



February 2015

Dear Pfizer Retiree:

Throughout the recent enrollment period in October and during the in-person and webinar meetings, we received several questions from Pfizer retirees on the change to Pfizer-sponsored Medicare Advantage plans in 2015. In response, we are providing some more detailed information in this letter, and a few additional frequently asked questions. As always, Pfizer is committed to keeping you informed about your retiree medical coverage to ensure that you and your family are able to use the plan you have elected to your maximum benefit.

Before you read the frequently asked questions, which will cover this information in more detail, there are a few key points to keep in mind:

- 1. *If you or your dependent(s) will be turning age 65 in 2015*** — There is some important information you should know, and actions you should take, leading up to your 65th birthday. Please see Question #7 for details on the steps you need to take to enroll in Medicare and ensure that your coverage in a Pfizer-sponsored Medicare Advantage plan is not delayed. You can also find more information, including a tip sheet on what actions to take, at www.pfizerplus.com.
- 2. *If the Centers for Medicare & Medicaid Services (CMS) did not approve your enrollment into a Pfizer-Sponsored Medicare Advantage plan for January 1, 2015*** — CMS will not approve you for enrollment into a Pfizer-sponsored Medicare Advantage plan if you do not provide a Health Insurance Claim Number (HICN), a valid street address, or are not enrolled in Medicare Parts A and B. If this happens, you and your Medicare-eligible dependents will be temporarily placed in a 2015 Medicare Base or Buy-Up plan (based on your current enrollment) until you provide *hrSource* with this missing information, and/or complete your Medicare enrollment. This enrollment is intended to be temporary. If you do not take action and receive CMS approval into Pfizer sponsored Medicare Advantage coverage by **April 15, 2015**, your enrollment will automatically be changed to the Pfizer Prescription Drug-Only option effective May 1, 2015. See Question #3 or Question #5 for more information.

Note: If you believe that you are not eligible to enroll in Medicare Part B, please contact the *hrSource* Center at **1-877-208-0950** immediately.

- 3. *If your coverage was previously terminated for non-payment*** — Note that the process for reinstatement of your coverage is different under the new Medicare Advantage plans, and could have a significant financial impact on you in terms of your plan deductibles and out-of-pocket maximums. In order to avoid this, we recommend that you enroll in Automatic Bank Withdrawal (ABW) so that your Pfizer contributions are paid automatically each month. See Question #15 for details on what will happen if your Pfizer coverage is terminated for non-payment, and for information on how to enroll in ABW.

Questions

Please read the following frequently asked questions for details on other key information and considerations you should keep in mind as you use your new coverage. You can also contact the *hrSource* Center at **1-877-208-0950** from Monday through Friday between 8:30 a.m. and Midnight, Eastern time to speak with a Benefits Specialist who can help answer your questions.

Regards,

A handwritten signature in black ink, appearing to read 'S. First', written in a cursive style.

Steve First
Vice President, Global Benefits

FREQUENTLY ASKED QUESTIONS: MEDICARE ADVANTAGE RETIREES

1. How does the hearing aid benefit work under the new Pfizer-sponsored Medicare Advantage plans?

Regardless of whether you enroll in the Medicare Advantage Base Plan or the Medicare Advantage Buy Up Plan, your hearing aid benefit coverage is the same.

Under UnitedHealthcare's (UHC's) hiHealth Innovation program, you can purchase quality hearing aids at or near manufacturer cost. Through this program, the average price for a pair of hearing aids is \$800. Under the Pfizer-sponsored Medicare Advantage plans, you receive a \$500 credit every 36 months towards your hearing aid purchase. In this example, your out-of-pocket cost would be \$300 (\$800 minus the \$500 credit) for a pair of hearing aids, although your actual costs may differ depending on the type of hearing aid you purchase.

Note that if you submit a claim for an amount less than \$500, you can use the remaining balance at any point until the end of the 36-month period.

2. If I decide to defer my enrollment in Pfizer retiree medical coverage in the future, am I able to re-enroll?

If you were eligible to defer your enrollment in Pfizer retiree medical coverage and you enrolled in other group coverage, you may re-enroll at any time by contacting *hrSource* and confirming that you have lost the other coverage within the previous 31 days. At that time, *hrSource* will provide you with your enrollment options as well as the current contribution levels. Otherwise, you must wait until Pfizer's annual enrollment period, which generally occurs each October with coverage beginning the following Jan. 1.

Regardless of why you are enrolling, you must certify that you had other medical coverage such as a MediGap plan, Supplemental Medicare plan or coverage under your spouse's plan, in order to enroll in Pfizer's retiree medical program. On Jan. 1, 2015, the definition of other medical coverage was changed to include Medicare Parts A and B only (note: if you do not enroll in Medicare Part B, see Question #5 for more information).

3. What if I don't provide my street address or Health Insurance Claim Number (HICN)?

The Centers for Medicare & Medicaid Services (CMS) requires that you provide a valid U.S. street address (P.O. Boxes are not acceptable) as well as your HICN in order to be enrolled in a group Medicare Advantage plan such as Pfizer's. Because CMS will not approve your enrollment into Pfizer's Medicare Advantage without this information, if you have elected enrollment into either the Medicare Advantage Medicare Base or Buy-Up plans and do not provide this information, you and

your Medicare-eligible dependents will be automatically enrolled in Pfizer's Prescription Drug-Only option. Note that a transition period will apply until May 1, 2015 before you are automatically enrolled in the Prescription Drug-Only option. Please call the *hrSource* Center at **1-877-208-0950** Monday through Friday between the hours of 8:30 a.m. and midnight, Eastern time to provide your street address and/or HICN prior to April 15, 2015.

4. What if I want to keep my P.O. Box as my mailing address?

You may keep your P.O. Box address as your primary mailing address to receive correspondence. *hrSource* can store your physical street address as a secondary address and only use it for purposes of Medicare eligibility. When you call to provide your street address, be sure to indicate that you would like to keep your P.O. Box as your primary address.

5. What will happen to my coverage if I am not enrolled in Medicare Parts A and B?

If you are eligible for but do not enroll in Medicare Parts A and B, or if you are enrolled in Parts A and B and cease paying your monthly Part B premium, you will be automatically enrolled in Pfizer's Prescription Drug-Only option for you and your eligible dependents and will no longer have medical coverage through a Pfizer-sponsored medical plan. Enrollment in a Medicare Advantage plan requires that you have Medicare Part B and continue to pay your Medicare Part B premiums. Note that a transition period will apply until May 1, 2015 before you are automatically enrolled in the Prescription Drug-Only option. Please call the *hrSource* Center at **1-877-208-0950** Monday through Friday between 8:30 a.m. and midnight, Eastern time to confirm your enrollment in Medicare Parts A and B prior to April 15, 2015.

6. For Medicare-eligible retirees, why is the cost for the Prescription Drug-Only option not very different from the other plans which provide medical coverage (the Medicare Advantage Base and the Medicare Advantage Buy-Up options)?

As a Medicare-eligible retiree, many of your medical expenses are covered by reimbursements the government makes to UnitedHealthcare to provide coverage under the Pfizer-sponsored Medicare Advantage plans. The majority of costs under the Pfizer retiree medical plan for Medicare-eligible retirees are for the prescription drug coverage. Pfizer prescription drug coverage is a comprehensive benefit, providing 100% coverage for all Pfizer drugs including Greenstone generics, with no formulary or other restrictions that exist in many lower-cost prescription drug plan options available in the general marketplace.

7. I/my covered dependent will become Medicare eligible (e.g., turning age 65) in 2015. Where can I get more information on what I need to do?

You will receive a personal fact sheet from *hrSource* 90 days prior to turning age 65, as well as a letter from UHC with information on what a Medicare Advantage plan is and what you can expect after you enroll. To enroll in Pfizer coverage, specific information is required. Please call *hrSource* and verify your personal information, including your street address as well as your Health Identification Claim Number (HICN) as soon as possible to ensure that your Pfizer Retiree Medical Coverage is not interrupted. To continue your Pfizer coverage, you **must** complete the following steps:

Step 1: Enroll in Medicare Parts A and B: You will receive information regarding enrollment in Medicare about six months prior to turning 65. If you do not have this information, contact your local Social Security office.

Step 2: Provide *hrSource* with the following information:

- a. Health Insurance Claim Number (HICN)
- b. Valid U.S. street address (if P.O. Box is on file with *hrSource*)

Step 3: Enroll in a Pfizer Medicare-eligible plan option, or defer your Pfizer coverage:

- a. Call the *hrSource* Center at **1-877-208-0950** Monday through Friday between 8:30 A.M. and Midnight, Eastern time
- b. Your new Pfizer election will begin on the 1st of the month in which you reach age 65 unless your birthday occurs on the 1st of the month; in that case your new Pfizer election will begin the 1st of the prior month.

Consider enrolling in Automatic Bank Withdrawal (ABW) to ensure your monthly Pfizer Retiree premiums are paid on a timely basis and to avoid termination for non-payment of your premium.

8. What happens if I don't call *hrSource* to enroll in a Pfizer-sponsored Medicare Advantage Plan?

If you receive your personal fact sheet from *hrSource* advising you of your post-65 plan options but take no action, the following enrollments will automatically occur:

- If your spouse or other eligible dependent is already enrolled in a Pfizer-sponsored Medicare Advantage plan, you will automatically be enrolled in the same plan.
- If you and all of your eligible dependents are enrolled in a pre-65 Pfizer Retiree Medical plan, you will automatically default into the Pfizer-sponsored Medicare Advantage Medicare Base Plan.

- If you are eligible for Pfizer Retiree Medical coverage but have waived your enrollment and are not enrolled in a pre-65 medical plan option, you will remain in waiver status and will not be enrolled in a Pfizer-sponsored Medicare Advantage Plan.

Your default coverage enrollment will be indicated on the personal fact sheet you receive from *hrSource*.

9. I have several doctors/providers. Some have opted out of Medicare and some are not accepting Medicare Advantage plans. Some are not accepting what Medicare pays – will I be responsible for the difference? What is the difference and what does this mean for me?

The Pfizer-sponsored Medicare Advantage Base and Buy-Up plans both provide coverage for any doctor who participates in Medicare; it is not necessary for the doctor be a part of the UHC provider network.

Refer to the following chart to understand how your coverage applies:

Situation	What This Means to You	What You Should Do
Provider opted out of Medicare	You are responsible for the full cost the doctor charges you.	Generally, the provider will ask you to sign a contract confirming that you will be responsible for the entire cost. (Note: Medigap and Supplemental Medicare plans also do not cover these providers.)
Provider does not accept Medicare Advantage plans	The provider may be willing to accept payment directly from UHC; if not, you may need to pay the provider up front and file a claim with UHC. You will then be reimbursed by UHC, up to your applicable copay or coinsurance minus any applicable plan deductible.	Call UHC and ask them to contact your provider to see if s/he will be willing to accept payment directly from UHC.
Provider participates in Medicare but does not accept Medicare Assignment (does not accept the Medicare fee schedule)	UHC will pay up to the Medicare fee schedule as well as the difference between the Medicare fee schedule and the maximum the provider can charge (up to 15% above the Medicare fee schedule). You may need to pay the provider up front if s/he is not willing to accept payment from UHC. You will then be reimbursed by UHC, up to your applicable copay or coinsurance minus any applicable plan deductible.	No action is needed unless the provider tries to balance bill you. If s/he does, then contact UHC at 1-866-868-0329 .

10. How does the copay work for labs/x-rays? Do I need to pay a copay for each separate test that is run?

If you have blood work, for example you have a blood test to check your anti-coagulant (blood thinners) in a physician's office, generally you will pay the applicable copay (\$20 under the Medicare Advantage Base Plan and \$10 under the Medicare Advantage Buy-Up Plan) each time you have blood drawn, even though the doctor may order several different tests. Similarly, if you have an x-ray and the provider requests multiple views, generally you will only pay one copay for the set of x-rays.

If you have any questions or wish to determine your actual copay responsibility before you have the lab work or x-rays, please contact UHC at **1-866-868-0329**. You will need to know which services or tests are going to be performed during your medical visit.

11. I travel overseas. Will the Pfizer-sponsored Medicare Advantage plans cover me overseas?

The Pfizer-sponsored Medicare Advantage plans provide coverage for emergency medical services only. To understand how this coverage works if you have an emergency or accident while overseas, call UHC at **1-866-868-0329**.

If you reside permanently overseas, you may be eligible for Pfizer retiree medical coverage through Aetna International. Please call the *hrSource* Center at **1-877-208-0950** for more information about these options.

12. What happens to my spouse's coverage if I die? What if I have either deferred coverage or have not enrolled my spouse because s/he currently has other coverage?

Under the Pfizer Retiree Medical Plan, your surviving dependents will continue to be eligible for coverage as long as they continue to pay the required monthly premium. Dependent children may continue coverage until their eligibility ends (generally age 26). Please note that if your spouse remarries, his/her new spouse will not be considered an eligible dependent and cannot be enrolled.

If you are in an eligible but deferred coverage at the time of your death, your dependents may re-enroll in the plan during annual enrollment (for a coverage start date of the following Jan. 1) or during the year within 31 days of loss of other group coverage. Re-enrollment will require verification that they have had other group coverage (including Medicare Parts A and B) while they were not enrolled in the Pfizer Retiree Medical Plan.

13. I was already enrolled in a Medicare Advantage Plan, Medicare Part D, Medigap or similar plan. What will happen to my enrollment in that plan if I enroll in a Pfizer-sponsored Medicare Advantage Plan?

The Centers for Medicare & Medicaid Services (CMS) does not allow enrollment in more than one Medicare Advantage plan or in a Medicare Advantage plan and Medicare Part D plan at the same time. If you are already enrolled in a non-Pfizer Medicare Advantage plan or Medicare Part D plan and you elected or were defaulted into one of the Pfizer-sponsored Medicare Advantage plans, you will be automatically disenrolled from your non-Pfizer Medicare Advantage or Medicare Part D plan.

If you are enrolled in a Medigap or Medicare Supplemental plan, that coverage will remain unaffected. However, since the Pfizer-sponsored Medicare Advantage plan replaces Medicare, you would not receive any additional benefits from your Medigap or Medicare Supplemental plan. Therefore, you may wish to re-evaluate your enrollment elections.

14. What if I need to change my coverage election under the Pfizer-sponsored Medicare Advantage and or Prescription Drug-Only options?

You may make changes each year during annual enrollment. Once the annual enrollment period begins, you may make changes to your election on file for the following year through the last business day of the current year. It is recommended however that you make all elections during the communicated annual enrollment period. Because Medicare Advantage enrollments require Medicare's approval, enrolling after the communicated annual enrollment period ends may affect the start date of your Pfizer coverage change and will delay receipt of your ID cards. Please call the *hrSource* Center at **1-877-208-0950** for more information. You may not make changes to your coverage during the year unless you have experienced an IRS-qualified change in status, such as a loss of other group medical coverage.

15. What happens if I do not receive my new Pfizer-sponsored Medicare Advantage ID card before I need to go to the doctor?

You have two options:

1. You can visit www.uhcretiree.com/pfizer to print off a temporary ID card, or
2. You can have your physician's office contact UHC at **1-877-842-3210** to validate your eligibility, identification number and plan benefit information.

16. What happens to my coverage if I forget to pay my retiree medical contributions to Pfizer?

If you miss your retiree medical contribution payment, your coverage under your Pfizer-sponsored Medicare Advantage Plan (including prescription drug and vision care) will end and CMS will automatically reactivate your Medicare Part A and B coverage (subject to Part A and B deductibles).

To reinstate your Pfizer coverage, you will be required to file an appeal with *hrSource* to request that your coverage be reinstated. If *hrSource* approves your reinstatement, you will be required to pay all owed contributions for the period in which your coverage was terminated. *hrSource* will work with UHC to request that CMS approve your reinstatement. **If CMS approves your reinstatement, your Medicare Advantage coverage will generally become effective on the first of the month following CMS approval, and will be considered a new enrollment. You will therefore be required to meet a new deductible and out-of-pocket maximum for the year.**

During the time you were not eligible for Medicare Advantage, you will temporarily be placed in a Pfizer medical plan that coordinates with Medicare Parts A and B (and includes prescription drug and vision coverage) and provides similar benefits as provided under the Medicare Advantage Plan and you will be subject to your Medicare Part A and B deductibles.

For these reasons it is strongly suggested that retirees enroll in Automatic Bank Withdrawal through *hrSource*. This will ensure that your monthly contributions are paid on time, and you will not experience a termination for non-payment. You can enroll in ABW by contacting the *hrSource* Center at 1-877-208-0950 Monday through Friday from 8:30 a.m. to Midnight, Eastern time.

17. Can I get two annual eye exams per year?

In general, no. Your primary eye care expenses, including coverage for an annual exam and contacts/lenses, are covered through EyeMed Vision Care if you are enrolled in the Medicare Advantage Base or Buy-Up Plan. Under the Medicare Advantage Plan you also have coverage through UHC for diagnosis and treatment of a medical condition of the eye as well as an annual glaucoma screening. In limited circumstances, for example if you have an underlying health condition that affects your vision such as diabetes, an additional refractive eye care visit may be considered eligible through your UHC Medicare Advantage plan.

Note that the Prescription Drug-Only option does not cover any medical or vision expenses, including expenses for eye exams and contacts or lenses.