

2021 P&G U.S. Benefits At-a-Glance

for

New Hires & Localizers



Overview

This document is designed to give you a snapshot of the benefits available to you and your family. Below is a list of some of the benefits P&G offers its employees and they are reviewed in further detail on the following pages.

- Health Care Insurance
- Dental Insurance
- Vision Insurance
- Life Insurance – Company Paid
- Life Insurance -- Optional
- Life Insurance -- Optional Accidental Death & Dismemberment
- Life Insurance Family – Child
- Life Insurance Family – Spouse / Domestic Partner
- Disability Plan
- Optional Disability Plan
- Dental/Vision/Medical Flexible Spending Account
- Child/Dependent Care Flexible Spending Account
- Health Savings Account
- Profit Sharing
- 401(k) Savings Plan
- Buy Additional Vacation Plan (Annual Enrollment Option only)
- Legal Services Plan (Annual Enrollment Option only)
- Perks At Work
- My Secure Advantage
- meQuilibrium

Resources for you:

For more details and with any questions, please contact:

- **U.S. Benefits Services (P&G Employee Care):** 1.833.441.HELP (4357), Select Language, Option 2 for HR, Option 2 for US/Puerto Rico Benefits
 - Hours: 8 a.m. to 6 p.m. (ET) Monday-Friday
- **Benefits Online:** follow the New Hire Life Event steps to ensure all areas you wish to enroll in are completed. *(Note: The steps will be visible on Benefits Online for eligible employees typically by your second day of work.)*
 - You can find this handout and the companion video on Benefits Online.
 - Access internally via Life & Career→My Benefits
 - Access externally via <https://www.benefitsweb.com/pg.html>. Complete your initial log-on as follows: User ID is your 8-digit P&G Employee Personnel ID - remember to add leading zeroes if your ID is less than 8 digits. Example: If your Personnel ID is 018423, you must use 00018423. Passcode is an 8-digit number consisting of the last 4 digits of your SSN and the Month/Day of your Date of Birth (XXXXMMDD). Example: If the last 4 digits of your SSN are '1234' and you were born on May 11th, your initial Passcode is 12340511
- **Retirement Plans Service Center:** 1- 844-786-6588 or www.resources.hewitt.com/pgretirementplans

Key Definitions

Some key terms you'll want to understand before signing up for benefits

PPO: Preferred Provider Organization: A healthcare plan that typically has a higher monthly premium but has a lower annual deductible and co-pays for medical services received.

HDHP: High Deductible Healthcare Plan: A healthcare plan that typically has a lower monthly premium but has a higher annual deductible and copays for medical services received.

Premium: The amount you pay monthly into the plan to receive plan benefits; it is deducted from your paycheck pre-tax for some benefits (including medical, in most cases).

Co-payment (co-pay): The flat fee you pay to the medical provider, or for a medical expense, at the time of service.

Deductible: The portion of medical expenses you are responsible for before the Company starts covering some of your costs.

Co-insurance: Medical expenses paid by you after your co-pay and deductible.

Annual Out-of-Pocket Max: The maximum amount that you and your family have to pay for covered medical expenses in a year, generally including the deductible and co-insurance.

MEOI (Medical Evidence of Insurability): You are guaranteed coverage on initial enrollment of the benefits plans. If you delay enrollment until after your first 30-day open enrollment window, you may have to provide evidence of insurability for some plans. The MEOI process may include a medical evaluation, questionnaire, medical history, etc., and could result in you being denied coverage.

Employed Dependent Fee: If an employee's dependent is eligible for other medical coverage through another employer AND pays less than 50% of the employer's cost of that plan, then you have 3 choices:

- The dependent can enroll in their employer's plan and NOT be covered by P&G Plan
- The dependent can enroll in their employer's plan and be COVERED by P&G Plan as secondary coverage (premium required if NOT already in Emp+1 or Family coverage)
- The dependent can waive their employer's plan, be COVERED by P&G Plan as primary coverage, and the employee will pay an additional:
 - For the PPO plan: \$498/month for coverage of this dependent
 - For the HDHP plan: \$155/month for coverage of this dependent

Dependent Eligibility Rule: If your dependent is offered cash to either:

- Purchase Medical Coverage
- For reimbursement of their out-of-pocket medical expenses, or
- In lieu of enrollment in their employer's medical coverage

Then your dependent is not eligible for primary coverage in P&G's medical plan, but they are eligible for secondary coverage. Please note, you cannot enroll your dependent with primary P&G coverage by paying the Employed Dependent Fee.

Providers: The entities (doctors, nurses, hospitals, companies, etc.) that provide medical services

In-network Providers: A prescribed set of medical providers that have agreed to provide discounts from normal charges in exchange for network membership with a certain insurance carrier.

Out-of-network Providers: Medical providers that are not contracted with the insurance company as a member of their exclusive network and do not provide discounts from normal charges. Patient pays more for using out-of-network providers.

Carriers (Insurance Company): While P&G's Medical Plan is completely self-funded, we contract with carriers (insurance companies) to administer the plan. See chart below for carrier information.

Note: This chart is for use after you have enrolled in benefits. The carriers listed below will not be able to answer your questions until you have enrolled in benefits.

Medical & Prescription Carrier	Work Life Solutions
Medical: United Healthcare (UHC) Prescription: OptumRx – a division of UHC Phone: 1-800-638-2801 Hours: 8am-11pm(ET) M-F Website: myuhc.com	Work Life Solutions (Optum) Phone: 1-866-309-8545 Hours: 24 hours / 7 days a week Website: liveandworkwell.com Access Code: pg

P&G Benefits at a Glance – 2021 (Full Time – United States)

Plan	Benefits	Eligibility	Effective Date	Cost
Medical Plans				
Health Care Insurance For 2021 - P&G US Healthcare Plan (refer to Benefits Online website for updated details) <u>FULL-TIME EMPLOYEES WILL BE AUTOMATICALLY ENROLLED IN THE PPO PLAN WITH SINGLE (Employee Only) COVERAGE. YOU CAN CHANGE/MODIFY THE SINGLE COVERAGE ENROLLMENT DURING YOUR INITIAL ENROLLMENT OPPORTUNITY.</u>				
	PPO		HDHP	
Annual Deductible	<u>Medical Only In-network</u> \$600/individual \$1,300/family	<u>Medical Only Out-of-network</u> \$1,200/individual \$2,600/family	<u>Medical and RX In-Network</u> \$1,600/individual \$3,200/family	<u>Medical and RX Out-of-Network</u> \$3,200/individual \$6,400/family
Annual Out of Pocket Max	<u>Medical Only In-network</u> \$3,000/individual \$6,000/family	<u>Medical Only Out-of-network</u> \$6,000/individual \$12,000/family	<u>Medical and RX In-Network</u> \$5,000/individual \$10,000/family	<u>Medical and RX Out-of-Network</u> \$10,000/individual \$20,000/family
Co-Pays	<u>In-network</u> \$30 - PCP office visit \$40 -Specialist office visit \$30 Urgent Care \$100 - ER Facility \$300 – Hospital Inpatient \$200 – Hospital outpatient	<u>Out-of-network</u> \$100 ER Facility	No co-pays in the HDHP Plan	
Co-Insurance	<u>In-network</u> 85% Plan and 15% Employee	<u>Out-of-network</u> 65% Plan and 35% employee	<u>In-network</u> 80% Plan and 20% Employee	<u>Out-of-network</u> 60% Plan and 40% employee
Full Time Monthly Premiums*	EE Only - \$139 EE+1 - \$277 EE+2 - \$340 EE+3 - \$404 EE+≥4 - \$471		EE Only - \$65 EE+1 - \$130 EE+2 - \$160 EE+3 - \$190 EE+≥4 - \$220	

*Note: You will be asked whether you or spouse/domestic partner are a nicotine user at the beginning of enrollment. Nicotine users are charged a monthly surcharge of \$30. An employee that declares him/herself or their spouse/domestic partner as a nicotine user can avoid the monthly surcharge by enrolling in the Quit For Life program and completing the program. P&G reserves the right to audit declarations and misrepresentation can lead to penalties up to and including termination.

Plan	Benefits	Eligibility	Effective Date	Cost																								
Dental	Preventive dental care will be covered at 100% for in-network and 100% of Reasonable & Customary for eligible out-of-network benefits. Limitations apply.	Regular full-time employees and their dependents, including domestic partners	If you enroll, coverage is effective as of your date of hire or your US payroll transfer date.	Employees who enroll in dental coverage will pay a per covered person premium: <ul style="list-style-type: none">• EE only - \$5/month• EE+1 - \$10/month• EE+2 - \$15/month• EE+3 - \$20/month• EE+≥4 - \$25/month																								
Vision Plan	This plan offers in and out-of-network benefits, covering contacts or 1 pair of eyeglasses per year. Website: www.eyemed.com (to see providers)	Regular full-time employees. and their eligible dependents, including domestic partners	If you enroll, coverage is effective as of your date of hire or your US payroll transfer date.	Employees who enroll in Vision Plan coverage will pay a premium: EE only - \$5.71/month EE +1 - \$10.65/month Family - \$16.86/month																								
Life Insurance Plans																												
Life Insurance – Company Paid	The term life insurance provides coverage for you, equal to one times your annual base pay. It also provides Accidental Death and Dismemberment Plan (AD&D) coverage equal to one times your annual base pay.	Regular full-time employees	The first day of the month following the month of hire or payroll transfer date	Company paid but you must enroll due to tax implications.																								
Travel Insurance	Provides insurance coverage for you equal to 3X your annual base salary in the event of death while on Company business. Though the enrollment in Travel Insurance is automatic, you will need to designate a beneficiary.	All employees	Effective date of hire.	Company paid																								
Life Insurance Optional	Consists of life insurance coverage for you equal to 1X, 2X, 3X, 4X, 5X, 6X, 7X or 8X your annual base pay; with maximum coverage limited to \$4,000,000. The max coverage for this plan without MEOI will be 4X annual base pay up to \$500,000. Coverage requests for 5X – 8X and or exceeding \$500,000 will require MEOI MEOI required if not enrolled in first 30 days of eligibility.	Regular full-time employees	The first day of the month following the month of hire or payroll transfer date	You pay for this coverage via payroll deduction on a post-tax basis. The premiums are age related. <table><tr><th>Age Band</th><th>Annual Rate Per \$1,000 of Coverage</th></tr><tr><td><25</td><td>\$0.504</td></tr><tr><td>25-29</td><td>\$0.636</td></tr><tr><td>30-34</td><td>\$0.852</td></tr><tr><td>35-39</td><td>\$0.888</td></tr><tr><td>40-44</td><td>\$0.936</td></tr><tr><td>45-49</td><td>\$1.140</td></tr><tr><td>50-54</td><td>\$1.356</td></tr><tr><td>55-59</td><td>\$1.656</td></tr><tr><td>60-64</td><td>\$2.364</td></tr><tr><td>65-69</td><td>\$3.528</td></tr><tr><td>70+</td><td>\$5.712</td></tr></table>	Age Band	Annual Rate Per \$1,000 of Coverage	<25	\$0.504	25-29	\$0.636	30-34	\$0.852	35-39	\$0.888	40-44	\$0.936	45-49	\$1.140	50-54	\$1.356	55-59	\$1.656	60-64	\$2.364	65-69	\$3.528	70+	\$5.712
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Life Insurance – Optional Accidental Death and Dismemberment (AD&D)	This plan pays an employee's accidental death or dismemberment benefit up to 8X your annual base pay, up to a max of \$4,000,000, if you die as a result of a qualified accident.	Regular full-time employees	The first day of the month following the month of hire or payroll transfer date	You pay for this coverage via payroll deduction on a post-tax basis. The current cost is \$0.18 per \$1,000 of coverage based on your annual base pay.
Family Life Insurance (Child)	Provides group term life insurance for children of eligible employees. Provides \$5,000 coverage for each of your eligible, dependent children.	Regular full-time employees	The first day of the month following the month of hire or payroll transfer date	You pay for this coverage via payroll deduction on a post-tax basis. The current annual cost is \$4.584 per year, no matter how many eligible children you have.
Family Life Insurance (Spouse/Domestic Partner)	Provides group term life insurance for the spouse or domestic partner of eligible employees. Provides \$10,000, \$25,000, or \$50,000 coverage for your spouse. MEOI required if not enrolled in first 30 days of eligibility	Regular full-time Employees	The first day of the month following the month of hire or payroll transfer date	You pay for this coverage via payroll deduction on a post-tax basis. The current annual cost is for: \$10,000 coverage - \$25.92/yr \$25,000 coverage - \$64.80/yr \$50,000 coverage - \$129.60/yr
Disability Plans & Worker's Compensation				
Disability	Provides up to 52 weeks of income in the case that you become totally or partially disabled. <i>(This could include illness or injury that would keep you out of work for more than 5 days, including but not limited to: car accident injuries, sports injuries, extended illness, etc.)</i> The max average pay amount that is eligible for coverage is \$100,000/year. MEOI required if not enrolled in first 30 days of eligibility	Regular full-time employees	The first day of the month following the month of hire or payroll transfer date	You pay 1.055% of your pay up to a maximum pay of \$100,000. The maximum per-pay-period deduction from your pay post-tax is: \$87.92 for monthly paid \$40.58 for bi-weekly paid \$20.29 for weekly paid
Long Term Disability	If you remain totally disabled or partially disabled after receiving 52 weeks of benefits from the P&G Disability Plan, this Policy will provide you with income equal to 50% of your average pay at the time you became disabled.	Regular full-time employee, totally disabled for more than 52 weeks and you were a participant in the Disability Benefit Plan during the first 52 weeks you were disabled	Once you enroll in the Disability Plan, you are automatically enrolled in Long-Term Disability. Note: This is <i>only</i> available if you enroll in Disability.	Company paid

Plan	Benefits	Eligibility	Effective Date	Cost
Optional Disability	Should you become disabled for more than 52 weeks, benefits equal to 20% of your base pay (up to max annual base pay of \$285,000) will be paid to you monthly, subject to Plan rules and limitations. MEOI required if not enrolled in first 30 days of eligibility	Regular full-time employees	The first day of the month following the month of hire or payroll transfer date	You pay for this coverage via payroll deduction on a post-tax basis. The current cost for this plan is 0.40% of your base pay, The maximum per-pay-period deduction is: \$95.00 for monthly paid \$43.85 for bi-weekly paid \$21.92 for weekly paid
Worker's Compensation	Workers' Compensation benefits vary from state to state. Benefits are provided when it is determined you have an allowed condition that meets the requirements in your state. <i>If you are injured on the job, you must report your injury and follow the reporting process for your work location.</i>	All employees are eligible	Enrollment is automatic once you report for your first day of work.	Company paid
Flexible Spending Plans				
Dental/Vision/Medical Care Flexible Spending Account	A flexible spending account that enables you to use pre-tax dollars to pay for certain health care expenses that are not reimbursed, or only partially reimbursed, under any other benefit plan.	Regular full-time and part-time employees (with flex credit)	The first day of the month following the month of hire or payroll transfer date	You choose the amount you wish to contribute, up to the Plan maximum, (\$2,750 annual max) when you enroll. <i>Any funds not used by the end of the plan year will be forfeited.</i>
Child/Dependent Care Flexible Spending Account	A flexible spending account that enables you to use pre-tax dollars to pay for certain expenses for the care of your eligible dependents so that you and your spouse or domestic partner may work.	Regular full-time and part-time employees	The first day of the month following the month of hire or payroll transfer date	You choose the amount you wish to contribute, up to the Plan maximum (\$5,000 annual max if married filing jointly/\$2,500 if married filing separately for federal taxes), when you enroll. <i>Any funds not used by the end of the plan year will be forfeited.</i>
Other Plans & Benefits				
Health Savings Account	A healthcare savings account to which you make pre-tax contributions which you can use to help pay for qualified prescription and healthcare expenses. The funds roll over year to year and never expire.	Only those enrolled in the HDHP. Not eligible, if you have other medical coverage (e.g. secondary coverage in a spouse's healthcare or FSA plan).	Date of initial enrollment for the High Deductible Health Care Plan	You choose the amount you wish to contribute up to the annual maximum of \$3,600 for single coverage and \$7,200 for family coverage.

Plan	Benefits	Eligibility	Effective Date	Cost
P&G Quit For Life	<p>A nicotine cessation program providing telephonic coaching by a Quit Coach. The Quit Coach will help with deciding if prescription or over-the-counter medications might be right for you. Plus, you may qualify for complementary patches or gum.</p> <p>www.quitforlifenow.net/pg or 1-800-638-2801.</p>	All employees, their spouses or domestic partners enrolled as subscribers in The US P&G Health Plan.	Effective with enrollment into US P&G healthcare plan as a subscriber. At date of hire or move to US P&G benefits.	Company paid
P&G Profit Sharing Trust (PST)	Each year, P&G makes a contribution to the PST Plan. This contribution is made to your account in P&G Preferred stock and cash that is invested in P&G Common stock. The contribution to your account is not dependent on your making salary contributions to the 401(k) Savings Plan.	<p>All US employees will receive an initial contribution of 5% of eligible wages for the Plan year during which employee is hired. In subsequent Plan Years, an employee must work 1,000 hours to be eligible for a PST contribution and to accumulate Plan Credit Years.</p> <p>Employees will receive a packet of information, mailed to the home address.</p>	You are eligible for this plan upon hire, or upon localization to the U.S.	The PST is 100% funded by the Company.
P&G 401(k) Savings Plan	<p>The 401 (k) or "P&G Savings Plan" is a separate plan from the Profit Sharing Plan and is funded with employee contributions. Payroll deductions automatically start at a pre-determined rate. Employees can choose to change the contribution amount or opt out at any time.</p> <p>Employees have the option to contribute before-tax to a Traditional 401(k), or after-tax, to a ROTH 401(k).</p>	All US employees will receive a packet of information, mailed to the home address.	Eligible upon hire, or upon localization to the U.S.	<p>Employee contributions only</p> <p>Automatic deductions are set up as follows, unless the employee changes the amounts or opts out of the program:</p> <ul style="list-style-type: none"> • 5% of pay, on before-tax basis • Auto increase of 0.5% every year; up to a max contribution rate of 10%.
PerksAt Work	An Employee discount program exclusively for US/PR based active employees. It includes, more than 30K merchants to save on travel, electronics, tickets, restaurants, flowers, home, apparel, and more! Ability to earn "WOWPoints" on nearly everything you buy from Perks	All active employees are eligible.	Effective your date of hire or move to US P&G Benefits.	No charge to access discount programs.

Addendum—Benefits at a Glance

Plan	Benefits	Eligibility	Effective Date	Cost
	at Work, then redeem WOWPoints on your favorite merchants. https://www.perksatwork.com/login			
My Secure Advantage (MSA)	Financial education benefit for all active P&G employees that covers every stage of life, no matter the goal, challenge or situation. Topics include everything from building a budget, to saving for college, reducing debt and improving credit, protecting your identity, investing wisely, and retiring comfortably. https://pg.mysecureadvantage.com/	All active employees are eligible.	Effective your date of hire or move to US P&G Benefits.	Company provided – 180 consecutive days of financial education services.
meQuilibrium	meQuilibrium, or meQ, is a stress management app designed to help you discover simple techniques to build your resilience and shift your response to stressful thoughts and actions. Complete your assessment at www.GetmeQ.com/PG	All US employees and their dependents age 13 and older.	Effective your date of hire or payroll transfer date.	Company paid
Choices available ONLY during Annual Enrollment - If available at your site, you will see it as an option during annual enrollment.				
Buy Vacation	An opportunity to purchase additional vacation time by the day (1 day = 8 hours). You can buy up to 15 days of vacation. Note: Your combined Company provided vacation and Buy vacation cannot exceed 30 days.	Must not exceed 30 days of total vacation (both Company Provided and Buy vacation), during the program year.	Regular full-time employees can participate during their first full program year. If you purchase vacation, you must use all of your vacation time, including additional vacation time purchased by December 31 of the program year.	You purchase additional vacation time via payroll deductions. Cost is .384% (less than one-half percent per day of an employee's annual base pay rate on June 30 th of the prior year, or hire date if hired after June 30 of the prior year) times the number of additional days purchased. The cost of purchased vacation is divided equally throughout the year and deducted on a per pay period basis. NOTE: Carryover of vacation time is not permitted if you purchase vacation in accordance with federal regulations governing the plan.
Legal Insurance	A voluntary benefit program through ARAG providing discounted legal assistance through a network of attorneys. Website: ARAGLegalCenter.com Access Code: 10009pg or: 1-800-247-4184	Active employees.	Only available during Annual Enrollment.	Employee paid via post-tax payroll deduction. The annual premium is \$269.

Most plans require enrollment.

Note: full-time employee means the employee is scheduled for 40 hours or more per work week.

This document provides summary information on certain Procter & Gamble benefits. Specific details may be found in each Plan's Summary Plan Description which is available on my.pg.com>Life & Career>My Benefits. Procter & Gamble reserves the right to amend, suspend, or terminate these benefits plans or programs at any time and for any reason. This document is intended for distribution only to Procter & Gamble employees. If you inadvertently receive this document or other information about benefits programs that is inapplicable to you, receipt of this document or other benefits information shall not be deemed to constitute a waiver of any applicable eligibility requirements.