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Empowering Change:
Advancing Women's Health in the Workplace

December 17, 2024

EMPOWER "HER"

AGENDA

- **Welcome –** Trinette Small, VP of Membership & Strategic Partnerships, HealthCareTN
- **The 'Why' Behind Women's Health: Building a Case for Change**
  - Stephanie Sassman - Portfolio Leader, Women's Health, Genentech
- **By the Numbers: Insights into Women's Healthcare Trends**
  - Andy Davis - Principal, US Health Actuarial Leader, Future of Health Leader, Deloitte
  - Sarah Shier - Senior Manager, Health Equity and Women's Health Leader, Deloitte
- **Women's Reproductive Health: Breaking Barriers, Building Solutions**
  - Andrea Stelk - VP, Commercial Solutions, Progyny
- **Closing Comments -** HealthCareTN

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The 'Why' Behind Women's Health:

Building a Case for Change

Stephanie Sassman - Portfolio Leader, Women's Health

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Genentech's Commitment to Women's Health

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It's time for change

At Roche and Genentech, we are on a mission to transform health equity, and women's health is critical to that.
Source: XProject video: https://www.roche.com/xproject

Women Account for Half of Humanity, Yet Women's Health Has Not Been Historically Prioritized

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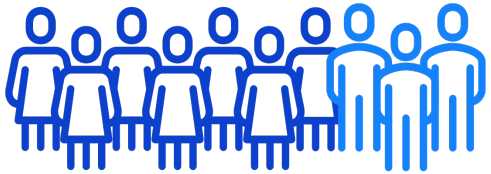
Women are an essential part of healthcare decision-making

~75%

of mothers are the healthcare decision makers for their families.[1]

80%

of the household healthcare spending is done by women.[2]



79%

of the U.S. healthcare workforce are women[3]

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Women have many unmet needs in healthcare

Women's health is underfunded and under-researched

- **3/4 of diseases** that affect primarily women are **underfunded** compared to diseases that affect primarily men[1]
- **5% of assets** in the healthcare pipeline are focused on female conditions[2]
- Women were **excluded from participating** in phase 1 and 2 clinical studies by the FDA from 1977-1993[2]

Misdiagnosis and pain rates are higher in women

- The odds of misdiagnosis of stroke in **men are 25% lower than in women**[3]
- **21% of women** said an **HCP has dismissed their concerns** or didn't believe them, versus 12% of men[4]
- Providers **may rate women's pain lower than men's**[5]

Disease prevalence rates are higher in women

- **Nonsmoking women are more likely to get lung cancer than nonsmoking men**[6], and it's the #1 cancer killer of women in the U.S.[7]
- Multiple sclerosis is **3x more common in women** than in men[8]
- **66%** of people with **Alzheimer's disease** are women[9]

***"Every single woman** I speak to, myself included, **has experienced either misunderstanding or loss as a direct result of slow or inaccurate diagnosis** of their health concerns[10]"*

Mika Simmons
Co-chair, Ginsburg Women's Health Board

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1. Mirin AA. *J Women's Health (Larchmt).* 2021;30(7):956-963.
2. McKinsey and Co. Published February 14, 2022. Accessed December 15, 2023. https://www.mckinsey.com/industries/healthcare/our-insights/unlocking-opportunities-in-womens-healthcare
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9. 2023 Alzheimer's disease facts and figures. *Alzheimer's Dement.* 2023;19(4):1598-1695
10. Levine, N. Updated March 6, 2021. Accessed December 13, 2023. https://www.refinery29.com/en-gb/gender-health-gap-government-campaign

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Women have a diverse set of needs

They might be pregnant...

"Pregnant women get sick, and sick women get pregnant"[1]

9 of 10 women take a medication during pregnancy, yet fewer than **10%** of medications have enough information to determine fetal risks[2]

They might be Black, Hispanic, Asian, White...

Black Women & Breast Cancer

A Black woman is **40%** more likely to die of breast cancer than a white woman[3]

Yet have no more than **6%** representation in clinical trials[4]

They might be LGBTQ+...

Health challenges at higher rates

28% of sexual minority women who skipped routine cervical cancer screenings thought they were not at risk.[5]

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1. NTE Impact Ethics. Revised September 2017. Accessed December 18, 2023. https://www.dal.ca/sites/noveltechethics/projects/past-projects/research-ethics/research.html
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5. Bustamante G, et al. *Cancer Causes Control.* 2021; 32(8):911-917.

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Women also face a healthcare benefits gap[1]

Women pay $15.4 billion more than men in annual out-of-pocket health care expenses, not including premium costs.

For all ages from 19 to 64, the average woman ***pays more out of pocket*** *than the average man* of the same age, ***even when excluding maternity claims***.

Reference
1. Deloitte. Updated 2023. November 7 2023. https://www2.deloitte.com/content/dam/Deloitte/us/Documents/life-sciences-health-care/us-lshc-health-gender-gap.pdf

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Key findings from The Lancet Commission on Women, Power, and Cancer Report[1]

Majority of adults (aged <50 years) diagnosed with cancer in 2020 were women

Women are **marginalized** by gender bias and overlapping forms of discrimination*

Women are more likely than men to **risk financial catastrophe** due to cancer and to **lack the knowledge & power** to make informed cancer-related healthcare decisions

**Including age, race, ethnicity, socioeconomic status, sexual orientation and gender identity.*

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We Can’t Afford To Ignore Women’s Health

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The impact of investing in women's health

The Women's Health Access Matters (WHAM) Report shows that funding women's health research has huge economic impact. **Investing $350 million generates $14 billion in cost savings.**[1]

Example: The Case for Lung Cancer Research Focused on Women[2]

A **$40 million investment** in lung cancer research focused on women would generate **$611 million in returns** to our economy

Investment would bring a **1,200% return** and **save 22,700 years of life** while improving quality of life, reducing healthcare costs, and adding back millions in labor productivity

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1. WHAM. Published 2024. Accessed February 27, 2024. https://thewhamreport.org/
2. WHAM. Published March 2022. Accessed October 27, 2023. https://thewhamreport.org/wp-content/uploads/2022/10/TheWHAMReport_Lung_technical.pdf

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Women's health – a key issue for employers and payers

Forward-thinking employers and payers are taking action to advance women's health

Over 57% of women participate in the workforce and have unique health needs:[1]

75% 75% are of reproductive age[2]

25% About 25% are of menopause age[3] — workdays missed due to menopause cost employers $1.8 billion annually, per Mayo Clinic[4]

2x Twice the rate of depression is observed among women versus men[5]

Companies that champion women's health experience:[6,7]

Increase productivity

Increase commitment, loyalty, and retention

Improved health outcomes for women

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Women in business is good for business

Based on work by: Women's Health Access Matters (WHAM)

Health and other challenges can hold women back[1]

The benefits of women in corporate leadership are clear:

Research shows that when women are well represented at the top, companies are 50% more likely to outperform their peers

Having at least 30% of women in the C-suite roles added 6% more to corporate profit margins

Yet health issues and caregiving needs can hold women back:

Only about 25% of organizations track gender-specific or late-career healthcare needs

Mary Barra, CEO of General Motors, noted she struggles to place women in the C-suite given health issues (*WHAM, "Impacts for our workforce")*

Reference
Women's Health Access Matters — WHAM Report https://thewhamreport.org/impacts/workforce/

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A global and U.S. consensus has emerged to elevate women's health

*"Improving the global health outlook for everyone will require a specifically **women-centric approach** to integrated healthcare services.[1]"*
- World Economic Forum

*"**Investments addressing the women's health gap** could add years to life and life to years—and potentially boost the global economy by **$1 trillion** annually by 2040" - Closing the Women's Health Gap: A $1 Trillion Opportunity to Improve Lives and Economies report[2]*
– World Economic Forum in collaboration with the McKinsey Health Institute

*"**Every woman I know has a story about leaving her doctor's office with more questions than answers.** Not because our doctors are withholding information, but because there's just not enough research yet on how to best manage and treat even common women's health conditions. In 2023, that is unacceptable.[3]"*
— First Lady Dr. Jill Biden

***"We're establishing a new White House Initiative on Women's Health Research** so that my Administration—from the National Institutes of Health to the Department of Defense—does everything we can to drive innovation in women's health and close research gaps.[3]"*
— President Joe Biden

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2. World Economic Forum. Published January 16, 2024. Accessed January 29 2024. https://www.mckinsey.com/mhi/our-insights/closing-the-womens-health-gap-a-1-trillion-dollar-opportunity-to-improve-lives-and-economies#/.
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Genentech Is Committed to Women's Health

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Defining women's health

How we define women's health:

Women's health is improving healthcare in conditions that ***exclusively, predominantly*** or ***differently*** impact women

Women's health is designed for all people who need it[1]

- If you were assigned female at birth and identify as female
- If you were assigned female at birth and identify as another gender
- If you were assigned male at birth and identify as female, nonbinary or some other gender

Reference

1. Cleveland Clinic. Published April 28, 2023. Accessed December 14, 2023. https://health.clevelandclinic.org/what-is-womens-health

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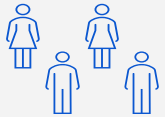
Our portfolio has the potential to help deliver on the significant unmet need in women's health

Lung cancer
leading cause of cancer deaths in women[1]

Breast cancer
most common cancer in people in the US[2]



Asthma
almost twice as many women during mid-life have asthma as men[3]

Age Related Macular Degeneration
2 out of 3 people diagnosed are women[4]

Multiple Sclerosis
3x more common in women[5]

Diabetes
women are more severely impacted by the consequences of diabetes than men[6]

Lupus
– 90% of patients are women[7]
– 2-3x more common in women of color

Heart Disease
leading cause of death of women worldwide[8]

Stroke
kills more women than breast cancer per year[8]

Hemophilia
women with symptoms often not tested & diagnosed with the misbelief they can only be carriers[9]

References
1. CDC. Last reviewed June 8, 2023. Accessed December 18, 2023. https://www.cdc.gov/cancer/lung/statistics/index.htm
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9. CDC. Last reviewed July 25, 2023. Accessed December 18, 2023. https://www.cdc.gov/ncbddd/hemophilia/features/women-and-hemophilia.html

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How we are advancing equitable care for women

Advancements in women's health are enhancing healthcare outcomes for conditions that either present ***differently in women*** or ***predominantly impact women***

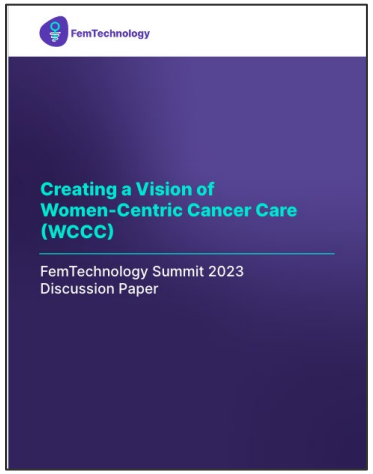
MS & Pregnancy

Genentech has studied a **large population of pregnant women** with MS[1]

Love Letters

Cancer screening awareness created **"by the community, for the community"**

Women-Centric Cancer Care



Elevating the dialogue on the importance of **Women-Centric Cancer Care**[2]

Reference
1. FDA. Accessed February 26, 2024. https://www.fda.gov/consumers/pregnancy-exposure-registries/list-pregnancy-exposure-registries.
2. FemTechnology summit Women-Centric Cancer Care workshop discussion paper https://femtechnology.org/women-centric-cancer-care/

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WCCC: Definition based on feedback from healthcare ecosystem stakeholder and patient communities

Women's-centric cancer care (WCCC) will improve the lives and health experiences of women by ***empowering them to make educated decisions*** and by ***delivering equitable*** and ***tailored*** cancer prevention and care

This happens when each and every woman:

1. **Feels confident**
2. **Is listened to, believed, respected, and encouraged**
3. **Receives fast and easy access**
4. **Benefits from coordinated, individualized, end-to-end support**

The concept of women-centric care is relevant to all conditions women experience

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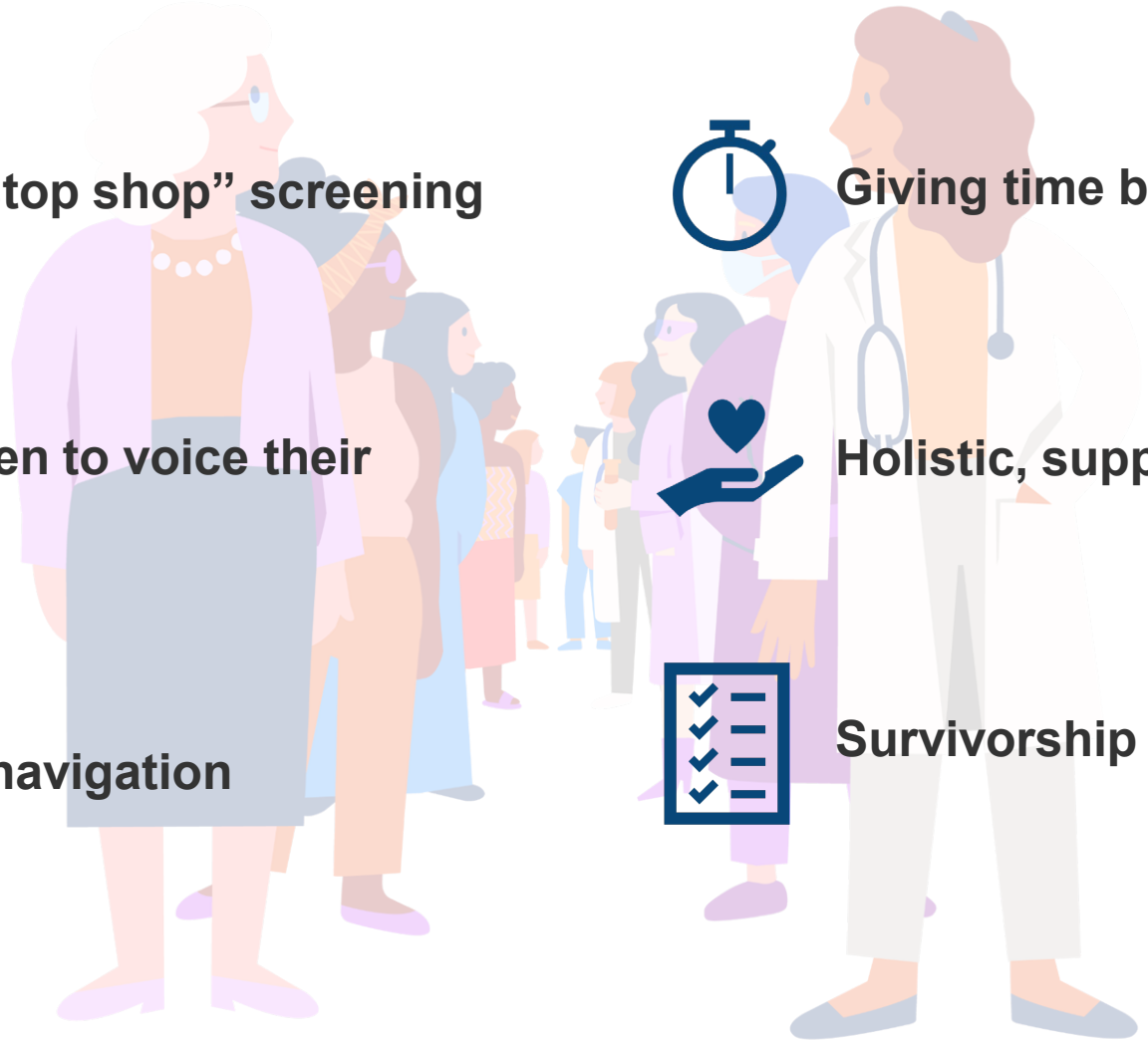
Opportunities for the healthcare ecosystem to deliver on WCCC



- Integrated “one-stop shop” screening
- Empowering women to voice their preferences
- Providing patient navigation
- Giving time back to women with cancer
- Holistic, supportive care
- Survivorship planning

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A call to action: uniting to support women's health

Keeping women at the center of our efforts

Advancing Her

How might we ensure women's healthcare needs are met?

Empowering Her

How might we empower women to advocate for their own health?

Championing Her

How might we foster a supportive culture for women's health?

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By the Numbers:

Insights into Women's Healthcare Trends

Andy Davis - Principal, US Health Actuarial Leader, Future of Health Leader

Sarah Shier - Senior Manager, Health Equity and Women's Health Leader

Deloitte

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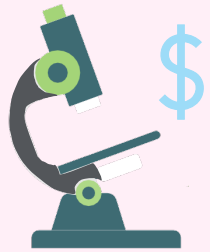
Inequities and financial burdens in women's health

… and how we can make better health and well-being more accessible to all

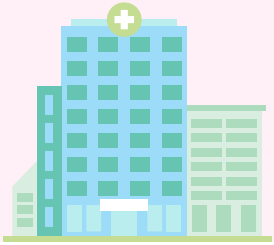
2024 reflects ongoing systemic challenges within Women's Health

An array of challenges exist as we look to bridge the information gap in women's health and solve the issues of access, quality, investment that persist



Lack of Data, Research, & Funding

- **Underfunding of Female-specific Research**
  Only 1% of global healthcare R&D is dedicated to maternal health[1]
- **Underrepresentation in Clinical Trials**
  Females have been historically underrepresented in clinical trials, leading to significant gaps in medical knowledge and treatment efficacy[2]



Reduced Healthcare Access & Affordability

- **Viability of Existing Treatments**
  Existing treatment options for females can be costly, not widely accessible, or documented to improve long-term health[3]
- **Cost & Time Barriers**
  With limited incentives for reimbursement, coverage for female-focused products, services, and treatments is a barrier and women often face high out-of-pocket costs[4]

Adverse Care & Caregiving Experiences

- **Negative Care Experiences**
  Many women have negative lived experiences in the health ecosystem including experiencing bias and longer time to diagnosis[5]
- **Caregiver Burdens**
  Women often manage most of the home and care-giving responsibilities, reducing time available to manage their health[6]

The compounding of these challenges creates mistrust in the health care ecosystem for women

Sources: (1) Citigroup (2) Nature (3) Commonwealth Fund (4) KFF (5) KFF (6) Commonwealth Fund

Yet there is increasing momentum across the health ecosystem to craft and activate an improved future state

But the perception and level of engagement around women's health is evolving

Increased Funding for Female-specific Health Research

There has been increased funding for female-specific research and health initiatives

In 2024, the NIH allocated **$10 million** to establish an Office of Autoimmune Disease Research, focusing on **conditions affecting females, who constitute nearly 80% of people with autoimmune diseases**[1]

Access to Comprehensive, Flexible Care

Access barriers are being addressed through improved telehealth/digital platforms, funding for providers in health deserts, and investment in the drivers of health

Maven Clinic, the world's largest virtual clinic for women and families reviewed data from **9,000 Maven members** and **found that virtual doula care improves birth experiences and reduces the odds of C-section at rates**, with the greatest impact seen among Black members.[2]

Improved Care Experience

Physicians are employing comprehensive screenings and cutting-edge technologies to personalize care for women

Through their Center for Personalized Health, Northwell Health ran a personalized clinical trial focused on women's back pain. Results found that **89% of women were able to find a non-medication-based treatment, with each treatment plan personalized to each patient.**[3]

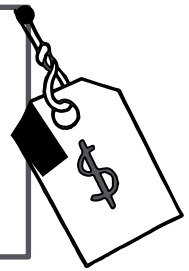
There is an **opportunity for employers to bridge these gaps** and create a consistent, high-quality care ecosystem to serve womens' needs

Sources: (1) Nature (2) Maven Clinic (3) Northwell Health

There is a compelling business imperative to achieve better health outcomes and experiences for women

BUSINESS IMPERATIVE

Women make **80%** of household healthcare spending decisions, yet the system is not designed for them.[1] **Designing with women at the center will drive value and improve women's health outcomes.**



$1.34B » $12

Bridging the $1.34B gender gap in actuarial value of healthcare benefits is an **equity building, cost-effective** opportunity to improve women's healthcare access.

Closing this value gap would cost employers **<$12 annually per employee**.[1]

$266 » $15.4B

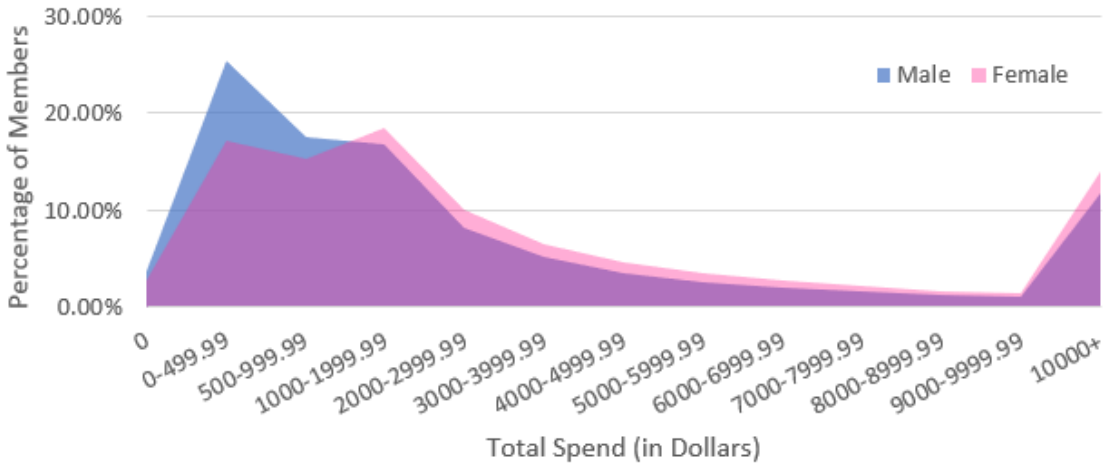
Employed women spend **~18% (or $266 per person) more** on health care costs each year than men, even when excluding maternity costs.

This adds up to **$15.4B annually** – there is a **demonstrated demand and opportunity** for women's health products and services.[1]

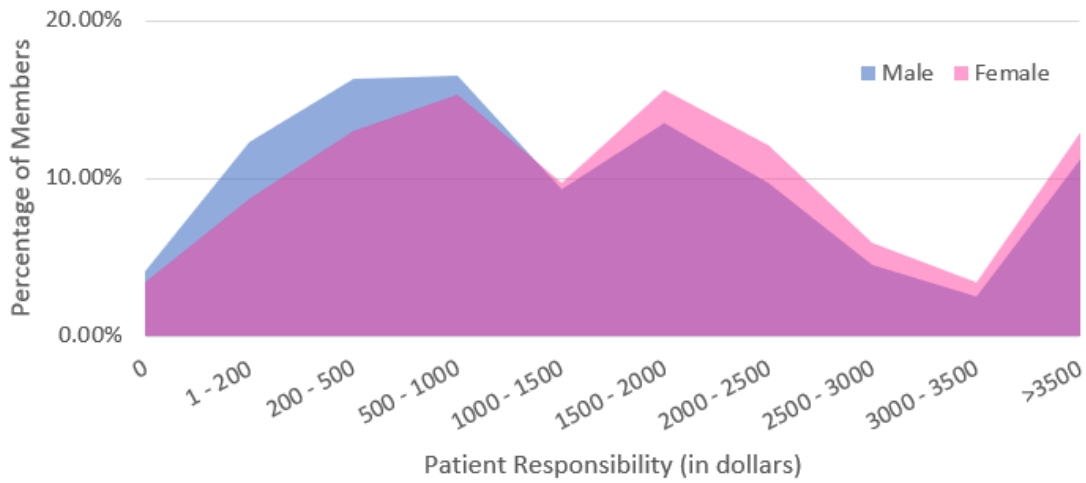
Sources: (1) Deloitte

Women more frequently experience higher claims and out-of-pocket expenditures while men are more likely to experience lower claims and expenditures

Total Spend per Patient | Excluding Maternity Claims
M vs F



Out-of-Pocket Spend per Patient | Excluding Maternity Claims
M vs F



Women are spending more than men on health care while receiving comparably lower value for each dollar spent

Human-centered design considers men and women's spending habits at the core of benefit design, acknowledging that all genders utilize healthcare differently

Closing the Pink Gap

Women's care needs are complicated, resulting in a **9.9%** gap in women's spend, and require better coverage with the focus on ***creating products and educating sales agents*** that close the financial gap for women through lower copays, waiving deductibles, etc.

Women Specific Condition Categories:

- Breast/Mammogram
- Reproductive Health (Women)
- Osteoporosis/Bone Density Issues
- Thyroid/Parathyroid
- Migraines/Headaches/Nausea
- Mental Health
- Multiple Sclerosis

Men Specific Condition Categories:

- Prostate Cancer
- Reproductive Health (Men)
- Oral/Throat Cancer
- Hernia
- Heart/Coronary
- Sleep Apnea
- Hyperlipidemia
- Colon/Rectum Cancer

At least **19.6%** of women's expenditures can be traced to categories of spend that are more complicated and / or more prevalent in women than men.

Only **9.6%** of men's expenditures can be traced to categories of spend that are more complicated and / or more prevalent in men.

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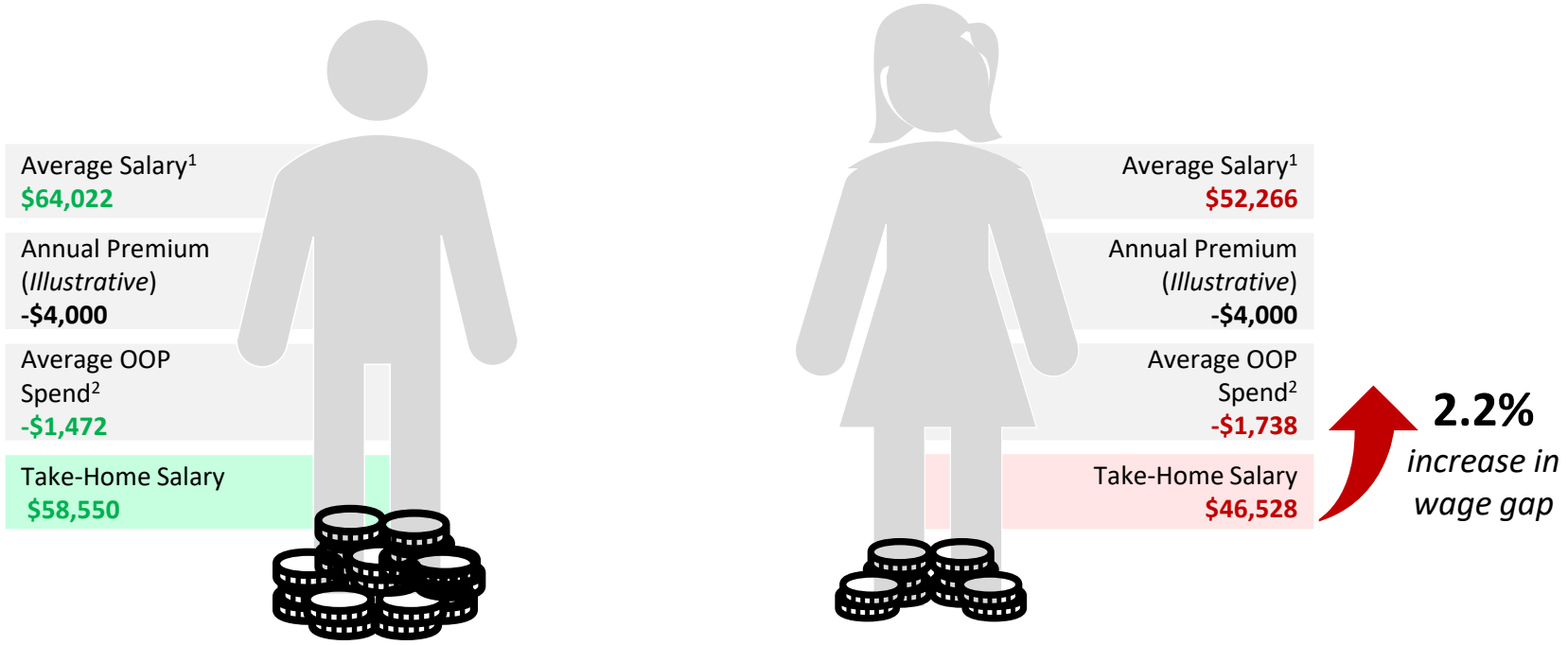
Gender disparities in healthcare costs exacerbate wage gap

Despite women potentially receiving greater value for each premium dollar spent, their net take-home pay is lower than men due to higher healthcare costs, even before considering wage gap disparities



- Total out-of-pocket health care costs for employed women in the United States are higher per year than for employed men, exacerbating gender wage disparities
- Human-centered design considers men and women's spending habits at the core of benefit design, acknowledging that all genders utilize healthcare differently
- Health plans can offer, and employers can demand, a strategic opportunity to directly impact the financial health and subsequently overall health of women and achieve better health equity by addressing the disproportionally higher out-of-pocket costs
- Offering a plan that lowers out-of-pocket expenses for women while slightly adjusting premiums across all genders can help achieve wage equality, including bridging inequities due to healthcare costs

[1] https://www.forbes.com/advisor/business/gender-pay-gap-statistics/

[2] https://www2.deloitte.com/content/dam/Deloitte/us/Documents/life-sciences-health-care/us-lshc-health-gender-gap.pdf

Benefit Examples | Simple ways to make a big impact

Benefit changes don't have to be complex to make changes that help level the out-of-pocket contributions, whether the choice is to keep plan costs the same or invest into the equity

CURRENT STATE

Plan Provision	In-Network
Premium	$315 (Single)
Calendar Medical Deductible	$2,000
Coinsurance	90%
Medical Out of Pocket Maximums	$4,500
⋮	⋮
Diagnostic Mammograms and Imaging	Subject to deductible and Coinsurance
Care for Thyroid Issues	Subject to deductible and Coinsurance

**Numbers are directional but illustrative*

FUTURE STATE

Cost Neutral

In-Network
$315 (Single Coverage)
$2,050
90%
$4,500
⋮
$25 Copay Plan pays 100% after copay
Plan pays 100%

Equity Cost Increase

In-Network
$316 (Single Coverage)
$2,000
90%
$4,500
⋮
$25 Copay Plan pays 100% after copay
Plan pays 100%

Blue text indications change from current state

Notes for cost neutral plan:

- Beyond women's focus care, no other copays would be impacted or increased, protecting services core to men's care
- Deductibles and Coinsurance would be the primary levers, which would minimize the impacts on receiving care / choice to get care for all other non-adjusted services

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Solving for the Pink Gap of health care through insurance

The changes required to bridge the gap between the products offered today and the new products are not “new”, but modifications of the products in the market today and will address a growing question from employers in the market asking how to fix this issue

Products can serve and be purchased by all members

The goal is to have a new set of products that work well for men and women alike. *We would not expect or want to have women enroll in one set of pink gap adjusted products and men enroll in standard products*

The vision is that this becomes the new offering when chosen by an employer and would therefore not be subject to selection of one product over another

Benefit changes will apply universally to all members, for services that are needed by all members in most cases (e.g., thyroid disease, MS, blood disorders, etc.), but might have a highly likelihood of women utilization

Changes are not expensive, but still impactful

Our estimates show that this could be as little as $1 PMPM in additional costs depending on the level of impact

Based on our non-maternity findings, meaningful changes can be made in benefits at a minimum increase between $1 and $10 PMPM. *As a partner, plans can help employers choose the option the meets their equity goals with their financial goals*

Employers are keen to bring this to their workforce

Our initial outreach suggests that employers understand there are costs, but it’s a needed and valuable way to showcase the investment into equity

Early commentary from employers says that they feel this could bring:

- ✓ Improved financial health for women and their entire workforce
- ✓ Improved workforce retention
- ✓ Top talent acquisition
- ✓ Positioning as a leader in health equity for employees
- ✓ Improved productivity

HC/TN
HealthCareTN

Women's Reproductive Health:
Breaking Barriers, Building Solutions

Andrea Stelk - VP, Commercial Solutions, Progyny

Progyny

Smarter benefits for life's milestones

Women's Reproductive Health: Breaking Barriers, Building Solutions

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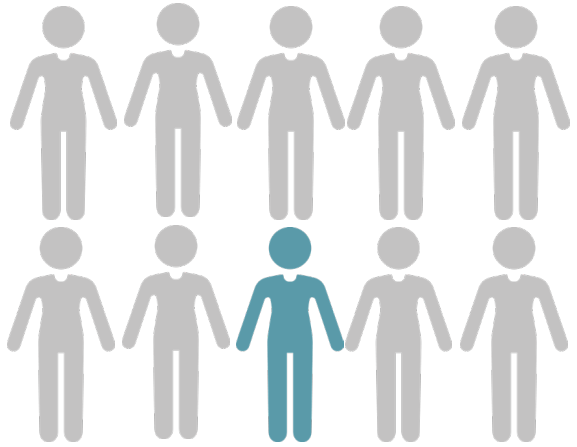
The need to address gaps in women's healthcare continues



1 in 10

Experience issues that take an average of 10 years to diagnose.[6]

Effective care for conditions that specifically impact women or impact them differently are still emerging.

1977
FDA bans women from research[1]

1993
NIH inclusion policy passes[1]

2009
Infertility recognized as a disease by WHO[2]

2011
Urogynecology recognized as a subspecialty[3]

Care gaps for women's health and working families are widespread due to lack of research and social factors

- OB-GYNs are relied upon for women's primary care, but training past maternity care is low
- 36% of counties are considered a maternity care desert.[4]
- <15% of cardiologists are women, and women are less likely to receive a timely diagnosis.[5]

1. https://www.ncbi.nlm.nih.gov/books/NBK236532/ 2. Infertility: A Disease by Any Other Name | Pediatrics | JAMA Forum Archive | JAMA Network 3. Establishing the subspecialty of female pelvic medicine and reconstructive surgery in the United States of America - PMC (nih.gov) 4. Confronting the Issue of Maternity Care Deserts - Johns Hopkins School of Nursing (jhu.edu) 5. To Improve Cardiac Outcomes for Women, Increase Representation | Commonwealth Fund 6. Endometriosis < Yale School of Medicine

Fragmentation exists across milestones driving barriers to care

Early career & unseen risks

Issues like PCOS and endometriosis affect 1 in 10 women and take years to identify

Fertility & Family Building

Fertility needs are nuanced, many needs arise in what is often an individual's first major health event

Pregnancy & Postpartum

Critical knowledge gaps result in great risk of complications in pregnancy and birth

Menopause & Midlife

Perimenopause symptoms can catch women by surprise in their mid 30's to 40's

Challenges with **traditional coverage**

- **Restrictive coverage** and plan design with limited access to latest science and wraparound patient support
- **Lack of access** to top fertility specialists, and providers' practice patterns will change based on benefit plan design
- **Lack of pharmacy integration** which creates waste
- **"Dollar max" models reinforce the scarcity mindset** that drives irrational and poor treatment decisions
- Most benefits **can't and don't track outcomes** of treatment

The status quo **isn't working** for modern workforces

1 in 5 women impacted by infertility; 25% of women child-bearing age report having 2 or more chronic conditions[1]

50% of U.S. counties have no OB-GYNs; **Only 1 in 5 OB-GYNs** have any level of menopause training, even fewer PCPs[2]

Only 1% of research and innovation investment goes to women's-specific health concerns beyond oncology[3]

The U.S. ranks worst in maternal care outcomes and maternity for any developed nation[4]

1.https://www.ncbi.nlm.nih.gov/books/NBK562258/#:~:text=Overall,%20the%20male%20factor%20substantially,performed%20if%20abnormalities%20are%20found. | 2. https://pubmed.ncbi.nlm.nih.gov/36115433/ | 3.https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7008178/#:~:text=The%20main%20parameters%20of%20semen,abnormalities%20and%20single-gene%20defects.

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How are employers bridging the gap with holistic care programs?

Thinking more broadly about the journey to close care gaps from family building through menopause

Raising awareness for risk factors of underlying health conditions with proactive education and navigation

Choosing equitable coverage that is intentionally designed for common health and well-being needs of women; with access and convenience in mind

Destigmatizing through consistent benefit messaging and access to a trusted, expert concierge

[My PCA] was absolutely amazing to speak with! She was so caring and supportive and explained everything to me in a way I could easily understand. I struggle to understand most insurance lingo, but she did an incredible job relaying it to me in terms I understood. Absolutely wonderful to work with her!!

- **Progyny member**

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Preconception & Family Building

Supporting the path to building a family

There are key points of preventative support that help prospective parents along the way to achieving their goal:
a healthy baby

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Preventative education and care advocacy drives early intervention

- Reviewing underlying health risks
- Nutrition and lifestyle care for healthier pregnancies; knowing when to escalate pregnancy symptoms
- Navigating grief and recovery through miscarriage and other complications
- Early education on inclusive feeding approaches, baby care, and caregiving relationships
- Frequent touchpoints in 1st year postpartum beyond standard 6-week visits, with advocacy for SDoH needs

I am very grateful to have this benefit. My pregnancy coach has provided me with information and 'what to expects' that even my OBGYN did not tell me about. It has made me feel much more relaxed and informed during my pregnancy (especially being my first). I look forward to our monthly calls.

- **Progyny member** on their pregnancy & postpartum experience

Perimenopause & Menopause

Equipping women with specialized care.

Specialized care could include:

- Menopause-specialized providers in all 50 states
- Prescriptions for hormone and non-hormone medication
- Support and treatment for their constellation of symptoms
- Preventative aging care and interdisciplinary care coordination

Menopause symptoms have gone widely untreated and unrecognized; impacting retention and well-being at critical stages of women's careers.

– **Dr. Janet Choi**,
Chief Medical Officer,
Progyny

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Immediate steps employers can take to reduce barriers across reproductive healthcare

Easy to use digital tools that compliments personalized care

1:1 culturally competent support from dedicate care managers and clinical experts

Data integration to enable early engagement of high-risk members

Deep and extensive reporting on outcomes that help maintain superior experiences and cost savings

Access to networks of highly qualified and specialized providers

Equitable benefit design and access for entire population - regardless of income or geography

THANK YOU