The following is a list of frequently asked questions on the Pfizer-sponsored UHC Group Medicare Advantage plans. We will include responses to the most commonly received questions in our running list, which we will update periodically. You can access the list at **www.pfizerplus.com** or by contacting the *hrSource* Center at **1-877-208-0950**. Representatives are available Monday through Friday from 8:30 a.m. to midnight, Eastern time.



## NETWORKS/PROVIDERS

**1. How will the Pfizer-sponsored UHC Group Medicare Advantage plans work? Does my doctor need to be part of a network so I can continue seeing them under the plans?**

As long as your doctor, hospital or other provider participates in (i.e., accepts payment from) Medicare, you will receive the same level of coverage whether or not they are members of the UHC Group National PPO network. The Pfizer-sponsored UHC Group Medicare Advantage plans provide the flexibility to see providers in or out of network at the same cost. The following chart describes how this works in various situations:

| *If your doctor/provider…* | *Then…* | *Impact to You* |
|---|---|---|
| • Participates in Medicare<br>• Is a member of the UHC Group National PPO network | The plan will pay for the covered services or care you receive and your provider submits the claim to UHC. | You pay your share of the cost (e.g., your deductible and/or your copay). |
| • Participates in Medicare<br>• Is ***NOT*** a member of the UHC Group National PPO network but is willing to submit your claim to UHC | The plan will pay for the covered services or care you receive and your provider submits the claim to UHC (same as above). | You pay your share of the cost (e.g., your deductible and/or copay). |
| • Participates in Medicare,<br>• Is ***NOT*** a member of the UHC Group National PPO network and is ***NOT*** willing to submit your claims to UHC | The plan will pay for the covered services or care you receive. You may be responsible for filing for reimbursement; contact UHC for assistance. | You may need to pay the entire cost out-of-pocket and submit your claim to UHC for reimbursement. If your provider is not willing to submit your claims to UHC, contact UHC's Pfizer-dedicated toll-free number at 1-866-868-0329, TTY 711 from 8:00 a.m. – 8:00 p.m. in your local U.S. time zone, 7 days a week. |
| • Has fully opted out of (does not participate in) Medicare | Services you receive through that provider will **not** be covered under the Pfizer-sponsored Medicare Advantage plans. Federal regulations bar payments to providers who have fully opted out of Medicare. | You pay the entire amount for any services received from the provider. Generally, the provider asks you to sign a contract confirming this. |

Doctors, hospitals and other providers usually like to be paid for services as quickly as possible. By submitting claims to UHC, they help ensure that their services are paid in the earliest possible time frame.

**2. How can I find out if my doctor or other provider participates in Medicare?**

To find out if your provider participates in Medicare, you can ask your provider or can visit the Medicare.gov website at **www.medicare.gov/physiciancompare/search.html** to search for your doctor. You can find additional information about Medicare, including the CMS "Medicare and You" brochure, on the Medicare.gov website at **www.mymedicare.gov** or by calling Medicare at 1-800-MEDICARE and TTY users should call 1-877-486-2048, 24 hours/7 days a week.

**3. How can I find out if my doctor or other provider is a member of the UHC Group National PPO network?**

To find out if your provider participates in the UHC Group National PPO network, you can ask your provider or can visit the UHC website at **UHCRetiree.com/pfizer**. On the website, you'll find a provider directory where you can search for your doctor. You can also call UHC's Pfizer dedicated toll-free number at **1-866-868-0329**, TTY 711 from 8:00 a.m. – 8:00 p.m. in your local U.S. time zone, 7 days a week.

**4. Will I still have a choice between claims administrators (e.g., can I still use Horizon)?**

No. You will no longer be able to choose between UHC and Horizon as your claims administrator for post-65, Medicare eligible coverage (pre-65, non-Medicare eligible retirees and pre-65 non-Medicare eligible dependents will continue to have this choice). Medicare-eligible retirees and their covered Medicare-eligible dependents will receive coverage under the new Pfizer-sponsored UHC Group Medicare Advantage plans. There will still be a choice among plans: the Pfizer Medicare Advantage Base Plan, the Pfizer Medicare Advantage Buy-up Plan or the Prescription Drug-Only Plan (administered by CVS Caremark).

## ENROLLMENT REQUIREMENTS/IMPORTANT ACTIONS TO TAKE

**5. What information does Pfizer need for me to be enrolled in the new Medicare Advantage plan?**

There is certain information you must provide and actions you must take before you can be enrolled in the new Medicare Advantage plans. Although sponsored by Pfizer, because this coverage replaces your current Medicare Part A and Part B coverage, your enrollment must be approved by the Centers for Medicare and Medicaid (CMS) – the federal agency that is responsible for the administration of Medicare Advantage plans – before coverage becomes effective. CMS will approve enrollment into a Medicare Advantage plan if an individual:

- Is enrolled in Medicare Parts A and B;
- Provides a Health Insurance Claim Number (HICN);
- Has a permanent U.S. street address (no P.O. Box) on file; and
- Is not within the 30-month coordination period for end-stage renal disease.

6. **Why do I need to provide my Health Insurance Claim Number (HICN) and street address information when I enroll?**

   This is a critical step in continuing your Pfizer retiree medical coverage.

   Under CMS rules, individuals must provide the following information before CMS will approve their enrollment in a Medicare Advantage plan such as the Pfizer-sponsored Medicare Advantage plan:

   - Health Insurance Claim Number (HICN)
   - Street Address (other than a P.O. Box)

   To facilitate the collection of this information, Pfizer will be contacting those Medicare-eligible retirees and their covered Medicare-eligible dependents who do not have HICNs and/or street addresses on file with Fidelity, the recordkeeper, with instructions on how to provide that information.

7. **How can I check if Pfizer has my Health Insurance Claim Number (HICN)?**

   Pfizer is currently in the process of collecting available HICNs from our claims administrators. We will send out a letter in late July requesting this information from those retirees or their eligible dependents whose HICNs were not collected in this process.

8. **What if I don't enroll in Medicare Parts A and B?**

   The Centers for Medicare and Medicaid Services (CMS) require you to be enrolled in Medicare Parts A and B, and that you continue to pay your Part B premium, as you do today, to participate in a Medicare Advantage plan such as the new Pfizer-sponsored UHC Group Medicare Advantage plans. Therefore, to remain eligible for your Pfizer retiree medical coverage, you must remain enrolled in Medicare Parts A and B.

9. **What if I am not approved for coverage under the new Medicare Advantage plans? Will I lose my Pfizer-sponsored coverage?**

   If your enrollment in one of the new Pfizer-sponsored Medicare Advantage plans is not approved by CMS, you **will not** lose your Pfizer-sponsored coverage. If you are not approved for coverage by CMS, you will be notified separately with your coverage details.

10. **If I am already enrolled in a Medigap/Medicare Supplemental plan, can I still enroll in Pfizer's Medicare Advantage plan?**

    Yes, however there may be no value in continuing your Medigap or Medicare Supplemental plan. These types of plans are intended to supplement Medicare. Since the Pfizer Medicare Advantage plan replaces Medicare, if you were enrolled in both you would not receive any benefits from your Medigap or Medicare Supplemental plan. If you wish to continue with your Medigap or Medicare Supplemental plan, consider enrolling in the Pfizer Prescription Drug-Only option, which may give retirees enrolled in a Medigap or Medicare Supplemental plan the option to keep their other coverage and retain their prescription drug coverage through Pfizer. Retirees with other coverage should check with their coverage provider to confirm.

**11. If I am already enrolled in another Medicare Advantage plan, can I still enroll in Pfizer's Medicare Advantage plan?**

No. CMS does not allow retirees to enroll in two Medicare Advantage plans. You will need to choose between your current plan and the Pfizer-sponsored Medicare Advantage plan; you cannot be covered under both. Note that Pfizer will continue to offer the Prescription Drug-Only option, which will give retirees currently enrolled in a Medicare Advantage plan the option to keep their other coverage and retain their prescription drug coverage through Pfizer.

## ID CARDS

**12. Will I still need two ID cards for Medicare?**

No. When receiving care under your Pfizer-sponsored Medicare Advantage plan, you will only need to use one medical ID card – your Medicare Advantage ID card – instead of two, your Medicare ID card and the ID card for your Pfizer-sponsored plan. Beginning in 2015, you will only need to present your new Medicare Advantage ID card when you receive medical services. You will not need to show your original Medicare ID card, although you should keep it in a safe place for your records. Note that you will still need to use your Caremark prescription ID card to obtain prescriptions.

**13. Will I have the same ID card as my covered eligible dependent?**

No. You each will receive your own Medicare Advantage ID card – with your own unique ID numbers – from UHC in December.

## GENERAL PLAN INFORMATION

**14. Will there be separate annual deductibles for Medicare Part A, Medicare Part B and the Pfizer-sponsored UHC Group Medicare Advantage plans?**

No. With the new Pfizer-sponsored UHC Group Medicare Advantage plans, you are no longer subject to the Medicare Parts A and B deductibles. If you are enrolling in the Pfizer Medicare Advantage Base Plan, each covered individual will only be subject to one annual deductible per individual– the applicable deductible under the Pfizer-sponsored Medicare Advantage Base Plan. If you are enrolling in the Pfizer Medicare Advantage Buy-Up Plan, you will no longer have an annual deductible to satisfy.

**15. How will the deductible work under the Pfizer Medicare Advantage Base Plan?**

Under the Pfizer Medicare Advantage Base Plan, most covered services are not subject to the annual deductible. This means that for most covered services, you only will pay your share of the cost – generally a copay – when you receive services. For those covered services that are subject to the deductible, you pay your deductible first before the plan begins paying benefits. If the cost of an initial service or treatment you receive exceeds the deductible, you would also then pay your share of the cost (copay or coinsurance), up to the total cost of the service.

Here's an example. Let's say you need a walker on January 2, 2015, which is considered durable medical equipment and is subject to the deductible. The walker costs $110 and you have a $100 deductible that you

have not yet satisfied. Your coinsurance for the walker is 20%. You would pay the $100 deductible, plus an additional $2 which is 20% of the remaining $10. In this case, the plan would pay $8. You have now met your deductible for the year and any further benefits you receive in that year would only be subject to a copay, or in some cases coinsurance.

Let's take a look at another example. If the walker above costs $150, assuming you have not satisfied the deductible, you would pay the $100 deductible plus an additional $10 which is 20% of the remaining $50. In this case, you would pay the $10 and the plan would pay $40. Note that all deductibles and copays/coinsurance apply toward your annual out-of-pocket maximum.

**16. Will my vision coverage be affected as a result of this change?**

No, your vision coverage will remain the same and will continue to be administered by EyeMed. The following chart highlights the vision benefits. Note that vision benefits are not included in the Prescription Drug-Only Plan.

| **2015 Vision Coverage** | | |
|---|---|---|
| **Benefit *** | **In-Network** | **Out-of-Network** |
| 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** *(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*** *(Disposable)* | $0 copay, $150 allowance | Up to $150 |
| Contact Lenses*** *(Medically Necessary)* | $0 copay, Paid-in-Full | Up to $210 |

**Except for frames, above provisions covered once every 12 months.*
***Frames covered every 24 months.*
****Contact lens allowance includes materials only.*

**17. I heard that Pfizer's Medicare Advantage plans will be "medically managed" plans. What does this mean?**

Pfizer's Medicare Advantage plans will include programs and outreach designed to help retirees and their covered eligible dependents receive preventive care and generally live a healthy lifestyle. Upon enrolling in the plan, you may receive a call from UHC to discuss your care needs. Please accept this call as it helps ensure that UHC can best support your medical care needs. In cases where more serious care is needed or chronic conditions exist, Pfizer's Medicare Advantage plans will help retirees and their covered eligible dependents actively manage those conditions and help ensure they have access to appropriate resources to help them treat the condition.

**18. If you enroll in one of the new Pfizer-sponsored UHC Group Medicare Advantage plans, you will receive a Health Survey from UHC in January or February. Do you need to complete it? Will it affect your coverage or costs?**

After your enrollment is effective in the Pfizer-sponsored UHC Group Medicare Advantage plan, you will receive a Health Survey. The Health Survey is a short questionnaire asking general questions about your

health, and responding to the survey allows UHC to identify and recommend wellness and health improvement programs for which might qualify. UHC will attempt to reach you two times by phone to complete the survey, or if you wish, you may complete the survey on paper and return it to UHC. This survey is optional and your participation will not affect your coverage or your costs, but we encourage you to complete it as it will help UHC guide you toward programs and information that could be helpful to you.

**19. Can I drop my coverage under the Pfizer Medicare Advantage plans?**

Yes, you will be able to change your election and opt out of Pfizer Retiree Medical coverage during the Annual Enrollment period each year, or if you experience a qualifying event. More information about dropping your Pfizer coverage and re-enrolling at a later date will be provided in your annual enrollment materials that you will receive in the fall.

**20. When will additional details be available about what is covered under the new Medicare Advantage plans?**

Additional information about the plan design and covered services will be available prior to Annual Enrollment, as well as through the in-person meetings and teleconferences that will be held in the fall.

## COVERAGE FOR NON-MEDICARE-ELIGIBLE DEPENDENTS

**21. Will my spouse/eligible dependent also be covered under the new Medicare Advantage plans?**

Similar to today, if you and your spouse/eligible dependent are both Medicare-eligible, then you may elect coverage for both of you, or for yourself only, under the options for Medicare eligible retirees:

- The Pfizer Medicare Advantage Base Plan;
- The Pfizer Medicare Advantage Buy-up Plan, or
- The Prescription Drug-Only Plan.

If you are Medicare-eligible but your spouse/eligible dependent is not Medicare-eligible (e.g., is under age 65), then you may elect coverage for yourself under the options for Medicare-eligible retirees (see above) and coverage for your spouse/eligible dependent under the options for non-Medicare-eligible retirees:

- The Retiree PPO, or
- The Retiree High-Deductible PPO options.

In addition, your spouse/dependent will have a choice between UHC and Horizon Blue Cross Blue Shield (Horizon) as the claims administrator.

If you are not Medicare-eligible but your spouse/eligible dependent is Medicare-eligible, then you may elect coverage for yourself under the options for non-Medicare-eligible retirees and coverage for your spouse/eligible dependent under the options for Medicare-eligible retirees.

**22. How will the out-of-pocket maximum work if both my spouse and I enroll in one of the new Medicare Advantage plans?**

If you and your spouse are Medicare-eligible and enroll in one of the new Medicare Advantage plans, you will each have a separate annual out-of-pocket maximum. This means that amounts you pay out-of-pocket for your care will only count toward your annual out-of-pocket maximum (and not your spouse's). Similarly,

amounts you pay out-of-pocket for your spouse's care will only count toward your spouse's annual of-of-pocket maximum. CMS does not allow out-of-pocket maximums to coordinate for a family in Medicare Advantage plans.

**23. If I enroll in one of the new Medicare Advantage plans, how will deductibles and out-of-pocket maximums work between the Medicare Advantage plan and the Retiree PPO or Retiree High-Deductible PPO in which my spouse and/or eligible dependent is enrolled?**

If you are enrolled in one of the new Medicare Advantage plans, amounts that count toward the deductible and out-of-pocket maximum in that plan will not apply toward the deductible and out-of-pocket maximum in the Retiree PPO or Retiree High-Deductible PPO in which your spouse/eligible dependent is enrolled. Similarly, amounts that count toward the deductible and out-of-pocket maximum for your spouse/eligible dependent in the Retiree PPO or the Retiree High-Deductible PPO will not apply toward the deductible and out-of-pocket maximum in the new Medicare Advantage plans. This is no different from how the deductible and out-of-pocket maximums are applied today.

## MONTHLY CONTRIBUTIONS

**24. How much will the new Medicare Advantage plans cost?**

Your specific monthly contribution requirement for your Pfizer-sponsored will be available on the Personal Fact Sheet (PFS) that will be mailed out to retirees beginning Oct. 9, in advance of the Annual Enrollment period (Oct. 14 – Oct. 31, 2014).

**25. Do I still need to continue to pay my Part A and Part B premiums?**

Yes, you will still need to pay your Original Medicare Part B premiums, in addition to the premiums for the Pfizer-sponsored UHC Group Medicare Advantage plan that you elect. In most cases there is no premium requirement for Original Medicare Part A. If, however you are not eligible for no-cost Medicare Part A coverage and are paying for this coverage today, you will be required to continue to pay this premium as well.

**26. I have my Medicare premium automatically deducted from my Social Security check. Will this continue in 2015?**

Yes, your Medicare premium will continue to be deducted from your Social Security check.

**27. How does government funding affect how much I pay for contributions?**

Medicare Advantage plans like the new Pfizer-sponsored Medicare Advantage plans receive subsidies from the federal government. The amount of this subsidy is one of the factors taken into account when determining the monthly contribution cost to participate in the Pfizer-sponsored Medicare Advantage plans.

Because these government subsidies are expected to decrease over time, Medicare Advantage plans with high quality ratings will receive "bonus" payments to help offset the decreases. The Centers for Medicare and Medicaid Services (CMS) have given UHC a rating of 4 stars for 2015 based on the Five-Star Quality Rating System for Medicare Advantage plans, for their strong commitment to quality. This high quality rating should help keep your contributions down as a result of the additional bonus payments.

## MORE INFORMATION

**28. Where do I go for more information?**

You can find more detailed information on the UHC website at **UHCRetiree.com/pfizer**, or by calling UHC's Pfizer-dedicated toll-free number at 1-866-868-0329, TTY 711 from 8:00 a.m. – 8:00 p.m. in your local U.S. time zone, 7 days a week. In addition, you can refer to the January 2014 Medicare Advantage communication, which is available on **www.pfizerplus.com**, or you can call the *hrSource* Center at **1-877-208-0950** to obtain another copy. Representatives are available Monday through Friday from 8:30 a.m. to midnight, Eastern time.