

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. This is only a summary. For more information about your coverage, please contact your dedicated Progyny Pregnancy and Postpartum coach or your Progyny Patient Care Advocate (PCA) at (833) 233-0517.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	Individual \$0 / Family \$0	There is no deductible with your Progyny plan.
Do I have a copayment?	No	There is no copayment with your Progyny Pregnancy and Postpartum plan.
Do I have coinsurance?	No	There is no coinsurance with your Progyny Pregnancy and Postpartum plan.
Are there services covered before you meet your deductible?	No	You will not pay an out-of-pocket for your Progyny Pregnancy and Postpartum services. All services provided under the plan are preventive care services and not subject to cost share.
Are there other deductibles for specific services?	No	There is no deductible required for the Progyny Pregnancy and Postpartum HRA plan. All services provided under the plan are preventive care services and not subject to cost share.
What is the out-of-pocket limit for this plan?	Individual \$0 / Family \$0	There is no out-of-pocket limit with your Progyny plan.
Will you pay less if you use a network provider?	Not applicable.	Progyny's Pregnancy and Postpartum coaches and care providers are all included in this plan. There are no benefits available for non-Progyny coaches.

Excluded Services & Other Covered Services:

Exclusions include home ovulation prediction kits, services and supplies furnished by an out-of-network provider, and treatments considered experimental by the American Society of Reproductive Medicine. All charges associated with services for a gestational carrier, including but not limited to fees for laboratory tests, are not covered. If your doctor requests services that are not listed in this guide, please check with your PCA to confirm coverage. There are some services that do not fall under Progyny's coverage; however, they may be provided through your medical plan.

Your Rights to Continue Coverage:

There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Healthcare.gov: www.HealthCare.gov or call 1-800-318-2596 or state health insurance marketplace or SHOP. Other coverage options may be available to you, too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318- 2596.

Your Grievance and Appeals Rights:

There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, go to www.dol.gov/ebsa/healthreform and <http://www.cms.gov/CCIIO/Resources/Consumer-Assistance-Grants>.

Does this plan provide Minimum Essential Coverage? Not Applicable.

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Not Applicable.

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.