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:	2024

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)**

2020-2024 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
14	Emergency Transportation/ Ambulance	Emergency services	Pgs. 4 & 17	yes
15	Bariatric Surgery (Obesity)	Hospitalization	Pg. 21	yes

2020-2024 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)				Employer Plan Covered Benefit?
Item	EHB Benefit	EHB Category	Benchmark Page # Reference	
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.