



Understanding the New HSA Copay Option and the Health Savings Account

Frequently Asked Questions

As of Sept. 2021

1. Why is Pfizer replacing the Network Coinsurance option with a high deductible plan, the HSA Copay?

We believe the new HSA Copay option is an improvement over the Network Coinsurance option. Like the Network Coinsurance option, it has low contributions while also providing comprehensive in- and out-of-network coverage and overall financial protection through an out-of-pocket maximum.

Unlike the Network Coinsurance option, the HSA Copay option allows you to contribute to a Health Savings Account (HSA). When you consider the Company contribution to the HSA, many colleagues will pay less out-of-pocket than under the current Network Coinsurance option. In addition, all colleagues who elect this option will have the opportunity to make their own contributions to a tax advantaged Health Savings Account.

2. Is the change to Pfizer medications with a generic available related to this new high deductible plan?

No. The change to cover Pfizer medications with a generic available (e.g. Accupril, Pristiq, Protonix, and others) is consistent with Pfizer's position to ensure access to cost effective treatments including the use of generic medications. This change is also competitive within our pharmaceutical peer group.

3. What are key similarities between the new HSA Copay option and the remaining medical options?

HSA Copay will work similarly to the other medical options in that:

- The same eligible expenses are covered;
- The same services are subject to prior authorization and medical necessity review;
- The same preventive care such as well visits, and recommended screenings (e.g. mammography, colonoscopy) are covered at no cost;
- The same 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 if you receive care through out-of-network providers.

Note: The Allowed Amount for out-of-network services is determined by your claims administrator. It is generally defined as 250 percent of the Medicare reimbursement rate. For certain other supplies and services including those for which Medicare does not provide a reimbursement rate, the Allowed Amount will be determined based on the method utilized by your claims administrator. Contact your claims administrator for details before receiving out-of-network services.

Understanding the New HSA Copay Option and the Health Savings Account
Frequently Asked Questions — As of Sept. 2021

4. What are key differences between the new HSA Copay option and the remaining medical options?

There are some differences which affect how you pay for care. Review the following chart for a summary.

Feature	HSA Copay	Network Copay and Traditional Coinsurance
Family Deductible	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.	The family deductible applies on both an individual and on a family basis. This means that an individual within a family can satisfy the individual deductible or a combination of family members can satisfy the family deductible.
How the Deductible Works	Deductible applies to eligible non-preventive medical expenses including mental health and eligible non-preventive prescription drug expenses.	Deductible applies to eligible non-preventive medical expenses excluding mental health. There is no deductible for eligible prescription drug expenses.
Out-of-pocket maximum	Combined amount applies to eligible medical expenses including mental health and prescription drug expenses.	Separate amounts apply to eligible medical expenses including mental health and prescription drug expenses.
Reimbursement Accounts for Eligible Healthcare Expenses	May only participate in the Limited Purpose Health Care Account (LPHCA) and/or the Health Savings Account (HSA). LPHCA covers eligible dental and vision expenses <i>before and after</i> meeting the deductible. Eligible medical and prescription drug expenses are covered under the LPHCA <i>after</i> meeting the plan deductible. In other words, the LPHCA covers the same expenses as the GPHCA <i>except for eligible medical and prescription drug expenses incurred before meeting the plan's annual deductible</i> . HSA covers <i>all</i> eligible expenses.	May only participate in the General Purpose Health Care Account. Covers eligible medical and prescription drug expenses <i>before and after</i> the applicable deductible as well as eligible dental and vision expenses. These medical plan options do not meet IRS requirements to allow contributions to an HSA.
Pfizer Zero Copay Drug List	Prior to deductible being met: Zero copay benefit is only available for Pfizer medications that are also on the HSA Copay Preventive Drug List. After deductible is met: Zero copay benefit is available for all medications on the list.	Zero copay benefit is available for all medications on the list.

Note eligible expenses include eligible over-the-counter (OTC) expenses and will be covered as categorized by the IRS. For example, Contact 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.

5. Is there an example of how the Family Deductible works?

Under Network Copay and Traditional Coinsurance options, both the individual and family deductibles apply, here's what this means:

- An individual within a family can satisfy the individual deductible or the combination of all family members can satisfy the family deductible.
- For any one individual, the individual deductible is the most that will count towards the family deductible.
- The family deductible is met when the combined total of all covered family members' expenses (up to each person's individual deductible) equals the family deductible.

For example, let's assume your family includes a spouse and a child.

Under Network Copay, for 2022, most eligible services are covered by copays and, in those cases, the deductible does not apply. For those eligible services that are subject to the deductible (e.g. tests and imaging such as x-rays, CT scans, etc.) the in-network individual deductible is \$500 and the family deductible is \$1,000. This means that once a covered person incurs \$500 in expenses that are subject to the deductible, the individual deductible will be satisfied for that covered person. If you and your spouse both incur \$500 in eligible expenses, the family deductible will be satisfied for the entire family including your child because the family deductible was met by you and your spouse.

Under the new HSA Copay option, only the family deductible applies to the family; here's what this means:

- If you are covering your family — whether that is just a spouse and/or any children, the plan will start paying benefits after the family deductible is met.
- Under this option, the in-network individual deductible is \$1,500 and the family deductible is \$3,000. This means that once one covered person or a combination of covered persons incurs \$3,000 in eligible expenses as a family, the family deductible will be satisfied for the entire family.
- If one individual incurs \$1,500 in eligible expenses, that will count towards the family deductible, but the individual deductible will **not** be satisfied for the one individual.
- Don't forget under this option, eligible mental health and prescription expenses will count toward the annual deductible — it's not just your eligible medical expenses.

View the Understanding the Family Deductible tip sheet — available in the *Reference Library* on [netbenefits.com](https://www.netbenefits.com) — for more information and examples.

6. Are all colleagues eligible to contribute to the HSA?

Not all colleagues will be eligible for the HSA. Generally, to be eligible for the HSA, you must be enrolled in a HDHP. Additionally, you must **not** be:

- Someone's tax dependent;
- Enrolled in non-HDHP healthcare 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, a general purpose HCA, or have access to a Health Reimbursement Account (HRA) which covers pre-deductible medical expenses.

Further restrictions may apply including receiving medical benefits from the Indian Health Service or the US Department of Veterans Affairs for non-service-related disability treatment.

Note: Turning age 65 does not preclude you from remaining HSA-eligible.

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

Note: if you are not eligible for the HSA but still wish to enroll in the HSA Copay option, you need to call the Pfizer Benefits Center during Annual Enrollment. Please 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, so you need to **opt out of the "HSA Plan Enrollment."** If this applies to you, be sure to check in 2022 that no HSA contributions are being made to your account because having ineligible HSA contributions will likely create tax issues that you will personally be responsible to correct. To opt out of HSA Plan Enrollment, contact the Pfizer Benefits Center at 1-866-476-8723 and follow the prompts for health and insurance. Representatives are available Monday through Friday from 8:30 a.m. to Midnight, Eastern time.

7. I am thinking of retiring next year and I am currently Medicare-eligible or approaching Medicare eligibility (either due to turning age 65 or through becoming Medicare disabled). Will that affect my eligibility to contribute to the HSA?

Enrolling in Medicare **will** affect your eligibility to contribute to the HSA. Additionally, Medicare Part A enrollment can be retroactive for up to six months. If you enroll in Medicare (which is a requirement to continue coverage through Pfizer once your employment ends — either through active benefit continuation coverage under a Pfizer separation plan or through Pfizer retiree medical coverage), IRS rules require your HSA contribution limit to be prorated. Review with your personal tax adviser how this may impact you and your personal situation.

8. If I enroll in the HSA Copay option, when will I receive my first Company contribution?

If you enroll in the HSA Copay option and your annual base pay is less than \$300,000, you will receive a Company contribution into your HSA account (for 2022, **all** colleagues who enroll in this option will receive at least a \$50 Company contribution).

This contribution is made annually and will be deposited in your HSA account as soon as administratively possible, generally by mid-January. Note, for the Company contribution to be made you must, as of Jan. 1 of the year in which the contribution applies, be actively employed, or be receiving active benefits continuation coverage under a Pfizer separation plan.

9. If the Company contribution is deposited to my account mid-January, will I be able to use my HSA if I have eligible medical expenses in early January?

You may use the funds as soon as they are deposited into your account.

Note: expenses incurred prior to Jan. 1, 2022 are not eligible for reimbursement through your Pfizer HSA account.

10. How much is the Company contribution to my HSA?

If you enroll in the HSA Copay option, Pfizer will contribute to your HSA based on your annual base pay (determined as of Sept. 1 or your hire date, if later) and whether you are covering yourself only or any eligible dependents under Pfizer's medical plan. Additionally, for 2022 only, the Company contribution will include \$50 from HealthEquity, the HSA administrator. Refer to the following chart for details.

Annual Base Pay (as of Sept. 1, 2021 or hire date, if later)	2022 Total Company Contribution Including \$50 HealthEquity Contribution (Single/Family)
Less than \$75,000	\$1,050 / \$2,050
\$75,000 up to \$160,000	\$800 / \$1,550
\$160,000 up to \$300,000	\$300 / \$550
\$300,000 or greater	\$50 / \$50

11. Is the Company contribution for the HSA Copay guaranteed?

At this time, the Company contribution amount is a part of the HSA Copay design. While Pfizer reserves the right to make changes to the Pfizer Medical Plan, including the medical options offered in the future, Pfizer currently intends to make a contribution each year. The \$50 contribution from HealthEquity is a one-time contribution and will not be offered every year.

12. Why does the Company contribution differ based on pay?

The intent of Pfizer's contribution and the different levels of contribution is to help ensure equitable access to quality healthcare.

13. How do I confirm my Annual Base Pay?

To confirm your Annual Base Pay, visit Workday and select "View Profile" or look for the Quick Action button in Fuse "Access My Profile in Workday." From your profile, select the "Compensation" tab to view your annual base pay or hourly rate. If you are an hourly colleague, multiply your hourly rate by 2,080* to calculate your annual base pay. Note: annual base pay is your base pay only and does not include variable pay such as bonuses, overtime, etc.

If you have questions about your pay or need help confirming your pay, contact the Pfizer Colleague Service Center at 1-866-476-8723 and follow the prompts for payroll. Representatives are available Monday through Friday from 8 a.m. to 6 p.m., Eastern time.

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

14. Other than the Company contribution to the HSA, is there other financial support to help me meet the deductible under the HSA Copay option or any of the other Pfizer medical options?

Yes. CVS Caremark offers an interest-free payment program for medications processed through either CVS Mail Order or CVS Specialty that cost you more than \$250 out-of-pocket. If you enroll in the HSA Copay option, non-preventive care and non-preventive medications are subject to the plan's annual deductible. Under the Network Copay and Traditional Coinsurance options, there is no deductible. Therefore, if you enroll in the HSA Copay option your prescription expenses may exceed \$250 before you meet the deductible, contact CVS Caremark or CVS Specialty for details about their payment program.

Additionally, regardless of which medical option you enroll in, through the Benefits Advantage Program, you can consider enrolling in supplemental health coverage, including Accident Insurance, Critical Illness, and/or Hospital Indemnity Insurance. These benefits pay a lump-sum, non-taxable benefit for covered events which can be used at your discretion. This means you can use it to cover out-of-pocket medical expenses, including deductibles or copays, or other expenses not covered by insurance such as unexpected caregiving or child care expenses to help while you are being treated or recovering. Remember, you can only enroll in these supplemental health benefits during Annual Enrollment. Contact Benefits Advantage for details.

15. Is there a vesting requirement for the Company Contribution?

No. Once the Company contribution is made to your account, it belongs to you.

16. If my covered dependents change (e.g., add a spouse, have a baby, or get divorced) mid-year, will the Company contribution amount to my HSA be adjusted mid-year?

In most cases, the Company contribution will be adjusted 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 event. Additionally, there will only be an adjustment if your eligible dependent is added to your coverage by Dec. 1.

Once the Company contribution is made to your account, it's yours to keep. Therefore, if you drop a dependent which results in a change from family coverage to single coverage, you will not be asked to refund your Company contribution.

17. If my salary changes mid-year, will the Company contribution amount to my HSA be adjusted mid-year?

No, if you are eligible for a Company contribution to your HSA, this contribution is made in January based on your annual base salary in effect on Sept. 1 preceding the Annual Enrollment period (e.g. Sept. 1, 2021 for coverage beginning Jan. 1, 2022).

18. Are there situations where the Company contribution be prorated under the HSA Copay option?

Yes. The annual Company contribution is prorated for new hires and for new mid-year enrollees into the HSA Copay option (it will be prorated based on the number of full months you are enrolled in the HSA Copay option). It will also be prorated if you are terminated under a Pfizer separation plan and are in the final year of active benefit continuation coverage (it will be prorated based on the number of months you are expected to be enrolled in the HSA Copay option). Beginning in 2022, no Company contribution will be provided for a given calendar year if you enroll in the HSA Copay option after Dec. 1.

19. Will I need to take any action to open my HSA account?

Generally, HealthEquity will be able to certify your identity and will automatically open your HSA account in accordance with legal requirements. Once your account is certified, you will be able to log in and complete your HealthEquity profile, including updating your beneficiaries and more. Details will be included in your Welcome Kit mailed to your home address on file in December.

If HealthEquity is unable to automatically certify your identity, you will be notified directly in late December 2021. **If this is required, you will be sent a letter from HealthEquity asking you to verify certain personal information such as your date of birth, home address, and/or social security number and provide documentation of this information to HealthEquity.** You must ensure your account has satisfied the identity certification requirements in order for any contributions to be deposited to your account on a timely basis. If you don't receive your Welcome Kit by late December, call HealthEquity as soon as possible.

20. What will be included in my Welcome Kit from HealthEquity?

Your Welcome Kit from HealthEquity will include the following:

- HSA Visa Debit Card;
- Welcome Kit which includes information details on investment options and a list of fees you will be responsible for (e.g. paper checks or paper account statements); and
- Quick Start Guide for setting up your HSA.

21. Can I contribute to my HSA account? How?

Regardless of whether Pfizer contributes to your HSA account, you may contribute to your HSA account through payroll deductions or by making a contribution directly to HealthEquity.

During Annual Enrollment, 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 and you can change your future payroll deductions at any time. Note: changes to your contribution rate may be made through Dec. 1 for a given calendar year.

Alternatively, you can contribute directly to your HSA through HealthEquity. Additional information regarding how to make a direct contribution by check or electronic fund transfer to HealthEquity will be provided in your Welcome Kit that will be sent in December.

22. Are there limits on how much I can contribute to my HSA?

Yes, the IRS limits what you can contribute.

For 2022, the maximum annual contributions, including any Company contributions, are:

- \$3,650 single (e.g. for yourself only coverage);
- \$7,300 family (e.g. when you cover yourself plus any eligible dependents); and
- Additional \$1,000 catch-up contributions if you are age 55 or older.

23. What if my spouse and children have other medical coverage through another employer? May I still contribute to the HSA?

Yes, as long as you are not covered under your spouse's plan. If you enroll for single coverage in the HSA Copay option you may make the maximum \$3,650 "single" contribution to your Pfizer HSA account for the year. If you enroll in the HSA Copay option for child(ren) coverage, you may contribute the full \$7,300 "family" contribution. (You may contribute an additional \$1,000 in catch-up contributions if you are age 55 or older.)

Note: You cannot contribute to the HSA if you are covered as a dependent under your spouse's non-HDHP coverage or have access to a health care flexible spending account or a health reimbursement account which covers pre-deductible expenses.

24. I have an HSA with a prior employer. Can I transfer that balance to my Pfizer HSA?

Yes. Contact HealthEquity after your HSA account is activated for more information on how to transfer another HSA account into your Pfizer HSA account.

25. Will the Pfizer HSA be part of my Pfizer Savings Plan (PSP) or 401(k)?

No. Your HSA is a separate account which you can access through HealthEquity. The Pfizer Savings Plan is accessed through Fidelity.

26. Can I still enroll in the Health Care Account (HCA) if I enroll in the HSA?

No. Beginning in 2022, the HCA is being renamed the General Purpose HCA (GPHCA). IRS rules do not permit participants in an HSA to participate in an HCA or a GPHCA. Therefore, we will offer a Limited Purpose Health Care Account (LPHCA) which you can participate in if you enroll in a high deductible health plan like the HSA Copay option.

27. What types of expenses can be reimbursed from an HSA?

Eligible expenses include medical, behavioral 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. You can review a complete list of eligible expenses on the [IRS website](#).

You can also visit HealthEquity for a [list](#).

28. What types of expenses can be reimbursed from a Limited Purpose HCA (LPHCA)?

The LPHCA covers the same eligible expenses as the GPHCA ***except for eligible medical and prescription drug expenses incurred before meeting the HSA Copay option's annual deductible.***

You can review a complete list of eligible expenses on the [IRS website](#).

29. If I am enrolled in the HSA Copay option and participate in the LPHCA, will my eligible medical and prescription drug expenses be reimbursed automatically once I reach the plan's annual deductible?

No. To get reimbursed for eligible medical and prescription drug expenses incurred *after the meeting the deductible*, you will need to contact HealthEquity to provide proof, such as an Explanation of Benefits (EOB), that you satisfied the plan's annual deductible. Remember, under the LPHCA, eligible medical and prescription drug expenses incurred before meeting the annual deductible under the HSA Copay option are not eligible for reimbursement under current tax rules. Contact HealthEquity for more information.

As a reminder, if you are enrolled in Pfizer dental and/or vision coverage, no action is required as your eligible expenses under these plans will automatically be reimbursed to you from the LPHCA.

30. Will I be able to get a debit card to use with my HSA?

If you elect the HSA Copay option, you will be sent a Visa debit card from HealthEquity that you may use to pay eligible expenses. This card is optional to use. Your HSA debit card will be mailed late December if you enroll by the Annual Enrollment deadline.

This debit card is for your HSA only. As is currently the case, debit cards will not be 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 healthcare expenses incurred under the Pfizer health plans will automatically be submitted to HealthEquity on your behalf.

31. If I prefer not to use the debit card, how can I get reimbursed for any eligible expenses I pay and want to get reimbursed from my HSA?

If you do not use your debit card, you will need to file a 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.

32. Do I need to pay any account fees for my HSA account?

While you are employed by Pfizer, Pfizer will pay any account maintenance fees. There are various optional fees that are your responsibility. For example, if you request paper versus online statements or reimbursement via checks versus using EFT or the HSA card. A list of account fees will be included in your Welcome Kit that will be sent in December.

Once you terminate employment, generally, the monthly account maintenance fee will be your responsibility. This fee is waived if your HSA account balance is greater than \$2,500. Review the fee schedule in your HealthEquity Welcome kit.

33. How can I view my HSA balance?

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 that will be sent in December.

34. If I already have an account with HealthEquity due to my participation in a current spending account or the Commuter Program, can I view my HSA information through that same account under WageWorks.com?

Yes. If you already have a WageWorks login set up, you will be able to review your HSA account information at Wageworks.com. Once you are logged in, click on the HSA tab on the left navigation bar for more details. You may also visit my.healthequity.com directly to create an account and view your HSA information.

Remember, your HSA balance will not be available to view until mid-January 2022. You will receive an email confirmation once the Company contribution posts to your account.

35. What happens to my HSA balance if I pass away?

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.”

36. Am I required to contribute to my HSA to receive the Company contribution?

No, you are not required to contribute to the HSA to receive the Company contribution.

However, during Annual Enrollment, colleagues choosing the HSA Copay option will be required to enter an HSA election amount — even if that amount is \$0 — in order to receive the Company contribution. Refer to the Making Your HSA Election tip sheet — available in the *Reference Library* on netbenefits.com — for more information.

37. Do I need to contribute a minimum amount to my HSA?

No, there is no contribution minimum but you need to have a minimum account balance of \$1,000 if you wish to invest your HSA balance in an available investment option.

38. What is the minimum amount I need to have in my HSA in order to invest?

To start investing, your account balance must be at least \$1,000. If your balance is below this amount, funds will remain in an interest-bearing account. Details will be provided in the Welcome Kit that will be mailed in December.

39. Where can I get more information about the investment options that HealthEquity offers to invest my HSA account balance?

HealthEquity currently offers the “Investor Choice” line-up of mutual funds through Vanguard. You can view a list of the investment options available through this line-up and the associated fund expense ratios [here](#).

40. Other than the fund expense ratio, are there any other investment related fees associated with my account if I choose to invest my account balance?

Yes. HealthEquity charges a monthly investment administration fee. Generally, this fee is 0.03% of your average daily balance (note this fee is capped at \$10 per month). For example, if your average daily balance invested is \$1,000, your account would be charged \$0.30 (30 cents) 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.

Additional details about investments and the available features will be provided by HealthEquity in December.

41. If I elect the HSA Copay option, can I change my medical option during a future Annual Enrollment? If so, what happens to my HSA?

Yes, you can change your medical option each year during Annual Enrollment. If you elect the HSA Copay option, you can continue to contribute to your HSA and may continue to use that HSA account to pay for eligible healthcare expenses or you can leave the funds in the account. However, if you enroll in a medical option that is not a high deductible health plan — as defined by the IRS — you cannot contribute additional funds to your HSA, but you may continue to use that HSA account to pay for eligible healthcare expenses or you can leave the funds in the account.

42. Should I expect to receive any tax forms related to my HSA?

Yes, by the end of January 2023, you will receive a combined form 1099-SA for contributions to an HSA and form 5498 for payments from an HSA, if applicable. Tax forms will be posted to the member portal under “Docs and Forms” then “Tax Forms.” Your tax forms will also be mailed to you at no additional cost.

43. Where can I get more information about how the HSA works?

Be sure to visit learn.healthequity.com/pfizer or attend an Annual Enrollment webinar. You can access the webinars from the home page banner on MyPfizerBenefits.com.

Understanding the New HSA Copay Option and the Health Savings Account
Frequently Asked Questions — As of Sept. 2021

44. Who do I contact if I have questions?

If you still have questions after reviewing [MyPfizerBenefits.com](https://www.mypfizerbenefits.com), contact the applicable plan or program administrator directly.

For questions about:	Contact	How
Making your annual enrollment elections including contributing to your HSA through Payroll Deductions	Fidelity	Go to netbenefits.com or call 1-866-476-8723 and follow the prompts for health insurance 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, 7 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. Optum for behavioral health and substance use services Contact your medical claims administrator and select the option for behavioral health and substance use. 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, 7 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
Learn about supplemental health coverage through the Benefits Advantage Program	Benefits Advantage	Visit pfizeradvantage.com or call 1-888-926-2525 Representatives are available 365 days/year, 24 hours a day, 7 days a week