

Understanding the Family Deductible

If you are covering more than just yourself under the Pfizer Medical Plan, it is important to understand how the annual family deductible works under each medical plan option. Your coverage includes a family deductible if you enroll your spouse/ domestic partner, your child(ren), or your family.

Under the HSA Copay option, all family members are subject to a combined family deductible, whereas under the Network Copay and Traditional Coinsurance options, each family member is subject to their own individual deductible and a combined family deductible. Keep in mind, if you enroll in the Network Copay option, most services are not subject to the annual deductible.



HSA Copay Family Deductible

Under the HSA Copay option, a combined family deductible applies to all family members. All non-preventive eligible expenses count toward the deductible until the family's combined eligible expenses for the year equal the family deductible.

Both non-preventive medical and prescription drug eligible expenses apply to the deductible. Out-of-network expenses apply to a separate out-of-network deductible.

If one member reaches their individual out-of-pocket maximum, that is the most they will pay during the year for eligible expenses. Other family members must meet their own individual out-of-pocket maximums until the overall family out-of-pocket maximum has been met.



Traditional Coinsurance and Network Copay Family Deductibles

Under these options, each family member is subject to their own individual deductible and out-of-pocket maximum.

Additionally, the family deductible is met when the combined deductible expenses of all the family members equals the family deductible amount.

Prescription drug expenses do not apply to the deductible; you simply pay the applicable copay/coinsurance. However, there is a separate prescription drug out-of-pocket maximum for both individual and family coverage.

Out-of-network expenses apply to a separate deductible and separate out-of-pocket maximum under the Network Copay option. Under the Traditional Coinsurance option, in-network and out-of-network expenses apply to the same deductible and out-of-pocket maximum.

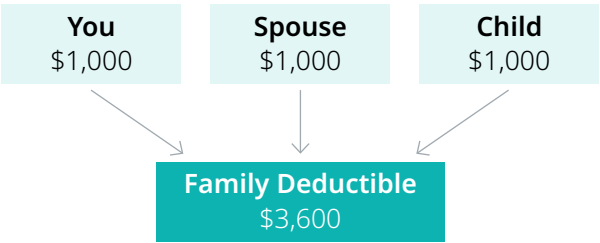
	HSA Copay	Traditional Coinsurance	Network Copay*
Are non-preventive medical and prescription drug expenses subject to the deductible?	Yes	No, only non-preventive medical; there is no deductible for prescription drug expenses	No, only non-preventive medical; there is no deductible for prescription drug expenses
Are there separate deductibles for in-network and out-of-network services?	Yes	No, in-network and out-of-network expenses apply to the same deductible	Yes
Does each family member have their own individual deductible?	No, the family deductible must be met before the services for any family member are covered by applicable copays/coinsurance	Yes, each family member has their own individual deductible in addition to the family deductible	Yes, each family member has their own individual deductible in addition to the family deductible
Does each family member have their own individual out-of-pocket maximum?	Yes	Yes	Yes

*Reminder: Under the Network Copay option, the deductible only applies to certain services such as advanced imaging and laboratory tests.

Here's an example:

HSA COPAY

You, then your spouse, and then your child each incur a \$1,000 in-network expense toward the annual deductible.

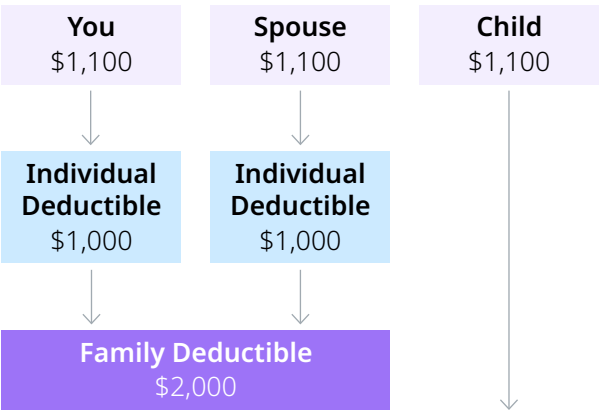


You, your spouse, and your child pay a combined \$3,000 toward the family deductible of \$3,600. After paying these expenses, you, your spouse, and/or your child would still need to incur an additional \$600 in in-network expenses to meet the family deductible. Once it's satisfied, any eligible in-network expenses for the remainder of the year are subject to applicable copays/coinsurance.

Note: This is just an example. Given how the family deductible works for the HSA Copay option, if one family member has a health condition and the others are relatively healthy, it's possible that one covered individual could incur enough eligible expenses to satisfy the full family deductible.

TRADITIONAL COINSURANCE

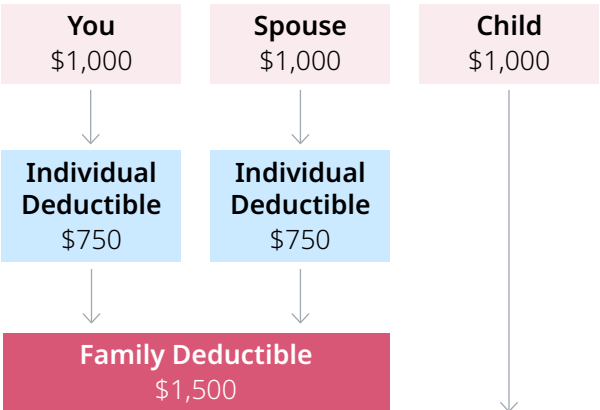
You, then your spouse, and then your child each incur a \$1,100 in-network expense toward the annual deductible.



You and your spouse each pay \$1,000 toward your respective individual deductibles and the remaining \$100 for you and your spouse is covered by applicable coinsurance. Since you and your spouse have jointly paid \$2,000 toward the family deductible, the child's expense is not subject to any deductible and is covered by applicable coinsurance. All remaining eligible in-network expenses for the family are covered by applicable coinsurance.

NETWORK COPAY

You, then your spouse, and then your child each incur a \$1,000 in-network expense toward the annual deductible.



For certain services under the Network Copay Option, you and your spouse each pay \$750 toward your respective individual deductibles and the remaining \$250 for you and your spouse is covered by applicable copays/coinsurance. Since you and your spouse have already paid \$1,500 toward the family deductible, the child's expense is not subject to any deductible and is covered by applicable copays/coinsurance. All remaining eligible in-network expenses for the family are covered by applicable copays/coinsurance.

Note: Deductible only applies to certain services such as advanced imaging and laboratory tests. Doctor visits, urgent care visits, ER visits, and outpatient/inpatient visits are not subject to the deductible. Instead, you pay a copay for these services.