

Your Required Notices

This booklet includes legal notices and information about your Clorox healthcare plans. Federal laws require that Clorox provide you with certain notices that inform you about your rights regarding eligibility, enrollment and coverage of healthcare plans. The following sections explain these rules.

No action required, but we recommend that you review this information. These notices are for your information only.

For questions regarding Required Notices, call the Clorox Health & Welfare Service Center at 1-833-550-5600.

Important Notice to Employees from The Clorox Company About Creditable Prescription Drug Coverage and Medicare

The purpose of this notice is to advise you that the prescription drug coverage listed below under the Clorox Company medical plan are expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2024. This is known as “creditable coverage.”

Why this is important. If you or your covered dependent(s) are enrolled in any prescription drug coverage during 2024 listed in this notice and are or become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty – as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records.

If you or your family members aren't currently covered by Medicare and won't become covered by Medicare in the next 12 months, this notice doesn't apply to you.

Please read the notice below carefully. It has information about prescription drug coverage with The Clorox Company and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

Notice of Creditable Coverage

You may have heard about Medicare's prescription drug coverage (called Part D), and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving employer/union coverage may be eligible for a Medicare Special Enrollment Period.

If you are covered by one of the Clorox Company prescription drug plans, you'll be interested to know that the prescription drug coverage under the plans is, on average, at least as good as standard Medicare prescription drug coverage for 2024. This is called creditable coverage. Coverage under one of these plans will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

If you decide to enroll in a Medicare prescription drug plan and you are an active employee or family member of an active employee, you may also continue your employer coverage. In this case, the Clorox Company plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan. If you waive or drop The Clorox Company coverage, Medicare will be your only payer. You can re-enroll in the employer plan at annual enrollment or if you have a special enrollment or other qualifying event, or otherwise become newly eligible to enroll in the Clorox Company plan mid-year, assuming you remain eligible.

You should know that if you waive or leave coverage with The Clorox Company and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium will go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Part D.

You may receive this notice at other times in the future – such as before the next period you can enroll in Medicare prescription drug coverage, if The Clorox Company coverage changes, or upon your request.

For more information about your options under Medicare prescription drug coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the *Medicare & You* handbook. Medicare participants will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here's how to get more information about Medicare prescription drug plans:

- Visit www.medicare.gov for personalized help.
- Call your State Health Insurance Assistance Program (see a copy of the Medicare & You handbook for the telephone number) or visit the program online at <https://www.shiptacenter.org/>.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov or call 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this notice. If you enroll in a Medicare prescription drug plan after your applicable Medicare enrollment period ends, you may need to provide a copy of this notice when you join a Part D plan to show that you are not required to pay a higher Part D premium amount.

For more information about this notice or your prescription drug coverage, first address questions to the government agency numbers listed above. Then, if questions remain, call the Clorox Health & Welfare Service Center at: 1-833-550-5600.

HIPAA SPECIAL ENROLLMENT NOTICE

Notice of Special Enrollment Rights for Health Plan Coverage

As you know, if you have declined enrollment in The Clorox Company's health plan for you or your dependents (including your spouse) because of other health insurance coverage, you or your dependents may be able to enroll in some coverages under this plan without waiting for the next open enrollment period, provided that you request enrollment within 31 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your eligible dependents, provided that you request enrollment within 31 days after the marriage, birth, adoption or placement for adoption.

The Clorox Company will also allow a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, or
- Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have *60 days* – instead of 31 – from the date of the Medicaid/CHIP eligibility change to request enrollment in The Clorox Company group health plan. Note that this new 60-day extension doesn't apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan.

Women's Health and Cancer Rights Act (WHCRA) Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your medical carrier at the phone number listed on the back of your ID card.

Newborns' and Mothers' Health Protection Act Notice

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay that does not exceed 48 hours (or 96 hours). If you would like more information on maternity benefits, call your medical carrier at the phone number listed on your ID card.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660

<p>KENTUCKY – Medicaid</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>LOUISIANA – Medicaid</p> <p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
<p>MAINE – Medicaid</p> <p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
<p>MINNESOTA – Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p>MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
<p>MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov</p>	<p>NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
<p>NEVADA – Medicaid</p> <p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>	<p>NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218 (in NH only)</p>
<p>NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>	<p>NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>

NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIP-P-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924 Email: HIPPcustomerservice@dmas.virginia.gov
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

HIPAA Privacy Notice Reminder

The privacy rules under the Health Insurance Portability and Accountability Act (HIPAA) require the Clorox's group health plans (the "Plan") to periodically send a reminder to participants about the availability of the Plan's Privacy Notice and how to obtain that notice. The Privacy Notice explains participants' rights and the Plan's legal duties with respect to protected health information (PHI) and how the Plan may use and disclose PHI.

To obtain a copy of the Privacy Notice contact the Clorox Health and Welfare Service Center at 1-833-550-5600.

You may also contact the Plan's Privacy Official through your Human Resources Department for more information on the Plan's privacy policies or your rights under HIPAA.

Provider-Choice Rights Notice

The Kaiser HMO plan provided through the Clorox Company generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Kaiser designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Kaiser directly.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Kaiser HMO or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in the Kaiser network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Kaiser Permanente at 1-800-464-4000 or www.kp.org, based on your plan enrollment.

Summary of Benefits and Coverage Effective Jan. 1, 2024

The Summary of Benefits and Coverage (SBC) disclosures are a required disclosure under the Patient Protection and Affordable Care Act (also known as Healthcare Reform). The SBCs were included in Healthcare Reform as a consumer initiative intended to make it easier for healthcare plan-eligible individuals to see "at-a-glance" the main cost-sharing and coverage features of any given plan. The SBC information is presented in a government-

required template format per the Department of Labor (DOL). The goal of the SBC is to make it easy for employees to compare their employer plans with a spouse's employer plans, and with other individual plans offered in the market.

The 2024 SBCs will be posted to the [Cloroxbenefitsinfo.com](https://cloroxbenefitsinfo.com) website by October 15, 2023 with other materials for Annual Enrollment, and are available starting by October 30, 2023, via [Clxhub](#) > U.S. Total Rewards > Health & Welfare Service Center or directly at cloroxbenefits.com. A paper copy is also available, free of charge, through the Clorox Health & Welfare Service Center at 1-833-550-5600 beginning October 30, 2023, any business day, 6 a.m. - 5 p.m. Pacific time (9 a.m. - 8 p.m. Eastern time).

The 2023 SBCs continue to be available via [Clxhub](#) > U.S. Total Rewards > Health & Welfare Service Center or directly at cloroxbenefits.com. A paper copy is also available, free of charge, by calling the Clorox Health & Welfare Service Center at 1-833-550-5600, any business day, 6 a.m. - 5 p.m. Pacific time (9 a.m. - 8 p.m. Eastern time).

SBC Glossary

The Summary of Benefits and Coverage Uniform Glossary, along with other information on SBCs, are available through the Department of Labor website at [Summary of Benefits and Coverage and Uniform Glossary](#).

Plan Descriptions

Summary Plan Descriptions (SPDs) provide more detail on the health and welfare benefits provided by The Clorox Company under The Clorox Company Group Insurance Health and Welfare Benefits Plan. Each benefit plan option is described in detail in coverage documents that summarize the plan provisions and specific services covered. The coverage documents are generally referred to as an Evidence of Coverage (EOC) or an SPD.

2023 SPDs and Summary of Material Modifications (SMMs) are available through the Clorox Health & Welfare Service Center via [Clxhub](#) > U.S. Total Rewards > Health & Welfare Service Center or directly at cloroxbenefits.com. A paper copy is also available, free of charge, by calling at 1-833-550-5600, any business day, 6 a.m. - 5 p.m. Pacific time (9 a.m. - 8 p.m. Eastern time). The 2024 Summary Plan Descriptions for each healthcare plan will be available by the end of the second quarter of the 2024 calendar year.

Taxation of Benefits

The taxation of certain benefits may vary at the local, state and federal level. You should consult your tax advisor if you have any questions about the proper tax treatment of any benefits.

Consolidated Omnibus Budget Reconciliation Act (COBRA)

If you're an employee with medical, dental or vision coverage through Clorox, you have the right to choose continuation coverage if you lose your group health coverage due to reduction in your hours of employment or the termination of your employment for reasons other than gross misconduct. Your eligible dependents may also have the right to elect and pay for continuation of coverage for a temporary period in certain circumstances where coverage under the plan would otherwise end, such as divorce, or dependent children who no longer meet eligibility requirements.

Important Note: This brief summary of the rights you and your dependents have to continue insurance is not intended as the official notice of your rights required by federal and state law. We've included this brief summary to inform you that you have these rights. You'll receive a separate, detailed explanation of your right to continue health insurance coverage when applicable. Specific information is also available on the Clorox Health & Welfare Service Center via [Clxhub](#) > U.S. Total Rewards > Health & Welfare Service Center or directly at [cloroxbenefits.com](https://www.cloroxbenefits.com)

No Surprises Act

A federal law, the No Surprises Act, became effective on January 1, 2022, and provides participants with financial protections against surprise medical bills for certain emergency services and out-of-network (OON) care. Notices that explain these rules for the plans can be found at these links:

UHC - <https://www.uhc.com/legal/federal-surprise-billing-notice>;

Surest - <https://www.surest.com/legal>

Kaiser - <https://healthy.kaiserpermanente.org/northern-california/support/pay-bills/medical-bills/no-surprises-act>

Illinois Consumer Coverage Act

In 2021, Illinois enacted the Consumer Coverage Disclosure Act ("CCDA"), which requires that employers with employees in Illinois, who are eligible for the employer's group health plan, provide a notice regarding how the employer's group health plan compares with the "essential health benefits" that are offered under fully insured plans through Get Covered Illinois. The CCDA only requires that employers provide the disclosure; it does not mandate that the employer's group health plan cover a specific level of benefits. Please see attachment for the document that provides that comparison.

Where to Find Additional Information About Clorox Benefits

The Benefit Program Summaries and other resources are available to you at the Clorox Health & Welfare Service Center by calling 833-550-5600, or via single sign-on with [Clxhub](#) > U.S. Total Rewards > Health & Welfare Service Center > Menu > Items to Explore > Benefit Plan Materials, or directly at [cloroxbenefits.com](https://www.cloroxbenefits.com).

Attachment
(Only for Employees in Illinois)

This chart is being provided pursuant to the Illinois Consumer Coverage Disclosure Act. The chart compares at a very high level the Essential Health Benefits coverage of the listed Clorox medical plans to the Illinois state benchmark plans. Please see the Summary Plan Description and your benefit booklets for more information about the coverage that may be available to you under the Clorox medical plans administered by UHC.	
Employer Name:	The Clorox Company
Employer State of Situs:	Plan Sponsor and Plan Administrator: The Clorox Company Address: 1221 Broadway, Oakland, CA 94612 - 1888
Name of Third Party Claims Administrator:	United Healthcare
Plan Marketing Name:	UHC Partnership in Health (PIH) w/ HRA UHC Partnership in Health (PIH) w/ HSA UHC Navigate
Plan Year:	2023

Ten (10) Essential Health Benefit (EHB) Categories:

- Ambulatory patient services (outpatient care you get without being admitted to a hospital)
- Emergency services
- Hospitalization (like surgery and overnight stays)
- Laboratory services
- Mental health and substance use disorder (MH/SUD) services, including behavioral health treatment (this includes counseling and psychotherapy)
- Pediatric services, including oral and vision care (but adult dental and vision coverage aren't essential health benefits)
- Pregnancy, maternity, and newborn care (both before and after birth)
- Prescription drugs
- Preventive and wellness services and chronic disease management
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)

2020-2023 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)				Employer Plan Covered Benefit?
Item	EHB Benefit	EHB Category	Benchmark Page # Reference	
1	Accidental Injury -- Dental	Ambulatory	Pgs. 10 & 17	yes
2	Allergy Injections and Testing	Ambulatory	Pg. 11	yes
3	Bone anchored hearing aids	Ambulatory	Pgs. 17 & 35	yes
4	Durable Medical Equipment	Ambulatory	Pg. 13	yes
5	Hospice	Ambulatory	Pg. 28	yes
6	Infertility (Fertility) Treatment	Ambulatory	Pgs. 23 - 24	yes
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Ambulatory	Pg. 21	yes
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	Ambulatory	Pgs. 15 - 16	yes
9	Private-Duty Nursing	Ambulatory	Pgs. 17 & 34	yes
10	Prosthetics/Orthotics	Ambulatory	Pg. 13	yes
11	Sterilization (vasectomy men)	Ambulatory	Pg. 10	yes
12	Temporomandibular Joint Disorder (TMJ)	Ambulatory	Pgs. 13 & 24	yes
13	Emergency Room Services (Includes MH/SUD Emergency)	Emergency services	Pg. 7	yes

2020-2023 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)				Employer Plan Covered Benefit?
Item	EHB Benefit	EHB Category	Benchmark Page # Reference	
14	Emergency Transportation/ Ambulance	Emergency services	Pgs. 4 & 17	yes
15	Bariatric Surgery (Obesity)	Hospitalization	Pg. 21	yes
16	Breast Reconstruction After Mastectomy	Hospitalization	Pgs. 24 - 25	yes
17	Reconstructive Surgery	Hospitalization	Pgs. 25 - 26, & 35	yes
18	Inpatient Hospital Services (e.g., Hospital Stay)	Hospitalization	Pg. 15	yes
19	Skilled Nursing Facility	Hospitalization	Pg. 21	yes
20	Transplants - Human Organ Transplants (Including transportation & lodging)	Hospitalization	Pgs. 18 & 31	yes
21	Diagnostic Services	Laboratory services	Pgs. 6 & 12	yes
22	Intranasal opioid reversal agent associated with opioid prescriptions	MH/SUD	Pg. 32	yes
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)	MH/SUD	Pgs. 8 -9, 21	yes
24	Opioid Medically Assisted Treatment (MAT)	MH/SUD	Pg. 21	yes
25	Substance Use Disorders (Including Inpatient Treatment)	MH/SUD	Pgs. 9 & 21	yes
26	Tele-Psychiatry	MH/SUD	Pg. 11	no
27	Topical Anti-Inflammatory acute and chronic pain medication	MH/SUD	Pg. 32	yes
28	Pediatric Dental Care	Pediatric Oral and Vision Care	See AllKids Pediatric Dental Document	yes
29	Pediatric Vision Coverage	Pediatric Oral and Vision Care	Pgs. 26 - 27	yes
30	Maternity Service	Pregnancy, Maternity, and Newborn Care	Pgs. 8 & 22	yes
31	Outpatient Prescription Drugs	Prescription drugs	Pgs. 29 - 34	yes
32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	Pgs. 12 & 16	yes
33	Contraceptive/Birth Control Services	Preventive and Wellness Services	Pgs. 13 & 16	yes
34	Diabetes Self-Management Training and Education	Preventive and Wellness Services	Pgs. 11 & 35	yes
35	Diabetic Supplies for Treatment of Diabetes	Preventive and Wellness Services	Pgs. 31 - 32	yes
36	Mammography - Screening	Preventive and Wellness Services	Pgs. 12, 15, & 24	yes
37	Osteoporosis - Bone Mass Measurement	Preventive and Wellness Services	Pgs. 12 & 16	no
38	Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance Test	Preventive and Wellness Services	Pg. 16	yes
39	Preventive Care Services	Preventive and Wellness Services	Pg. 18	yes
40	Sterilization (women)	Preventive and Wellness Services	Pgs. 10 & 19	yes
41	Chiropractic & Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	Pgs. 12 - 13	yes
42	Habilitative and Rehabilitative Services	Rehabilitative and Habilitative Services and Devices	Pgs. 8, 9, 11, 12, 22, & 35	yes

Special Note: Under Illinois Pub. Act 102-0104, eff. July 22, 2021, any EHBs listed above that are clinically appropriate and medically necessary to deliver via telehealth services must be covered by an Illinois insured medical plan in the same manner as when those EHBs are delivered in person.