



Please view and save your **2026 Consumer Max Guide**



Welcome

A Guide to Using the HSA (Partnership in Health) Plan

United
Healthcare®



The Clorox Company

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We're glad you're here



While no one can predict the future, you can prepare for it. Your UnitedHealthcare benefits provide you with access to people, resources and tools to help you when you need it most. We also have created programs to help you improve or maintain your health. We believe knowledge is at the heart of your health care, so we want to give you resources that can help you:

- Understand how your health plan works
- Be involved with your health care
- Make healthy choices and take charge of your health
- Find answers
- Maximize the benefits of the plan to save money

This guide will help you find what you need, when you need it. So let's get started.



Important

Please take a close look at this year's benefit coverage documents, including both the Summary of Benefits and Coverage and the Summary Plan Description. These documents can be found on the **The Well > U.S. Total Rewards > Health & Welfare Service Center > Menu > Items to Explore > Benefit Plan Materials**, or directly at cloroxbenefits.com, or paper copies can be requested by calling **1-833-550-5600**.



Have Questions?

If you have questions about coverage, please call **1-877-468-1028**, the number on the back of your medical ID card. Scan the QR code to visit the pre-member site for more information.

Your plan cards

What this means for you:

- ## What to look for on your ID card

Printed: 10/05/15

This card does not guarantee coverage. To verify benefits, view claims, or find a provider, visit the websites, email or call.

For Members:	www.myuhc.com	877-468-1028
	Advocate4Me@uhc.com	
Mental Health:		866-493-4042

For Providers:	www.UnitedHealthcareOnline.com	877-842-3210
Medical Claims:	PO Box 30555, Salt Lake City UT 84130-0555	

Pharmacy Claims: Optum RX, PO Box 29044, Hot Springs, AR 71903
For Pharmacists: 800-788-7871

myuhc.com is your first contact for benefit information or **call the member number** to talk with a UnitedHealthcare Customer Care professional.

How the plan works

Annual Deductible

The deductible is what you pay out of your own pocket before your insurance begins to pay a share of your costs. If you have a deductible, you pay the full “negotiated” costs of all network services until you reach the deductible. The “negotiated” costs are the payments that providers (doctors, hospitals, labs, etc.) have agreed to accept from the insurance carrier for the particular service.

- **Employee Only \$1,700**
- **Employee + Family \$3,400**

Coinsurance

Once the deductible has been met, the plan will begin paying a portion of the allowed amount for health care services. Once the deductible (individual or family) has been met, the HSA (Partnership in Health) Plan pays 80% of the covered charge and you pay 20% up to the out-of-pocket maximum. Once the annual out-of-pocket is met, the plan pays 100%.

- **\$2,850 individual**
- **\$5,700 family**

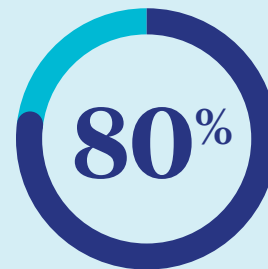
Health Savings Account (HSA)

To help you meet the annual deductible, Clorox contributes to your HSA:

- **\$500 individual**
- **\$1,000 family**

If you enroll in the HSA (Partnership in Health) Plan in the middle of the plan year, the Clorox contribution will be prorated. Visit cloroxbenefits.com or call **1-833-550-5600** for more information.

Learn more about how HSAs work and contributing additional funds to the account on pages 7-9.



Plan coverage

Both

The plan pays 80% you pay 20%

Annual network out-of-pocket maximum

- \$2,850 individual
- \$5,700 family



Plan and cost summary

Annual deductible		
Coverage Level	Annual Deductible	
Employee Only	\$1,700	
Employee + Family	\$3,400	
Both		
Coinsurance	Network	Out-of-network
The percentage you pay after deductible	You pay 20% and the plan pays 80%	You pay 40% plus amount over R&C*
Max		
Out-of-pocket maximum	Network	Out-of-network
Employee only	\$2,850	\$5,500
Employee + family	\$5,700	\$11,400
Coverage		
Type of visit	Network	Out-of-network
Preventive care	Plan pays 100%	Plan pays 100% of R&C*
Office visit/telehealth	You pay 20% after you satisfy deductible	You pay 40% of R&C* after you satisfy deductible
24/7 Virtual Visits	You pay 20% after you satisfy deductible	Not covered
Most covered services	You pay 20% after you satisfy deductible	You pay 40% of R&C* after you satisfy deductible
Prescriptions		
Prescription drugs	Network	Out-of-network
Retail (31-day supply)/Formulary Drug List	You pay 20% after you satisfy deductible	You pay 40%** after you satisfy the deductible
Mail order (90-day supply)/Formulary Drug List	You pay 20% after you satisfy deductible	Not covered.
Affordable Care Act (ACA) Preventive Drug List (up to a 90-day supply)	Plan pays 100%, drugs on list not subject to the deductible	At retail, you pay 40%** after you satisfy the deductible
Expanded Preventive Drug List (up to a 90-day supply)	Copay: \$5 per each 30-day supply (30: \$5, 31-60: \$10, 61-90: \$15); drugs on list not subject to the deductible.	At retail, you pay 40%** after you satisfy the deductible

*Coverage is based on "reasonable and customary" (R&C) charges for services in your area – check with UnitedHealthcare for more information.

**All paper claims (Network & Out-of-Network) will be reimbursed at the contracted rate minus the applicable copay/coinsurance.

Getting the most out of your plan

Clorox will open your Health Savings Account (HSA) with Optum Financial™. The HSA is an account that allows you to set aside pre-tax dollars for qualified medical, dental and vision expenses. Clorox will also help by contributing toward your savings account: \$500 individual, \$1,000 family.

A few benefits of an HSA



There is no “use it or lose it” rule – you can save for future health expenses



Dollars you set aside are pre-tax and lower your taxable income



You can change, start or stop your contribution at any time



You own the money in your HSA – even if you leave Clorox



Once your balance reaches \$1,000, you can invest the funds for long-term growth potential



An easy way to pay

Use your **Optum Bank® Health Savings Account (HSA) debit Mastercard®** to pay for eligible medical expenses.

Learn more about HSAs on the following pages.

2026 HSA contribution limits

Coverage Level	IRS Annual Maximum	Clorox contribution	Maximum employee contribution*
Individual (Employee Only)	\$4,400	\$500	\$3,800
Family (Employee + 1 or More)	\$8,750	\$1,000	\$7,550

Your health savings account card

Once your account is open, you will receive an Optum Bank HSA debit card in the mail. Use the card to pay for eligible health care expenses, searchable online at optumbank.com/qualifiedexpenses.

*HSA contributions and interest may be taxed in some states. Please consult your tax advisor for more information.

Frequently asked questions

What is a Health Savings Account or HSA?

A bank account that lets you put money aside, tax-free, to save and pay for eligible health care expenses.

Who establishes the account?

After you enroll in the HSA (Partnership in Health) Plan, Clorox will open an HSA at Optum Financial on your behalf.

How do I access the account?

You can access and manage your Optum Financial HSA via myuhc.com.

Who can contribute to the account?

You, your company and family members can contribute to your HSA on your behalf.

How much does the company contribute to the account?

- Individual (employee only): \$500
- Family (employee + 1 or more): \$1,000

When does the company contribute to the account?

You will receive the company's one-time contribution into your account in early January if you enroll during annual enrollment. HSA amounts are prorated for new hires and new enrollees after Jan. 1 of the new plan year. Visit cloroxbenefits.com or call 1-833-550-5600 for more information.

How do I contribute to the account?

You may elect to have a pre-tax amount deducted from your paycheck and deposited directly into your HSA.

Is there an annual limit to the amount I can contribute to the account?

Yes. There are limits, set by law and adjusted annually, for how much you can contribute tax-free in a calendar year. See chart on page 7.

Note: If you are 55 or older, you may contribute an additional \$1,000 as a catch-up contribution to the HSA.

Can I roll the account balance over from year to year?

Yes. Any money left in your HSA at year-end rolls over to future years and is yours to use toward future health care expenses — even if you leave the company or switch to another plan.

If I leave the company, can I take the account with me?

Yes. You own the account and the money in it.

What expenses can I use the funds in this account to pay?

The list of “qualified medical expenses” is defined by the IRS, and it includes a wide range of dental, vision and medical expenses. Visit optumbank.com/qualifiedexpenses for a list of qualified medical expenses.

Note: Your HSA dollars are available not only to you, but also to your spouse and eligible dependents, even if they're not covered as your dependent in the HSA (Partnership in Health) Plan.

How is the account used to pay for qualified medical expenses?

It's up to you to decide. You can, if you choose, use HSA funds to pay for your out-of-pocket expenses. Or you can reimburse yourself for those expenses sometime later. Or you can let the balance grow and earn tax-free interest by using other funds to pay for the expenses. You can also do a combination of both.

Important: Be careful to save all receipts! You are responsible for being able to prove, if questioned by the IRS, that you used your HSA only for qualified medical expenses.

Do HSAs offer income-tax* savings?

Yes.

- The money you put in an HSA is deposited pre-tax and will reduce your taxable income, saving you money
- Your savings grow tax-free
- Any money you take out of an HSA to pay for qualified health care expenses is income tax-free

*HSA contributions and interest may be taxed in some states. Please consult your tax advisor for more information.

Frequently asked questions

Does the money in the account earn interest?

Yes. Plus, you may be eligible to roll funds into another investment account. Once your HSA balance reaches \$1,000, you may choose to invest a portion. Optum Financial offers 2 investment opportunities. Learn more at a myuhc.com.

What if I have an existing Optum Financial HSA?

Optum Financial will automatically re-associate your existing account to The Clorox Group and notify you of this change. Your account number and debit card will stay the same.

If I have an HSA at another bank, can I roll over funds to my new Optum Financial HSA or move funds from the new Optum Financial account to my established HSA?

To complete a rollover or transfer, work directly with the bank where your HSA funds are currently on deposit. Many banks require that you use their transaction form. You can access the Optum Financial rollover/transfer form via myuhc.com.

While you can move money out of your account, Clorox contributions will only be deposited into your Optum Financial HSA, so it is recommended to keep the Optum Financial account open while enrolled in the Clorox HSA (Partnership in Health) Plan.

Do I have to report my account on my federal income tax form?

Yes. The IRS requires that you include Form 8889 with your federal income tax return each year.

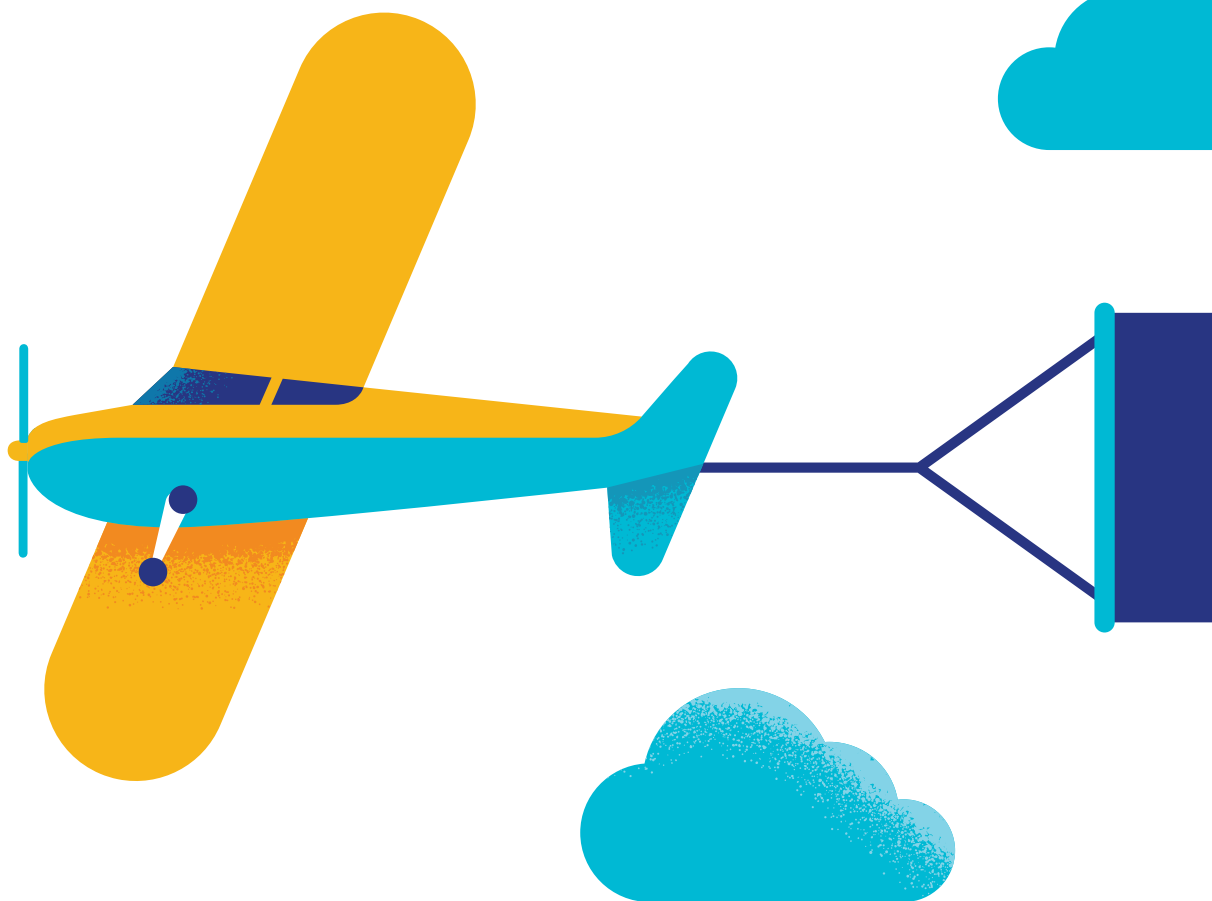
What happens to my FSA if I switch to the HSA plan?

If you have a remaining FSA balance at the end of the year, Clorox will automatically convert your FSA into a Limited Purpose FSA. Your FSA balance of up to \$660 will roll over into the Limited Purpose FSA. You have until Dec. 31, 2025, to use your FSA balance exceeding the rollover limit. Any unused balance over the allowed \$660 rollover amount is forfeited. When paired with an HSA, the Limited Purpose FSA can be used for dental and vision expenses only.

What's the difference between a qualified medical expense and an eligible medical expense?

A **qualified medical expense** is a health care service, treatment or item that the IRS says can be purchased without having to pay taxes.

An **eligible medical expense** is a health care service, treatment or item that the IRS says can be covered or reimbursed (paid back) by a benefit plan.



Tools to help you

There are a number of tools to help you understand how the plan works.

The UnitedHealthcare app and myuhc.com

With the HSA (Partnership in Health) Plan from UnitedHealthcare, you can use the **UnitedHealthcare app** and **myuhc.com** to see your plan info, manage your benefits and make informed decisions about your care. When you're connected, you can:

- Estimate costs for health care services or procedures
- View benefit info, claim details and account balances
- Search network providers and facilities to find care based on what's important to you
- Choose how you'd like to receive communications, including digital options like emails, text messages and more
- Manage your medical and pharmacy claims
- Experience an integrated 24/7 Virtual Visit
- Locate and share digital health plan ID cards



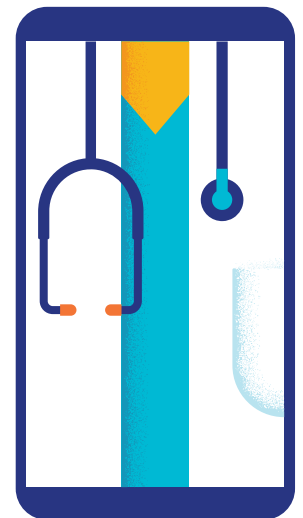
Download the **UnitedHealthcare app** by scanning the code. The UnitedHealthcare app is available on the **App Store®** and **Google Play®**.

24/7 Virtual Visits

A 24/7 Virtual Visit lets you see and talk to a doctor about common conditions from your mobile device or computer without a visit to the doctor anytime, day or night. Most visits take about 10 to 15 minutes. If needed for certain ailments, doctors can write a prescription that you can pick up at your local pharmacy. Best of all, it's included as part of your medical plan benefits.

24/7 Virtual Visits are a great option for the diagnosis and treatment of a wide range of non-emergent medical conditions, including:

- Bladder infection/urinary tract infection
- Bronchitis
- Cold/flu
- Diarrhea
- Fever
- Migraine/headaches
- Pink eye
- Rash
- Sinus problems
- Sore throat
- Stomachache



Dispatch Health

Sick or injured? Stay comfortable and get medical care delivered. Dispatch Health is a contracted provider in the network that provides medical care in your home 7 days a week for non-life-threatening injuries and illnesses.*

How it Works

1. Request care. See if there is a service provider in your area by calling **1-888-908-0553** or visit **DispatchHealth.com**.
2. Explain your symptoms. You will be asked about your illness or injury as well as address and primary care provider's name.
3. Receive care at home. Dispatch Health arrives within a couple hours with 2 medical professionals.
4. They'll take care of the rest. Dispatch Health will call in any prescriptions you may need and update your doctor

dispatchhealth®

*Dispatch Health is not available in all cities/states. To verify availability, please visit **DispatchHealth.com** and enter your ZIP code or call 1-888-908-0553 to confirm.

Using the HSA (Partnership in Health) Plan

Getting medical care



Choose a quality doctor

The UnitedHealth Premium® program uses national, evidence-based measures to evaluate physicians in various specialties to help you find safe, timely, effective and efficient quality care. Find UnitedHealth Premium Care Physicians by signing in at myuhc.com > **Find Care & Costs**. Look for the 2 blue hearts. ♥♥.



Find a network provider

Sign in at myuhc.com > **Find Care & Costs** to find a primary care provider (PCP), clinic, hospital or lab based on location, specialty, patient ratings, estimated cost of services, availability, hours of operation and more.



Save money with our network

Network doctors and facilities have agreed to provide services at a discount – visiting an out-of-network provider could cost you more.

No referral needed

In the HSA (Partnership in Health) Plan, you do not need to see a primary care physician before seeing a specialist. However, your primary care physician can help you determine whether a specialist visit is necessary, and if so, can make a recommendation.

How claims are paid

Present your medical plan ID card

- You present your medical plan ID card at doctor's office.
- Doctor submits claim to UnitedHealthcare for cost of the visit.

Review what's covered

- UnitedHealthcare sends you an Explanation of Benefits (EOB) showing what was covered and what you owe.

Pay remaining balance

- Doctor sends you a bill for any remaining balance.
- You pay the bill. You can use your HSA to pay for it or pay for it out of pocket and let your HSA grow.

For illustration purposes only. Diagram illustrates network benefits.



Using an out-of-network provider can cost you money

The HSA (Partnership in Health) Plan offers access to UnitedHealthcare's large, national network that includes more than 1.8 million health care providers and 5,600 hospitals. UnitedHealthcare negotiates rates with network providers, which means you may save money. Network providers secure any necessary approvals for services and submit your claims to UnitedHealthcare for you.

If you choose to use an out-of-network provider, you may be asked to pay some or all of the bill at the end of the visit or service. The provider may charge you more than the negotiated rate for the visit or service. And the provider may not submit your claim to UnitedHealthcare directly.

Prescription drug coverage

Getting your prescriptions

Filling your prescription under the HSA (Partnership in Health) Plan

- Make sure your pharmacy is within the Optum Rx® network. The Optum Rx pharmacy locator is on myuhc.com > Pharmacies & Prescriptions.
- Ask if there is a generic alternative to the medication prescribed. Generally, the generic alternative works the same as the brand-name version but costs significantly less.
- Present your ID card to the pharmacy during your first visit of the calendar year.
- Pay for your prescription using your Optum Financial HSA debit card or pay for it out of pocket. You may reimburse yourself later from your HSA through myuhc.com. You are responsible for the total cost of the medication until you reach your deductible; after that you will pay 20% of the discounted cost until you reach your out-of-pocket maximum.

Maintenance Medications

Maintenance medications are those you take regularly, such as medication to control high blood pressure, diabetes test strips or contraceptives. Maintenance medications are available in 90-day supplies at network retail pharmacies or through Optum® Home Delivery.

The Clorox benefit plan includes special coverage for preventive medications at a reduced rate or, in some cases, at no cost. The drugs on your plan's preventive medications list do not have a deductible. This means you'll only pay the copayment listed under the Plan and Cost Summary (page 6). For a full list of medications, visit whyuhc.com/clorox.



Optum Home Delivery

You can have prescriptions conveniently mailed to you through Optum Home Delivery. It's easy, safe and standard delivery is no charge. To set up home delivery, visit myuhc.com or call Optum Rx at **1-800-562-6223**.





Additional plan features

General health and wellness



Preventive care

Regular preventive care can help find small things before they become big things. Your health plan covers annual checkups and routine screenings 100% when you use a network provider. Visit uhc.com/preventivecare to learn about the preventive screenings recommended for you.



Real Appeal weight-loss program

Take small steps for lasting change with Real Appeal®, an online weight management support program. It's designed to help you live a healthier life with online coaching, access to online fitness content, tools to track your progress and more.

Visit clorox.realappeal.com to get started.

Real Appeal is available at no additional cost to employees enrolled in a Clorox-sponsored medical plan, their covered spouses/partners and covered dependents ages 18 or older with a Body Mass Index (BMI) of 20 or greater. Some medical exclusions apply. Employees not enrolled in a Clorox-sponsored medical plan also have access to participate in the program at no cost.



UnitedHealthcare Health Advocates

This team of experts can help make health care simpler and includes benefit specialists, clinical professionals, a medical director, a pharmacist and registered nurses.

Your Advocates are here to help you:

- Understand your plan
- Guide you to care
- Connect to clinical experts
- Learn more about a claim

Call **1-877-468-1028** anytime, 24/7 to speak with an advocate or chat online at myuhc.com.



Employee assistance program (EAP) with Spring Health

Through Spring Health EAP, you have access to a dedicated Care Navigator, well-being assessments, work-life services and on-demand self-help exercises at no cost. You also have access to 8 therapy sessions and 8 coaching sessions per person, per year at no cost to you.

Call **1-855-629-0554** or visit clorox.springhealth.com Access code: **clorox**

General health and wellness



Clinical programs

With your UnitedHealthcare medical plan, you have access to numerous clinical programs to support you on your health care journey:

- Asthma Management
- Cancer Support
- Chronic Obstructive Pulmonary Disease (COPD)
- Coronary Artery Disease
- Heart Failure
- Maternity Support
- Orthopedic Health Solutions (OHS)

To speak with a nurse and learn more about the available programs or enroll, call **1-877-468-1028**.



2nd.MD

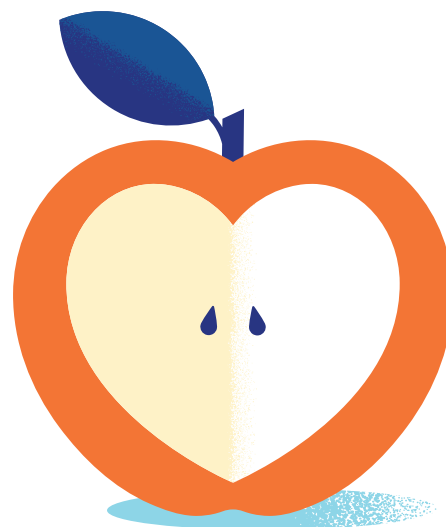
With 2nd.MD, you can connect with board-certified, elite specialists about your diagnosis or treatment plan all within a matter of days at no additional cost to you! Get expert advice when you or an eligible family member has questions about:

- A new or existing diagnosis
- Treatment plan
- Possible surgery
- Your medications
- A chronic condition

Let 2nd.MD take on the burden of finding the right specialist, collecting medical records and navigating the health care system, so you can focus on getting the best care possible.

You and your covered dependents have access to 2nd.MD's services at no cost. To activate your account and request a consult:

Visit **2nd.md/clorox**, call 1-866-269-3534 or **download the 2nd.MD app**





Visit www.uhc.com/legal/required-state-notices to view important state required notices.

Please read this document, plan SPDs and the Benefit Program Summaries completely and carefully. This document is intended to supplement and be read in conjunction with the Summaries of Benefits and Coverages (SBC) as well as the Summary Plan Descriptions (SPD) for each particular benefit program. You also have the right to request and receive, free of charge, a printed copy of the electronically delivered documents from the Clorox Health & Welfare Service Center. Neither this guide nor the SPDs contain complete plan details. Those details are included in the official Plan documents, which may be amended or terminated from time to time. The official Plan documents legally govern the terms and administration of each plan and your rights and responsibilities under each Plan. We note that while Clorox intends to continue the Plan, Clorox reserves the right to amend and/or terminate the Plan in whole or in part, at any time, in its sole discretion. Refer to the actual Plan documents and SPDs for additional limitations and restrictions on Plan benefits. You can find Plan documents by visiting the Clorox Health & Welfare Service Center via The Well > U.S. Total Rewards > Health & Welfare Service Center > Menu > Items to Explore > Benefit Plan Materials, or directly at cloroxbenefits.com or by calling 1-833-550-5600.

Member phone number services should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through the member phone number services are for informational purposes only and provided as part of your health plan. Wellness nurses, coaches and other representatives cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Please discuss with your doctor how the information provided is right for you. Your health information is kept confidential in accordance with the law. Member phone number services are not an insurance program and may be discontinued at any time.

Certain preventive care items and services, including immunizations, are provided as specified by applicable law, including the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services may be based on your age and other health factors. UnitedHealthcare also covers other routine services, and some plans may require copayments, coinsurance or deductibles for these benefits. Always review your benefit plan documents to determine your specific coverage details.

Evaluation of New Technologies: UnitedHealthcare's Medical Technology Assessment Committee reviews clinical evidence that impacts the determination of whether new technology and health services will be covered. The Medical Technology Assessment Committee is composed of Medical Directors with diverse specialties and subspecialties from throughout UnitedHealthcare and its affiliated companies, guest subject matter experts when required, and staff from various relevant areas within UnitedHealthcare. The Committee meets monthly to review published clinical evidence, information from government regulatory agencies and nationally accepted clinical position statements for new and existing medical technologies and treatments, to assist UnitedHealthcare in making informed coverage decisions.

The information in this guide is a general description of your coverage. It is not a contract and does not replace the official benefit coverage documents which may include a Summary of Benefits and Coverage and Certificate of Coverage/Summary Plan Description. If descriptions, percentages, and dollar amounts in this guide differ from what is in the official benefit coverage documents, the official benefits coverage documents prevail.

In the event that the content of this communication or any representations made by any person regarding Clorox employee benefits plans and programs conflict with or are inconsistent with the provisions of the governing documents, the provisions of the plan documents are controlling. To the fullest extent permitted by law, Clorox has reserved the right to amend, modify, suspend, replace or terminate any of its plans, policies or programs, in whole or in part, at any time and for any reason, by appropriate company action.

The UnitedHealthcare® app is available for download for iPhone® or Android®.

Android is a registered trademark of Google LLC.

Google Play and the Google Play logo are registered trademarks of Google LLC.

Apple, App Store and the Apple logo are trademarks of Apple Inc., registered in the U.S. and other countries.

All UnitedHealthcare members can access a cost estimate online or on the mobile app. None of the cost estimates are intended to be a guarantee of your costs or benefits. Your actual costs may vary. When accessing a cost estimate, please refer to the Website or Mobile application terms of use under Find Cost and Care section. Refer to your health plan coverage documents for information regarding your specific benefits.

24/7 Virtual Visits are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. 24/7 Virtual Visits are not intended to address emergency or life threatening medical conditions and should not be used in those circumstances. Services may not be available at all times or in all locations. Certain prescriptions may not be available, and other restrictions may apply. Data rates may apply. The Designated Virtual Visit Provider's reduced rate for a 24/7 Virtual Visit is subject to change at any time.

Administrative services provided by United HealthCare Services, Inc. or their affiliates.