril, Pristiq, Protonix, and others) are covered at the same cost sharing as non-Pfizer medications — you and Pfizer share in the cost. **Note:** Under Rx Base, all Pfizer medications are covered at the same cost share as non-Pfizer medications.
- **Use a SilverScript network pharmacy:** Fill your prescriptions at a network pharmacy to receive the maximum Plan benefit. You can find network pharmacies near you on the SilverScript website. See the **Resources** section on page 26 for details and contact information.

  If you use an out-of-network pharmacy, you may be required to pay the full cost of the prescription (including a Pfizer medication covered at no cost based on your coverage option). You will also need to submit a reimbursement request along with your receipt for payment to SilverScript. Reimbursement will be provided up to the SilverScript contracted rate, which may be lower than the amount you paid.
- **Use the Maintenance Choice Program* for maintenance medications (90-day supply).** With this program, you can fill up to a 90-day supply of your non-specialty maintenance medications at either a CVS Pharmacy or through the CVS Caremark Mail Service Pharmacy (delivery is also available) and receive preferred pricing. Maintenance medications are typically taken on a regular basis for long-term or chronic conditions (i.e., diabetes, high blood pressure, and high cholesterol).

  For more information, call SilverScript at **1-844-774-2273** or go to **pfizer.silverscript.com**. You can view a full list of non-specialty maintenance medications by logging on to **caremark.com**, access the *Plan & Benefits* tab and then click on *Print Plan Forms*.
- **Talk to your provider about biosimilar medication.** These are available to treat conditions such as Crohn's disease, ulcerative colitis, and rheumatoid arthritis. Compared to the branded/reference medication, biosimilars have no clinically meaningful differences in terms of safety and efficacy, and they may offer a cost savings over the referenced medication. Contact SilverScript for more information about coverage for biosimilar medications.

* Referred to in SilverScript materials as Preferred Network Pharmacy.

Vision Coverage

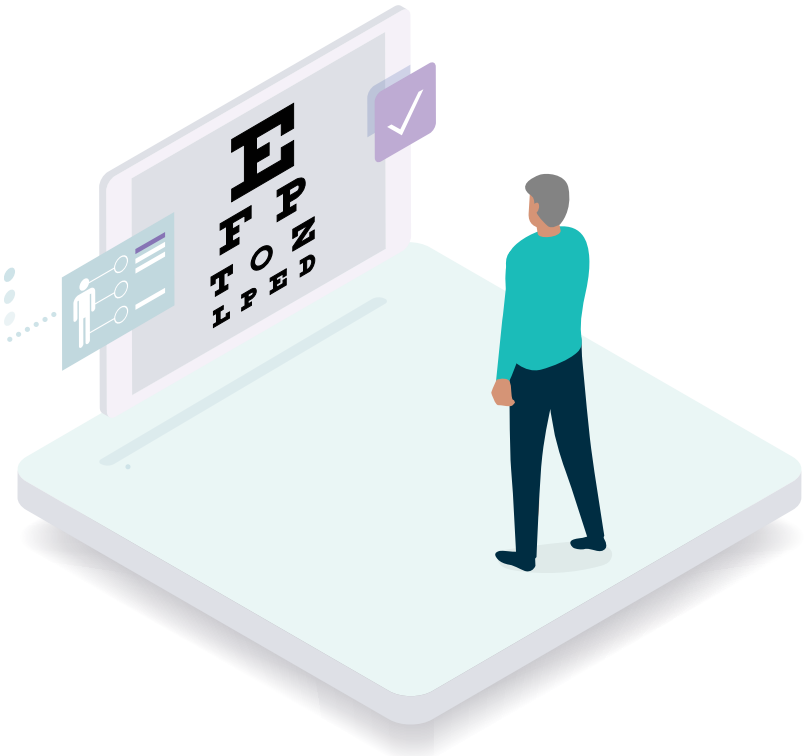
Vision benefits are administered by UnitedHealthcare for Medicare eligible retirees covered under the Pfizer Medicare Advantage Plan, and provide reimbursement for routine eye care expenses, including eye examinations and eyewear. In addition to a routine eye exam with vision test with a Medicare participating provider, you can get reimbursed for eyewear including frames, lenses, and contact lenses at the provider of your choice, including online providers. Claims will need to be submitted to UHC for reimbursement if the provider is not willing to file the claim electronically with UHC. Refer to page 14 for more information about submitting a claim.

Note: Vision coverage does not apply if you have prescription drug only coverage.

The chart below highlights key vision benefits. The plan deductible does not apply to these benefits.

Benefit	Coverage (every 12 months)
Eye Exam with Vision Test	$0 copay
Frames and Lenses	$400 allowance
Contacts (in lieu of frames and lenses)	$150 allowance

For questions or more information about your vision coverage, visit **retiree.uhc.com/pfizer** or call **1-866-868-0329**, TTY 711, Monday through Friday from 8 a.m. to 8 p.m. in your local U.S. time zone.



Dental Coverage for Non-Medicare Eligible and Medicare Eligible Retirees

When you retire, you have the option to choose from two dental plan providers.

MetLife

Through MetLife, you have a one-time opportunity when you retire to elect retiree dental coverage at group rates. There is no waiting period for coverage to start. For more information, call **1-800-GET-MET-8** (**1-800-438-6388**), Monday through Friday from 8 a.m. to 8 p.m., Eastern time.

Delta Dental

Through Delta Dental, you have the option to enroll in retiree dental coverage at any time; however, waiting periods for certain non-preventive dental services may apply. Delta Dental offers you the option to enroll in their Smile On* program, which is available in select states. If the Smile On program is not available in your area, coverage through an individual policy may be available. Visit **deltadentalins.com/smileon** or call **1-888-216-9662**, Monday through Friday from 8 a.m. to 8 p.m., Eastern time.

* Smile On dental plan options are currently available in AL, CA, DE, FL, GA, LA, MD, MS, MT, NV, NY, PA, TX, UT, WV and DC. Plan options for most other states are available at group rates through Delta Dental. Smile On representatives will help connect you to your options. Plans purchased through this coverage are considered new coverage and not a continuation of any plan you may currently have. Waiting periods may apply. Any applicable deductibles and maximums will reset. Limitations and Exclusions apply. See Delta Dental's plan documents for details.

Enrolling in Dental Coverage

You will receive information about electing coverage by each provider approximately 4 weeks after your termination date.

Regardless of whether you select coverage through MetLife or Delta Dental, you pay the full cost of any coverage elected. Contributions vary based on the level of coverage selected, the family members you enroll and your geographic location.

In addition to these dental options, remember when your active Pfizer dental coverage ends (such as when you terminate or your active benefits continuation coverage ends), you will be eligible to enroll in COBRA and pay the full COBRA cost to continue your active dental coverage for generally 18 additional months following your active coverage end date. If you chose to continue COBRA dental, you will then have the opportunity to enroll in the retiree dental options listed above after your COBRA dental coverage ends.

Covering Both Non-Medicare Eligible and Medicare Eligible Family Members

Split Family Coverage

If you and your dependents differ in Medicare eligibility (e.g., one or more of you are non-Medicare eligible and the rest are Medicare eligible), you will need to enroll yourself and your eligible dependent(s) separately in the Retiree Medical Plan based on each individual's Medicare eligibility; this is referred to as **"Split Family"** coverage.

Pfizer Colleague/Retiree Couples — Spouse/Domestic Partner Under the Retiree Benefits Program

If you and your spouse/domestic partner are Pfizer retirees, you can do one of the following:

- Each of you enrolls in your own coverage — only one of you covers your dependent children (if applicable)
- Enroll to cover your spouse or domestic partner under your retiree coverage, or
- Receive coverage under your spouse/domestic partner coverage (either as a non-Medicare eligible or Medicare eligible dependent along with eligible dependent children).

Deductibles and Out-of-Pocket Maximums

When you and your spouse/domestic partner or dependent are enrolled in different retiree medical plan options (e.g., one of you is enrolled in the Pfizer Medicare Advantage Plan with Rx Plus and the other is enrolled in the Retiree PPO option), each will need to satisfy the deductible and reach the out-of-pocket maximum for that plan. Those amounts are not combined or transferable to another plan.

Additional Things to Consider (for Non-Medicare Eligible and Medicare Eligible Retirees)

Hardship Provisions

If you meet certain criteria, you may qualify for reduced contributions. Action may be required each year.
Note: The hardship provision is not available to retirees with Access-Only coverage.

- *Non-Medicare Eligible:* If you are single and your income in 2023 is less than $22,590 or if you are married and your combined income in 2023 is less than $30,660, you may qualify for a hardship provision and reduced medical plan contributions. You may only apply for assistance once a year during Annual Enrollment if your gross income for 2023 was lower than the thresholds outlined above.

To obtain an application, call Fidelity at the Pfizer Benefits Center at **1-877-208-0950** to speak with a Representative. You will be required to submit a copy of your 2023 income tax return as part of the application process. If approved, your reduced contribution rate will take effect as of January 1, 2025, and will remain in effect through December 31, 2025. Should you qualify, you will be notified of your contribution rate in writing.

Note: The income thresholds above are updated every few years and are similar to the criteria used to determine eligibility for Extra Help under Medicare Part D.

Action May Be Required Each Year for Non-Medicare Eligible Retirees

To confirm your eligibility for a hardship provision, contact Fidelity at the Pfizer Benefits Center at **1-877-208-0950**. You must re-apply each year during the Annual Enrollment period. If you apply and do not qualify, you have the opportunity to re-apply the following year.

- *Non-Medicare Eligible:* Retirees who have been approved for the Medicare Part D low-income subsidy (called "Extra Help") will automatically be eligible for Pfizer's contribution hardship provision. Medicare eligible retirees must apply for Extra Help through the Social Security Administration.

  You can apply for Extra Help:

  - Online at **socialsecurity.gov/extrahelp**
  - By calling the Social Security Administration at **1-800-772-1213** (TTY 1-800-325-0778), or
  - In person at your local Social Security office.

Once you have completed your application process, Social Security will send you a letter to advise you of your acceptance or denial.

If CMS approves your eligibility for Extra Help, CMS will notify the Pfizer Benefits Center and your monthly contribution will automatically be adjusted when you are invoiced or when the deduction is taken via automatic bank withdrawal. This reduction will include any amount from Extra Help.

Important: The process of applying for the Pfizer Hardship provision will be based on the Pfizer retiree's age, not the dependent's age.

Hardship Provision: Action May Be Required Each Year for Medicare Eligible Retirees

At the end of September, Social Security sends a letter to certain Extra Help recipients with a form outlining the financial and personal information they have on file. If you receive this letter, you will be required to confirm within 30 days whether the information has changed. If you do not respond to this request, Medicare will end your enrollment in Extra Help and your eligibility for the Pfizer hardship provision will also end.

Waiving Coverage

Pfizer recognizes that you may find other insurance that is less costly than Pfizer's coverage or better meets your health care needs. If you choose to drop your Pfizer coverage, you may re-enroll within 31 days of a qualified life event, including the loss of other medical coverage. You must certify that you have maintained continuous creditable coverage while not enrolled in the Pfizer Retiree Medical Plan, in accordance with the plan's rules. Refer to the Pfizer Retiree Medical Plan Summary Plan Description (SPD) for details.

Important note if you are Medicare eligible: Supplemental Medicare plans (including Medigap plans and local Medicare Advantage plans) may ask you to provide evidence of health if you enroll in their plan after you become Medicare eligible; these enrollment rules vary by state. Some states may view the loss of employer-provided coverage (including Pfizer's Medicare Advantage Plan, which is an employer group-sponsored plan) as a qualifying event and allow you to enroll in their plan without providing evidence of health.

It is your responsibility to understand the rules for any non-Pfizer Medicare plans you are considering. **To help you understand the general rules for non-Pfizer Medicare plans you are considering, you can contact a UHC enrollment specialist at: 1-866-868-0329** (press 1, regardless of whether or not you are currently enrolled in Pfizer's Medicare Advantage Plan), TTY 711, Monday through Friday from 8 a.m. to 5 p.m., local time.

If you are considering a non-Pfizer plan, you may wish to contact that plan's administrator to discuss the specific rules for the plan, including the effect of waiving coverage and the requirements to re-enroll at a future date.

If You Are Enrolled in a Non-Pfizer Medicare Plan

CMS does not allow enrollment in more than one Medicare Advantage plan or more than one Medicare Part D prescription drug plan, so if you are already enrolled in one of those plans, you will need to choose between that plan and Pfizer retiree medical coverage.

If you are enrolled in a Medigap or Medicare Supplemental Plan, these types of plans are intended to supplement Medicare. Since the Pfizer Medicare Advantage Plan replaces Medicare, you would not receive any additional benefits from your Medigap or Medicare Supplemental Plan. In this case, you may want to consider enrolling in one of the Prescription Drug-Only options if you would like to keep your Pfizer prescription drug coverage.

Your Contributions

Your cost of coverage varies based on your retiree group/legacy company and your retirement date, whether you are non-Medicare eligible or Medicare eligible, the Medicare eligibility status of your covered dependents and your coverage option. For more information about your contributions, refer to your Personal Fact Sheet, log in to **netbenefits.com** or call Fidelity at the Pfizer Benefits Center at **1-877-208-0950**. Representatives will be available Monday through Friday from 8:30 a.m. to midnight, Eastern time.

Paying for Coverage

You will receive a monthly invoice from Fidelity for your required contribution. Failure to submit your required contribution by the due date may result in a loss of your Pfizer coverage. Consider enrolling in Automatic Bank Withdrawal (ABW) so your contributions are paid automatically, helping you avoid additional costs or loss of your Pfizer coverage.

Call Fidelity at the Pfizer Benefits Center at **1-877-208-0950** to enroll by phone or to request that an ABW enrollment form be mailed to you. You can enroll in ABW at any time.

Additional Premium for Higher-Income Retirees

You may be required to pay an "Income-Related Monthly Adjustment Amount" (IRMAA) to Medicare because of your annual income. Income thresholds are reviewed and set each year by the Centers for Medicare and Medicaid Services (CMS). If the modified adjusted gross income as reported on your IRS tax return from two years ago is more than a certain income level, Medicare will require you to pay the B-IRMAA and D-IRMAA based on your income. Each family member determined to be high income and enrolled in Medicare Part B and Medicare Part D plan will pay the applicable Part B IRMAA and Part D IRMAA.

The Part B IRMAA will automatically be added to your premium bill from Medicare. The Part D IRMAA (referred to as D-IRMAA) will be reflected as a surcharge on your premium bill from Medicare.

Neither Pfizer, UHC, nor SilverScript are notified if you are required to pay the B-IRMAA and D-IRMAA, unless you are disenrolled by Medicare for non-payment.

Retiree Medical Subsidy (RMS)

If you are eligible for Pfizer's Retiree Medical Subsidy (RMS), which is an unfunded, notional account, it will be established at the time of your retirement.* The RMS defines the total dollar amount that Pfizer will contribute toward the cost of your Company-sponsored medical coverage and is used to pay Pfizer's share of your retiree medical coverage costs. Your RMS balance will decrease over time based on the cost of the coverage you choose while you are enrolled in the Pfizer Retiree Medical Plan. You will pay the difference, in the form of monthly contributions, between the total cost of coverage and the amount Pfizer pays through the RMS. You may also refer to the Summary Plan Description located in the Reference Library on **netbenefits.com** to understand how your RMS was originally determined.

After your RMS is depleted, you pay the full cost of coverage. To see your current RMS balance, refer to your Personal Fact Sheet or go online to **netbenefits.com** and find the Health & Insurance section. You can see your balance in the window that pops up. For more information, call Fidelity at the Pfizer Benefits Center at **1-877-208-0950**.

* The RMS is provided to legacy Pfizer retirees who initially retired after January 1, 2010, and legacy Wyeth retirees who initially retired after January 1, 2012. For information on your RMS balance, contact Fidelity at the Pfizer Benefits Center directly at **1-877-208-0950**. If you are not eligible for the RMS and have questions about your cost of coverage including your contributions, contact Fidelity at the Pfizer Benefits Center.

Support for Caregivers Assisting with Enrollment

If you are a caregiver assisting a Pfizer retiree or eligible dependent with enrollment elections or navigating health care, you may need to provide certain permissions, and in some cases a power of attorney may be required in order to speak with the Pfizer Benefits Center on behalf of the retiree or dependent. For your security, the Pfizer Benefits Center requires their own documentation, even if you have a power of attorney on file with the medical plan administrator (Horizon or UHC). If these permissions or power of attorney are on file with the Pfizer Benefits Center, we can help.

Call Fidelity at the Pfizer Benefits Center to speak with a Representative at: **1-877-208-0950** Monday through Friday from 8:30 a.m. to midnight, Eastern time.

If you are enrolled in the Pfizer Medicare Advantage Plan, you can also take advantage of the In-home Caregiving Support program offered by UHC as described on page 15.

Resources

Topic	Contact
Non-Medicare Eligible Coverage	
Medical Coverage through Horizon (For medical and mental health/ substance use) *Blue Card Network*	**Horizon (for medical and mental health/substance use coverage)** • **horizonblue.com/pfizer** — Select *Tools & Services*, then *Find a Doctor* to search for providers. Scroll to the bottom of the selected *Find a Doctor* option and click on the applicable sample ID Card. • Call Horizon at **1-888-340-5001**, Monday through Friday from 8 a.m. to 11 p.m., Eastern time. **Telehealth Services:** To access care, you can use the member online services under **horizonblue.com/pfizer** or download the Horizon Blue Mobile App.
Medical Coverage through UHC (For medical and mental health/ substance use) *Choice Plus Network**	**UnitedHealthcare (for medical coverage)** **myuhc.com** • Log in to the UnitedHealthcare Health4Me Mobile App, which can be downloaded from the Apple App Store or Google Play. • Call UHC at **1-800-638-8010**, Monday through Friday from 8 a.m. to 8 p.m., Eastern time. • **Telehealth Services: myuhc.com/virtualvisits** or download the UnitedHealthcare App. **Optum (for mental health/substance use coverage)** • **liveandworkwell.com**; log in, or use access code 61550 to enter the site anonymously. • Call Optum at **1-866-834-7603**, Monday through Friday from 8 a.m. to 8 p.m., Eastern time. • **Telemental Health Visits: liveandworkwell.com**; log in, or use access code 61550 to enter the site anonymously. Go to the *Find Care* tab and select *Virtual Visits*.
Prescription Drug Coverage through Caremark	**CVS Caremark** • **caremark.com** • Call Caremark at **1-866-804-5881**, 24 hours a day, 7 days a week.
TrestleTree (Health coaching programs)	**Free Diabetic Supply and Healthy Weight Programs** Call TrestleTree at **1-866-237-0967**, Monday through Thursday from 8 a.m. to 8 p.m., and Friday from 8 a.m. to 6 p.m., Eastern time.
Vision Coverage Through EyeMed *Insight Network*	**EyeMed Vision Care** • **eyemedvisioncare.com/pfizer** • Log in to the EyeMed Members Mobile App, which can be downloaded from the Apple App Store or Google Play. Call EyeMed at **1-855-629-5015**, Monday through Saturday from 7:30 a.m. to 11 p.m., and Sunday from 11 a.m. to 8 p.m., Eastern time.
Expert Medical Opinion Service	**Health Navigator (powered by PinnacleCare*)** • **sunlife.com/pfizer** Call 1-877-280-7466, Monday through Friday from 8 a.m. to 6 p.m., Eastern time.

Topic	Contact
Medicare Eligible Coverage	
Medical Coverage through UHC Medicare Advantage (Medical and mental/ substance use)	**UnitedHealthcare Medicare Advantage** • **retiree.uhc.com/pfizer** • Call UHC at **1-866-868-0329**, TTY 711, Monday through Friday from 8 a.m. to 8 p.m., local time. **Telehealth Services:** • For a non-emergency health condition: Choose from two providers for this benefit. To schedule a visit, contact Doctor on Demand at **1-800-997-6196** or Amwell at **1-844-733-3627**. • For a non-emergency mental health condition: Contact United Behavioral Health at **1-800-453-8440**. • Find a list of virtual medical and mental health providers at **retiree.uhc.com/pfizer**.
Vision Coverage through UHC	**UnitedHealthcare** • **retiree.uhc.com/pfizer** • Call UHC at **1-866-868-0329**, TTY 711, Monday through Friday from 8 a.m. to 8 p.m., local time.
Medicare Enrollment Assistance	**Allsup** • Call Allsup at **1-888-271-1173**.
Prescription Drug Coverage through SilverScript	**SilverScript** • **pfizer.silverscript.com** • Call SilverScript at **1-844-774-2273**, 24 hours a day, 7 days a week.
Non-Medicare Eligible and Medicare Eligible Coverage	
Eligibility, Enrollment, and Contributions	**Pfizer Benefits Center** • **netbenefits.com** Call Fidelity at the Pfizer Benefits Center at **1-877-208-0950**; Representatives will be available to assist you Monday through Friday from 8:30 a.m. to midnight, Eastern time.

* Massachusetts, Maine or New Hampshire residents: select Passport Connect Choice Plus as the provider network to begin your search.

Important Documents

Summary Plan Description (SPD)

Refer to the Summary Plan Description (SPD) for the Pfizer Retiree Medical Plan for more detailed information on plan eligibility and what services are and are not covered. This SPD is available at **netbenefits.com** in the *Reference Library*. Find the *Health & Insurance* section on the home page, and then click *Quick Links* and *Reference Library*.

Legal Notices Booklet

Review the legal notices booklet, which provides details on many of your rights under your health care plans. The booklet is available at **netbenefits.com** in the *Reference Library*. Find the *Health & Insurance* section on the home page, and then click *Quick Links* and *Reference Library*.

HSA Preventive Drug List (if Non-Medicare Eligible)

If you're enrolled in the HSA-Eligible PPO option and you are taking a medication on the **HSA Preventive Drug List** (e.g., for diabetes or hypertension), the deductible won't apply; you will pay your cost share. View the **HSA Preventive Drug List** available at **netbenefits.com** in the *Reference Library* or call **CVS Caremark** for more information.

Pfizer Zero Cost Prescription Drug List*

Review the **Pfizer Zero Cost Prescription Drug List** located on **netbenefits.com** in the *Reference Library*. Find the *Health & Insurance* section on the home page, then click *Quick Links* and *Reference Library*. As a reminder, if you are enrolled in the Rx Base option, all Pfizer medications are covered at the same cost-sharing level as non-Pfizer medications and only generic erectile dysfunction medications are covered under this option.

* **Note:** This list is subject to change during the year as Pfizer may add or remove products from this list at any time, for any reason.

This brochure contains information about Pfizer retiree health care benefits and the Pfizer Retiree Medical Plan but it is not intended to provide every detail. Complete details can be found in the Pfizer Retiree Medical Plan document or its accompanying Summary Plan Description. Both are available upon request to the Company, or can be accessed at **netbenefits.com** or by calling the Pfizer Benefits Center at **1-877-208-0950**.

While Pfizer expects to continue the benefits described in this brochure, it reserves the right to amend, suspend, or terminate the Pfizer Retiree Medical Plan and any retiree health care benefits offered by the Company at any time, with or without notice, and for any reason, including, without limitation, the right to increase costs and/or reduce or eliminate any Pfizer contribution. Pfizer may also need to adjust the Pfizer Retiree Medical Plan or this program, or any or all of the benefit plans it offers, to comply with applicable laws or regulations.

October 2024