Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services
Coverage Period: **01/01/2027 – 12/31/2027**
Coverage for: **alliantgroup - Progyny Health Reimbursement Arrangement**

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 Patient Care Advocate (PCA) at (866) 986-9261

Important Questions	Answers	Why This Matters:
What is the overall deductible?	Individual $2,000 / Family $4,000	At the start of each plan year, you will pay out-of-pocket for your eligible fertility services until you reach the $2,000 per person annual deductible. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of the deductible expenses paid by all family members meets the overall family deductible.
Do I have a copayment?	No.	There is no copayment with your Progyny plan.
Do I have coinsurance	Yes. 20% coinsurance	After you have met your deductible, you will pay 20% coinsurance for your eligible fertility services until you reach the out-of-pocket maximum.
Are there services covered before you meet your deductible?	No.	You will pay out-of-pocket for your eligible fertility services until you reach the $2,000 annual per person deductible.
Are there other deductibles for specific services?	No.	There is only the deductible required for the Progyny HRA plan.
What is the out-of-pocket limit for this plan?	Individual $4,000 / Family $8,000	The out-of-pocket limit is the most you will pay per person in a year for covered services. The deductible counts towards the out-of-pocket maximum. If you have other family members on the plan, each family member must meet their own individual out-of-pocket maximum until the total amount of the expenses paid by all family members meets the overall family out-of-pocket maximum.
Will you pay less if you use a network provider?	Not applicable.	Progyny's Center of Excellence Network providers are all included in this plan. You must use an in-network provider.

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.