FREQUENTLY ASKED QUESTIONS

These FAQs provide information about the Jan. 1, 2016 move to SilverScript Employer PDP sponsored by Pfizer (SilverScript) as the prescription drug plan for Medicare-eligible retirees and their covered Medicare-eligible spouses/domestic partners and Medicare-eligible dependents.

Q1-Q26 are new and Q27-Q56 are questions provided in the January 2015 and August 2015 mailings, some of which have been updated.

As a reminder, SilverScript will be holding informational webinars in October which will provide you with an opportunity to ask questions about this change. For webinar times and to register, go to www.pfizerplus.com.

Eligibility and Enrollment

Q1: What happens if I do not provide my Health Insurance Claim Number (HICN) or a street address?

A1: As part of the move to SilverScript, Pfizer will enroll you in Medicare Part D. This information is needed as part of the enrollment process:

- Your Medicare Claim Number, also known as your Health Insurance Claim Number or “HICN”, from your red, white and blue Medicare Health Insurance card
- Your street address, not a P.O. Box. Medicare does not accept P.O. Boxes

If you do not provide this information, or any other information needed by hrSource or SilverScript Customer Care, you will not be able to be enrolled in SilverScript and as a result you and all of your enrolled dependents will lose both your Pfizer-sponsored medical and prescription drug coverage.

You will be able to re-enroll in Pfizer coverage in the future, but you will need to provide proof of continuous creditable medical and prescription drug coverage. You will also need to wait until the next annual enrollment period, unless you have a mid-year qualified status change.

Coverage

Q2: Does the Pfizer-sponsored SilverScript plan work like a standard Medicare Part D plan?

A2: No. The Pfizer-sponsored SilverScript plan is not considered a standard Medicare D Plan. The standard Medicare Part D plan has four drug stages or benefit levels.
You do not have to worry about these different stages. The additional benefit provided by Pfizer covers the gaps between Medicare Part D and your current coverage. However, you will receive information from SilverScript that is required by Medicare and refers to the drug payment stages.

With your Pfizer-sponsored SilverScript plan, you pay the same prescription drug coinsurance percentage and per-prescription minimum and maximum through all the Medicare Part D stages until you reach the Medicare out-of-pocket maximum. You have no deductible and you have no “Donut Hole.”

After you reach the Medicare out-of-pocket maximum of $4,850 (for 2016), you may pay a lower coinsurance percentage than is required by your Pfizer-sponsored SilverScript plan if you are taking a non-Pfizer drug. Pfizer drugs including Greenstone generics are always covered at no cost to you.

Q3: Will I be able to get the same drug I am taking now, even though SilverScript is a Medicare Part D plan?

A3: Yes, through the additional benefit provided by Pfizer, any eligible drug not covered on the SilverScript formulary or by Medicare Part D will be covered.

Q4: What is a formulary? I thought Pfizer’s plan didn’t have a formulary.

A4: A formulary is a drug list. You will hear the word “formulary” in some documents and letters you receive directly from SilverScript based on Medicare requirements. The formulary includes both brand name and generic drugs selected by SilverScript with the help of doctors and pharmacists.

The additional benefit provided by Pfizer will cover any eligible drugs that are covered under your current plan, including those not listed in the SilverScript formulary, as well as 100% coverage for Pfizer drugs including Greenstone generics.

You will receive the 2016 Abridged Formulary (List of Covered Drugs) in your SilverScript welcome kit after you are enrolled. It will list most, but not all, of the drugs covered by the Medicare Part D portion of the plan. If you do not see your drug in this Formulary, call SilverScript Customer Care to find out if your drug is covered.

Q5: Why should I read the 2016 Abridged Formulary (List of Covered Drugs) if I am going to be covered for the same drugs I have now?

A5: This booklet provides you with important information for drugs covered by Medicare Part D.

Due to Medicare requirements, some drugs may be subject to a review to verify medical necessity. This is referred to as prior authorization (PA). Some drugs may have quantity limits (QL) and other drugs may be covered by Medicare Part B or Medicare Part D.
There are codes next to these drugs and information on what steps you need to take to fill a prescription for one of these drugs.

**Q6:** What happens if a drug I am taking requires prior authorization? Will I still receive my drug?

**A6:** Prior authorization (PA) is required by Medicare for certain drugs such as Lidocaine Patch or Androgel Pump to verify medical necessity. Generally, this can be verified while you are at the pharmacy. If you are currently taking a medication that requires prior authorization, you will receive a letter from SilverScript in December with more information about this process. If you will need a refill of that drug in January 2016, consider refilling that prescription in late December to allow enough time for your prior authorization to be processed in 2016.

After you receive the prior authorization for a drug, it will be available to you for the rest of the calendar year. If you need to get a prior authorization, you can call SilverScript Customer Care to start the prior authorization process after your coverage goes into effect on Jan. 1, 2016. You can reach Customer Care at 1-844-774-2273, 24 hours a day, 7 days a week. TTY users should call 711.

**Q7:** What if I am taking a drug subject to quantity limits? Will I still get my full prescription?

**A7:** Some drugs, such as Vicodin, have quantity limits for patient safety. At the pharmacy, you can receive up to the applicable quantity limit. To get more of your drug than the quantity limit, you can call SilverScript Customer Care for information on requesting an exception.

**Q8:** What happens if I am taking a drug that can be covered under Medicare Part B or Medicare Part D?

**A8:** If you are currently taking a drug that may be covered under Medicare Part B or Medicare Part D, you will receive a letter from SilverScript in December. Follow the instructions in the letter to process the Part B or Part D determination.

This process is required in order to determine which coverage – Part B or Part D – covers that use of the drug, based on your medical condition. In most cases, your pharmacist will be able to process this determination while you are at the pharmacy. However, there could be a delay if information is needed from your doctor and he or she is unavailable.

If you start taking a new drug that may be covered under Medicare Part B or Medicare Part D beginning Jan. 1, 2016, you can call SilverScript Customer Care to start the Part B or Part D determination. You can reach Customer Care at 1-844-774-2273, 24 hours a day, 7 days a week. TTY users should call 711.
Q9: How do I know if a drug can be covered as either a Medicare Part B drug or a Medicare Part D drug?

A9: You can find out if a drug can be covered under either Medicare Part B or Medicare Part D by:

- Looking in the 2016 Abridged Formulary (List of Covered Drugs) which you will receive in your SilverScript Welcome Kit after you are enrolled. These drugs will have “B/D” next to them.
- Call SilverScript Customer Care after the plan goes into effect on Jan. 1, 2016.

For instance, diabetes test strips are always covered by Part B. Drugs like Lipitor are always covered by Part D. Drugs that can be either Part B or Part D include any drugs that are inhaled. Drugs like Viagra are not covered by Part B or Part D and are only covered by the additional benefit provided by Pfizer.

Q10: Are preventive care vaccines still covered?

A10: Yes, you can get your preventive care vaccines at any network retail pharmacy at no cost to you.

Q11: What happens if my drug is determined to be covered by Medicare Part B?

A11: If the drug you are taking is covered by Part B due to your medical condition, in most cases, you will still be able to get it under SilverScript due to the additional benefit provided by Pfizer. In some cases, the drug will be covered under your Pfizer-sponsored Medicare Advantage plan or, if you are not enrolled in one of the Pfizer-sponsored Medicare Advantage plans, under Medicare Part B.

Q12: What if I get a letter saying that I am taking a drug not covered by SilverScript?

A12: SilverScript is required by Medicare to send you a letter whenever you get a prescription filled for a drug that is not on the formulary, the list of drugs covered by the Medicare Part D portion of the plan.

This is a letter that Medicare requires to be sent. In most cases, your drug will be covered through the additional benefit provided by Pfizer. If your drug is covered under your current CVS/caremark® plan, it will be covered under the SilverScript plan. If you have any questions about a particular drug, call SilverScript Customer Care at 1-844-774-2273, 24 hours a day, 7 days a week. TTY users should call 711.
**Premiums and Subsidies**

**Q13:** Do I have to pay a Part D premium to Medicare, like I pay a Part B premium?

**A13:** No, most retirees will not have to pay a premium to Medicare for the Pfizer-sponsored SilverScript Part D coverage. Only those with high income, over $85,000 for an individual or $170,000 for a married couple filing their federal taxes jointly, have to pay a premium to Medicare for the Part D Income Related Monthly Adjustment Amount (D-IRMAA).

**Late Enrollment Penalty for Medicare Part D**

**Q14:** What is a Medicare D Late Enrollment Penalty?

**A14:** The Late Enrollment Penalty (LEP) is the monthly amount an individual must pay if he/she:

- Did not enroll in a Medicare prescription drug plan when first eligible for Medicare
- Did not have creditable prescription drug coverage – coverage at least as good as Medicare’s standard plan
- Had a break in coverage of more than 63 consecutive days

If you are currently paying a late enrollment penalty for Medicare B, that is separate and unrelated to the Medicare D penalty.

Note: Pfizer’s current prescription drug coverage for retirees qualifies as creditable prescription drug coverage.

**Q15:** I have been covered on Pfizer’s retiree medical plan since I retired. Do I have to worry about the late enrollment penalty?

**A15:** No, Pfizer’s retiree prescription drug coverage has always met or exceeded the Medicare Part D coverage standard and is considered creditable coverage.

**Q16:** What happens if I am contacted about a late enrollment penalty?

**A16:** If SilverScript contacts you or your covered dependents, they may need information about your past prescription drug coverage to send to Medicare. Please make sure you provide the information requested in the notice, or you will be disenrolled from SilverScript coverage.

If it is determined by Medicare that you are required to pay a penalty and you do not pay it, you will be disenrolled from SilverScript coverage and will lose both your Pfizer-sponsored retiree medical coverage and prescription drug coverage. If you are the retiree, your covered spouse/domestic partner and dependent children will also lose their Pfizer-sponsored retiree medical and prescription drug coverage.
The Pfizer Hardship Provision

Q17: Will I still be able to apply for the Pfizer Hardship provision for a reduction in my Pfizer retiree medical contribution?

A17: Yes, however, the process for Medicare-eligible retirees will change and now will be combined with your eligibility for Medicare’s Extra Help program.

Extra Help is a Medicare program that helps individuals who have low income pay for prescription drug costs. For 2015, people may qualify if they have an annual income of less than $17,655 for an individual or $23,895 for a married couple, and available resources or assets (i.e., bank accounts, stocks and bonds, and real estate other than your primary residence) less than $13,640 for an individual or $27,250 for a married couple. The amount of Extra Help you may be eligible to receive will vary based on your income limit and household size.

If Medicare approves your eligibility for Extra Help, you will automatically meet the eligibility requirements for the Pfizer hardship provision and receive a contribution reduction toward your cost of Pfizer retiree medical coverage. This reduction will include any amount from Extra Help, also referred to as a Low Income Subsidy (LIS). You will receive a letter from hrSource, confirming Medicare’s approval of your Extra Help and qualification into the Pfizer hardship provision.

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 get one of these letters, 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.

Q18: How do I know if I am eligible for Extra Help from Medicare?

A18: If Medicare identifies you as an individual that qualifies for Extra Help to pay for your prescription drug costs, you will receive a letter from Medicare or the Social Security Administration.

To find out if you qualify and how to apply for Extra Help, you can:

- Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. Available 24 hours a day, 7 days a week.
- Go online at www.medicare.gov.
- Call Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778.
- Go online at www.socialsecurity.gov/prescriptionhelp.

If you are eligible for and receiving Medicaid, you will automatically be eligible for Extra Help.
Q19: How does Extra Help work with my Pfizer prescription drug coverage?

A19: If you qualify for Extra Help, your share of the cost will be reduced for drugs covered by the Medicare Part D portion of the plan. Copayments range from $0 to 15% coinsurance. After you are enrolled in Medicare Part D by Pfizer, you will receive a Low Income Subsidy Rider (LIS Rider) from SilverScript that will tell you the amount of your copayment or coinsurance you will pay in 2016 for drugs covered by the Medicare Part D portion of the plan.

You will pay the lower of:

- Your Extra Help copayment or coinsurance, or
- Your Pfizer prescription drug coinsurance percentage, subject to the per-prescription minimum and maximum.

For drugs not on the SilverScript Medicare Part D formulary or not covered by Medicare, you will pay your normal Pfizer prescription drug coinsurance percentage, subject to the per-prescription minimum and maximum.

Filling Your Prescriptions

Q20: What is ReadyFill at Mail®?

A20: ReadyFill at Mail is a voluntary, automatic refill program. You need to sign up for this program where the mail order pharmacy (CVS Caremark Mail Service Pharmacy) will start to process your next refill automatically when its records show that you should be close to running out of your prescription drug.

If you are already enrolled in ReadyFill at Mail through CVS/caremark, you do not need to sign up again. The pharmacy will contact you prior to shipping each refill to make sure you need the medication. You must provide your authorization, in accordance with Medicare rules. If not, your prescription will be put on hold. You can cancel refills if you have enough of the medication or you are no longer taking the medication. Contact SilverScript Customer Care to opt into the program.

If you are currently using the mail order pharmacy through CVS/caremark and you are not signed up for ReadyFill at Mail, you will need to contact the mail order pharmacy 15 days before you think you will run out of your prescription drugs so the order can be processed and shipped to you in time. You are required to contact the mail order pharmacy prior to shipping, in accordance with Medicare rules.

Q21: What is the Medication Therapy Management Program?

A21: Medication Therapy Management (MTM) is a voluntary program that is free to members. If you take multiple medications, have multiple chronic conditions and high drug costs,
SilverScript will let you know if you have automatically been enrolled in a MTM program designed for your specific health issue.

Through this program, a pharmacist or other health professional will give you a comprehensive review of all your medications. You can talk about how best to take your medications, your costs, and any problems or questions you have about your prescription and over-the-counter medications. You’ll get a written summary of this discussion. The summary has a medication action plan that recommends what you can do to make the best use of your medications, with space for you to take notes or write down any follow-up questions. You’ll also get a personal medication list that will include all the medications you’re taking and why you take them.

You may choose not to participate or opt-out of this program at any time by calling SilverScript Customer Care.

Information You Will Receive

Q22. What information is in this Annual Enrollment packet about SilverScript?

A22. Included in this Annual Enrollment mailing are the following materials about SilverScript:

- A cover letter from Pfizer
- This _Frequently Asked Questions_
- A letter with both SilverScript and Pfizer logos – this letter is required by Medicare and explains your right to opt out of the plan, as well as information about your coverage and what to expect.
- _2016 Summary of Benefits_ – this booklet is required by Medicare and provides an overview of the plan.

This packet includes other Annual Enrollment-related materials as well.

Q23. What information will I receive from SilverScript after I am enrolled in Medicare Part D?

A23. After your enrollment in SilverScript is accepted by Medicare, you will receive two mailings in December. One mailing is the SilverScript Welcome Kit, which includes:

- _Pharmacy Directory_ – list of network pharmacies, including preferred network pharmacies, in your area
- _Evidence of Coverage_ – details about the plan, your rights and responsibilities, and how to file a grievance, coverage determination or appeal.
- _Abridged Formulary (List of Covered Drugs)_ – the list of the most commonly used drugs covered by the plan

The other mailing is your new SilverScript ID card, which includes a confirmation of enrollment letter. This mailing is sent at the same time as the welcome kit, but in a separate package. If you are eligible for Extra Help, the _LIS Rider_ is sent with the ID card.
After the plan goes into effect on Jan. 1, 2016, you will receive Your Monthly Prescription Drug Summary, also known as the Explanation of Benefits, every month after you filled a prescription. The information provided will include:

- The drugs you received the previous month
- How much you paid, how much the plan paid and how much was paid by others, such as Extra Help
- Which drug payment stage you are in
- Your Medicare out-of-pocket costs to date
- Your Medicare total drug costs to date

Questions?

Q24: Who do I call if I have any questions?

A24: Call SilverScript Customer Care at 1-844-774-2273, available 24 hours a day, 7 days a week if you have questions or need more information about:

- Medicare Part D
- SilverScript
- Any documents you receive from SilverScript
- A preferred or other network pharmacy near your home or where you are traveling
- If your drug is covered by the plan

TTY users should call 711.

If you have questions about eligibility, enrollment, or your contribution, you should call hrSource Center at 1-877-208-0950, Monday through Friday, from 8:30 a.m. to midnight, Eastern time.

Q25: Will there be webinars about this change in the Pfizer-sponsored prescription drug plan?

A25: Yes, retiree webinars are being offered throughout October:

- Tuesday, Oct. 6, 2015 at 10:00 a.m. ET
- Thursday, Oct. 15, 2015 at 11:00 a.m. ET
- Tuesday, Oct. 20, 2015 at 12:00 p.m. ET
- Tuesday, Oct. 27, 2015 at 4:00 p.m. ET

To register, go www.pfizerplus.com. On the home page, under Items of Interest, click To Register for the date and time of the session you wish to attend. The dial-in phone number for all sessions is 1-877-209-8710.

If you have any questions that you would like answered during the webinar, please send an e-mail to PfizerRetiree.WebinarQuestions@CVSCaremark.com.
**ID Cards**

**Q26:** Which ID card do I use?

**A26:** Here are the four ID cards that you or a member of your family may need for your medical or prescription drug coverage:

- **Medicare ID card**
  
  Your Medicare Health Insurance card is proof that you are enrolled in Medicare. The Medicare Claim Number, also call the Health Insurance Claim Number (HICN), is needed to enroll you in Pfizer’s Medicare Advantage Plan and SilverScript. You don’t need to carry this card if you have your United HealthCare and SilverScript ID cards. Since your HICN is your Social Security Number, keep it in a safe place.

- **United HealthCare ID Card**
  
  If you are eligible for Medicare and enrolled in a Pfizer-sponsored Medicare Advantage plan option, you will need your United HealthCare ID card whenever you receive medical services. You get a new United HealthCare ID card every year.

- **SilverScript ID card**
  
  If you are eligible for and enrolled in Medicare A, you will need your SilverScript ID card whenever you get a prescription filled at a network pharmacy.

- **CVS/caremark ID card**
  
  If your covered spouse/domestic partner or dependent child is not eligible for Medicare, he or she will continue to be enrolled in the current CVS/caremark plan and will need to use the CVS/caremark ID card whenever filling a prescription at a network pharmacy.

**Note:** if your covered spouse/domestic partner or dependent child is not eligible for Medicare and is covered by one of the non-Medicare eligible Pfizer retiree medical plan options, he or she will receive an ID card from either UHC or Horizon to use when medical care is received and an ID card from CVS/caremark to use for prescription drug coverage.
The following questions appeared in Frequently Asked Questions sent in January 2015 or August 2016. They have been updated as more information has become available.

**Move to SilverScript**

Q27: What is SilverScript Employer PDP sponsored by Pfizer?

A27: SilverScript Employer PDP sponsored by Pfizer (SilverScript) is a group Medicare Part D plan which is sponsored by Pfizer for its Medicare-eligible retirees and their Medicare-eligible dependents.

“Employer PDP” means that it is an Employer-provided (Pfizer-provided) Medicare Part D Prescription Drug Plan. It combines Medicare Part D prescription drug benefits with additional Pfizer benefits to provide you with the level of coverage that you have under your current plan.

SilverScript is offered by SilverScript® Insurance Company which has a contract with Medicare. SilverScript Insurance Company is affiliated with CVS/caremark, Pfizer’s current pharmacy benefit manager.

Q28: Why is Pfizer making this change?

A28: The move to SilverScript will change the way Pfizer funds its prescription drug program and completes the transition to maximize federal government reimbursements for Medicare-eligible retirees and their Medicare-eligible dependents.

Currently, Pfizer participates in the federal government’s Retiree Drug Subsidy Program. Through this program, Pfizer receives a payment from the federal government to help offset the cost of providing prescription drug coverage to Medicare-eligible retirees and their Medicare-eligible dependents. As the value of this subsidy has declined, Pfizer’s costs to provide prescription drug benefits have increased, making the plan less sustainable for Pfizer and for you.

With SilverScript, Pfizer can take advantage of more favorable government subsidies and benefits available with an employer-provided group Medicare Part D plan. In turn, this will enable Pfizer to better manage the increasing costs of providing prescription drug benefits.

Q29: How will this change affect the prescription drug coverage I have today?

A29: The level of coverage you have today will not change. You will have the same coinsurance percentage and per prescription minimum and maximum, and the **same 100 percent coverage for Pfizer drugs including Greenstone generic drugs**. Similar to your coverage today, the dollar amount you pay for your drugs may change as drug prices increase or decrease, but your level of coverage will be the same.
Pfizer prescription drug coverage is a comprehensive benefit, providing 100% coverage for all Pfizer drugs including Greenstone generics, without many of the restrictions that exist in many lower-cost prescription drug plan options available in the general marketplace.

Q30: Will my annual out-of-pocket maximum be the same?

A30: No. Medicare is an individual benefit. Therefore, there is no family coverage and the family annual out-of-pocket maximum of $5,500 will no longer apply. The out-of-pocket maximum will change to a single, lower **individual maximum of $3,400**, a decrease from the current $3,500 out-of-pocket maximum.

If you cover multiple Medicare-eligible family members, each individual participant will be subject to the new $3,400 out-of-pocket maximum.

If you are covering a non-Medicare-eligible spouse/domestic partner and/or non-Medicare-eligible children, they will continue to have the current non-Medicare-eligible coverage with a $3,500 individual and $5,500 family out-of-pocket maximum. The out-of-pocket maximum for your non-Medicare-eligible dependent in the CVS/caremark plan is separate from your out-of-pocket maximum in SilverScript. The same would apply if you are the non-Medicare-eligible participant in the CVS/caremark plan and your spouse/domestic partner is the Medicare-eligible participant in SilverScript.

Q31: Will my Medicare-eligible spouse/domestic partner and I both getting information from SilverScript?

A31: Yes, since Medicare is considered an individual benefit. Every person has his or her own account with Medicare. Each of you will receive your own SilverScript ID card with your own unique ID number and welcome kit. You will each need to use your own personal ID card when you get your prescriptions filled to avoid any coverage issues.

**Eligibility and Enrollment**

Q32: How do I know if I am eligible for this Pfizer-sponsored SilverScript plan?

A32: U.S. retirees who are eligible for this plan:

- Have met the eligibility requirements for the Pfizer Retiree Medical Plan; and
- Have received a paper copy of this letter and FAQ mailed to their home address.

SilverScript is not being offered to participants in all retiree groups. Groups for which this change does not apply include: Access Only, Aetna International plan, AH Robins, American Optical, Warner Lambert Enhanced Severance Plan, Warner Lambert Parke Davis OCAW Union, Warner Lambert Pre-1992 and Wyeth Change in Control retirees.
Q33: Do I need to enroll in Medicare Part D?

A33: No, you should **not** enroll in Medicare Part D.

**Pfizer will enroll you** in the Pfizer-sponsored SilverScript plan if, as of Jan. 1, 2016, you, your covered spouse/domestic partner and/or dependent child:

- Will be eligible for Medicare
- Are enrolled in Pfizer-sponsored Medicare Advantage coverage or the Pfizer Prescription Drug-Only Plan
- Have provided *hrSource* with both your street address and your Health Insurance Claim Number (HICN), if requested.

Your coverage will be effective Jan. 1, 2016.

If you do not wish to be enrolled in SilverScript, you must contact the *hrSource* Center to opt out of your Pfizer retiree medical coverage. If you elect to opt out of your coverage, you will be able to re-enroll during Pfizer’s next Annual Enrollment period, unless you have a mid-year qualified status change. You will need to provide proof of continuous creditable medical and prescription drug coverage. Contact the *hrSource* Center with questions about re-enrolling.

If you, your covered spouse/domestic partner and/or dependent become eligible for Medicare after Jan. 1, 2016, you will receive information regarding enrollment from *hrSource* approximately 90 days prior to your Medicare eligibility date.

Q34: Do I need to take any action to keep my Pfizer prescription drug coverage?

A34: **If you are currently enrolled in either the Pfizer-sponsored Medicare Advantage (MA) Base Plan or Medicare Advantage (MA) Buy-Up Plan** and will continue in that plan for 2016, then there is no action you need to take. You will automatically be enrolled in the Pfizer-sponsored SilverScript coverage.

**If you are currently enrolled in the Prescription Drug-Only option for Medicare-eligible retirees administered by CVS/caremark, or you have not yet enrolled in either the MA Base or MA Buy-Up options**, you may receive a letter from *hrSource*, asking for information that *hrSource* needs in order to enroll you in SilverScript:

- If you are enrolled in Medicare Part A and/or Part B, you may need to provide *hrSource* with your Medicare Claim Number (also known as your Health Insurance Claim Number or “HICN”) from your red, white and blue Medicare Health Insurance card.
If you are not enrolled in Medicare, you will need to enroll in Medicare Part A and Part B; otherwise you cannot be enrolled in Pfizer retiree medical coverage. **This means that you will lose** your Pfizer-sponsored prescription drug coverage, including your **100 percent coverage for Pfizer drugs including Greenstone generic drugs.**

- If hrSource has a P.O. Box as your mailing address, you will need to provide your permanent street address to keep on file. Medicare does not accept P.O. Boxes, but hrSource can continue to use your P.O. Box as your mailing address upon your request.

**Q35:** What if I or my enrolled dependent(s) become eligible for Medicare in 2016?

**A35:** If you are not yet age 65 but will be turning age 65 in 2016, you will receive a letter from hrSource three months before you are eligible for Medicare with instructions on the actions you need to take or information you need to provide to hrSource. If you become eligible for Medicare due to either disability or a medical condition before age 65, you must enroll in Medicare Parts A and B. You must contact hrSource to remain enrolled in Pfizer retiree medical coverage.

After you are enrolled in Pfizer retiree medical coverage, Pfizer will automatically enroll you in SilverScript. Any prescription drug out-of-pocket costs that were applied in the current calendar year to your Pfizer annual out-of-pocket maximum under your Pfizer non-Medicare eligible retiree prescription drug benefit through CVS/caremark will be applied towards your individual Pfizer annual out-of-pocket maximum of $3,400 under SilverScript.

If you are enrolled in a Pfizer retiree medical option which has medical coverage as well as prescription drug coverage, please note that amounts counted toward your deductible and out-of-pocket maximum with United HealthCare or Horizon will not be applied to your Pfizer Medicare-eligible retiree medical coverage.

**Q36:** What if I don’t want to be enrolled in SilverScript?

**A36:** Enclosed as a part of this Annual Enrollment benefit package, you will see a letter and Summary of Benefits with the SilverScript and Pfizer logos. The letter explains that you may opt out of SilverScript and what action you need to take to opt out.

**It’s important to remember that if you decide to opt out of SilverScript, you will be opting out of both your Pfizer-sponsored medical and prescription drug coverage.** You will be able to re-enroll in Pfizer coverage in the future, but you will need to provide proof of creditable medical and prescription drug coverage. You will also need to wait until the next annual enrollment period, unless you have a mid-year qualified status change.
If you opt out of coverage, this means that any of your covered dependents, such as your spouse/domestic partner or dependent children, will also lose their Pfizer-sponsored medical and prescription drug coverage.

Q37: What if my Medicare-eligible spouse/domestic partner wants to opt out of the plan?

A37: In this Annual Enrollment benefit package you will see a letter and Summary of Benefits with the SilverScript and Pfizer logos. The letter explains what action your spouse/domestic partner needs to take to opt out.

However, if your spouse/domestic partner decides to opt out of coverage, he or she will be opting out of both his/her Pfizer-sponsored medical coverage and prescription drug coverage. He or she will be able to re-enroll in the plans in the future, but will need to wait until the next annual enrollment period unless he or she has a qualified status change.

Q38: What is a qualified status change?

A38: A qualified status change may allow you to enroll or re-enroll in Pfizer retiree medical and prescription drug coverage during the year. This is permitted by applicable law or regulation or under the special enrollment rules described in the Pfizer Retiree Medical Plan Summary Plan Description located in the Reference Library section of hrSource at www.hrSourcebenefits.pfizer.com.

For example: Let’s say you have medical and prescription drug coverage through your spouse/domestic partner’s employer plan. If you and your spouse/domestic partner lose coverage under that employer plan, you may then enroll in Pfizer retiree medical and prescription drug coverage. Contact the hrSource Center for details.

Q39: I am already enrolled in a Medicare Part D prescription drug plan. Can I be enrolled in SilverScript as well?

A39: No. Medicare does not allow you to be enrolled in more than one Medicare prescription drug plan at the same time. Your enrollment in the Pfizer-sponsored SilverScript prescription drug plan will automatically cancel your enrollment in any other Medicare Part D plan in which you or your covered Medicare-eligible dependents may currently be enrolled.

The Pfizer-sponsored SilverScript plan provides you with more coverage than a standard Medicare Part D plan, including coverage for Pfizer drugs including Greenstone generic drugs at no cost to you.

If you want to keep your current Medicare Part D coverage, you will need to contact hrSource during Pfizer’s 2016 Annual Enrollment period, Oct. 13 - Oct. 30, 2015, and opt out of your Pfizer retiree medical and prescription drug coverage.
If you enroll in a non-Pfizer Medicare prescription drug plan or a non-Pfizer Medicare Advantage plan any time after the Pfizer 2016 Annual Enrollment period ends, your SilverScript coverage will automatically end and you (and all your enrolled dependents) will lose your Pfizer retiree medical and prescription drug coverage.

Q40: I am enrolled in Pfizer’s Prescription Drug-Only option for my prescription drug coverage and a non-Pfizer Medicare Advantage plan for my medical coverage. What will happen when I am enrolled in SilverScript?

A40: In most cases, your enrollment will be cancelled when you are enrolled in SilverScript. See the following table for details:

<table>
<thead>
<tr>
<th>If you are enrolled in:</th>
<th>Then:</th>
</tr>
</thead>
<tbody>
<tr>
<td>An individual Medicare Advantage Plan with prescription drug coverage</td>
<td>Your individual Medicare Advantage enrollment will automatically be cancelled when you are enrolled in SilverScript.</td>
</tr>
<tr>
<td>An individual Medicare Advantage Plan without prescription drug coverage</td>
<td>Your individual Medicare Advantage enrollment will automatically be cancelled when you are enrolled in SilverScript.</td>
</tr>
<tr>
<td>A non-Pfizer employer-sponsored group Medicare Advantage plan – for example, through your spouse’s employer – and that plan includes prescription drug coverage</td>
<td>Your enrollment in the non-Pfizer Medicare Advantage plan will automatically be cancelled when you are enrolled in SilverScript.</td>
</tr>
<tr>
<td>A non-Pfizer employer-sponsored group Medicare Advantage plan – for example, through your spouse’s employer – and that plan does not include prescription drug coverage</td>
<td>Your enrollment in the non-Pfizer Medicare Advantage plan may continue. You should contact your Medicare Advantage plan to find out what will happen when you are enrolled in SilverScript.</td>
</tr>
</tbody>
</table>

Q41: What if I am already enrolled in a Medigap or Medicare Supplemental plan? Can I be enrolled in SilverScript as well?

A41: Medigap or Medicare Supplemental plans generally do not provide prescription drug coverage, therefore you can be enrolled in SilverScript. However, if your Medigap or Medicare Supplemental plan does provide prescription drug coverage and you want to be enrolled in SilverScript, you will need to contact your Medigap plan or Medicare Supplemental plan to find out what will happen when you are enrolled in SilverScript.
**Coverage**

**Q42:** How does my prescription drug benefit work with Medicare Part D?

**A42:** You will pay the same prescription drug coinsurance percentage and per prescription minimum and maximum that you currently pay through all the Medicare Part D stages until you reach the Medicare out-of-pocket maximum. Then you pay the lesser of your current Pfizer coinsurance percentage and per prescription minimum and maximum, or Medicare’s catastrophic coverage coinsurance or copayment.

The additional benefit provided by Pfizer covers any gap between the standard Medicare Part coverage and your coverage through SilverScript.

**Q43:** What does the additional benefit provided by the Pfizer plan cover?

**A43:** The additional benefit provided by the Pfizer plan allows you to:

- Continue to receive Pfizer drugs including Greenstone generics at no cost
- Have no annual deductible
- Pay no more than the current coinsurance percentage along with the per prescription minimum and maximum you currently are paying until you meet your Pfizer annual out-of-pocket maximum or Medicare out-of-pocket maximum
- Have coverage for drugs and supplies not covered by Medicare Part D
- Have coverage for drugs not listed on SilverScript’s Medicare Part D formulary

**Contributions, Premiums and Subsidies**

**Q44:** Will my monthly contributions change?

**A44:** In general, monthly contributions change annually. Your Personal Fact Sheet is being sent at the same time as your Annual Enrollment materials under separate cover.

**Q45:** Will my income affect what I have to pay for my Medicare Part D coverage?

**A45:** Similar to Medicare Part B, some people may have to pay a Part D “Income Related Monthly Adjustment Amount” for their Medicare Part D premium because of their annual income. This Part D Income Related Monthly Adjustment Amount is also called and referred to in this FAQ 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. For 2016, the income levels were $85,000 for an individual and $170,000 for a married couple filing jointly. There is no D-IRMAA if your income is below these amounts.

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.

Q46: How will I find out if I have to pay the D-IRMAA?

A46: If you have to pay the D-IRMAA, Social Security – not Pfizer or SilverScript – will send you a letter, telling you what the premium will be and how to pay it.

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

Q47: How will I pay the D-IRMAA?

A47: The D-IRMAA is deducted from your Social Security check and will appear on your check as “premium withholding.” If the premium is not taken from your Social Security check, you will be billed directly by Medicare. The additional amount is not paid to Pfizer or to SilverScript.

Q48: What if I don’t pay the D-IRMAA?

A48: If you are required to pay the D-IRMAA, it is important that you pay this additional amount. If you don’t, Medicare will disenroll you from SilverScript. If you are disenrolled from the plan, you will lose both your Pfizer-sponsored retiree medical and prescription drug coverage.

Q49: How much is the D-IRMAA per person?

A49: The D-IRMAA amounts for 2016 range from $12.70 to $72.90 per month per individual, depending on the person’s tax filing status and income in 2014:

<table>
<thead>
<tr>
<th>Individual Filing</th>
<th>Married Filing Separately</th>
<th>Married Filing Jointly</th>
<th>Monthly D-IRMAA Amount Per Individual</th>
</tr>
</thead>
<tbody>
<tr>
<td>$85,000 or less</td>
<td>$85,000 or less</td>
<td>$170,000 or less</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>$85,001-$107,000</td>
<td>Not applicable</td>
<td>$170,001-$214,000</td>
<td>$12.70</td>
</tr>
<tr>
<td>$107,001-$160,000</td>
<td>Not applicable</td>
<td>$214,001-$320,000</td>
<td>$32.80</td>
</tr>
<tr>
<td>$160,001-$214,000</td>
<td>$85,001-$129,000</td>
<td>$320,001-$428,000</td>
<td>$52.80</td>
</tr>
<tr>
<td>Over $214,000</td>
<td>Over $129,000</td>
<td>Over $428,000</td>
<td>$72.90</td>
</tr>
</tbody>
</table>

Monthly D-IRMAA amount for 2016 is based on modified adjusted gross income reported on 2014 tax returns.
Filling Your Prescriptions

Q50: Will I need to change pharmacies in 2016?

A50: In almost all cases, you will not need to change pharmacies. SilverScript’s pharmacy network includes over 68,000 pharmacies and is similar to the CVS/caremark pharmacy network. Your prescription information will remain on file with your current pharmacy. You will need to use your new SilverScript ID card when you pick up your prescription.

Q51: What are preferred network retail pharmacies?

A51: SilverScript’s pharmacy network includes over 7,000 preferred network retail pharmacies. If you use one of the preferred network retail pharmacies to fill your non-specialty maintenance prescription, you can receive the benefit of mail order pricing at the retail pharmacy for your medication.

This will be new for 2016. If you prefer to pick up your medication rather than using mail order, consider switching to a preferred network retail pharmacy.

Q52: Can I get more information about SilverScript’s network pharmacies including preferred network retail pharmacies?

A52: Yes. In the welcome kit you will receive from SilverScript in December, there will be a pharmacy directory, listing the network pharmacies near your home. To find other network pharmacies near your home or where you travel:

- Use the Pharmacy Locator Tool at pfizer.silverscript.com
- Call SilverScript Customer Care

Q53: May I get my prescriptions filled at a pharmacy that is not part of SilverScript’s pharmacy network (an out-of-network pharmacy)?

A53: Yes, although for a number of reasons you should consider using a network pharmacy.

Due to the additional benefit provided by Pfizer, you will continue to be covered when you use an out-of-network pharmacy. However, the price of the drug at an out-of-network pharmacy may be higher than the same drug at a network pharmacy, and you may need to pay part of the cost for Pfizer drugs including Greenstone generics.

If you get your prescription filled at an out-of-network pharmacy, you will need to pay for the full cost for your drug and request reimbursement from SilverScript, even for Pfizer drugs.

You will need to send your request for reimbursement to SilverScript, along with your receipt showing the payment you made. You will only be reimbursed for the plan’s share of the cost for your medication. You may need to pay part of the cost, even for Pfizer drugs.
Please refer to the *Summary of Benefits* that is included in the 2016 Annual Enrollment package, or the *Evidence of Coverage* that you will receive from SilverScript after you are enrolled in the plan, for more information about using out-of-network pharmacies.

**Q54:** I use a Veterans Affairs (VA) pharmacy. May I continue to get my prescriptions filled at a VA pharmacy?

**A54:** No, Veterans Affairs (VA) pharmacies are not permitted to be part of a Medicare Part D pharmacy network. The federal government does not allow you to get benefits from more than one government program at the same time.

If you are eligible for VA benefits, you can still use VA pharmacies under your VA benefits. However, the cost of those medications and what you pay out-of-pocket will not count toward your Pfizer prescription drug out-of-pocket maximum. Additional details will be provided with your 2016 Annual Enrollment materials.

Each time you get a prescription filled, compare your Pfizer benefit through SilverScript to your VA benefit to determine the best option for you. You may choose to use your VA benefit at your VA pharmacy, or use your Pfizer benefit and get your prescription filled through SilverScript.

For example, your doctor gives you a prescription for Lipitor. You would have no copayment if you use your Pfizer benefit through SilverScript because you have 100 percent coverage for Pfizer drugs including Greenstone generic drugs. You can compare this to your VA benefit and determine which option to choose.

**Q55:** I will be traveling overseas early next year. Will I be able to get my prescriptions filled before I leave on my trip?

**A55:** Yes, you can call SilverScript Customer Care and request a vacation override for up to a 90-day supply to be filled before you leave the country. Medicare does not cover any prescription drugs filled outside of the United States or the U.S. territories.

**Q56:** Are my medications covered if I go into a Long-Term Care facility?

**A56:** Yes, your medications will be covered if you go into a Long-Term Care facility. In some cases, you may be required to limit your prescription to a 14-day supply.

When you leave a Long-Term Care facility, you may not be able to take your medications with you. However, you will be able to get a new prescription(s) so you can obtain your medication(s) after you leave the facility.