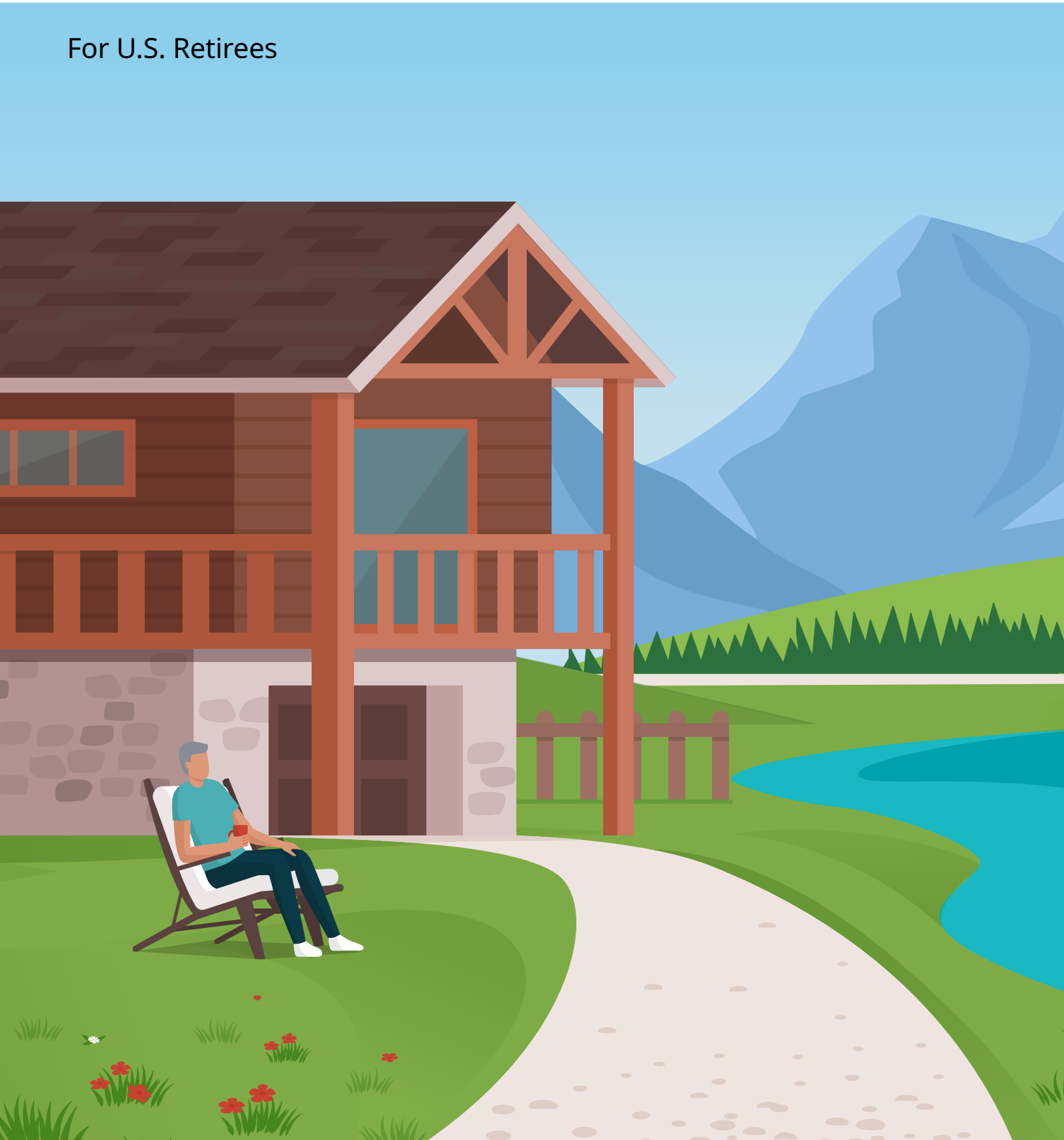
2022 Pfizer Retiree Benefits Brochure

For U.S. Retirees



Tips for Using this Brochure

As you're learning about your Pfizer benefits, keep an eye out for the following icons:

Additional considerations as you use certain benefits.

Tips on how to get the most from your benefits.

Resources and vendors that can help support you throughout the year.

Has Your Address or Phone Number Changed?

Be sure to update your information with 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.

Reminder For Retiree Life Insurance

Certain grandfathered retirees may be eligible for Pfizer-sponsored retiree life insurance coverage. If you have retiree life insurance, you may review your Pfizer-sponsored coverage on **netbenefits.com** or by calling the Pfizer Benefits Center. To file a claim for retiree life insurance, your beneficiary must contact the Pfizer Benefits Center and follow the prompts for life insurance.

Pfizer Couples

If your spouse or domestic partner is a Pfizer retiree or covered under the retiree benefits program: You may each choose to enroll in your own coverage with only one of you covering your dependent children, or you may choose to cover your spouse or domestic partner under your retiree coverage, or you may be covered under their coverage, either as a non-Medicare-eligible or Medicare-eligible dependent, as applicable, including any eligible dependent children.

Note that information contained 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 Jan. 1, 1992, or Wyeth retirees covered by the Change in Control (CIC) arrangement.

Pfizer U.S. Retiree Benefits

Pfizer is committed to providing comprehensive benefits to our retirees and their families, and ensuring you have easy access to this information throughout the year. Read this brochure to become familiar with the benefits available — and to learn more about the resources and vendors that can help you get the most from your benefits.

Please save this brochure to use as an ongoing reference, should you have benefit questions during the year.

Non-Medicare-Eligible

Medicare-Eligible

Split Family Coverage

Important Things to Consider for Non-Medicare-eligible and Medicare-eligible

Your Resources

Non-Medicare-Eligible (Under Age 65) Retiree Coverage Options

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). **Note:** If some family members are eligible for Medicare and some aren't, you are considered to have "split family" coverage. Please go to **page 20** for more information on how split family coverage works.

Your Claims Administrators: Horizon Blue Cross Blue Shield or UnitedHealthcare

Your claims administrator determines your network of providers. Pfizer offers two claims administrators for you to choose from — Horizon Blue Cross Blue Shield (Horizon) or UnitedHealthcare (UHC). Review your current providers to determine if they are in-network with either Horizon or UHC and determine which network better fits your needs.

The claims administrators typically differ in two ways: They each use a different network of providers, and their contracted rates with providers may vary (which affects how much you pay for services). Keep in mind, however, you'll receive coverage and pay the same contributions, regardless of which medical claims administrator you choose.

Both claims administrators regularly review the quality of their in-network providers and can direct you to experienced providers with successful track records in treating specific illnesses and conditions. Go to the Horizon and UHC websites to find in-network providers, including providers who have designations indicating high quality and efficiency ratings as Horizon Blue Distinction and UHC Premium providers. Using in-network providers can greatly reduce your out-of-pocket health care costs and eliminate the need to file claims.

In addition, **behavioral health and substance use coverage is administered by Optum, regardless of which medical claims administrator you choose**. You can contact Optum directly for more information and to find a provider.

In-Network vs. Out-of-Network

No matter which option you choose, you will receive a greater benefit when you use in-network providers. By using in-network providers, you have a lower annual deductible and you're reimbursed at a higher rate. Additionally, you save money because your provider has agreed to charge a contracted rate, which is generally lower than the rate charged for out-of-network care.

Your Medical Plan Options: Retiree PPO or High-Deductible PPO

There are two medical plan options for retirees who are not yet eligible for Medicare — the Retiree PPO option and the High-Deductible PPO option. Both options provide in-network coverage, preventive care and prescription drug coverage; however, **only the Retiree PPO option provides 100 percent 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.

Under the High-Deductible PPO option, you and Pfizer share the cost for **all** covered medications, including all Pfizer medications — with and without a generic available — at the same cost-sharing level as non-Pfizer medications.

Review the coverage chart on **page 6** for more details and to determine which option best meets your needs.

Contact Your Claims Administrator

Refer to **Your Resources** on **page 24** for contact information for Horizon, UHC and Optum.

Prescription Drug Coverage

Prescription drug coverage, administered through CVS Caremark®, is included with your retiree medical coverage and covers medications dispensed through a pharmacy. Coverage varies based on your medical plan option. For details, see the chart on **page 6**.

Specialty Medications

Specialty medications are injectable, infused, oral, topical or inhaled medications that often require specialized delivery, handling, monitoring or administration.

Specialty medications may be obtained as a medical service or through a pharmacy.

- **As a covered medical service:** specialty medications — including those manufactured by Pfizer — that are administered in your home, at a provider's office, or in a facility are generally covered as a medical service under the Pfizer Retiree Medical Plan. Contact your medical claims administrator for coverage details and preauthorization requirements.
- **Through a pharmacy:** specialty medications — including those manufactured by Pfizer — must be obtained through CVS Specialty™ to be covered. **Those not purchased through CVS Specialty will not be covered.** To view the **CVS Specialty Drug List**, go to **cvsspecialty.com** and access the *Education Center* page or call **1-800-237-2767** to request a copy; 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.

CVS Caremark offers an interest free payment program for mail-order and CVS Specialty pharmacy that cost you more than $250 out of pocket. Contact CVS Caremark for details.

Important Information if you Have Diabetes

Coaching for retirees and their covered dependents diagnosed with diabetes is available under the Retiree PPO and High-Deductible PPO options at no additional cost through TrestleTree. When you or your covered dependent(s) participate in this program, certain diabetic supplies (dispensed through a pharmacy) will be covered at no cost, including glucose and glucagon kits, insulin needles and syringes, lancets and devices, and test strips.

Note: Supplies that are covered under your medical coverage, such as pumps and pump supplies, are not included. To enroll in coaching, contact TrestleTree at **1-866-523-8185**, Monday through Thursday from 8 a.m. to 8 p.m. and Friday from 8 a.m. to 6 p.m., Eastern time.

How to Maximize your Prescription Drug Benefits

- **Use Pfizer medications:** Under the Retiree PPO option, Pfizer medications dispensed at a pharmacy are covered at 100 percent when no generic is available. If you use an out-of-network pharmacy, there may be a cost. Pfizer medications that have a generic available (such as Accupril, Pristiq, Protonix, and others) will be covered as any non-Pfizer medication — the Pfizer medication is covered, but you and Pfizer will share in the cost. **Note:** Under the High-Deductible PPO option, all Pfizer medications are covered at the same cost-sharing level as non-Pfizer medications — with or without a generic available.
- **Use a CVS Caremark network pharmacy:** Fill your prescriptions at a CVS Caremark network pharmacy. **Note: The CVS Caremark network includes CVS pharmacies along with many local pharmacies, other large pharmacy chains (including Walgreens) and other retail store pharmacies (such as Walmart or Costco). Go to caremark.com to find a network pharmacy near you.** If you use an out-of-network pharmacy, you will be required to pay the full cost of the prescription (even for a Pfizer medication available at no cost based on your coverage option) at the time of your purchase and then submit a claim to CVS Caremark for reimbursement. The out-of-network reimbursement you receive, including for Pfizer medications, may be less than the full cost of the prescription if the cost is over the 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.
- **If you request a non-Pfizer brand medication:** Check if a generic equivalent is available. In cases where a non-Pfizer medication is prescribed and there is a generic available, the prescriber must specify "dispense as written" on the prescription to obtain the brand medication without incurring an additional cost. If you request a non-Pfizer medication at the pharmacy where the prescription does not indicate "dispense as written," you will be required to pay the full cost difference between the generic medication and the brand medication requested, in addition to your regular coinsurance amount. This provision does not apply to Pfizer medications.
- **Use the Maintenance Choice® Program for Maintenance Medications:** If you are filling a non-specialty maintenance medication regularly, request a 90-day supply from your provider and use the Maintenance Choice Program to save money. This program lets you fill a 90-day supply of your non-specialty maintenance medications:

  — At a CVS Pharmacy; or

  — Through the CVS Caremark Mail Service Pharmacy (and have your prescriptions delivered to the location of your choice with free standard delivery).

  Whether you use a CVS Pharmacy or the CVS Caremark Mail Service Pharmacy, you'll get preferred pricing and your cost will not exceed the 60-day supply coinsurance maximum. For more information, talk to a pharmacist at a CVS Pharmacy, or go to caremark.com or call **1-866-804-5881**, 24 hours a day, 7 days a week.
- **If you are taking a specialty medication dispensed through a pharmacy** — including those manufactured by Pfizer — it must be obtained through CVS Specialty to be covered. When you order through CVS Specialty, you may request to have your medication delivered to you, your provider or pick it up at a CVS pharmacy. Those not purchased through CVS Specialty will not be covered. To view the **CVS Specialty Drug List**, go to cvsspecialty.com and access the *Education Center* page or call **1-800-237-2767** to request a copy; 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.

Biosimilars of certain specialty medications that are biologic medications may be available, including certain oncology medications and certain medications used to treat auto-immune disorders such as Crohn's disease, ulcerative colitis and rheumatoid arthritis. Check with your health care provider to see if an approved biosimilar is available for your specialty medication. Compared to the branded biologic medications (also referred to as reference medications), biosimilars have no clinically meaningful differences in terms of safety and efficacy, and may have cost savings over the reference medication. Contact CVS Specialty for more information.

How the Plan Options Compare

See the following chart for a comparison of the key provisions for the options available to non-Medicare-eligible participants.

Feature	Retiree PPO[1]		High-Deductible PPO[1]	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible (Individual/Family)	$800/$2,000	$1,600/$4,000	$2,250/$6,250	$5,000/$12,500
Out-of-Pocket Maximum[2] (Individual/Family) (Includes deductible)	$4,500/$7,250	$7,500/$14,500	$6,000/$11,500	$9,000/$17,000
Coinsurance	Plan pays 80% of contracted rate; You pay 20%	Plan pays 60% up to Allowed Amount; You pay 40%	Plan pays 80% of contracted rate; You pay 20%	Plan pays 60% up to Allowed Amount; You pay 40%
Preventive Care[3]	100%	100%	100%	100%
Hearing Aids (Annual allowance maximum is combined for in-network and out-of-network expenses)	Plan pays 80%; You pay 20% up to your annual allowance maximum of $1,500 per year per ear	Plan pays 60%; You pay 40% up to your annual allowance maximum of $1,500 per year per ear	Plan pays 80%; You pay 20% up to your annual allowance maximum of $1,500 per year per ear	Plan pays 60%; You pay 40% up to your annual allowance maximum of $1,500 per year per ear
Teladoc eVisit	$15 copay	Not Available	$15 copay	Not Available
Prescription Drug Coverage				
Most Pfizer Medications When No Generic Is Available	Plan pays 100%		Plan pays 70%; You pay 30%; Minimum: $15 (or actual cost if lower)/ Maximum: $200 per 30-day supply	
Retail Medications — Per 30-day Supply				
Non-Pfizer Medications + Pfizer Medications With A Generic Available	Plan pays 80%; You pay 20%; Minimum: $10 (or actual cost if lower)/ Maximum: $125		Plan pays 70%; You pay 30%; Minimum: $15 (or actual cost if lower)/ Maximum: $200	
Maintenance Choice Program Medications	**Up to a 90-day supply of non-specialty maintenance medications when filled at a CVS Pharmacy or through CVS Caremark Mail Service Pharmacy**			
Non-Pfizer Medications[4] + Pfizer Medications With A Generic Available	Plan pays 80%; You pay 20%; Minimum: $20 (or actual cost if lower)/ Maximum: $250		Plan pays 70%; You pay 30%; Minimum: $30 (or actual cost if lower)/ Maximum: $400	
100% Coverage for Other Medications				
Certain Preventive Vaccines	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	Plan pays 100% for certain medications on the Affordable Care Act (ACA) List.[5] These include medications such as 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	Plan pays 100% for certain blood glucose testing meters[6]			
Certain Diabetic Supplies	Plan pays 100% for certain diabetic supplies dispensed through a pharmacy, including glucose and glucagon kits, insulin needles and syringes, lancets and devices as well as test strips, provided you are actively engaged in a diabetes coaching program with TrestleTree. For more information and to enroll, call TrestleTree.			
Prescription Drug Out-of-Pocket Maximum				
Individual/Family	$3,500/$5,500		$3,500/$5,500	

[1] The Allowed Amount for out-of-network services is generally defined as 250 percent 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 claims 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.

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

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

[4] Under the High-Deductible PPO, Pfizer medications eligible for the Maintenance Choice Program will be covered at the same cost-sharing level as non-Pfizer medications.

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

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

Vision Benefits

Vision benefits are included as part of Pfizer retiree medical coverage.

Vision benefits for the Retiree PPO and High-Deductible PPO are administered by EyeMed Vision Care (EyeMed). EyeMed provides coverage for routine eye care expenses, including eye examinations and eyewear, with a large network of independent and national retail providers, such as LensCrafters, Pearl Vision, Sears Optical, Target Optical and JCPenney Optical.

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

Benefit[1]	In-Network	Out-of-Network[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 provider location)	$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 Saturday from 7:30 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

Once you've used your regular, in-network vision benefits, you have access to ongoing discounts for additional prescription eyeglasses/sunglasses, contact lenses and lens options that are not covered by the Plan at 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.

Expert Medical Opinion Service Through PinnacleCare

If you are non-Medicare-eligible, you and your covered dependents (regardless of their Medicare eligibility status), have access to an Expert Medical Opinion Service, through PinnacleCare. This service is available at no cost and can help you and your covered dependents navigate a serious or complex health issue, such as cancer or a major surgery. PinnacleCare provides objective guidance that will help you confirm your diagnosis, evaluate available treatment options, identify the most qualified provider or Center of Excellence, schedule appointments and get answers to your health questions. A PinnacleCare Health Advisor will support and guide you through this process and connect you with other Pfizer-sponsored resources, such as the Cancer Support Program.

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

You can contact PinnacleCare at **pinnaclecare.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.

Telemental Health

Telemental Health provides convenient access to behavioral health care services when and where you want it. You'll get to speak with a behavioral health professional through video conferencing technology.

Telemental Health is offered through Optum, with access to a network of over 12,000 Telemental Health providers across the country, including access to online therapy services. The visit will be covered as any other in-network behavioral health office visit based on the Plan option in which you are enrolled.

To learn more or schedule a Telemental Health visit, go to **liveandworkwell.com**. After logging in, go to the Find a Resource tab and select Virtual Visits.

Things to Remember...

If you or a non-Medicare-eligible covered dependent have a non-emergency health condition, such as a rash, the flu or a sinus infection, Teladoc provides access 24 hours a day, 7 days a week and 365 days a year to U.S. board-certified doctors who can treat many of your medical issues through an eVisit via phone or video conferencing. Registration is required before you can access services. The cost of a Teladoc eVisit under both options is $15. Go to **evisit.pfizer.com** or call **1-800-TELADOC (1-800-835-2362)** for more information.

Look for in-network providers whenever possible so you can get the benefit of your claims administrator's contracted rate for medical services.

Remember, some medical services require pre-authorization and medical necessity verification in order to be covered under the Retiree PPO or High-Deductible PPO options. Additionally, experimental or unproven services or treatments (as determined by your claims administrator) are generally 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*.

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 claims administrator is notified in advance.

Turning Age 65

What You Need to Know and Do

There are several things you will need to keep in mind if you are approaching your 65th birthday.

You will generally 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. **You should receive information regarding the enrollment process directly from Medicare at least six months before your 65th birthday. If you do not, contact your local Social Security office.** Your initial enrollment period for Medicare is a seven-month period that begins three months before the month you turn age 65, includes the month you turn age 65, and ends three months after the month you turn age 65.

If you didn't sign up for Medicare Part A and/or Part B when you were first eligible and don't qualify for a Special Enrollment, you can sign up for Medicare between Jan. 1 and Mar. 31 each year. Your coverage will begin the following July 1. In general, Medicare assesses you with 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.

For additional information about turning age 65, including step-by-step enrollment instructions, refer to the **What to Do When Turning Age 65 Tip Sheet** available on **netbenefits.com**.

Remember, you must first enroll in Medicare Parts A and B to be eligible to enroll in Pfizer coverage for Medicare-eligible retirees.

If you become Medicare-eligible mid-year, any amounts you have paid through that date toward your annual medical deductible and out-of-pocket maximum for Pfizer non-Medicare-eligible medical coverage will not carry over; however, your prescription drug amounts will carry over to your Pfizer Medicare-eligible prescription drug coverage.

Once you enroll in Medicare, the Social Security Administration assigns you a Medicare Beneficiary Identifier (MBI), which is shown on your red, white and blue Medicare ID card as your "Medicare Number." You must provide this MBI to the Pfizer Benefits Center.

Medicare-Eligible (Over Age 65 or Medicare-Disabled) Retiree Coverage 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). **Note:** If some family members are eligible for Medicare and some aren't, you are considered to have "split family" coverage. Please go to **page 20** for more information on how split family coverage works.

Your Medical Plan Options

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 Prescription Drug Plus **(Rx Plus)**;
- Medicare Advantage with Prescription Drug Base **(Rx Base)**;
- **Rx Plus** Only; or
- **Rx Base** Only.

Note that under the Pfizer Medicare Advantage Plan coverage, you do not need to satisfy any deductible, including the Medicare Part A and Part B deductibles. However, you and your dependent(s) will each be required to satisfy **separate** out-of-pocket maximums under the Pfizer Medicare Advantage and prescription drug coverage. The Centers for Medicare and Medicaid Services (CMS) do not allow deductibles and out-of-pocket maximums to apply for family coverage.

Note: If you elect the Pfizer Medicare Advantage Plan, you will be required to elect either the Rx Plus or Rx Base option for your prescription drug coverage. Refer to **page 17** for details.

The Pfizer Medicare Advantage Plan

You may only enroll in the Pfizer Medicare Advantage Plan if you meet the eligibility requirements established by CMS — namely, that you:

- Are enrolled (and remain enrolled) in Medicare Parts A and B;
- Provide the Pfizer Benefits Center with your Medicare Beneficiary Identifier (MBI), which is 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; and
- 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.

Medical coverage under the Pfizer Medicare Advantage Plan is administered through 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.**

An Overview of the Pfizer Medicare Advantage Plan

See the chart below for the key provisions of the Pfizer Medicare Advantage Plan for 2022. 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
Medical Plan Features	
Deductible	$0
Out-of-Pocket Maximum	$1,500 per individual
Flu Vaccination	100% coverage
Primary Care Office Visit	$10 copay
Specialist Office Visit	$20 copay
Outpatient Behavioral Health and Substance Use Visit	$15 copay
Lab/X-ray	$20 per procedure/test
Magnetic Resonance Imaging (MRI)	$25 copay
PT/OT/Speech Therapy Visit	$15 copay
Inpatient Hospital Stay	$250 per admission
Outpatient Hospital Stay (Facility/Urgent Care)	$150 per admission
Routine Acupuncture	$15 copay; maximum of 20 visits per year
Routine Chiropractic Services	$15 copay; maximum of 20 visits per year
Emergency Room Visit	$120 copay
Urgent Care Visit	$35 copay
Durable Medical Equipment	Plan pays 80%; you pay 20%[1]
Diabetic Supplies	100% coverage for OneTouch® and Accu-Chek blood glucose testing strips and meters[2]
Private Duty Nursing	$5,000 allowance per year for those requiring skilled care
Hearing Aid (in-network only access through UnitedHealthcare Hearing) (UnitedHealthcare Hearing program offers discounts, brand models and home delivery)	$1,750 allowance every 36 months
Medicare Part B Prescription Drugs (including eligible Pfizer medications) (Covered under medical)	$40 copay
Prescription Drug Coverage	Choose from the Rx Plus and the Rx Base options outlined in the chart on page 17.

[1] 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.

[2] 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 behavioral health). Refer to **page 16** for more information on your coverage if you are enrolled in either of these options.

Vision Benefits

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 following chart highlights key vision benefits.

Benefit	Coverage
Eye exam with vision test	$10 copay
Frames and Lenses	$500 allowance every 12 months
Contacts (in lieu of frames and lenses)	$200 allowance every 12 months

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

Receiving Care Under the Medicare Advantage Plan

The Pfizer Medicare Advantage Plan provides the flexibility to see any provider who has not opted out of Medicare. How you submit claims and pay for care will vary depending on your provider. See the chart below for more information.

Your Provider	Submitting Claims	How You Pay
If your provider participates in Medicare and is in the UHC network...	Your provider will submit the claim to UHC...	You pay your share of the cost (e.g., your copay or coinsurance) and the Plan will pay the rest.
If your provider participates in Medicare and is **NOT** in the UHC network...	And your provider is willing to submit the claim on your behalf...	You pay your share of the cost (e.g., your copay or coinsurance) and the Plan will pay the rest.
	And your provider is **NOT** willing to submit the claim on your behalf...	You will need to pay the entire cost out-of-pocket and then submit your claim to UHC for reimbursement.
If your provider has opted out of Medicare...		The services you receive through that provider will **not** be covered under the Plan — and you will be required to pay the **entire cost**. These costs will not count toward your out-of-pocket maximum.

To find out if your provider participates in Medicare, ask your provider or visit **medicare.gov/care-compare** and search for your provider.

Submitting claims for reimbursement if your provider participates in Medicare, is not in the UHC network, and is not willing to submit the claim on your behalf:

You'll need to access the Medical Reimbursement form by logging into **uhcretiree.com/Pfizer**, signing in and selecting *Plan Documents and Resources* at the bottom of the page. Under *Forms & Resources*, select *Reimbursement Form* (you can complete electronically or download as a PDF, print and complete the paper form).

Alternatively, you may request a paper form from UHC by calling **1-866-868-0329**, TTY 711, Monday through Friday, 8 a.m. to 8 p.m. in your local U.S. time zone.

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.**

Medicare Advantage Plan Features and Programs

UHC offers a variety of additional programs as part of your Medicare Advantage coverage to help support you. For more detailed information about the Pfizer Medicare Advantage Plan, go to the UHC website at **uhcretiree.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.

Program	Description
Virtual Medical and Telemental Health Visits	• Free eVisits — no copay. See and speak to specific doctors 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 **uhcretiree.com/pfizer**. — **For a non-emergency behavioral health condition:** Contact United Behavioral Health at **1-800-453-8440**. Find a list of virtual behavioral health providers at **uhcretiree.com/pfizer**.
HouseCalls	• Free annual visit to your home by a health care practitioner to: — Review your health history and medications; — Identify health risks; and — Perform a physical evaluation; — 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 14,400+ 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 about this program, visit **https://www.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 $1,000 off your purchase. • 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 24 one-way rides for routine transportation services to medically related appointments and trips to the pharmacy, up to 50 miles each way. There's no medical requirement. • Call **1-833-219-1182**, (TTY: 1-844-488-9724), Monday through Friday from 8 a.m. to 5 p.m., local time. Or visit **www.modivcare.com/BookNow**.
Mom's Meals: 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 up to 21 free meals delivered to your home each year. • Meals must be ordered in one shipment and need to be placed at least 72 hours in advance of delivery date. • Call **1-866-224-9485**, Monday through Friday from 7 a.m. to 5 p.m., Central time. Or visit **www.MomsMeals.com/uhc**.
In-home Caregiving Support	• In-home caregiving support (up to 16 hours per month) for you or a loved one who needs help with non-medical care (such as preparing meals, bathing and medication reminders) through **CareLinx**. • Unused hours don't roll over and must be scheduled in 2-hour increments. You will typically be paired with a CareLinx caregiver within five business days. Some restrictions and limitations apply. • For more information, call **1-833-253-5403** Monday through Friday from 8 a.m. to 7 p.m., Central time and Saturday and Sunday from 10 a.m. to 6 p.m., Central time or visit **www.carelinx.com/uhcgroup**.

Prescription Drug Coverage

The prescription drug coverage options, administered by SilverScript® Insurance Company (which is affiliated with CVS Caremark®), for Medicare-eligible participants are Pfizer-sponsored Medicare Part D prescription drug plans that cover medications dispensed through a pharmacy.

SilverScript Employer PDP sponsored by Pfizer ("SilverScript") combines a standard Medicare Part D plan with additional prescription drug coverage provided by Pfizer. The Rx Plus option covers most Pfizer medications dispensed through a pharmacy at no cost to you, whereas the Rx Base option provides coverage for most Pfizer medications at the same cost-sharing level as non-Pfizer medications. Additionally, under Rx Base, only generic medications for erectile dysfunction are covered.

The chart below outlines the two prescription drug coverage options you can choose from. If you are enrolling in the Pfizer Medicare Advantage Plan, you must elect either Rx Plus or Rx Base. You may also elect Rx Plus Only or Rx Base Only.

	Rx Plus	Rx Base
Most Pfizer Medications When No Generic Is Available	Plan pays 100%	Plan pays 80%; You pay 20%; Minimum: $10 (or actual cost if lower)/ Maximum: $200 per 30-day supply
Retail Medications — Per 30-day Supply		
Non-Pfizer Medications + Pfizer Medications When A Generic Is Available	Plan pays 80%; You pay 20%; Minimum: $10 (or actual cost if lower)/ Maximum: $125	Plan pays 80%; You pay 20%; Minimum: $10 (or actual cost if lower)/ Maximum: $200
Maintenance Choice Program Medications[1]	**Up to a 90-day supply of 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: $20 (or actual cost if lower)/ Maximum: $250	Plan pays 80%; You pay 20%; Minimum: $20 (or actual cost if lower)/ Maximum: $400
100% Coverage for Other Medications		
Certain Preventive Medications	Plan pays 100% for certain medications considered preventive by the Affordable Care Act (ACA).[2] These include medications such as 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 SilverScript.	
Prescription Drug Annual Out-of-Pocket Maximum		
Per Individual	$3,400	$5,000

[1] Referred to in SilverScript materials as Preferred Network Pharmacy.

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

Diabetic supplies 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 not have coverage for Medicare Part B diabetic supplies through your Pfizer prescription drug coverage. Instead, diabetic supplies will only be covered under your Medicare Part B coverage.

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

Prescription Drug Only Options

If you have medical coverage available elsewhere (e.g., you are enrolled in a Medigap plan or a Medicare Supplemental plan), or don't wish to enroll in the Pfizer Medicare Advantage Plan, you can still take advantage of Pfizer prescription drug coverage by enrolling in the Rx Plus Only or Rx Base Only option, which provide Medicare Part D prescription drug coverage through SilverScript Insurance Company (which is affiliated with CVS Caremark) along with additional benefits provided by Pfizer.

You may only enroll in a prescription drug only option if, in addition to meeting Pfizer's eligibility requirements, you meet the eligibility requirements established by CMS, namely that you:

- Are enrolled (and remain enrolled) in Medicare Parts A and B[1];
- Provide the Pfizer Benefits Center with your Medicare Beneficiary Identifier (MBI), which is shown on your red, white and blue Medicare ID card as your "Medicare Number"; and
- Have a permanent U.S. street address (no P.O. Box) on file.[2]

Medicare does not allow you to be enrolled in more than one Medicare prescription drug plan at the same time, which means enrolling in one of Pfizer's prescription drug only options will cancel your enrollment in any other Medicare Part D prescription drug plan, any individual Medicare Advantage plan or another non-Pfizer employer-sponsored Medicare Advantage plan.

Infused Medications

Medications that are infused or otherwise 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.

Additional Premium for Higher-Income Retirees

You may be required to pay an "Income-Related Monthly Adjustment Amount" to Medicare because of your annual income. This Medicare Part D Income-Related Monthly Adjustment Amount is also referred to as "D-IRMAA."

If your 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 D-IRMAA based on your income. Income thresholds are reviewed and set each year by the Centers for Medicare and Medicaid Services (CMS). Each family member determined to be high income and enrolled in a Medicare Part D plan will pay the applicable D-IRMAA. For example, if both you and your spouse/domestic partner are enrolled in a Medicare Part D plan and determined to be high income, you both will pay the D-IRMAA.

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

[1] Failure to enroll in both Medicare Parts A and B will affect your eligibility to elect coverage under Pfizer's retiree medical program.

[2] 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 the Rx Plus option, Pfizer medications dispensed at a pharmacy are covered at 100 percent when no generic is available. If you use an out-of-network pharmacy, there may be a cost. Pfizer medications that have a generic available (such as Accupril, Pristiq, Protonix, and others) will be covered as any non-Pfizer medication — the Pfizer medication is covered, but you and Pfizer will share in the cost. **Note:** Under the Rx Base option, all Pfizer medications are covered the same as non-Pfizer medications — with or without a generic available.
- **Use a network pharmacy:** Fill your prescriptions at a network pharmacy in order to receive the maximum Plan benefit. If you use an out-of-network pharmacy, you may be required to pay the full cost of the prescription (even for a Pfizer medication available at no cost based on your coverage option) and send your request for reimbursement to SilverScript, along with your receipt showing the payment you made. Reimbursement will be provided up to the SilverScript contracted rate, which may be lower than the amount you have paid out of pocket. You can find network pharmacies near you on the SilverScript website. See **Your Resources** on **page 24** for details and contact information.
- **Fill a 90-day supply for all non-specialty maintenance medications through the Maintenance Choice Program*:** 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 (and have your prescription delivered to the location of your choice). **Whether you use a CVS Pharmacy or the CVS Caremark Mail Service Pharmacy**, you'll get preferred pricing and your cost will not exceed the 60-day supply coinsurance maximum. For more information, call SilverScript at **1-844-774-2273** or go to **pfizer.silverscript.com**. Remember, non-specialty maintenance medications are medications that are typically prescribed and taken on a regular or daily basis to treat long-term or chronic conditions, such as diabetes, high blood pressure and high cholesterol. For a full list of non-specialty maintenance medications, log in to **caremark.com**, access the *Plan & Benefits* tab and then click on *Print Plan Forms*.
- **Check if a biosimilar is available for your specialty medication.** Biosimilars of certain specialty medications that are biologic medications may be available, including certain oncology medications and certain medications used to treat auto-immune disorders such as Crohn's disease, ulcerative colitis and rheumatoid arthritis. Check with your health care provider to see if an approved biosimilar is available for your specialty medication. Compared to the branded biologic medications (also referred to as reference medications), biosimilars have no clinically meaningful differences in terms of safety and efficacy, and may have cost savings over the reference medication.

* Referred to in SilverScript materials as Preferred Network Pharmacy.

If Medicare Eligibility Differs Among Family Members (Split Family Coverage)

If Medicare eligibility differs among family members covered under the Retiree Medical Plan (for example, if you're Medicare-eligible and your spouse/domestic partner is not), you'll enroll based on whether or not each individual is eligible for Medicare. For example, if you're Medicare-eligible and your spouse/domestic partner is not, you will elect from the Medicare-eligible options for "Yourself Only." You will elect from the non-Medicare-eligible options for your spouse/domestic partner as "Your Spouse/Partner." (And, vice versa if your spouse/domestic partner is Medicare-eligible and you are not.) If you are married to another Pfizer colleague or retiree, you may enroll together as a family or separately, each in your own coverage.

Understanding How Deductibles and Out-of-Pocket Maximums Work for Split Family Coverage

If you have split family coverage, it's also important to understand how your plan works throughout the year for you and your covered dependents. If you or your spouse/domestic partner/eligible dependent is enrolled in the Pfizer Medicare Advantage Plan and the other is enrolled in the Retiree PPO or the High-Deductible PPO option, the individual enrolled in the Retiree PPO or the High-Deductible PPO will be required to satisfy the deductible and reach the out-of-pocket maximums for that plan. The individual enrolled in the Pfizer Medicare Advantage Plan will need to satisfy the separate out-of-pocket maximums for that plan. The amounts that count toward the out-of-pocket maximum in the Pfizer Medicare Advantage Plan will not cross apply with the out-of-pocket maximums in the Retiree PPO or High-Deductible PPO options.

Important Things to Consider

The Cost of Coverage

Your cost of coverage varies based on your retiree group/legacy company, whether you are non-Medicare-eligible or Medicare-eligible, the Medicare eligibility status of your covered dependents and your coverage option. Contact the Pfizer Benefits Center at **1-877-208-0950** for more information about your contributions. Representatives will be available to assist you 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 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.

The Retiree Medical Subsidy

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.

After your RMS is depleted, you pay the full cost of coverage. To see your current RMS balance, refer to your PFS 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 the Pfizer Benefits Center at **1-877-208-0950**.

* The RMS is provided to legacy Pfizer retirees who retired after Jan. 1, 2010, and legacy Wyeth retirees who retired after Jan. 1, 2012. For information on your RMS balance, contact the Pfizer Benefits Center directly at **1-877-208-0950**.

Caregiver Assistance

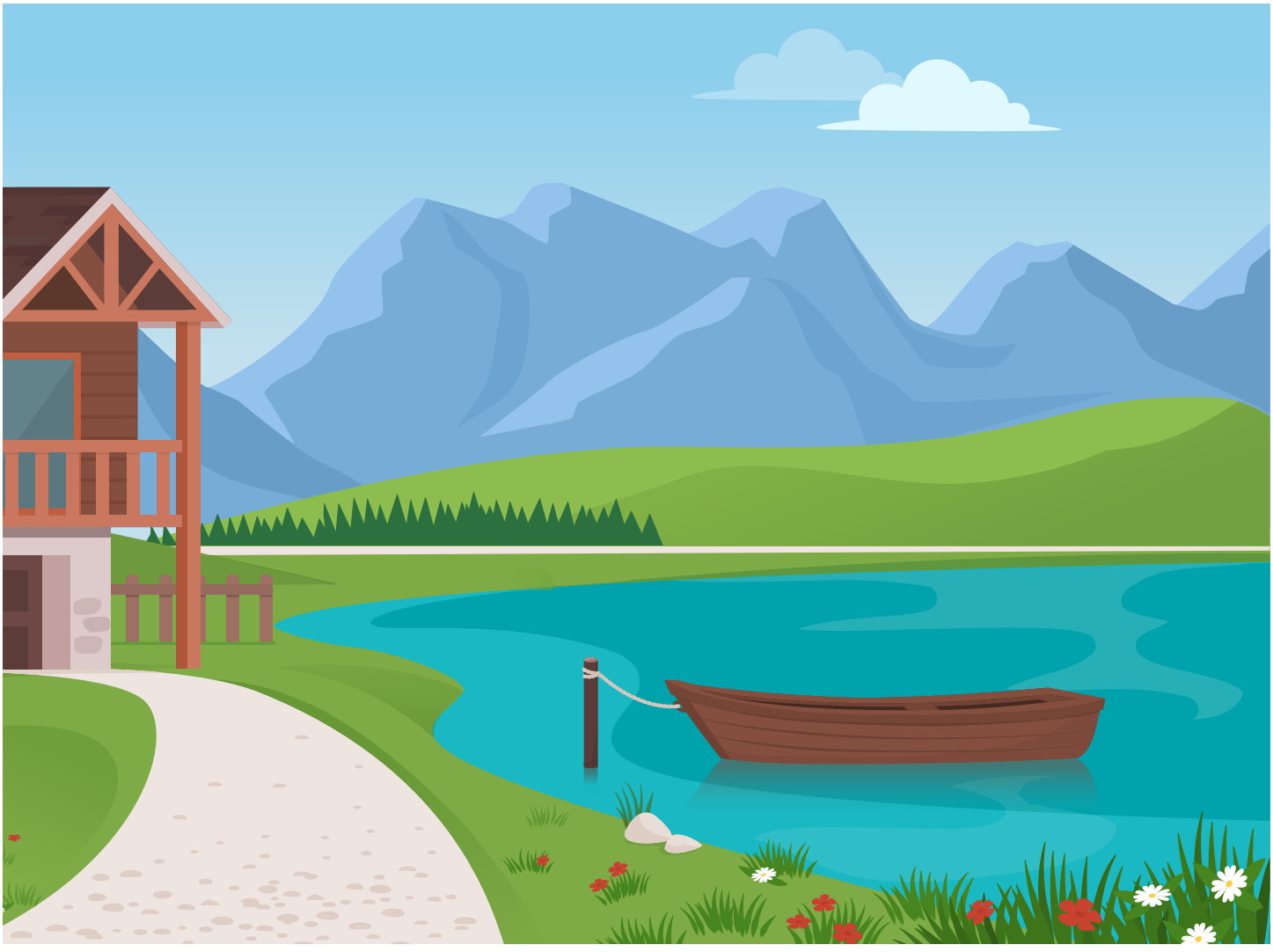
If you are a caregiver assisting a Pfizer retiree or eligible dependent with enrollment elections or navigating health care, you may need to provide certain permissions, and in some cases a power of attorney may be required in order to speak with the Pfizer Benefits Center on behalf of the retiree or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

Just call 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. 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 16**.

Waiving Coverage

Pfizer recognizes that you may find other insurance that is less costly than Pfizer's coverage or better meets your current 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. However, 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.



Hardship Provision

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 2020 was less than $19,320 or if you are married and your combined income in 2020 was less than $26,130, you may qualify for a hardship provision and reduced medical plan contributions. These income thresholds, updated each calendar year, are similar to the criteria used to determine eligibility for Extra Help under Medicare Part D.

You may only apply for assistance once a year during Annual Enrollment if your gross income for 2020 was lower than the thresholds outlined above.

To obtain an application, call the Pfizer Benefits Center at **1-877-208-0950** to speak with a representative. You will be required to submit a copy of your 2020 income tax return as part of the application process. If approved, your reduced contribution rate will take effect as of Jan. 1, 2022, and will remain in effect through Dec. 31, 2022. The reduced contribution will equal approximately 10 percent of the full plan cost for retirees under age 65. Should you qualify, you will be notified of your contribution rate in writing.

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. If approved, SilverScript will be notified, who will in turn notify the Pfizer Benefits Center.

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 Pfizer contribution (the amount you are invoiced, or the deduction taken from your pension check or automatic bank withdrawal) will be automatically adjusted. 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. If the Pfizer retiree is not yet Medicare-eligible, please refer to the **Non-Medicare-Eligible** section on this page. If the Pfizer retiree is Medicare-eligible, please refer to the **Medicare-Eligible** section on this page.

Action May Be Required Each Year

Non-Medicare-Eligible

To confirm your eligibility for a hardship provision, contact 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.

Medicare-Eligible

Each year, by 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, subsequently, your eligibility for the Pfizer hardship provision will also end.

Your Resources

Topic	Contact
Eligibility, Enrollment and Contributions	**Pfizer Benefits Center** • **netbenefits.com** • Call the Pfizer Benefits Center at **1-877-208-0950**; Benefits representatives will be available to assist you Monday through Friday from 8:30 a.m. to Midnight, Eastern time
Medical Coverage through Horizon (Non-Medicare-Eligible Coverage) Blue Card Network	**Horizon** • **horizonblue.com/pfizer** • Call Horizon at **1-888-340-5001**, 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
Medical Coverage through UHC (Non-Medicare-Eligible Coverage) Choice Plus Network* (Medicare-Eligible Coverage) Medicare Advantage	**UnitedHealthcare** • **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 • **uhcretiree.com/pfizer** • Call UHC at **1-866-868-0329**, TTY 711, Monday through Friday from 8 a.m. to 8 p.m., local time
Behavioral Health and Substance Use Services (Non-Medicare-Eligible Coverage)	**Optum** • **liveandworkwell.com**; use code 61550 • Call your medical claims administrator and select the option for behavioral health or substance use **Telemental Health** • **liveandworkwell.com**; after logging in, go to the *Find a Resource* tab and select *Virtual Visits* • Call your claims administrator and select the option for Telemental Health
Prescription Drug Coverage through Caremark (Non-Medicare-Eligible Coverage)	**CVS Caremark** • **caremark.com** • Call Caremark at **1-866-804-5881**, 24 hours a day, 7 days a week
Prescription Drug Coverage through SilverScript (Medicare-Eligible Coverage)	**SilverScript** • **pfizer.silverscript.com** • Call SilverScript at **1-844-774-2273**, 24 hours a day, 7 days a week
Vision Coverage through Eyemed (Non-Medicare-Eligible Coverage) 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

Topic	Contact
Vision Coverage through UHC (Medicare-Eligible Coverage)	**UnitedHealthcare** • **uhcretiree.com/pfizer** • Call UHC at **1-866-868-0329**, TTY 711, Monday through Friday from 8 a.m. to 8 p.m., local time
Expert Medical Opinion Service (Non-Medicare-Eligible Coverage)	**PinnacleCare** • **pinnaclecare.com/pfizer** • Call **1-877-280-7466**, Monday through Friday from 8 a.m. to 6 p.m., Eastern time
Teladoc eVisit (Non-Medicare-Eligible Coverage)	**Teladoc** • **evisit.pfizer.com** • Call **1-800-TELADOC (1-800-835-2362)**

***** If you reside in Massachusetts, Maine or New Hampshire, select Passport Connect Choice Plus as the provider network to begin your search.

Important Documents

Summary Plan Description (SPD)

As always, 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

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

Pfizer Zero Cost Prescription Drug List

Please review the **Pfizer Zero Cost Prescription Drug List**; 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. The list is 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, Pfizer medications are covered at the same cost-sharing level as non-Pfizer medications; additionally only generic erectile dysfunction medications are covered under this option.

This document serves as the Summary of Material Modifications (SMM) for the Pfizer Retiree Medical Plan. The IRS has assigned Pfizer Inc. the Employer Identification Number 13-5315170, and the Plan Number is 559. This SMM is not a substitute for the official plan document(s). It supplements or modifies the most recent Summary Plan Description (SPD) for the plan. Please keep this document with the SPD for future reference.

This brochure contains information about Pfizer retiree health care benefits and the Pfizer Retiree Medical Plan; however, 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 by going to **netbenefits.com** or 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.