



Understanding Your Progyny Benefit

MEMBER GUIDE | 2021 PLAN YEAR



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INTRODUCTION TO YOUR BENEFIT



YOUR GUIDE TO PROGYNYS FERTILITY AND FAMILY BUILDING BENEFIT

At Progyny, we know the road to parenthood can be challenging. That’s why we partner with the nation’s leading fertility specialists to bring you a smarter approach with better care, more successful outcomes, and more options available to anyone who wants to have a child, no matter their path to parenthood. Our mission is to make your dream of parenthood come true through a healthy, timely, and supported family building journey.

We created this guide to provide you with all the information you’ll need to get the most out of your benefit. We understand the journey to become a parent can be physically, emotionally, and financially challenging. With this in mind, the Progyny benefit includes comprehensive treatment coverage leveraging the **latest technologies and treatments**, access to high-quality care through a **premier network** of fertility specialists, and personalized emotional support and guidance from dedicated **Patient Care Advocates (PCAs)**. Your coverage includes:

Highlights of Your Progyny Benefit		Effective 01/01/2021
1*	Smart Cycle per family (employee and spouse or domestic partner)	
2	Initial consultations per year	
Progyny Rx	Fertility medication coverage	
Tissue storage	Tissue storage is included in applicable treatment cycles for the first year	
Donor tissue	Egg and sperm coverage	

*You have access to an additional Smart Cycle if your first is not successful.

To learn more and activate your benefit, call: 833.208.8447

ACCESS TO HIGH QUALITY CARE

Progyny has created a premier network of fertility specialists, with rigorous provider inclusion standards connecting you to high quality specialists across the US. Our network of 800 doctors across 600 clinic locations includes nationally recognized providers, many of whom do not contract broadly with national carrier networks. You can search for an in-network provider and find our list of in-network labs at progyny.com/find-a-provider.

Our Medical Advisory Board continually looks at the latest science and research to make sure that your benefit allows your doctor to utilize the best clinical practices and latest technologies, ensuring you receive the highest level of care.

Our fertility specialists use the latest advancements in science and technology to increase the chances of a healthy and successful pregnancy. And because the Progyny benefit design is comprehensive, your doctor is able to work with you to create the customized treatment plan that is best for you, based on clinical criteria, not costs.

PERSONALIZED SUPPORT

Personalized Support from a Patient Care Advocate

As a Progyny member, you have unlimited access to a dedicated PCA, who will be there to provide clinical and emotional support throughout your entire fertility journey. This includes guidance on available treatment options and outcomes, coordination and preparation for all your appointments, and support throughout your journey to parenthood. Call your PCA to learn more about your benefit and to get started.

Easy Access to Information and Education

In addition to the personalized support from your PCA, you also have access to our member portal. Our member portal provides you with educational resources to better understand your benefit and the fertility process. Through the portal, you'll also be able to view coverage details, review appointments, view account and claims information, and communicate directly with your PCA, keeping all the information you need in one place. Contact your PCA to initiate the member portal login process.



GETTING STARTED

Call Progyny to activate your benefit at 833.208.8447

During your first call your PCA will:



Check your eligibility

The person(s) receiving treatment must be enrolled in an eligible medical plan to have access to the Progyny benefit. Note: Your Progyny benefit coverage is per family (employee and covered spouse or domestic partner).



Help you to understand your financial responsibility.



Help you choose the **in-network provider** that is right for you. If you already have a provider, let your PCA know.



Answer any **questions you have** about starting or continuing your family building journey.



THE PROGYNY
SMART CYCLE

UNDERSTANDING YOUR SMART CYCLE BENEFIT

It all starts with the **Progyny Smart Cycle**. To make your fertility benefit easier to use, we've bundled all of the individual services, tests, and treatments into the Progyny Smart Cycle. Some treatment types will use only a portion of a Smart Cycle, while other more comprehensive treatments will require the use of an entire Smart Cycle.

The Progyny Smart Cycle is designed for comprehensive coverage. All standard of care services and technology needed for a treatment cycle are covered within the Smart Cycle. From in-cycle monitoring and anesthesia, to the latest technology like assisted hatching, genetic testing and ICSI, and even the first year of storage, it's all included. That means you won't run out of coverage mid-cycle and you can focus on the most effective treatment, regardless of cost. Please note, covered services include financial responsibility depending on your medical plan. To learn more, visit the [Understanding Your Financial Responsibility](#) section.

For a full explanation of what's covered under each Smart Cycle, visit the [Also Included in Your Coverage](#) section.

Common Ways to Use a Smart Cycle:

Visit [Explanation of Covered Treatments & Services](#) section of the Member Guide to see all ways to use your Smart Cycle.



IVF Fresh Cycle



IVF Freeze-All Cycle



Frozen Embryo Transfer (FET)



Frozen Oocyte Transfer (FOT)



Surrogacy Embryology Services
Pre-transfer services



Intrauterine Insemination (IUI)



Timed Intercourse (TIC)



IVF Live Donor Fresh
Donor services and creation of embryos including transfer to member



IVF Live Donor Freeze-All
Donor services and creation of embryos not including frozen embryo transfer



Purchase of 1 Cohort of Donor Eggs
6-8 eggs

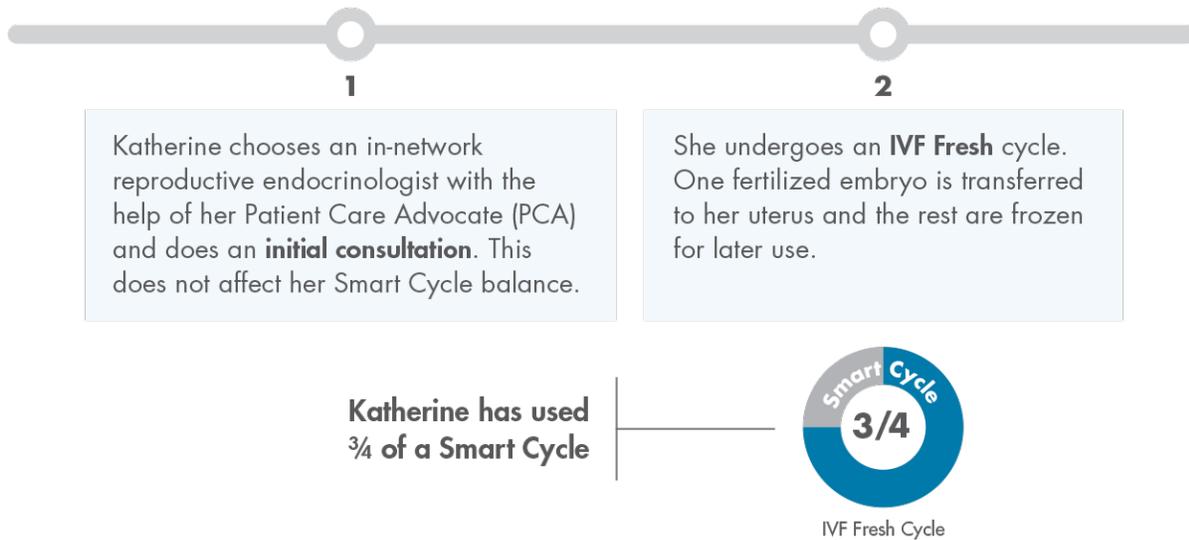


Purchase of Donor Sperm
4 vials

Examples of How to Use Your Smart Cycle Benefit:

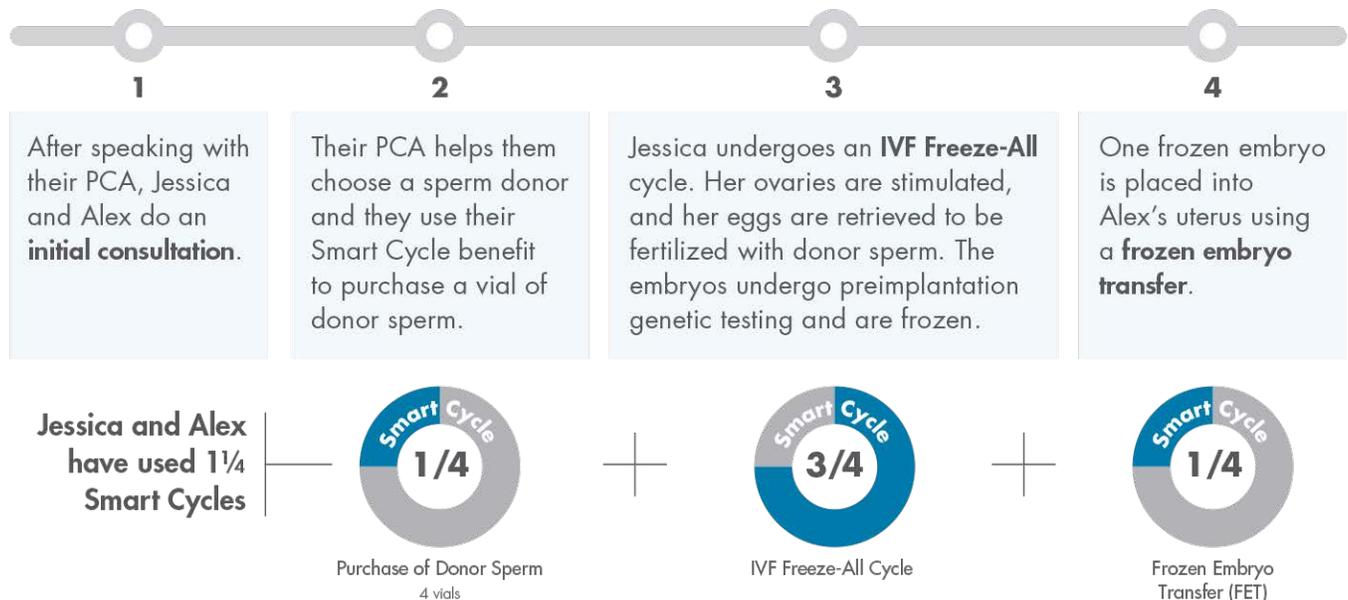
IVF Fresh Cycle

Katherine and her husband Tom have had trouble conceiving. Katherine discovers she has diminished ovarian reserve and decides to pursue IVF. Her treatment is as follows:



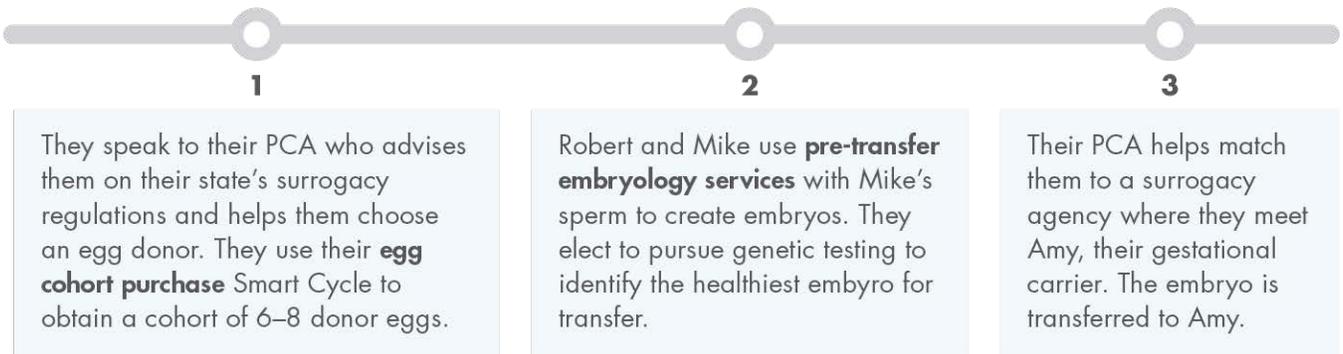
Reciprocal IVF Cycle

Jessica and Alex are a same-sex female couple that would like to expand their family. Both partners would like to be involved in the family building process, so they elect to do reciprocal IVF. Alex will carry a baby created from Jessica's egg.



Surrogacy

Robert and Mike want to expand their family and are interested in exploring surrogacy.



Purchase of 1 Cohort
of Donor Eggs
6-8 eggs



Surrogacy
Embryology Services
Pre-transfer services

Robert and Mike
have used **1 1/2**
Smart Cycles



UNDERSTANDING YOUR COVERAGE



EXPLANATION OF COVERED TREATMENTS & SERVICES

Progyny offers the following covered services, but please always confirm specific benefits with your dedicated PCA prior to treatment.

Initial Consultation and Diagnostic Testing

Your coverage includes 2 initial consultations per year, until you've exhausted your Smart Cycle balance. There is no Smart Cycle deduction for your initial consultations. Depending on your provider and your specific circumstances, there may be some tests performed by your provider that are not covered by Progyny. For example, cholesterol, pap smear, HPV, and other tests that are not specific to fertility are not covered under Progyny but are likely covered under your regular medical insurance. Please be mindful of this possibility before moving forward with specific testing. You can always contact your PCA to clarify if a specific test is covered by Progyny before proceeding.

Please see the [Initial Consultation and Diagnostic Testing](#) section for a full list of covered tests and procedures, their CPT codes, and more information.

Covered services are subject to your financial responsibility. Please see [Understanding Your Financial Responsibility](#) section for more information.

Partial Initial Consultation and Diagnostic Testing

In certain instances, your physician may recommend a subset of services for your initial consultation and diagnostic testing. To accommodate these instances, Progyny utilizes partial initial consultations and diagnostic testing services.

A few examples include:

- If you seek a second opinion, a visit only may be appropriate.
- If you have recently completed diagnostic testing, a visit only may be appropriate.
- If you only require partial testing, e.g. a semen analysis or SHG only.

Please note, the examples above are for illustrative purposes only and is not comprehensive. All providers in the Progyny network are instructed to bill for partial services in these circumstances. You may always consult with your PCA to ensure appropriate authorization and billing.

Mock Cycle

A mock cycle occurs when the patient is prescribed medication and monitored as if they were preparing for an embryo transfer. The mock cycle is performed to ensure the body, specifically the endometrium lining, can support a pregnancy. Progyny provides coverage for the mock cycle for members with approved indications such as a history of previously failed embryo transfers or the use of donor tissue.

The following services are covered:



-
- Blood work related to the mock cycle
 - Endometrial biopsy
 - Office visits
 - Ultrasound

Not covered under the Mock Cycle authorization:

- Pathology bloodwork, sometimes referred to as the ERA or Endometrial Receptivity Array. Please consult with your provider for a detailed estimate of out of pocket costs.



A Smart Cycle Can Be Used for the Following Treatments:

IVF Fresh Cycle = 3/4 Smart Cycle

An IVF fresh cycle starts by stimulating the ovaries with a course of medications. Following stimulation, the doctor will retrieve the eggs, which are then taken to the lab and fertilized. After three to five days, an embryo will be transferred into the uterus in the hopes of achieving pregnancy. Any remaining embryos may be biopsied for preimplantation genetic testing for aneuploidy (PGT-A) before being frozen using vitrification. The biopsy tissue is sent to an in-network genetic lab for testing. PGT-A tests each sample for genetic abnormalities, ensuring that only chromosomally normal embryos are eligible for transfer. Any additional, genetically normal embryos will remain cryopreserved until needed.

The following procedures are covered:

- Anesthesia (for egg retrieval)
- Assisted hatching
- Blastocyst culture
- Complex sperm wash & prep
- Cycle management
- Embryo biopsy
- Embryo culture lab
- Embryo transfer (eSET) w/ultrasound guidance
- Intracytoplasmic sperm injection (ICSI)
- Office visits
- Oocyte fertilization/insemination
- Oocyte identification
- Preimplantation genetic testing for aneuploidy (PGT-A)
- Preparation and cryopreservation of extra embryo(s)
- Preparation of embryo(s) for transfer
- Retrieval (follicular aspiration, to include ultrasound guidance)
- Simple sperm wash & prep
- Tissue storage (1 year)
- Ultrasounds & in-cycle bloodwork (E2, P4, beta hCG, FSH, LH)

IVF fresh can also be used with donor egg and/or sperm.

IVF Freeze-All = 3/4 Smart Cycle

The IVF freeze-all process differs from an IVF fresh cycle and may increase the chances of success. An IVF freeze-all starts by stimulating the ovaries with a course of medication. Following a course of stimulation medications, your doctor will retrieve the eggs, which are then taken to the lab and fertilized. The resultant embryos continue to develop until day five when they may be biopsied before being frozen using vitrification. The biopsy of the embryo tissue is sent to a genetic lab for preimplantation genetic testing for aneuploidy (PGT-A). PGT-A screens each sample for genetic abnormalities, allowing the fertility specialist to ensure that the most viable embryo is chosen for transfer. The embryos remain frozen in storage while the PGT-A testing takes place. During this time, the body has an opportunity to return to its pre-treatment state before a frozen embryo transfer is performed at a later date.

The following procedures are covered:

- Anesthesia (for egg retrieval)
- Assisted hatching
- Blastocyst culture
- Complex sperm wash & prep
- Cycle management
- Embryo biopsy
- Embryo culture lab
- Intracytoplasmic sperm injection (ICSI)
- Office visits
- Oocyte fertilization/insemination
- Oocyte identification
- Preimplantation genetic testing for aneuploidy (PGT-A)
- Preparation and cryopreservation of extra embryo(s)
- Retrieval (follicular aspiration, to include ultrasound guidance)
- Simple sperm wash & prep
- Tissue storage (1 year)
- Ultrasounds & in-cycle bloodwork (E2, P4, beta hCG, FSH, LH)

IVF freeze-all can also be used with donor egg and/or sperm.

Frozen Embryo Transfer (FET) = 1/4 Smart Cycle

Embryos that have been preserved during an IVF freeze-all, frozen oocyte transfer, or previous fresh IVF cycle can be thawed and transferred into the uterus. A frozen embryo transfer is commonly performed following an IVF freeze-all cycle to allow for preimplantation genetic testing for aneuploidy (PGT-A) on the resultant embryos. PGT-A testing ensures that only a genetically or chromosomally normal embryo is chosen for transfer.

The following procedures are covered:

- Cycle management
- Embryo thaw
- Embryo transfer (eSET) w/ultrasound guidance
- Office visits
- Preparation of embryo(s) for transfer
- Ultrasounds & in-cycle bloodwork (E2, P4, beta hCG, FSH, LH)

Intrauterine Insemination (IUI) = 1/4 Smart Cycle

Intrauterine insemination (IUI), also called artificial insemination, is a process in which, either with or without a course of medication, and after monitoring, sperm is inserted directly into the uterus through the use of a catheter.

The following procedures are covered:



- Complex sperm wash & prep
- Cycle management
- Insemination
- Office visits
- Simple sperm wash & prep
- Ultrasounds & in-cycle bloodwork (E2, P4, beta hCG, FSH, LH)

Timed Intercourse (TIC) = 1/4 Smart Cycle

Timed intercourse (TIC) may be recommended when irregular or missing ovulation is the cause for infertility. A TIC cycle will typically involve monitoring via ultrasound at the clinic and may also involve the use of medication to trigger ovulation. When ovulation is about to occur, the doctor will instruct the couple to have timed intercourse at home.

The following procedures are covered:

- Cycle management
- Office visits
- Ultrasounds & in-cycle bloodwork (E2, P4, beta hCG, FSH, LH)

Frozen Oocyte Transfer = 1/2 Smart Cycle

A frozen oocyte transfer cycle can be scheduled when a member is ready to use their previously frozen eggs to attempt pregnancy. Eggs will be thawed and fertilized in the lab. A fresh embryo transfer will take place three to five days after fertilization. Any remaining embryos may undergo preimplantation genetic testing for aneuploidy (PGT-A) prior to being frozen via vitrification.

The following procedures are covered:

- Assisted hatching
- Blastocyst culture
- Complex sperm wash & prep
- Cycle management
- Embryo biopsy
- Embryo culture lab
- Embryo transfer (eSET) w/ ultrasound guidance
- Intracytoplasmic sperm injection (ICSI)
- Office visits
- Oocyte fertilization/insemination
- Oocyte identification
- Oocyte thaw
- Preimplantation genetic testing for aneuploidy (PGT-A[JA76])
- Preparation and cryopreservation of extra embryo(s)
- Preparation of embryo(s) for transfer
- Simple sperm wash & prep
- Tissue storage (1 year)
- Ultrasounds & in-cycle bloodwork (E2, P4, beta hCG, FSH, LH)

Pre-Transfer Embryology Services = 1/2 Smart Cycle

If you are unable to carry a pregnancy, utilizing a gestational carrier, or surrogate, may be helpful in building your family. Progyny's fertility benefit covers pre-embryo transfer services including diagnostic testing, fertilization, preimplantation genetic testing, and cryopreservation for the intended parent who is a covered member. This cycle includes all the embryology services for the creation of embryos from eggs. The services begin once the eggs have been retrieved or thawed. Progyny's fertility benefit does not cover services on a gestational carrier, or surrogate.

The following procedures are covered:

- Assisted hatching
- Blastocyst culture
- Complex sperm wash & prep
- Cycle management
- Embryo biopsy
- Embryo culture lab
- Intracytoplasmic sperm injection (ICSI)
- Office visits*
- Oocyte fertilization/insemination
- Oocyte identification
- Preimplantation genetic testing for aneuploidy (PGT-A)
- Preparation and cryopreservation of extra embryo(s)
- Retrieval (follicular aspiration, to include ultrasound guidance) when using member oocytes*
- Simple sperm wash & prep
- Tissue storage (1 year)
- Ultrasounds & in-cycle bloodwork (E2, P4, beta hCG, FSH, LH)*

*These services are included for those using their own eggs to create embryos. If you are utilizing donor eggs these services are not included.

Standalone Preimplantation Genetic Testing for Aneuploidy (PGT-A) = 1/4 Smart Cycle

Standalone reimplantation genetic testing for aneuploidy (PGT-A) may be performed outside of traditional IVF cycle, for example, if you have already created and cryopreserved embryos for future use. PGT-A involves testing a small embryo biopsy for chromosomal abnormalities. Only euploid embryos (those with the correct number of chromosomes) are preserved and saved for future transfer.

PGT-A testing greatly reduces the risk of miscarriage and increases the probability of a successful pregnancy. Furthermore, elective single embryo transfer (eSET) is recommended, thus nearly eliminating the risk of a multiple pregnancy.

Donor Eggs (Oocyte) Purchase = 1 Smart Cycle

Purchase of donor eggs is covered by your Progyny benefit. Purchase of one cohort of donor eggs counts for 1 Smart Cycle. A cohort typically includes 6-8 oocytes (eggs). Tissue transportation is also covered.



Donor Sperm Purchase = 1/4 Smart Cycle

Purchase of donor sperm is covered by your Progyny benefit. Purchase of up to four vials of donor semen counts for 1/4 Smart Cycle. Tissue transportation is also covered.

FET for Donor Embryo = 1/4 Smart Cycle

Some members may choose embryo donation to build their families. Donor embryo is the process of receiving an embryo created from another individual or couple who completes their family and donates their leftover embryos. The recipient undergoes a frozen embryo transfer (FET) following testing. The FET is covered as part of your Progyny benefit. Donor embryo typically includes agency/admin fees as well. These fees will be an out of pocket cost. Please contact your PCA for more information.

The following procedures are covered:

- Cycle management
- Embryo thaw
- Embryo transfer (eSET) w/ultrasound guidance
- Office visits
- Preparation of embryo(s) for transfer
- Ultrasounds & in-cycle bloodwork (E2, P4, beta hCG, FSH, LH)

Live Donor IVF Fresh = 1.5 Smart Cycles

Live Donor IVF Fresh refers to egg retrieval services performed on an egg donor. Once the eggs are retrieved, they are then fertilized with sperm to create embryos and one embryo is transferred to the uterus. Please note, the fresh embryo transfer (transferring the tissue to the uterus of the intended parent) is covered. Sperm may be either donor tissue or tissue from the intended parent(s).

The following procedures are covered for the donor:

- Anesthesia for retrieval
- Cycle management
- Education and instruction for donor
- FDA testing on donor (blood draw and lab tests)
- Follicle puncture for oocyte retrieval
- Office visits
- Physical examination and consultation of donor (includes psychological consultation and testing on donor, physical evaluation on donor - which includes ultrasounds and blood tests, genetic screening and consultation on donor)
- Retrieval (follicular aspiration, to include ultrasound guidance)
- Ultrasounds & in-cycle bloodwork (E2, P4, beta hCG, FSH, LH)

The following procedures are covered for the recipient:

- Assisted hatching (blast culture)
- Cycle management
- Education and instruction for recipient
- Embryo culture
- Embryo transfer with ultrasound guidance
- Insemination and fertilization of oocytes
- Intracytoplasmic sperm injection (ICSI)
- Office visits
- PGT-A biopsy (PGT-A managed through Progyny in-network lab)
- PGT-M/PGT-SR biopsy (PGT-M/PGT-SR managed through Progyny in-network lab)
- Preparation of embryos for transfer
- Preparation or cryopreservation of embryos, if applicable
- Psychological consultation for recipient
- Semen cryopreservation, if applicable
- Semen thaw, if applicable
- Semen wash and prep (simple or complex preparation)
- Tissue storage (1 year) if balance of embryos remaining
- Ultrasounds & in-cycle bloodwork (E2, P4, beta hCG, FSH, LH)

Non-covered services include (but are not limited to) donor agency fees, donor compensation, and donor medications. Please contact your PCA for more information.

Live Donor IVF Freeze-All = 1 Smart Cycle

Live Donor IVF Freeze-All refers to egg retrieval services performed on an egg donor for fertilization and embryo-banking purposes, for the intended parent(s) use only. Sperm may be either donor tissue or tissue from the intended parent(s). Please note, the frozen embryo transfer (transferring the tissue to the uterus of the intended parent or surrogate) is an additional 1/4 Smart Cycle.

The following procedures are covered for the donor:

- Anesthesia for retrieval
- Cycle management
- Education and instruction for donor
- FDA testing on donor (blood draw and lab tests)
- Follicle puncture for oocyte retrieval
- Physical examination and consultation of donor (includes psychological consultation and testing on donor, physical evaluation on donor - which includes ultrasounds and blood tests, genetic screening and consultation on donor)
- Office visits
- Retrieval (follicular aspiration, to include ultrasound guidance)
- Ultrasounds & in-cycle bloodwork (E2, P4, beta hCG, FSH, LH)

The following procedures are covered for the recipient:

- Assisted hatching (blast culture)
- Cryopreservation of embryos
- Cycle management
- Education and instruction for recipient

- Embryo culture
- Insemination and fertilization of oocytes
- Intracytoplasmic sperm injection (ICSI)
- Office visits
- Semen cryopreservation, if applicable
- Semen thaw, if applicable
- Semen wash and prep (simple or complex preparation)
- PGT-A biopsy & testing (PGT-A managed through Progyny in-network lab)
- PGT-M/PGT-SR biopsy & testing (PGT-M/PGT-SR managed through Progyny in-network lab)
- Psychological consultation for recipient
- Ultrasounds & in-cycle bloodwork (E2, P4, beta hCG, FSH, LH)

Non-covered services include (but are not limited to) donor agency fees, donor compensation, and donor medications. Please contact your PCA for more information.

Known/Directed Sperm Donor = 1/2 Smart Cycle

Some members may choose to utilize a known sperm donor for their family building needs. When utilizing a known or directed donor, specific testing is required. Your known sperm donor's screening, production, and approval is covered under your Progyny benefit. These services deduct 1/2 Smart Cycle and includes one year of storage. Speak to your PCA about what out of pocket costs may occur, for example the fees associated with a legal agreement and psychological evaluation. Your PCA will also be able to direct you to which labs are in-network with Progyny for testing.

The following procedures are covered:

- Banking attempt(s)
- Office visits
- Physical
- Screening bloodwork
- Semen analysis

Partial Cycle = 1/4 Smart Cycle

You may be eligible for coverage of a partial cycle if you are pursuing IVF and have only 1/4 Smart Cycle remaining. While 1/4 Smart Cycle is not sufficient to cover a full IVF cycle, the partial cycle authorization will provide coverage for all standard covered services up to and including egg retrieval. Any services following the retrieval are not included in this authorization and will remain a full out of pocket cost.

The following procedures are covered:

- Abdominal or endoscopic aspiration of eggs from ovaries
- Abdominal ultrasound
- Cycle management
- Office visits
- Oocyte identification from follicular fluid
- Retrieval (follicular aspiration, to include ultrasound guidance)

-
- Ultrasounds & in-cycle bloodwork (E2, P4, beta hCG, FSH, LH)

ALSO INCLUDED IN YOUR COVERAGE

Anesthesia for Egg Retrieval

Egg retrievals are not typically performed without an anesthetic of some kind, so anesthesia (deep sedation) is generally used during this procedure.

Assisted Hatching

In order for the advanced embryo to implant in the uterine wall and to continue development, it must hatch out of its shell, which is called the zona pellucida.

Some embryos grown in the laboratory may have a harder shell than normal or may lack the energy requirements needed to complete the hatching process. Embryologists can help these embryos achieve successful implantation through a technique called assisted hatching.

On the third or fifth day of laboratory growth and shortly prior to uterine transfer, a small hole is made in the zona pellucida of the embryo with a specially fitted laser microscope. Through this opening, the cells of the embryo can escape from the shell and implant at a somewhat earlier time of development, when the uterine lining may be more favorable.

Cryopreservation

Cryopreservation is the process of freezing tissue to sub-zero temperatures for later use. When the tissue is needed, it is thawed and used in a treatment cycle.

Embryo Culture

Embryo culture is a component of in vitro fertilization (IVF) when resultant embryos are allowed to grow for some time in the lab.

FDA Workup

FDA-approved lab testing is required for any member or dependent who is using a gestational carrier or surrogate.

Fertilization

Fertilization refers to the process in which eggs are combined with sperm in the laboratory by adding sperm to the dish containing the egg, in order to create embryos.

In-Cycle Monitoring/Management

During a treatment cycle your clinic will monitor your progress through pelvic ultrasounds and blood work every other day or so. This will help shed light on the development of your follicles and the thickness of your endometrium, both of which are essential measures in the stimulation process.



Intracytoplasmic Sperm Injection (ICSI)

Intracytoplasmic sperm injection (ICSI), also known as micro manipulation, is a laboratory technique that is performed in about 70% of IVF cases in the United States. Once the eggs are ready for insemination, a micropipette—or tiny needle—is used to inject a single, normal-appearing, living sperm directly into the center of an egg to promote fertilization. ICSI is most often used in cases of male factor infertility such as low sperm count; poor sperm morphology (shape) or motility (movement); or if the sperm have trouble attaching to the egg—however many clinics now perform it in most or all IVF cycles.

Preimplantation Genetic Testing for Aneuploidy (PGT-A)

Preimplantation genetic testing for aneuploidy (PGT-A) may be performed in conjunction with IVF treatment and involves testing a small embryo biopsy for chromosomal abnormalities. Only euploid embryos (those with the correct number of chromosomes) are preserved and saved for future transfer.

PGT-A testing greatly reduces the risk of miscarriage and increases the probability of a successful pregnancy. Furthermore, elective single embryo transfer (eSET) is recommended, thus nearly eliminating the risk of a multiple pregnancy.

PGT-A can be performed during any cycle where embryos are created in the lab—frozen oocyte transfer, IVF freeze-all, or IVF fresh cycles (of note, because it can take several days to get the PGT-A test results from the lab, the embryo(s) transferred during a fresh IVF Cycle will likely not be PGT-A tested). Your Progyny coverage also allows for untested, previously frozen embryos to be thawed, biopsied for PGT-A testing, and refrozen prior to transfer.

Preimplantation Genetic Testing for Monogenic/Single Gene Diseases (PGT-M)

Preimplantation genetic testing for monogenic/single gene diseases (PGT-M) is a procedure used prior to implantation to help identify genetic defects within embryos. This serves to prevent certain genetic diseases or disorders from being passed on to the child.

Preimplantation Genetic Testing for Structural Rearrangements (PGT-SR)

Preimplantation genetic testing for structural rearrangements (PGT-SR) is utilized when one or both intended parents may have a balanced chromosome or structural rearrangement (inversions or translocations). PGT-SR reduces the risk of having a pregnancy or child with an unbalanced structural abnormality, which involves extra or missing genetic material and typically results in pregnancy loss.

Sperm Wash and Preparation

Sperm washing is a form of sperm preparation that is required prior to intrauterine insemination or IVF because it removes chemicals from the semen, which may cause adverse reactions in the uterus.



Telehealth

A telehealth appointment is a one-on-one video meeting with your physician. You can utilize telehealth for an initial consultation with your provider, for example, enabling you to meet your doctor, discuss your medical history and explore possible treatments, just like you would for an in-person visit. Progyny members have coverage for telehealth within their Smart Cycles. Just like an in-person office visit, your member financial responsibility for a telehealth visit will be applied according to your medical plan.

Tissue Storage

Storage for tissue retrieved or created using the Progyny benefit is covered for the first year. Additional years of storage will be an out-of-pocket cost to you.

Tissue Transportation

Tissue transportation within or into an in-network clinic or storage facility is covered by Progyny. Contact your PCA for more information on reimbursement.



FERTILITY MEDICATIONS

Fertility medications are essential to your treatment. Your medication is covered under Progyny Rx, which is designed to work seamlessly with your treatment coverage. There is only one authorization process, so your treatment and your medication will be authorized at the same time. Progyny partners with leading mail order specialty fertility pharmacies to bring you a concierge experience and overnight delivery of your medications. An UnPack It call and concierge support is included with every medication delivery and you have access to a pharmacy clinician for any questions you may have, 7 days a week.

Here's How It Works:

Once your prescription has been received from your provider, you will receive a call from a Progyny Rx pharmacist to schedule your medication delivery.

Inside your order you will find a Progyny Rx placemat that depicts the medication and equipment included in your order and how to properly store them. All medications, compounds, ancillary medications, and equipment required for treatment will be included in your shipment. The placemat includes the phone number to the Progyny Rx pharmacy to conduct your UnPack It Call. Your Progyny Rx Unpack It Call connects you to a trained pharmacy clinician who will walk you through your order, explain how to store and administer each medication, and answer any additional questions you may have. Additionally, you can view Progyny Rx video tutorials on medication administration at progyny.com/rx.

The Progyny Rx pharmacy will be applying thoughtful dispensing protocols to your order to ensure only the necessary amount is dispensed to prevent possible unused medications, which can be costly to you. Medications are sent using next day delivery (or same day, if necessary) to ensure they arrive for your treatment. The Progyny Rx pharmacy will contact you throughout your treatment for additional medication deliveries that may be required.

If you have any questions relating to your medication, the Progyny Rx pharmacy is available 7 days a week by calling the number noted in your medication delivery.

Please reference the [Progyny Rx Formulary](#) section of the Member Guide for a list of covered medications.

Note: Medication covered under Progyny Rx is subject to your financial responsibility as determined by your **medical plan**. You may be responsible for out-of-pocket costs for any applicable copayment, coinsurance and/or deductible. Any ancillary medications fall under your medical plan and will require a copayment over the phone via credit card. Please see the [Understanding Your Financial Responsibility](#) section for more information about how your out-of-pocket costs are determined.



TRANSITION TO PREGNANCY

Your Progyny benefit includes coverage through your second positive pregnancy test. However, your reproductive endocrinologist may not refer you to your OB-GYN until week eight of your pregnancy. Pregnancy monitoring after that time should be billed as medical to your medical plan. However, if it is billed as fertility and denied by your medical carrier, your pregnancy monitoring will be covered by Progyny's pregnancy gap coverage. If pregnancy monitoring is deemed as medical, coverage will vary depending upon your health plan. Contact your medical plan to confirm coverage in advance. You may have to pay out-of-network rates or the full cost for pregnancy monitoring services if your Progyny provider is not in-network with your medical plan. Contact your PCA for specific details about your medical vs. fertility benefit coverage.

NON-COVERED SERVICES

Services not listed in the member guide are not covered. There are some services that are not covered by Progyny; however, they may be covered by your medical plan (e.g., corrective surgeries like hysteroscopies, laparoscopies, myomectomies, and testicular sperm extractions). Costs will otherwise be your responsibility. Please check with your medical plan to confirm coverage and ensure your fertility doctor is in-network with your medical insurance.



AUTHORIZATION & FINANCIAL RESPONSIBILITY



AUTHORIZATION/PATIENT CONFIRMATION STATEMENT

What Is a Patient Confirmation Statement (Authorization) and Why Do I Need It?

A Patient Confirmation Statement (authorization) is a document that confirms your Progyny coverage for a specific treatment. The best way to prevent errors or delays in treatment is to request an authorization before your first appointment and again before you begin each treatment cycle. Progyny sends an authorization to your clinic confirming coverage for your treatment, which facilitates an error-free billing process.

Contact your dedicated PCA when you schedule an initial consultation or treatment cycle so that an authorization is generated prior to your appointment. Your PCA will obtain the authorization, providing you with a seamless experience. Obtaining an authorization prior to treatment ensures that you are eligible for services and that you understand the treatment plan indicated by your physician. Once your authorization is complete, you will receive a Patient Confirmation Statement. The Patient Confirmation Statement works in place of a Progyny ID card and includes your Progyny member ID number, the dates that your authorization is valid, and the procedure codes to be used by the clinic. Although your clinic will receive a copy of your statement automatically, we recommend printing a copy and bringing it with you to your appointment to make sure your clinic has the correct information listed in your account.

During your initial consultation you may be asked to get blood work done at a lab outside of the clinic where you are receiving treatment. A list of in-network laboratory partners can be found at progyny.com/labs. Please bring a copy of your Patient Confirmation Statement with you as it has all the necessary information for the lab to bill Progyny. Please note, this is the ONLY time blood work performed outside of your clinic will be covered by Progyny. Once treatment begins, all lab draws must take place at your clinic.

If you choose to pursue preimplantation genetic testing on your embryos, you will want to share a copy of your Patient Confirmation Statement with the genetic lab performing the testing so that they bill Progyny directly. On this statement you will find the list of in-network reference labs, preconception carrier screening labs, and preimplantation genetic testing labs for this genetic testing, as well as contact information for your specialty pharmacy.

Authorizations for initial consultation are valid for 90 days. Authorizations for treatment are valid for 60 days. The authorization alone is not a guarantee of coverage. You must also be active on an eligible medical plan on the date of service reported by your fertility provider, and this date of service must be within the valid date range of your authorization for coverage to apply.

UNDERSTANDING YOUR FINANCIAL RESPONSIBILITY

Why Am I Getting a Bill from Progyny?

Progyny works side-by-side with your medical plan to administer your Progyny fertility benefit. As a result, your member financial responsibility—which may include deductible, coinsurance, copayment, and/or out-of-pocket maximum, depending on your medical plan—is applied to your fertility treatment in the same way a surgery or treatment for a broken bone would be. Insurance terminology can be confusing, so here's the best way to think about it:

- Your **premium** is the amount deducted from your pay for your medical coverage. There is no additional premium through Progyny.
- At the start of each plan year, you will pay for all medical services (including fertility services) until you reach your **deductible**.
- You and your medical plan both pay a percentage of your **covered** healthcare services, once you've reached your deductible. This is called **coinsurance**. You may also be responsible for a **copayment**, which is a flat fee for certain services or prescriptions determined by your medical plan.
- You and your medical plan continue to split the costs of your covered healthcare services (according to the coinsurance percentage) until you reach your **out-of-pocket maximum**.
- After you reach your out-of-pocket maximum, your medical plan will pay 100% of the costs of your covered healthcare services for the rest of the plan year.

During your treatment, you must list Progyny as your medical plan in order to avoid significant billing issues and financial responsibility on your part. Your clinic will submit a claim directly to Progyny for payment. Progyny, in turn, submits the claim to your medical plan to be processed and your financial responsibility applied, as applicable. Once your medical plan has finished processing your claim, they will notify Progyny of your financial responsibility. You will receive an invoice from Progyny reflecting this amount. When you receive your Progyny invoice, you can submit payment by mailing a check to the address on your invoice, by credit card, over the phone, via the member portal, or at progyny.com/payment.

Note: You should *never* receive an invoice from the clinic or pay the clinic directly. You should *only* receive an invoice from Progyny once the treatment is complete and we have worked with your medical plan to determine your financial responsibility. If you are asked to pay at the clinic or receive an invoice from the clinic, please contact your PCA.



What's on My Bill?

Insurance statements can be difficult to read. To help make them a little easier to understand, please see the sample bill and guide below for reference:

- A. **Invoice Number:** You will need your specific invoice number when you pay your invoice.
- B. **Account Number:** Identifies the specific claim submitted to Progyny for the service(s) referenced in the "Description" box.
- C. **Member ID:** Your unique Progyny member ID number.
- D. **Procedure Code:** Each covered test and procedure has a unique billing code. Your clinic submits claims to Progyny using this code.
- E. **Description:** The test, treatment, or procedure connected to the procedure code.
- F. **Total Charges:** The full cost of your treatment as billed to Progyny by your clinic.
- G. **Insurance Payment:** The amount of your treatment covered under your Progyny benefit, as determined by your medical plan.
- H. **Deductible:** You are responsible for paying your in-network deductible before your coinsurance starts and your coverage begins. Once you've met your deductible, you will only have to pay coinsurance amounts until you have reached your annual maximum out-of-pocket expense.
- I. **Coinsurance:** The percentage of cost for a covered healthcare service you are financially responsible for paying after you've met your deductible. For example, if your coinsurance is 10%, you will pay 10% of the cost of treatment and your medical plan will pay 90%. You will continue to have a cost share until your out-of-pocket maximum is met. These costs are determined by your medical plan.
- J. **Copayment:** You may be responsible for a fixed copayment amount per appointment. The amount is determined by your medical plan.
- K. **Patient Balance Due:** You are responsible for paying the total amount, for each line item listed on your invoice, to Progyny.



A	Date:	1/1/2021
B	Invoice Number:	00001234
C	Account Number:	87654321
	Member ID:	1234567

TO: JANE DOE
245 FIFTH AVE, 4TH FL
NEW YORK, NY 10016

To Pay By Credit Card:	Make Checks Payable And Mail To:
Log on to Progyny.com/Payment	Progyny Inc. Dept LA 24452 Pasadena, CA 91185-4452

Payment is Due within 30 Days of Invoice Date

✂ DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT. PLEASE REFERENCE YOUR INVOICE NUMBER ON THE CHECK. ✂

STATEMENT OF YOUR COST SHARE BASED ON YOUR COMPANY'S BENEFIT PLAN

Date of Service	Procedure Code	Description	Total Charges	Insurance Payment	Deductible	Co Insurance	CoPay	Patient Balance Due	
08/17/2020	89342	STORAGE, (PER YEAR); EMBRYO(S)	\$529.00	\$476.10	\$0.00	\$52.90	\$0.00	\$52.90	
	D	E	F	G	H	I	J	K	
								Patient Balance Due	\$52.90

If you have any questions about this invoice, please feel free to contact your Patient Care Advocate at 844.470.1752.

Thank you for choosing Progyny for your healthcare needs.



FAQS



BENEFIT

1. What family building options are available through Progyny?

Progyny understands that there are many ways to grow a family. We're here to support you—however you choose to grow your family. Under your Progyny benefit, a Smart Cycle can be broken up, mixed, or matched to cover your fertility treatment. You may pursue timed intercourse (TIC), intrauterine insemination (IUI), in vitro fertilization (IVF), or any combination that you and your specialist think is best. If surrogacy or adoption is the path you choose, your dedicated PCA can offer you support and education through this process as well.

2. What does Progyny cover?

Under a Smart Cycle, Progyny covers standard of care fertility treatment, including timed intercourse (TIC), intrauterine insemination (IUI), frozen oocyte transfer (FOT), IVF freeze-all, frozen embryo transfer (FET), and fresh IVF. Initial consultation and some stand-alone services, such as preimplantation genetic testing for aneuploidy (PGT-A), are also covered. For a more detailed review of your plan coverage options, please refer to the [Explanation of Covered Treatments & Services](#) section of your Member Guide. You can also learn about different types of treatments directly from reproductive endocrinologists in the Progyny network by visiting progyny.com/education. Please note, covered services include financial responsibility depending on your medical plan. To learn more, visit the [Understanding Your Financial Responsibility](#) section.

3. Is Progyny's benefit inclusive of all unique paths to parenthood?

Yes, Progyny's family building benefit was specifically designed to support all and not exclude anyone in benefit coverage, including single parents by choice and LGBTQ+ individuals and couples. Please contact your PCA to learn more about options available to you on your personal family building journey.

4. How many Smart Cycles do I have left and how should I use them?

Please contact your dedicated PCA for more information regarding your Smart Cycle balance and to discuss your options for utilizing the remainder of your benefit.

5. What's covered in my initial consultation?

Your initial consultation includes, but is not limited to, three office visits, two ultrasounds, hormone testing, infectious disease testing, and two semen analyses. For a detailed list of coverage, please refer to the [Explanation of Covered Treatments & Services](#) section of your Member Guide.

The initial consultation and diagnostic bundle is designed to provide you access to all standard of care services necessary to provide you and your physician with all of the diagnostic information you need.

6. What if I don't need the full initial consultation and diagnostic workup?

In certain instances, your physician may recommend a portion of the services included in the initial consultation bundle. For example, you may be seeking a second opinion, or you may have recently



completed diagnostic testing. To accommodate these instances, Progyny has created partial initial consult and diagnostic testing services. All providers in the Progyny network are instructed to bill for partial services in these circumstances. You may always consult with your PCA to ensure appropriate authorization and billing.

7. What's covered under my Smart Cycle authorizations?

Each treatment authorization is valid for 60 days and covers your baseline blood test, ultrasound and monitoring appointments. Anesthesia for egg retrieval, fertilization (including ICSI), assisted hatching, preimplantation genetic testing for aneuploidy (PGT-A), cryopreservation, and embryo transfer are also covered, where applicable. To learn more about what is included in each treatment cycle, please refer to the [Explanation of Covered Treatments & Services](#) section of your Member Guide.

8. What is ICSI and is it covered?

Intracytoplasmic sperm injection (ICSI) is a procedure that uses a micropipette, or a tiny needle, to inject a single sperm into an egg to facilitate fertilization. ICSI is covered as part of your Smart Cycle.

9. What is PGT-A and is it covered?

Preimplantation genetic testing for aneuploidy (PGT-A) is a test performed on embryo biopsy tissue to test each embryo for chromosomal abnormalities in conjunction with IVF. All embryos from an IVF freeze-all and any resultant embryos remaining from the frozen oocyte transfer and Fresh IVF cycles are eligible for PGT-A testing. PGT-A is also available for embryos that were frozen prior to the commencement of your Progyny coverage. This testing is a covered service included as part of a Smart Cycle and will not affect your balance; however if performed as a standalone service 1/4 Smart Cycle will be deducted.

10. What is PGT-M and is it covered?

Preimplantation genetic testing for monogenic/single gene disease (PGT-M) is a test that is performed on an embryo biopsy at the same time as preimplantation genetic testing for aneuploidy (PGT-A). PGT-M tests for specific single gene mutations and is used if you carry a genetic mutation, such as cystic fibrosis, Tay-Sachs, or Huntington's disease. This is a covered standalone service under your benefit and will not impact your Smart Cycle balance.

11. What is PGT-SR and is it covered?

Preimplantation genetic testing for structural rearrangements (PGT-SR) is utilized when one or both intended parents may have a balanced chromosome or structural rearrangement (inversions or translocations). PGT-SR reduces the risk of having a pregnancy or child with an unbalanced structural abnormality, which involves extra or missing genetic material and typically results in pregnancy loss. This is a covered standalone service under your benefit and will not impact your Smart Cycle balance.

12. What if my authorized IVF freeze-all or fresh IVF cycle is converted into a timed intercourse cycle (TIC)?

If your IVF freeze-all or fresh IVF treatment cycle is converted into a TIC by your provider, please contact your PCA immediately so that a new authorization can be issued. This change will impact your Smart Cycle

balance and out-of-pocket financial responsibility. If your treatment is converted into a TIC and you do not want this service counted toward your Smart Cycle balance, you have the option to pay for the service out-of-pocket. However, you will need to notify your PCA of this decision prior to the completion of your treatment. Progyny is unable to cancel authorizations once a claim from the clinic has been received.

13. What if my authorized fresh IVF cycle is converted into an IVF freeze-all cycle?

If your fresh IVF cycle is converted into an IVF freeze-all cycle, please notify your PCA of the cycle conversion as quickly as possible, as we will need to cancel or update the original authorization on file. This change will also impact your out-of-pocket financial responsibility. If you have any questions about the impact this will have, please reach out to your dedicated PCA.

14. What if my treatment is cancelled? Will it count toward my Smart Cycle balance?

In rare cases, a treatment cycle will need to be cancelled prior to completion. The following cases may arise:

- Cycles cancelled prior to retrieval (or aspiration) will not be counted against your Smart Cycle balance but will be subject to financial responsibility as determined by your medical plan.
- Cycles cancelled after retrieval (or aspiration), 1/4 Smart Cycle will be deducted from your balance.
- Cycles cancelled after fertilization due to immature or non-viable embryos prior to transfer, 1/2 Smart Cycle will be deducted from your balance
- Cycles converted to IUI or Timed Intercourse, 1/4 Smart Cycle will be deducted from your balance

If you have further questions regarding cycle cancellation, contact your PCA.

15. What if my doctor requests a test that is not covered under Progyny?

If your doctor requests that you undergo a test that is not listed as a covered service under Progyny, please contact your dedicated PCA to confirm your coverage and discuss next steps regarding how to proceed. If the test is not covered under Progyny, you may be financially responsible.

For example, cholesterol, pap smear, HPV, and other tests that are not specific to fertility are not covered under Progyny but are likely covered under your regular medical insurance.

16. Are there any exclusions I should be aware of?

Standard 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.

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- Surgical procedures, except for egg retrievals, are not covered by your Progyny benefit. Examples of non-covered surgical procedures include hysteroscopies, laparoscopies, myomectomies, and testicular sperm extractions. Please contact your medical plan to inquire about coverage for surgical procedures.
 - Pregnancy monitoring is a maternity service and therefore should be provided by your medical insurance carrier. Your Progyny benefit covers your fertility treatment until your second positive pregnancy test.

Costs will otherwise be your responsibility. Please check with your medical plan to confirm coverage.

17. What if I want to pay out-of-pocket for a service to save my Smart Cycle balance?

You have option to opt out of the use of your Smart Cycle benefit and pay out of pocket for a service in order to save your Smart Cycle balance. Please contact your PCA if you are planning to pay out of pocket for a service, as your PCA will work with your provider to arrange payment. You cannot retroactively request that authorizations be cancelled in order to self-pay for services and conserve Smart Cycles. Please be sure to check your email and alert us immediately if your clinic requests an authorization for a service for which you wish to self-pay. In most cases, self-payment for treatment also means self-payment for medication, for those members who have coverage through Progyny Rx. Once a claim is in process for medication and treatment we are not able to cancel the authorization.

18. What happens when I've exhausted my benefit?

When you have used your full Smart Cycle allowance, your lifetime benefits are considered exhausted. Initial consultations and other services can no longer be accessed, with the exception of any remaining storage renewals as determined by your plan. Additionally, you will continue to have ongoing access to your dedicated PCA as long as you remain an employee under an eligible plan. Progyny can continue to provide assistance by coordinating care as you move forward with your family building journey. If you would like to continue treatment, your PCA will help coordinate your appointments, speak to schedulers, labs, and clinics on your behalf, as well as continue to provide emotional support and guidance throughout your family building journey. However, once your Smart Cycle benefit has been exhausted, treatment costs will be incurred as an out of pocket cost to you.

19. Does the Progyny benefit include coverage if I want to be a donor or surrogate?

Your Progyny benefit does not cover services for you to act as a donor or gestational surrogate for another person. Donors are those donating their eggs, sperm, or embryos to another person or couple. They are not the intended parent, not an intimate partner, and not carrying the pregnancy. Gestational carriers or surrogates are also not an intimate partner and not the intended parent.

20. When do I stop using Progyny and start using my maternity coverage?

Your Progyny benefit includes coverage through your second positive pregnancy test. However, your reproductive endocrinologist may not refer you to your OB-GYN until week eight of your pregnancy. Pregnancy monitoring after that time should be billed as medical to your medical plan. However, if it is billed



as fertility and denied by your medical carrier, your pregnancy monitoring will be covered by Progyny's pregnancy gap coverage.

If pregnancy monitoring is deemed as medical, coverage will vary depending upon your health plan. Contact your medical plan to confirm coverage in advance. You may have to pay out-of-network rates or the full cost for pregnancy monitoring services if your Progyny provider is not in network with your medical plan. Contact your PCA for specific details about your medical vs. fertility benefit coverage.

ELIGIBILITY

21. Is the Progyny Smart Cycle benefit per member or per family?

The lifetime Smart Cycle benefit is per family (employee and covered spouse or domestic partner), not per member.

22. What if my partner is not a claimed dependent on my plan?

If you are the primary subscriber and your partner is not a claimed dependent on your primary medical insurance plan, Progyny will not be able to cover any services performed on your partner. Your partner must be a claimed dependent on your plan in order to receive coverage under your Progyny benefit.

23. What is primary and secondary insurance?

A primary insurance is the plan that is billed first for medical services and the secondary insurance is billed for the remaining cost.

24. How do I know if Progyny is my primary insurance for fertility coverage?

If your employer-sponsored medical plan is your primary medical plan, then Progyny is likely your primary insurance for fertility. If you have another medical plan as your primary, Progyny may be your secondary insurance for fertility coverage. Contact your PCA to confirm.

25. What happens when one partner has the Progyny benefit and one partner has fertility coverage through another carrier?

If you and/or your partner have medical coverage through more than one insurer (i.e., covered under two different employers), it is imperative that you reach out to a Progyny PCA to understand how the coordination of benefits applies before you receive treatment.

Your indication of primary insurance coverage for medical benefits will be used in Progyny's treatment authorization process. If your indication of primary coverage is not correct it may lead to significant billing issues and financial responsibility on your part. If you're not sure of your coverage details, please reach out to your medical carrier to confirm your coverage. You can then discuss this information with your PCA.



If you do not have fertility coverage under your primary medical insurance and are a dependent on the Progyny benefit, you must receive services from a Progyny in-network provider for your services to be covered under Progyny. Your PCA can help you select an in-network provider. All claims for fertility treatment for the person receiving services must be submitted to the primary insurance first (even though it will be denied). You must submit your Explanation of Benefits (EOB) from your primary insurance (which shows that the services were denied) to your PCA. Progyny will then work with your provider to process the claim successfully, subject to the specific coverage details of your Progyny benefit.

If you have fertility coverage under your primary medical insurance and are a dependent on the Progyny benefit, you can submit the EOB from your primary insurance, which details your out-of-pocket responsibility, to Progyny for reimbursement until your primary insurance coverage is exhausted. Your reimbursement will be deducted from your Smart Cycle balance, subject to your member responsibility under your fertility benefit with Progyny, as applicable. Your PCA can provide you with more detail on how your reimbursement will impact your Smart Cycle balance. After your primary insurance coverage is exhausted, you must receive any additional fertility services from a Progyny in-network provider for those services to be covered under Progyny. Your PCA can help you select an in-network provider. Even though your primary insurance coverage has been exhausted, all claims for fertility treatment for the person receiving services must still be submitted to the primary insurance first. You will then receive an EOB from your primary insurance (which will show that the services were denied) and you must submit this to your PCA. Progyny will then process the claim, subject to the specific coverage details of your Progyny benefit. Note, deductible and coinsurance from your medical plan are not reimbursable expenses.

If Progyny is included in your primary medical insurance and you are a dependent on another plan that has fertility coverage, you may be able to submit your EOB from Progyny, which details your out-of-pocket responsibility, to your secondary coverage carrier for reimbursement. Please contact your secondary insurance carrier with any questions.

26. What happens when both partners have the Progyny benefit through separate employers?

The person receiving services must be a covered employee on their employer's Progyny benefit (primary) as well as a covered dependent on their partner's Progyny benefit (secondary) in order to access coverage on both plans. Services will be processed through the patient's primary Progyny benefit until it is exhausted. Prior to the benefit being exhausted, you may request that any out-of-pocket responsibility be deducted from your secondary Smart Cycle balance, subject to your member responsibility, as applicable. Your PCA can provide you with more detail on how this will impact your secondary Smart Cycle balance. Once your primary Progyny benefit is exhausted, your remaining Smart Cycle balance under your secondary Progyny benefit will then be utilized for coverage of services.

27. How many Smart Cycles do I get if my partner and I are both employed at the same company?

Your Progyny benefit is per family, even if each member is enrolled separately on an eligible plan. If you and your partner are both employed at the same company, your Progyny benefit does not double.



28. How long does my Progyny coverage last?

Your Progyny Smart Cycle coverage lasts as long as you have a Smart Cycle balance available and are enrolled in a qualifying medical plan through your employer, or you elect COBRA upon leaving your employer. Should you leave your employer and not elect COBRA, your Progyny Smart Cycle coverage will expire on the date your medical plan will be terminated. If you receive an authorization but coverage lapses before you receive services, your claim will be denied and you will be financially responsible.

29. Does my Progyny coverage still apply if I leave my current employer?

If you receive treatment after you have left your employer, you must enroll in COBRA. The process of enrolling in COBRA may take time. Please contact your HR department directly for more information regarding your specific COBRA coverage options. Please advise your PCA of any coverage changes. You forgo any remaining Progyny benefits if you choose not to enroll in COBRA and are subsequently responsible for any further treatment expenses.

PROVIDER AND LAB FACILITY

30. How do I schedule an appointment?

When you're ready to schedule an initial consultation, please notify your dedicated PCA. Your PCA will send a referral with your Progyny member ID and contact information to the clinic. The clinic will then reach out to you directly to schedule a consultation. If you are an existing patient at a Progyny in-network clinic, you can schedule directly with the clinic. You must notify your PCA of all new appointments to ensure an authorization is processed in a timely manner.

31. What is an authorization and why do I need it?

An authorization is a document that confirms your coverage. Progyny sends the authorization to your clinic, which allows the clinic to bill Progyny directly. Prior authorization is the best way to prevent errors or delays in treatment. Please contact your dedicated PCA to request an authorization before your first appointment and before you begin any treatment cycle.

32. How do I prepare for my initial consultation appointment?

Before your appointment:

- Print your Progyny Confirmation Statement so that you can provide a copy to your clinic and to any diagnostic testing facility, if needed. In-network labs are listed on your Confirmation Statement; please provide them a copy of your confirmation in lieu of your medical insurance card.
- Request any relevant medical records from previous clinics/appointments and bring these with you to your appointment. If you have any questions on how to initiate this, your PCA will be happy to guide you through the process.



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- Arrive early to fill out any paperwork or visit the clinic website to see if there's paperwork you can print and fill out prior to your appointment.

At your appointment:

- Please ensure the clinic has Progyny listed as your primary insurance, including your Progyny member ID number.
- You will also be asked for your primary insurance card for procedures not managed by Progyny (e.g. certain blood tests, pregnancy monitoring, and surgeries such as laparoscopies and other non-covered services).
- In addition to meeting with the doctor, you should expect to have blood work and an ultrasound performed.

As a reminder, your authorization for your initial consultation and all standard of care fertility-related diagnostic testing is valid for 90 days. Authorizations cannot be extended. Any testing performed outside the 90-day authorization window will be an out-of-pocket expense.

33. How do I prepare for my treatment cycle appointment?

Before your appointment:

- Notify your PCA about the first day of your upcoming treatment cycle to ensure an authorization is in place prior to starting treatment.
- Print your Progyny Confirmation Statement so you can provide a copy to your clinic and to any in-network preimplantation genetic testing facility, if needed. In-network labs for preimplantation genetic testing are listed on your Confirmation Statement. Please provide the lab with a copy of your Progyny Confirmation Statement. There is no need for payment at this time since your member responsibility will be calculated after the lab has submitted the claim to Progyny.

When you arrive:

- Please ensure the clinic has Progyny listed as the primary insurance, including your Progyny member ID number.
- Typically, you can expect to have blood work and an ultrasound performed at every appointment during in-cycle monitoring. Please note that this protocol may vary depending on the treatment plan.

As a reminder, your authorization for your treatment cycle and standard of care fertility-related testing is valid for 60 days.

34. How can I check if my provider is in-network?

You can search for your clinic by visiting progyny.com/find-a-provider or contact your dedicated PCA.

35. What do I do if the nearest in-network provider is more than 60 miles from my location?

Please contact your PCA to discuss options and next steps.

36. How do I transition to an in-network Progyny provider?

After you've reviewed Progyny's in-network list and selected a new clinic, please notify your dedicated PCA. Your PCA will send the clinic a referral including your Progyny member ID and contact information. The clinic will then reach out to you to schedule your initial consultation. Once you've scheduled an appointment, your PCA can walk you through the process of transferring your medical records to your new clinic.

37. How do I transfer tissue from an out-of-network clinic to an in-network clinic?

Transporting tissue between clinics requires precise timing. You will need to coordinate with both clinics simultaneously and likely a third-party transfer company. Please contact your PCA for more information on how to get started.

38. Which labs are in-network for PGT-A or PGT-M testing?

Please refer to progyny.com/labs for our growing list of in-network labs for PGT-A and PGT-M testing.

MEDICATION

39. What is Progyny Rx?

Progyny Rx is an integrated fertility medication program designed to work seamlessly with your Progyny benefit. Progyny Rx will supply your fertility medication throughout your fertility treatment.

40. What are the benefits of Progyny Rx?

Progyny Rx offers several advantages over typical medication providers:

- Progyny Rx works seamlessly with your fertility benefit, requiring a single authorization for both your fertility treatment and your related medications.
- Next day medication delivery ensures that you have your medication when you need it. Same day medication delivery is available, if necessary.
- A pharmacy clinician is available 7 days a week to review your medication and usage as well as offer training and support for every medication delivery.
- Pharmacy clinicians are available by phone to answer any questions you have about your fertility medication.
- Information about medications and your fertility treatment plan will be seamlessly coordinated between Progyny Rx and your PCA.

41. How does Progyny Rx work?

Progyny Rx works by authorizing medications at the same time as your treatment:



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1. Once the authorization is processed, your doctor will send your prescription(s) to our pharmacy fulfillment partner for Progyny Rx.
 2. Before your medications can be shipped, a Progyny Rx specialist from our pharmacy partner will call you to complete a consultation call. On this call, you will confirm your preferred shipping address, schedule your delivery date, document any allergies and health conditions, review waste management protocols and how much medication will be dispensed, and ask any questions you may have about your medication shipment. You will also receive a verbal explanation of financial responsibility for Progyny Rx-covered medications (fertility medication) vs. medications covered by your Pharmacy Benefit Manager (PBM) (ancillary medication). You will pay a copayment for any ancillary medications over the phone via credit card.
 3. Once your medication is fulfilled, your fertility medication is submitted as a claim to your medical carrier. Once processed, you will receive an invoice from Progyny for any out-of-pocket responsibility according to your medical carrier.
 4. The pharmacy will fill your prescriptions and deliver to your preferred address on the day required for your treatment. You will receive your fertility medications and ancillary medications in the same shipment.
 5. Once you have your medications, a Progyny Rx specialist from our pharmacy partner will be available to walk you through your medications and how to properly store and administer them.

42. Where is the Progyny Rx pharmacy?

The Progyny Rx network contains fertility specialty pharmacies throughout the United States that provide mail order services to anywhere in the U.S. with clinical and order support 7 days a week. Your Progyny Rx in-network pharmacy will be indicated on the bottom left hand corner of the Patient Confirmation Statement that authorizes your treatment. The Progyny Rx in-network pharmacy is determined by your provider's geographical location.

43. What medications are covered under Progyny Rx?

Please refer to the medications covered under Progyny Rx in the [Progyny Rx Formulary](#) section.

Note: While ancillary medications (such as antibiotics) may be included in your fertility medication shipment, ancillary medications are not covered by Progyny Rx. Coverage for these medications falls under your pharmacy benefit manager (PBM). You will pay any applicable fees (copayment, coinsurance, and/or deductible) directly to the pharmacy during your consultation call.

44. How do I get my medication for treatment?

Prescriptions for your fertility treatment must be sent by your doctor to the pharmacy indicated on your Patient Confirmation Statement. Once the prescription is received by our pharmacy partner, a Progyny Rx specialist will reach out to you to schedule the delivery. Medications are sent overnight.

45. Why am I receiving multiple shipments of medication instead of receiving it all at once?

Progyny Rx will provide the quantity of fertility medication that is required for your treatment. However, your combination and dosage of medications may change throughout the course of your treatment. In order to minimize waste and ensure that you are only paying for the medication you need, Progyny Rx will deliver your medication in multiple shipments. You should expect a 7-day supply of fertility medication on the initial fill and a 3-day supply of fertility medication on subsequent refills. The Progyny Rx in-network pharmacy will schedule a follow up call with you prior to your last day of fertility medication supply to check-in and determine if the refill is required. If your dosage increases mid-cycle, your provider should inform Progyny of this change, but just to ensure we are aware, please contact your Progyny Rx in-network pharmacy immediately. The Progyny Rx in-network pharmacy can provide next day delivery and same day delivery or local pharmacy pick up when necessary to ensure you receive your medication when you need it for treatment.

46. How do I store my medications when I receive my shipment?

Some fertility medications require refrigeration. Medication(s) that require refrigeration will be marked with a blue border and snowflake icon on your Progyny Rx Placemat. Other medications may have additional storage requirements that will be discussed during your Unpack It Call with your pharmacy clinician. Please call the Progyny Rx in-network pharmacy and conduct your Unpack It Call after your package arrives by calling the number on your Progyny Rx Placemat. A pharmacy clinician will walk you through your shipment and explain how to properly administer and store the medication during your Unpack It Call. The Unpack It Call is available 7 days a week.

47. How do I administer my medications?

You will have a call with a Progyny Rx specialist after you receive your medication shipment. Together, you will review each medication's usage and dosage. You also have access to a pharmacy clinician for any questions you may have after your call. Additionally, you can view Progyny Rx video tutorials on medication administration at progyny.com/rx.

48. How do cancelled treatments impact my prescription?

It is important to notify your dedicated PCA about a cancelled treatment to ensure additional medication is not shipped to you. If Progyny is not aware that your treatment is cancelled, additional packages may be shipped to you and your medical carrier will be billed. Progyny will send you an invoice reflecting any member financial responsibility, which may include deductible, coinsurance, copayment, and/or out-of-pocket maximum, depending on your medical plan.

49. What if my doctor orders medications not on the formulary?

Progyny only covers specialty fertility medications that are on the formulary. Any prescribed medication that is not on the formulary will be substituted for the alternative covered by Progyny. Compounds that consist of the medication on the formulary are covered by Progyny. All ancillary medications, such as antibiotics, are not covered by Progyny but are typically covered by your primary pharmacy benefit manager (PBM). These



are subject to financial responsibility, which may include deductible, coinsurance, copayment, and/or out-of-pocket maximum depending on your medical plan.

BILLING AND CLAIMS

50. What is an authorization and why do I need it?

Progyny sends an authorization (Patient Confirmation Statement) to your clinic confirming your coverage, which allows the clinic to bill Progyny directly. Prior authorization is the best way to prevent errors or delays in treatment. Please contact your dedicated PCA to request an authorization before your first appointment and before you begin any treatment cycle.

51. Why am I receiving a bill?

Progyny works side-by-side with your primary medical plan to administer your Progyny fertility benefit. You should expect out-of-pocket expenses for services rendered. Your individual costs will be determined by several factors, including: the plan that you enrolled in and its fixed copayment amount (if applicable), whether you have met your deductible, your maximum out-of-pocket expense, your treatment plan, and the center directing your care.

You are responsible for paying 100% of your medical expense up to your deductible, which includes fertility services. Once you have met your deductible, you may have a coinsurance (percentage of cost-share). Your coinsurance will be applied until you hit your out-of-pocket maximum for your current plan year. Your plan may also include copayments, which vary depending on service and plan type and will help you meet your out-of-pocket maximum. Once you have hit your out-of-pocket maximum for the year, all standard of care treatment will be covered at 100% for the remainder of the plan year, until your Progyny benefit is exhausted. Once you have exhausted the benefit, your health plan will no longer provide financial assistance; however, you will still have access to the support and guidance of your PCA.

Your clinic will bill Progyny directly throughout your treatment. Progyny will process claims through your primary medical carrier and apply member responsibility to these paid services. You will receive an invoice from Progyny that indicates your portion of the financial responsibility, which you can pay via check or by credit card. If you believe that you have received a bill in error, please contact your PCA.

52. What is on my invoice?

Refer to the [Understanding Your Financial Responsibility](#) section of the Member Guide for a sample bill.

53. What if I utilize a service that requires reimbursement?

In some cases, Progyny reimburses members for covered medical services. To ensure eligibility, reimbursements must be discussed with your dedicated PCA in advance. You will need to save all invoices and proofs-of-payment. When you're ready to initiate your reimbursement, please contact your PCA.



Reimbursements must be submitted to Progyny within 30 days of payment to comply with timely filing rules. Your PCA will send you a DocuSign to complete, and you will attach all relevant documents prior to submitting your reimbursement request for processing. Your reimbursement will be the cost of service minus your financial responsibility (deductible and co-insurance). Not all services are eligible for reimbursement, please check with your PCA on your specific case. Please note, reimbursements may take up to 90 days to process. If your expenses are related to adoption or surrogacy, please contact your PCA.

54. How can I pay my invoice?

When you receive your Progyny invoice, you can submit payment by mailing a check to the address on your invoice, by credit card, over the phone, via the member portal, or at progyny.com/payment.



APPENDIX



INITIAL CONSULTATION AND DIAGNOSTIC TESTING

Below is the list of authorized tests and associated codes that may be ordered by your doctor during your initial consultation(s). The bolded tests below are standard protocol for your reproductive endocrinologist to order prior to undergoing any fertility treatment. The other tests listed are also covered by Progyny and may be ordered by your physician.

Lab/ Procedure/ Diagnostic Test	99499 Bundled CPT Codes	Max Per Authorization
Antibody screen, RBC each serum tech	86850	1
Assay of estradiol (E2)	82670	2
Assay of follicle-stimulating hormone (FSH) (testing covered for females only)	83001	2
Assay of free thyroxine; T4 free (FT4)	84439	1
Assay of luteinizing hormone (LH) (testing covered for females only)	83002	2
Assay of progesterone (P4)	84144	2
Assay of prolactin (testing covered for females only)	84146	2
Assay of thyroid (T3 OR T4); thyroid panel: T3 uptake; T4 (thyroxine), total; free T4 index, and TSH	84479	1
Assay thyroid stim hormone (TSH)	84443	2
Assay of thyroxine T4	84436	2
Assay of vitamin D; 25-OH (hydroxy) vitamin D	82306	1
Blood typing, ABO or ABO group and RH type	86900, 86901	2
Chemiluminescent assay - inhibin B	82397	1
Chorionic gonadotropin test - (hCG), total, quantitative (hCG) pregnancy test; beta (hCG)	84702	2
Chlamydia trachomatis (culture), RNA, TMA; chlamydia trachomatis	87491	1
Complete CBC w/auto diff WBC; CBC including differential and platelets	85025, 85027	1
Culture - ureaplasma/mycoplasma; mycoplasma hominis/ureaplasma culture	87109	1
Cytomegalovirus	86644, 86645, 87497, 87496, 87252, 87254, 86777	2
Glucose	82947	1
Glycosylated hemoglobin test; HgA1C (hemoglobin A1C)	83036	1
Gonadotropin (FSH) (testing covered for females only)	83001	2

Lab/ Procedure/ Diagnostic Test	99499 Bundled CPT Codes	Max Per Authorization
Gonadotropin (LH) (testing covered for females only)	83002	2
Hemoglobin chromatography; hemoglobin electrophoresis	83021	2
Hepatitis B surface AG, EIA	87340	2
hepatitis B surface AB	86706	2
Hepatitis B core AB	86705	2
Hepatitis C AB TEST (anti-HCV)	86803	2
HIV I (if 87389 comes back positive)	86701	2
HIV II (if 87389 comes back positive)	86702	2
HIV-1/HIV-2, single assay; HIV 1/2 antigen and antibodies 4th gen with reflexes	87389	2
HTLV 1&2; HTLV I & II antibody screen (human t-cell lymphoma virus 1 & 2)	36175, 86790	2
Hysterosalpingogram - HSG (global)	58340	1
Hysterosalpingogram - HSG (global) (Facility)	58340	1
Hysterosalpingogram - HSG (global) (radiology charge)	74740-00	1
Hysterosalpingogram - HSG (hospital) (radiology charge)	74740-TC	1
Hysterosalpingogram - HSG (physician bill) (radiology charge)	74740-26	1
In-office hysteroscopy (non-surgical HSC)	58555	1
Immunoassay, RIA; anti-Mullerian hormone, AMH/MIS	83520	2
Karyotype	88230, 88261, 88262, 88280, 88291	2
Mock cycle	58100	1
Molecular pathology procedure level 2; spinal muscular atrophy (SMA)	81401	2
N.gonorrhoeae (culture), RNA, TMA; Neisseria gonorrhoeae	87591	1
Obstetric panel, (which includes all of the following: prenatal panel with HIV ABO, antibody screen, CBC w/ Platelet and Differential, Hepatitis B surface antigen, RH, syphilis screen IgG, rubella antibody IgG, HIV Type 1/2 (HIV-1, HIV-2) antibodies, reflex western blot 800)	80081	1
Obstetric panel, (which includes the following: ABO, antibody screen, CBC w/ platelet and differential, hepatitis B surface antigen, RH, syphilis screen IgG, rubella antibody IgG)	80055	1
Office visits	99205, 99213, 99214	3
Ovarian assessment report (oar)	S6600	2

Lab/ Procedure/ Diagnostic Test	99499 Bundled CPT Codes	Max Per Authorization
Pre-conception carrier screening (genetic tests)*	Various	2
RBC sickle cell test	85660	2
Routine venipuncture	36415	2
RPR (syphilis) VDRL; blood serology, qualitative; includes RPR (syphilis) screen	86592	2
Rubella antibody; rubella IgG antibody; Rubella Immune status	86762	1
Saline infusion sonohysterography (SHG) sis (saline infusion sonogram)	76831	1
Semen analysis	89325, 89322	2
Semen culture	87070	1
Ultrasound trans vaginal non-OB	76830	2
Urine (hCG) (UPT), Qualitative	81025	2
Varicella-zoster antibody; varicella zoster (VZV) IgG Antibody	86787	1
Virus antibody test NOS	Various	2

*Pre-conception carrier screening (genetic tests) includes: RBC sickle cell test; Horizon panels; FANCC, gene analysis; G6PC, gene analysis; GBA, gene analysis; HBA1/HBA2, gene analysis; IKBKAP, gene analysis; MCOLN1, gene analysis; SMPD1, gene analysis; CFTR gene com variants; CFTR gene full sequence; CFTR intron 8 POLY (T) analysis; FMR1 gene detection; FMR1 gene characterization; HEXA gene, Tay Sachs enzyme

PROGYNY RX FORMULARY

The fertility medications below are covered under the Progyny Rx pharmacy benefit. Progyny Rx coverage includes compounds of the raw ingredients of the formulary medications below. If you have any questions about the medications listed, please ask your medical provider. Ancillary medications, such as antibiotics, are not covered by Progyny Rx, but are typically covered by your primary pharmacy benefit manager (PBM), subject to all applicable deductible, coinsurance, and copayment amounts. As a convenience to you, ancillary medications can be filled by our pharmacy partner and delivered to you with your fertility medication(s).

Medication Name	Category
Leuprolide/2-week kit	Agonist
Lupron Depot 3.75	Agonist
Cetrotide 0.25mg	Antagonist
Clomiphene 50mg	Anti-estrogen
Letrozole 2.5mg	Anti-estrogen
Estradiol Valerate 20mg/cc	Estrogen
Estradiol Valerate 40mg/cc	Estrogen
Estradiol 2mg	Estrogen
Estradiol 1 mg	Estrogen
Estradiol 0.5mg	Estrogen
Estradiol Patch 0.1mg/24hr	Estrogen
Delestrogen 10mg/cc	Estrogen
Delestrogen 20mg/cc	Estrogen
Delestrogen 40mg/cc	Estrogen
Menopur 75iu	hMG
Gonal F 300iu pen	FSH
Gonal F 450iu pen	FSH
Gonal F 900iu pen	FSH
Gonal F 75iu vial	FSH
Gonal F 450iu vial	FSH
Gonal F 1050iu vial	FSH
Pregnyl 10,000iu	hCG
Novarel 5,000iu	hCG
Ovidrel 250mcg	hCG
Progesterone 50mg/cc Sesame oil	Progesterone
Endometrin 100mg vaginal insert	Progesterone



For more information on your fertility benefits, call: 833.208.8447

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