



# 2024 Pre-65 Retiree Benefits Guide

**Be Well. Be You.**  
Supporting Your Journey to **Be Well.**

# Your 2024 Benefits

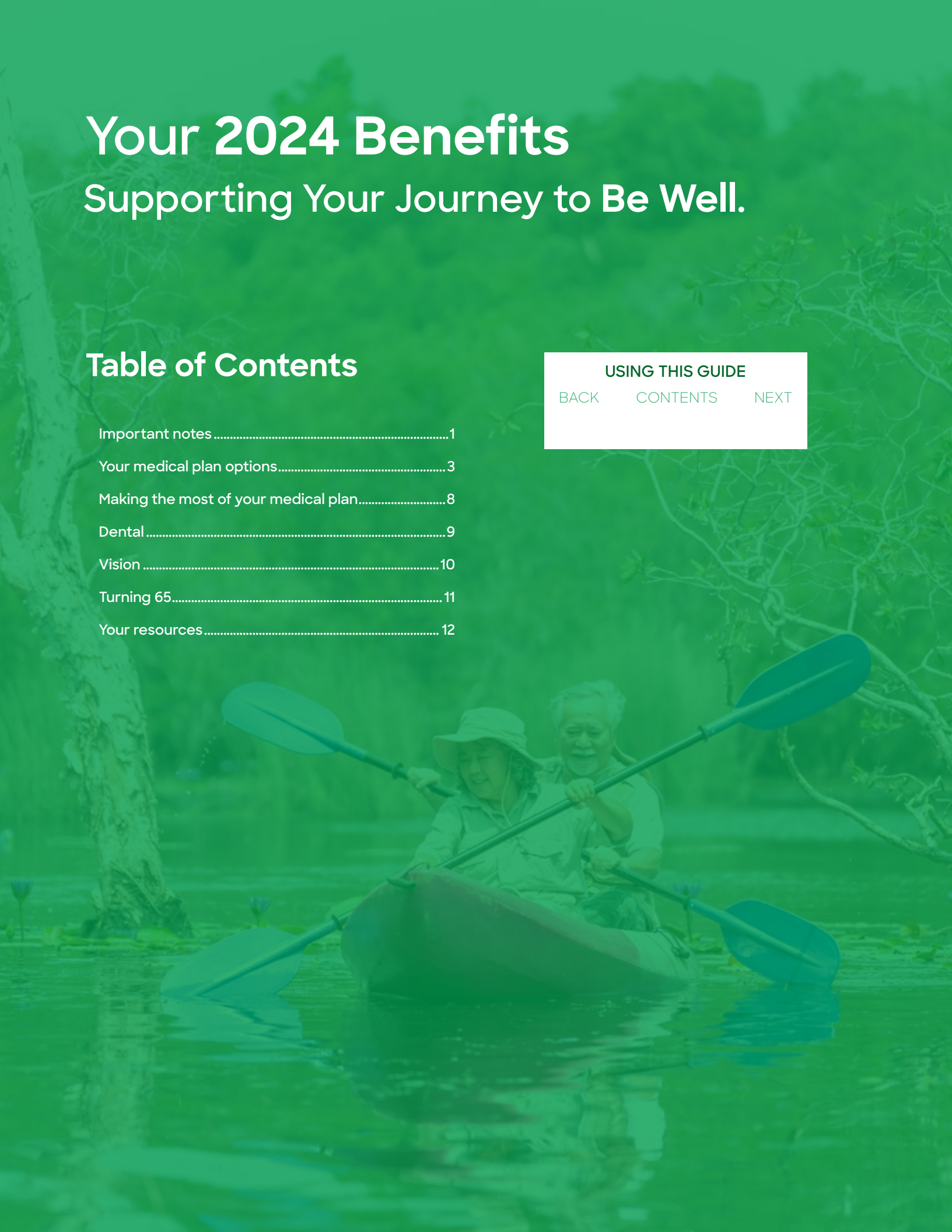
## Supporting Your Journey to Be Well.

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# Be Well. Be You.

Annual Enrollment is your once-a-year opportunity to make changes to your benefits. **Be sure to review this guide carefully to learn more about our benefits programs and the actions you need to take so you can make the best decisions to support yourself and your family.**

## Important Notes

### A new medical plan administered by Surest – called the PPO (Surest) plan – will replace the Navigate plan in 2024

Like the Navigate plan, the PPO (Surest) plan is a copay plan. However, there are several additional advantages of this new plan, including lower costs, a broader network through UnitedHealthcare (including 100% provider overlap with the Navigate and PIH with HRA networks), simplicity and a focus on better health outcomes.

As we communicated last year, the PIH with HRA plan will also no longer be available in 2024. Therefore, **anyone enrolled in the PIH with HRA or Navigate plans will be automatically enrolled in the PPO (Surest) plan for 2024 *unless they elect a different plan during Annual Enrollment.* We encourage you to learn more about your options and choose the plan that works best for you.**

### New second opinion services: 2nd.MD

- Our expert second opinion medical services will switch from Teladoc to [2nd.MD](#) on Jan. 1, 2024. You will continue to receive the same medical opinions from world-class doctors. Whether you want a second opinion on a diagnosis or recommended treatment plan, need to make sure you have all the facts or just confirm you've got the right provider, [2nd.MD](#) is here to help.

### Reminders about retiree medical coverage

- If you are enrolled in medical, dental and/or vision coverage and decide to cancel medical, you and your dependents will no longer have dental or vision coverage.
- If you drop Clorox healthcare coverage, you will not be able to re-enroll in Clorox retiree healthcare coverage later.
- When you turn 65, your coverage under the pre-65 retiree healthcare plan will end at the end of the month of your 65th birthday (unless you were born on the 1st of the month). Please refer to the Medicare eligibility rules when Medicare coverage begins. If you have dependents under the age of 65, they can continue to be enrolled in the Clorox retiree health plans until the applicable coverage end date (e.g., your spouse turns 65 or dependent children turn 26).
- You cannot add new dependents (spouse/partner or children) to your Clorox retiree healthcare coverage.

#### **DOUBLE CHECK YOUR DEPENDENTS' INFORMATION!**

The Patient Protection and Affordability Care Act requires Clorox to report Social Security Numbers (SSN) annually for all dependents enrolled in our health plans. Review and, as appropriate, update your dependents' SSNs and full names through the Clorox Health & Welfare Service Center.

## YOUR BENEFITS CHECKLIST

### BEFORE ANNUAL ENROLLMENT:

#### EVALUATE YOUR OPTIONS

- ❑ Read this Pre-65 Retiree Benefits Guide.
- ❑ Review the Summary of Benefits Coverage (SBC) plan documents.
- ❑ If you plan to change medical plans, check to make sure your providers are in-network.

### DURING ANNUAL ENROLLMENT:

#### CHOOSE YOUR BENEFITS

- ❑ Go to [cloroxbenefits.com](https://cloroxbenefits.com) to review your current coverage.
- ❑ Between **Nov. 6 - 17, 2023**, elect or make changes to your 2024 benefits. If you do not make any changes by **11:59 p.m. PT on Nov. 17**, your 2023 elections will carry over to the new plan year beginning Jan. 1, 2024.  
**Remember:** If you had the PIH with HRA or Navigate plans for 2023, you will be automatically enrolled in the PPO (Surest) plan for 2024, unless you make changes.
  - After you turn 65 and become Medicare-eligible, you will no longer have coverage under your Clorox pre-65 health plan. However, you may continue coverage for your spouse (if under age 65) and children (if under age 26).

### AFTER ANNUAL ENROLLMENT:

#### CHECK YOUR MAILBOX

- ❑ Review the benefits confirmation that will be mailed to you in December. Call 833-550-5600 within 10 days of receiving this to report any inaccuracies.
- ❑ Your 2024 invoice will be mailed in December. If you do not receive it by the end of December, please contact Billing Services at 833-550-5600 or log into the Member Portal at [compass.empyreanbenefits.com/clorox](https://compass.empyreanbenefits.com/clorox) and click on “Billing Services” under “Additional Items to Explore.” You must pay by the due date even if you do not receive an invoice; otherwise, coverage will end based on the last payment received.

## Make your choices



ONLINE  
[cloroxbenefits.com](https://cloroxbenefits.com)



CALL  
Health & Welfare Service Center  
833-550-5600  
Monday-Friday, 6 a.m.-5 p.m. PT

# Your medical plan options

Clorox offers two national medical plans for all employees and a third option (Kaiser) for California residents.

All plans include prescription drug coverage, including a \$5 in-network copay for certain preventive medications to help protect against or manage a medical condition. You can also save money by using in-network pharmacies and choosing generic versus brand-name drugs.

## Pre-65 High-Deductible Health Plan (HDHP) – HSA Compatible

The HDHP provides comprehensive medical coverage and access to in-network and out-of-network providers through UHC.

The HDHP is HSA compatible, which means you can contribute to a personal Health Savings Account (HSA) and set aside money to pay for medical expenses now or in the future. You can also use HSA funds to pay for Medicare premiums once you reach age 65.

## The PPO (Surest) plan

The PPO (Surest) plan provides comprehensive medical coverage and access to in- and out-of-network providers through Surest. Other things to know:

- This plan has no deductible or coinsurance, so you won't have to incur a significant out-of-pocket expense before your plan begins to pay for care. Rather, you'll pay a flat copay amount. Surest's easy-to-use app lets you look up your provider and see their copay ahead of time, which means you'll know exactly what you pay before you receive care.
- Because Surest is a UHC company, this plan has the same broad provider network as the HDHP – including 100% provider overlap with the Navigate and PIH with HRA plans.
- Surest ranks the doctors in your area in terms of improving health outcomes and cost efficiency. Then, they assign the lowest copays to the highest ranked doctors. This means you'll pay less when you visit the best doctors in your area.
- You do not need a referral to see a specialist, nor do you need to select a primary care provider (PCP).
- Of all of Clorox's plan offerings, the PPO (Surest) plan is the only Clorox medical plan to offer copays (the amount you pay for a covered service at the time you receive it). This means you'll have more predictability with how much you'll pay with the PPO (Surest) plan compared to other Clorox plans.

### AM I ELIGIBLE FOR AN HSA?

The IRS has rules for HSA participation. Visit [cloroxbenefitsinfo.com](https://www.cloroxbenefitsinfo.com) for a full list of eligibility requirements.

### WHAT WILL IT COST TO SEE MY PROVIDER?

To see if your doctor is in network, visit your medical plan carrier's website:

- The HDHP: [whyuhc.com/clorox](https://www.whyuhc.com/clorox)
- The PPO (Surest) plan: [benefits.surest.com](https://www.benefits.surest.com)
- The Kaiser plan (CA only): [kp.org](https://www.kp.org)



## Kaiser plan (California only)

The Kaiser plan provides comprehensive medical coverage and access to in-network providers only. Other things to know:

- A Kaiser facility, provider and pharmacy must be used as there are no out-of-network benefits within this plan, except in the case of emergencies.
- You can see your doctor, visit a lab, and pick up prescriptions, all in one trip.
- All services and specialists must be managed or referred by your PCP, except for certain medical emergencies or OB/GYN services. Your PCP is your single point of contact, and they will coordinate all of your healthcare, including office visits, prescriptions and referrals to specialists.
- The Kaiser plan is a deductible plan design, which means the deductible must be met before the plan shares the cost of future services. Once the deductible is met, you will pay coinsurance, which is a percent of the actual cost of the service.

Learn more about Kaiser's integrated service model at [kp.org](https://www.kp.org).

### PREVENTIVE CARE IS ALWAYS 100% COVERED

No matter which medical plan you choose, your in-network preventive care visits are covered at no cost to you.

There's no better time to schedule routine exams and cancer screenings – like mammograms, colon and cervical cancer screenings and more. They're a great way to identify health issues before they become more serious – and expensive.



# Medical plan coverage comparison

	The PPO (Surest) Plan		Pre-65 HDHP HSA compatible (UHC)		Kaiser (California Only)
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only
<b>Deductible</b>					
Employee only	\$0	\$0	\$2,000	\$4,000	\$600
Employee + spouse or partner or child(ren)	\$0	\$0	\$4,000	\$8,000	\$1,200
Employee + family	\$0	\$0	\$4,000	\$8,000	\$1,200
<b>Out-of-Pocket Maximum</b>					
Employee only	\$3,000	\$6,000	\$5,000	\$10,000	\$2,750
Employee + spouse or partner or child(ren)	\$6,000	\$12,000	\$10,000	\$20,000	\$5,500
Employee + family	\$6,000	\$12,000	\$10,000	\$20,000	\$5,500
<b>Common Services</b>					
Office visit: PCP/specialist	\$20 – \$125	\$250	30% after deductible	50% after deductible	20% after deductible
Preventive care <sup>1</sup>	Covered in full	\$190	Covered in full	Covered in full	Covered in full
Emergency room	\$750	\$750	30% after deductible	30% after deductible	20% after deductible
Hospital inpatient admittance	\$2,000 <sup>2</sup>	\$4,000 <sup>2</sup>	30% after deductible	50% after deductible	20% after deductible
Outpatient surgery	\$150 – \$3,000	\$2,000 – \$6,000	30% after deductible	50% after deductible	20% after deductible
X-ray/lab	Routine (x-ray, lab, ultrasound): \$0 Complex Imaging (MRA, CT, etc.): \$125 – \$900	Routine (x-ray, lab, ultrasound): \$0 Complex Imaging (MRA, CT, etc.): \$1,550 – \$1,800	30% after deductible	50% after deductible	20% after deductible
Other services	\$150 – \$1,000 <sup>3</sup>	\$2,000 <sup>3</sup>	30% after deductible	50% after deductible	20% after deductible
<b>Pharmacy (Retail)<sup>4</sup></b>					
Preventive or maintenance	1-30 days: \$5 copay 31-60 days: \$10 copay 61-90 days: \$15 copay	1-30 days: \$10 copay 31-60 days: \$20 copay 61-90 days: \$30 copay	1-30 days: \$5 Copay 31-60 days: \$10 Copay 61-90 days: \$15 Copay	50% after deductible	1-90 days: \$5 copay <sup>5</sup>
Generic (30 days' supply/ 90 days' supply)	\$20 copay/ \$50 copay	\$40 copay/ \$100 copay	30% after deductible	50% after deductible	20% after deductible up to \$50 max <sup>5</sup>
Preferred brand (30 days' supply/ 90 days' supply)	\$60 copay/ \$150 copay	\$120 copay/ \$300 copay	30% after deductible	50% after deductible	20% after deductible up to \$100 max <sup>5</sup>
Non-preferred brand (30 days' supply/ 90 days' supply)	\$120 copay/ \$300 copay	\$240 copay/ \$600 copay	30% after deductible	50% after deductible	20% after deductible up to \$100 max <sup>5</sup>
Specialty (30 days' supply)	Generic: \$330 copay Preferred: \$370 copay Non-preferred: \$400 copay	Not Covered	30% after deductible	50% after deductible	20% after deductible up to \$100 max <sup>6</sup>

1 See a list of covered services at [www.healthcare.gov/coverage/preventive-care-benefits/](http://www.healthcare.gov/coverage/preventive-care-benefits/).

2 All visit and stay limits are per covered person per plan year and combined in-network and out-of-network.

3 Represents Other Outpatient Hospital Services; refer to Summary Plan Description for detailed benefit descriptions.

4 All paper pharmacy claims for the PPO (Surest) and HDHP plans (In-network & out-of-network) will be reimbursed at the contracted rate minus the applicable copay/coinsurance.

5 Up to a 100-day supply after plan deductible.

6 Up to a 30-day supply after plan deductible.



## Monthly rates for medical coverage

### Pre-65 subsidized monthly rates (“Retsub”)

If your most recent hire date was before Jan. 1, 2001, you’re eligible for pre-65 retiree medical at subsidized rates plus dental and vision coverage if:

- You were enrolled in a Clorox-sponsored medical plan immediately prior to retirement
- **AND**
- You’re at least 55 years old and have at least 20 years of service with Clorox

### RETSUB MONTHLY MEDICAL RATES

Type of coverage	The PPO (Surest) Plan	Pre-65 HDHP HSA compatible – UHC	Kaiser (California Only)
Retiree	\$816.00	\$661.00	\$444.00
Retiree + spouse	\$1,627.00	\$1,317.00	\$1,078.00
Retiree + child(ren)	\$1,077.00	\$875.00	\$1,267.00
Retiree + family	\$1,909.00	\$1,553.00	\$1,729.00
Child only <sup>1,2</sup>	N/A	N/A	\$444.00
Spouse only <sup>2</sup>	\$816.00	\$661.00	\$444.00
Spouse + child(ren) <sup>2</sup>	\$1,093.00	\$892.00	\$1,285.00
Child(ren) only <sup>2</sup>	\$261.00	\$214.00	\$823.00

<sup>1</sup> Child only coverage applicable to Kaiser Plan (CA only).

<sup>2</sup> Child only, Spouse only, Spouse & child(ren) and Child(ren) only coverage applicable if 1) retiree becomes Medicare eligible (age 65) and dependents are under the age of 26 (children) and under the age of 65 (spouse) or 2) retiree is deceased.



## Unsubsidized monthly rates (“ACCESS”)

You're eligible for pre-65 retiree medical, dental and vision coverage at unsubsidized rates if you were enrolled in a Clorox-sponsored medical plan immediately prior to retirement **AND**:

- You're at least 55 years old and have at least 10 years of service with Clorox

**OR**

- Your age plus years of service with Clorox add up to at least 75

### ACCESS MONTHLY MEDICAL RATES

Type of coverage	The PPO (Surest) Plan	Pre-65 HDHP HSA compatible – UHC	Kaiser (California Only)
Retiree	\$1,329.80	\$1,174.60	\$958.26
Retiree + spouse	\$2,657.06	\$2,347.14	\$2,108.17
Retiree + child(ren)	\$1,726.82	\$1,525.28	\$1,916.52
Retiree + family	\$3,055.34	\$2,698.75	\$2,874.78
Child only <sup>1,2</sup>	N/A	N/A	\$958.26
Spouse only <sup>2</sup>	\$1,329.80	\$1,174.60	\$958.26
Spouse + child(ren) <sup>2</sup>	\$1,725.54	\$1,524.15	\$1,916.52
Child(ren) only <sup>2</sup>	\$397.02	\$350.68	\$1,916.52

1 Child only coverage applicable to Kaiser Plan (CA only).

2 Child only, Spouse only, Spouse & child(ren) and Child(ren) only coverage applicable if 1) retiree becomes Medicare eligible (age 65) and dependents are under the age of 26 (children) and under the age of 65 (spouse) or 2) retiree is deceased.



# Making the most of your medical plan

When enrolled in a medical plan, you and your covered family members can access a number of additional options and resources.

## Preventive care – don’t put it off

At the height of the pandemic, many of us put the annual checkup on the back burner. It’s time to catch up on the preventive healthcare you may have put off. In-network preventive care is covered by all eligible medical plans, so ask your doctor about recommended



screenings and other preventive care. Examples of preventive care include annual physicals, mammograms and colonoscopies.

## Get a second opinion with 2nd.MD

Beginning Jan. 1, 2024, you’ll have access to 2nd.MD, which provides access to a world-class team of doctors. They’ll review your medical records and provide a confidential second opinion about your diagnosis and treatment plan. This service is provided at no cost to you and is available to anyone enrolled in a Clorox-sponsored medical plan.

Go to [2nd.md/clorox](https://2nd.md/clorox) or download the 2nd.MD app beginning Jan. 1 for an expert medical second opinion.

## Virtual care

Virtual care is a convenient way to talk with a doctor and minimize in-person visits. The medical plans at Clorox offer phone or video visits for health conditions like eye infections, flu and COVID symptoms, rashes, sore throats and more. You may also be able to get a prescription.

For the HDHP, go to [myuhc.com](https://myuhc.com), download the UnitedHealthcare mobile app or call 855-615-8335. For the PPO (Surest) plan, log in to the Surest app or visit [benefits.surest.com](https://benefits.surest.com). For Kaiser, go to [kp.org/getcare](https://kp.org/getcare), download the Kaiser app or call 866-454-8855. You can also check in with your PCP to see if they offer virtual visits.

## Protect yourself and those around you by getting your vaccinations

Stay healthy and help others be well by getting your vaccinations. They are available at no cost to you. Find a location near you:

	COVID-19 vaccine/booster	Flu shot
<b>UHC members</b>	<ul style="list-style-type: none"> <li>• <a href="https://uhc.com/health-and-wellness/health-topics/covid-19/vaccine">uhc.com/health-and-wellness/health-topics/covid-19/vaccine</a></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="https://uhc.com/flushot">uhc.com/flushot</a></li> <li>• Log in to <a href="https://myuhc.com">myuhc.com</a> &gt; <a href="#">Find Care &amp; Costs</a> and type “flu shot” in the search bar</li> </ul>
<b>Surest members</b>	<ul style="list-style-type: none"> <li>• Log into <a href="https://benefits.surest.com">benefits.surest.com</a> and use the search bar to find COVID-19 vaccines.</li> <li>• Call 866-683-6440</li> </ul>	<ul style="list-style-type: none"> <li>• Log into <a href="https://benefits.surest.com">benefits.surest.com</a> and use the search bar to find flu vaccines.</li> <li>• Call 866-683-6440</li> </ul>
<b>Kaiser members</b>	<ul style="list-style-type: none"> <li>• <a href="https://kp.org/getcare">kp.org/getcare</a></li> <li>• KP COVID Vaccine InfoLine: 855-550-0951</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="https://kp.org/flu">kp.org/flu</a></li> <li>• Call NorCA: 800-573-5811 (800-KP-FLU-11) or SoCA: 866-706-6358 (866-70-NO FLU)</li> </ul>

Contact your healthcare provider or your local health department to find the latest local information on testing.

# Dental coverage

Our national dental plan through UnitedHealthcare (UHC) allows you to visit any dentist you choose, although your costs will generally be lower when you visit in-network providers. Find an in-network provider at [myuhc.com](https://myuhc.com) > [Find a Doctor](#) > [Find a Dentist](#) (Network: National Options PPO 10).

	Coverage
<b>Annual deductible</b>	\$50 per person, \$150 per family
<b>Preventive care</b>	100% (no deductible)
<b>Coverage after meeting annual deductible</b>	<ul style="list-style-type: none"> <li>Basic care: 80% (\$2,000 annual max per person)</li> <li>Major care: 50% (\$2,000 annual max per person)</li> <li>Orthodontic care: 50% (\$1,500 lifetime max per person)</li> </ul>

## MONTHLY COST OF DENTAL COVERAGE

As a pre-65 retiree, you'll pay the full cost of dental coverage.

Type of coverage	Rate
<b>Retiree</b>	\$47.00
<b>Retiree + spouse</b>	\$96.00
<b>Retiree + child(ren)</b>	\$118.00
<b>Retiree + family</b>	\$166.00
<b>Spouse only<sup>1</sup></b>	\$49.00
<b>Spouse + child(ren)<sup>1</sup></b>	\$119.00
<b>Child(ren) only<sup>1</sup></b>	\$71.00

<sup>1</sup> Child only, Spouse only, Spouse & child(ren) and Child(ren) only coverage applicable if 1) retiree becomes Medicare eligible (age 65) and dependents are under the age of 26 (children) and under the age of 65 (spouse) or 2) retiree is deceased.



# Vision coverage

We partner with Vision Service Plan (VSP) to provide a national plan that gives you access to the largest network of independent doctors.

Go to [vsp.com](https://vsp.com) to purchase contacts, glasses and sunglasses. Look for the **Shop** tab on your VSP dashboard and choose from more than 50 brands. Find frames you like, try them on virtually and click **Shop Eyeconic** to use your vision benefit for your online purchase. In addition to VSP's network of doctors, Walmart and Sam's Club are also part of the VSP network.

	Coverage
<b>Exam</b>	Every 12 months, covered after \$10 copay
<b>Lenses</b>	Every 12 months, covered after \$25 copay
<b>Frames</b>	Every 12 months, covered up to \$150
<b>Contact lenses (instead of glasses)</b>	<ul style="list-style-type: none"> <li>• Every 12 months, covered up to \$130</li> <li>• Contact lens exam not to exceed a \$60 copay</li> </ul>

## MONTHLY COST OF VISION COVERAGE

As a pre-65 retiree, you'll pay the full cost of vision coverage.

Type of coverage	Rate
<b>Retiree</b>	\$8.00
<b>Retiree + spouse</b>	\$17.00
<b>Retiree + child(ren)</b>	\$11.00
<b>Retiree + family</b>	\$19.00
<b>Spouse only<sup>1</sup></b>	\$9.00
<b>Spouse + child(ren)<sup>1</sup></b>	\$11.00
<b>Child(ren) only<sup>1</sup></b>	\$3.00

<sup>1</sup> Child only, Spouse only, Spouse & child(ren) and Child(ren) only coverage applicable if 1) retiree becomes Medicare eligible (age 65) and dependents are under the age of 26 (children) and under the age of 65 (spouse) or 2) retiree is deceased.





## What happens when you turn 65?

Beginning Jan. 1, 2024, Via Benefits will be Clorox's new Medicare private exchange partner.

Once you or your spouse/partner turn 65, Clorox provides each eligible participant access to the Via Benefits private Medicare exchange, to assist you with your Medicare coverage options. Through Via Benefits, you can enroll in supplemental Medical Part B and Part D insurance. Those who meet the eligibility requirements will have access to an annual, tax-free Clorox funded HRA (see the criteria on page 6 to find out if you are eligible).

Dependents who are under age 65 and currently enrolled in the Clorox pre-65 health plan(s) can remain in their current coverage until their spouse turns 65 or children turn 26, but at different coverage tier rates.

Via Benefits will mail information to your home about 90 days before you become Medicare-eligible.

### Post-65 Health Reimbursement Account (HRA)

Eligible retirees can use an annual tax-free Clorox-funded Post-65 HRA to pay premiums for medical, prescription drugs, dental and vision insurance.

- You must meet the eligibility requirements (see page 6).
- You must enroll in supplemental Medicare insurance through Via Benefits.
- If you decide not to enroll in supplemental Medicare coverage through Via Benefits, you will no longer be eligible for a Post-65 HRA.
- If you and your spouse were both covered under a Clorox-sponsored medical plan up to age 65, you will each receive your own post-65 HRA.
- If you were enrolled in the UHC PIH with HRA plan prior to turning 65, these funds will be forfeited and cannot carry over to the Post-65 HRA.

### Health Savings Account (HSA)

If you were enrolled in the Pre-65 HDHP and opened a personal HSA prior to turning age 65, you will no longer be eligible to make contributions to your HSA once you file for Social Security benefits and enroll in any part of Medicare (e.g., Part A, Part B, etc.). Your maximum contribution will be prorated based on the first day of the month when you enroll in Medicare. If you elect to postpone enrollment in Social Security and Medicare past age 65 and you are enrolled in the Pre-65 High Deductible Health Plan, you can continue to contribute to your HSA until the month prior to your enrollment in Social Security and Medicare. Be sure to consult your tax advisor to receive guidance for your specific situation.

You may continue to use the account to pay for medical expenses, and you may use the funds to pay for supplemental Medicare coverage through any provider.

# Your resources

Topic	Where to get information
Annual Enrollment and general benefits questions, assistance and plan descriptions	<b>Directly:</b> <a href="https://cloroxbenefits.com">cloroxbenefits.com</a> <b>Clorox Health &amp; Welfare Service Center:</b> 833-550-5600
Premium billing questions	<b>Member Portal:</b> <a href="https://cloroxbenefits.com">cloroxbenefits.com</a> > Additional Items to Explore > Billing Services <b>Billing Services:</b> 833-874-1600 7 a.m.–7 p.m. CT, Monday–Friday
Pre-65 HDHP – HSA compatible medical plan	<b>UnitedHealthcare:</b> 877-468-1028 <a href="https://myuhc.com">myuhc.com</a> Group number: 225497
The PPO (Surest) medical plan	<b>Surest:</b> 866-683-6440 <a href="https://benefits.surest.com">benefits.surest.com</a>
OptumRx (Prescription drug coverage for Pre-65 HDHP or PPO (Surest) medical plans)	800-562-6223
Kaiser medical plan (CA only) – includes prescription drugs	<b>Kaiser Permanente:</b> 800-464-4000, <a href="https://kp.org">kp.org</a>
Medical second opinion	<b>2nd.MD:</b> 800-835-2362 Visit <a href="https://2nd.md/clorox">2nd.md/clorox</a> or download the 2nd.MD app
Dental	<b>UnitedHealthcare:</b> 877-816-3596 <a href="https://myuhc.com">myuhc.com</a> > Search > National Options PPO 10 plan
Vision	<b>Vision Service Plan:</b> 800-877-7195, <a href="https://vsp.com">vsp.com</a> Group number: 00818601
401(k) plan	<b>Vanguard:</b> 800-523-1188 <b>Directly:</b> <a href="https://vanguard.com/retirementplans">vanguard.com/retirementplans</a>
Pension	<b>LifeWorks:</b> 800-686-6380

To access all compliance documents and annual notices, please scan the QR code below or visit [cloroxbenefitsinfo.com](https://cloroxbenefitsinfo.com). Email [people@clorox.com](mailto:people@clorox.com) to request hard copies of these documents.





**Be Well. Be You.**  
Supporting Your Journey to **Be Well.**



This guide highlights certain components of the plan, but it is only an overview. This guide does not take the place of the official plan documents, which are the final authority on plan provisions used to determine how and when benefits are paid. This guide is a tool for you to use, but you should consult the plan documents, Summary Plan Descriptions (SPDs), Summary of Benefits Coverage documents (SBCs) and any Evidence of Coverage or Certificates of Coverage and their related insurance policies or contracts, for any benefits described in this guide. The company reserves the right to change, amend, suspend, withdraw or terminate any or all of the plans, in whole or in part, at any time in its sole discretion.

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