



Your Progyny Benefit

Smarter benefits across life's milestones

Sony Member Guide

2025 Plan Year



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Introduction to Progyny

Meet Progyny

Progyny is a transformative fertility, family building, and women's health benefits solution designed for you and your family. We envision a world where everyone can realize their dreams of family and ideal health. Your Progyny benefits include comprehensive coverage for the services you need, access to care from top providers, concierge support from your own care advocate or coach, and expert resources to empower a healthier journey across life's milestones.

To be eligible for Progyny benefits you must be enrolled in an eligible medical plan through your employer. Review this Member Guide to understand what services are covered under your benefit.

Contact Progyny at 833.404.2011 to learn more.

Highlights of Your Benefit

Preconception and Trying to Conceive

Personalized support and digital tools to understand your reproductive health

Whether you or your partner are trying to conceive, learning about your family building options, or looking to better understand your reproductive health, Progyny is here to support you each step of the way. Connecting with your own dedicated Patient Care Advocate and getting started with our exclusive digital tools are the first steps on your journey. Call Progyny and reference the *Preconception and Trying to Conceive* section to learn more.

Fertility and Family Building

Coverage for fertility and family building services from top fertility specialists paired with unlimited concierge support

Your benefit has been specifically designed to give you the best chance of fulfilling your dreams of family. With Progyny you have comprehensive fertility treatment coverage leveraging the latest technologies (including male infertility services), with access to a premier network of top fertility specialists (reproductive endocrinologists and reproductive urologists). Progyny members receive unlimited support and guidance from a Patient Care Advocate (PCA) with expertise to support all paths to parenthood inclusive of adoption and surrogacy. Contact Progyny to activate your benefit and learn more about covered services in the *Fertility and Family Building* section.

Menopause and Midlife Care

Virtual care from menopause specialists and personalized treatment plans addressing symptoms due to hormonal changes

Prepare for hormonal changes and find relief from symptoms related to perimenopause and menopause, including hot flashes, weight fluctuations, and insomnia. Your benefit includes convenient access to menopause specialists through virtual appointments to help you get back to feeling your best. Receive a personalized treatment plan

offering hormonal and non-hormonal treatment, and care for nutrition, weight management, sleep support, and mental health. Contact Progyny to access care and reference the [Menopause and Midlife](#) section to learn more.

Get Started

Contact Progyny to learn more about your benefit and enroll in the program that is right for you.

- **Call Progyny at 833.404.2011.** You can reach your care team Monday to Friday from 9 am ET to 9 pm ET.
- **For digital access,** visit progyny.com/benefits to explore more.

Progyny PCAs speak several languages, and we utilize a medical translation service for real-time (live) telephonic interpretation in over 200 languages.

If you have a hearing or speech impairment and use Telecommunications Relay Services (TRS) or Text Telephone (TTY), dial 711 to connect with a TRS operator. Oral interpretation services or alternative formats of materials are also available for members with special needs. Contact Progyny for assistance.



Fertility and Family Building



Preconception and Trying to Conceive

Understanding Your Reproductive Health

Starting to think about building a family can feel overwhelming and we want to support you every step of the way. Our Patient Care Advocates (PCAs) provide personalized support, education, coaching, and services to support your family-building goals, whether you are planning for that now or in the future. Our team will bring you personalized content and helpful information so you understand your options. Your benefit includes:

- Unlimited support from Progyny PCAs and Clinical Educators, tailored to your specific needs
- Guidance and education to optimize your fertility, including nutrition, ovulation and intercourse timing, overall wellness, and mental health support
- Digital tools, including ovulation and intercourse tracking, to complement your personalized support
- Referral services, including fertility testing, nutrition support, behavioral health, leave benefits, and legal services to support your preconception journey
- Seamless transition to Progyny's fertility and family building support as needed

Contact us to learn more and get started today.



Fertility and Family Building Benefit Highlights

Highlights of Your Fertility and Family Building Benefit

At Progyny, we know the road to parenthood can be challenging, and we are here to support you through each phase of your family building journey. We partner with the nation’s top fertility specialists to bring you a smarter approach with better care, more successful outcomes, and treatment options to support all paths to parenthood. Unlike other fertility solutions, the Progyny benefit has removed barriers to care to ensure equitable and inclusive access for all Progyny members.

Your Progyny benefit includes **comprehensive treatment coverage** (up to your Smart Cycle limit, as applicable), concierge support from dedicated **Patient Care Advocates** (PCAs), and access to high-quality care through a **network of top fertility specialists**.

The Progyny benefit provides coverage for eligible services and all covered services will be subject to financial responsibility. Financial responsibility means you will be expected to pay for a portion of your total costs incurred under your Progyny benefit. The amount you should expect to pay is determined by the medical plan you’re enrolled in through your employer. This means you should expect bills for all services under your authorized Smart Cycle including your initial consultation and diagnostics, medication, and fertility treatment. Please see the *Understanding Your Financial Responsibility* section of this guide or speak with your PCA for more information.

Highlights of Your Fertility and Family Building Benefit		Effective 01/01/2025
4	Smart Cycles per family per lifetime	
2	Initial consultations per year	
\$20,000	Adoption financial assistance per child	
\$20,000	Surrogacy financial assistance per child	
Fertility preservation	Egg and sperm freezing coverage	
Donor tissue	Egg and sperm coverage	
Tissue storage	Tissue storage is included for the first year in applicable treatment cycles. Your employer offers an additional 3 years of storage while covered under the Progyny benefit.	

To learn more and activate your benefit, call: 833.404.2011

Concierge Support

Your Care Team

As a Progyny member, you'll be matched to a PCA who will provide unlimited clinical, educational, and emotional support throughout your entire journey. After onboarding, you will be matched with your PCA based on your fertility and family building goals. Progyny PCAs are fertility experts trained to help support all paths to parenthood, including surrogacy and adoption. Your PCA can provide guidance on available treatment options and possible outcomes, prepare you for all your appointments, and answer questions about your benefit.

Your PCA is also your connection to a team of Clinical Educators, made up of clinicians in the fertility space (including registered nurses and embryologists) who can answer any detailed clinical questions you may have about your care. All members are encouraged to speak with a Clinical Educator prior to and after receiving services, and as you are making important decisions during your treatment journey. Connecting with a Clinical Educator is included within your Smart Cycles and will not impact your balance. You can request to be connected with a Clinical Educator at any time, or your PCA may connect you with one, to receive additional guidance.

If you are interested in exploring other paths to parenthood like surrogacy or adoption, your PCA can also connect you to our specialized surrogacy and adoption coaches. Contact your PCA to learn more.

Digital Tools

Progyny Member Portal and App

In addition to the personalized support from your PCA, you have access to the Progyny member portal, available on the [web](#) and as an app ([iOS](#) and [Android](#) devices). With the member portal, you can review your benefit details, upcoming appointments, account and claims information, communicate directly with your PCA, and access educational resources. Access will be granted after you activate your benefit. Contact Progyny for support.

Educational Resources

We know how confusing the world of fertility can be, and we want to ensure you have access to resources for every step of your family building journey.

- Visit progyny.com/education to browse articles, videos, infographics, webinars, and more
- Listen to Progyny's [This Is Infertility](#) podcast to hear personal stories and guidance from experts to understand what it's like to go through a family building journey
- Subscribe to Progyny's [YouTube channel](#) for expert education on key fertility and family building topics

Top Fertility Specialists

Progyny has created a network of top fertility specialists, including reproductive endocrinologists and reproductive urologists, connecting you to high quality care across the United States. Our network consists of over 1,000 fertility specialists located at more than 650 clinic locations, including nationally recognized providers.

Our fertility specialists use the latest advancements in science and technology to increase the chances of a healthy and successful pregnancy. With Progyny's comprehensive benefit design, your provider can work with you to create the customized treatment plan that is best for you.

You can search for an in-network fertility specialist at progyny.com/find-a-provider. The search tool includes detailed information for each Progyny network clinic, including provider profiles with demographics, sub-specialties, and other unique practice characteristics. To search for in-network laboratories, please visit progyny.com/labs.

Progyny works in tandem with our in-network clinics to ensure a seamless experience for all members. Progyny will authorize covered services that are provided by our in-network clinics and then bill you directly for any financial responsibility as applicable. Please refer to the [Authorization and Financial Responsibility](#) section to learn more.



Tips for Using Your Fertility and Family Building Benefit

As you get started with Progyny, review these tips for the top things to know when utilizing your fertility and family building coverage. Review the full member guide for all important information relevant to your benefit.

1. Activate your benefit

Before receiving services or beginning treatment, contact Progyny to verify your eligibility and complete onboarding to activate your benefit. Please be prepared to provide a copy of your insurance card to verify you're enrolled in an eligible medical insurance plan or complete an attestation form to confirm eligibility. Log into the Progyny member portal to view curated resources and benefit details, and connect with your dedicated PCA to discuss next steps. Your PCA will be there to provide unlimited support to you throughout your journey, which is part of the services included within your Smart Cycle. Contact your PCA with any questions or if there are any changes to your insurance.

2. Review your financial responsibility

All covered services are still subject to member financial responsibility as determined by your medical insurance plan. This means you should expect bills for all covered services authorized by Progyny. Speak to your PCA prior to starting treatment to understand your expected costs. Reference the *Understanding Your Financial Responsibility* section to learn more.

3. Select a Progyny in-network clinic

Any Progyny covered treatments and services must be performed by a Progyny in-network provider or at a Progyny in-network clinic to utilize your benefit. You can search for an in-network clinic at progyny.com/find-a-provider or contact your PCA. When contacting a clinic to schedule an appointment let them know you have Progyny and provide your Progyny ID (provided at onboarding and available on the member portal).

4. Request an authorization BEFORE receiving any services

Before any appointment, you must request an authorization to confirm coverage for your treatment or services. Once your treatment or service is scheduled you can request an authorization through your PCA or via the member portal. Once the authorization is approved, you will receive a Confirmation Statement, which is your proof of coverage. The Confirmation Statement will be sent to your clinic to ensure proper billing. Reference the *Authorization for Covered Services* section to learn more.

5. List Progyny as your primary insurance provider and provide your Progyny ID

To avoid billing issues, when you register at your clinic be sure to list Progyny as your insurance for all services listed as covered in this member guide. You will need to provide your Progyny ID to your in-network clinic and labs where you receive services. Your Progyny ID will be provided to you at onboarding, and you can access your Progyny ID via the member portal.

We're here to help! Call 833.404.2011 if you have questions along the way.



The Smart Cycle

Understanding Your Smart Cycle Benefit

To make your fertility benefit easier to use, we've bundled all the individual services, tests, technology, and treatments into the Progyny Smart Cycle. The Progyny Smart Cycle is a benefit currency that is expressed in fractions. Each treatment or service type, such as IVF or IUI, is valued as a fraction of a Smart Cycle. You can mix and match Smart Cycle treatments until you max out your Smart Cycle balance.

Please note, you will have financial responsibility for covered services included within your Smart Cycles as determined by your medical insurance plan, and some services may have tax considerations. Financial responsibility may include a deductible, coinsurance, or copayment depending on your specific plan. To learn more, visit the [Understanding Your Financial Responsibility](#) section or contact your PCA.



Common Ways to Use a Smart Cycle:

Progyny Smart Cycles can be mixed and matched to create a customized treatment path that works best for you. The below treatments are covered under your Progyny fertility and family building benefit and will deduct from your total Smart Cycle balance.

Visit the [Explanation of Covered Treatments & Services](#) section of the Member Guide to learn more about what's included in each Smart Cycle and additional covered services. Unless specified, the stated Smart Cycle value for treatment is applied in full, even if you choose to forego any included services. For a full explanation of what's covered under each Smart Cycle, visit the [Definitions for Covered Services](#) section.



IVF Fresh Cycle



IVF Freeze-All Cycle



Frozen Embryo Transfer (FET)



Frozen Oocyte Transfer (FOT)



Pre-Transfer Embryology Services



Intrauterine Insemination (IUI)



Timed Intercourse (TIC)



Egg Freezing



Sperm Freezing



Split Cycle (Egg & Embryo Freezing)
When paired with IVF cycle



Purchase of 1 Cohort of Donor Eggs
6-8 eggs



Purchase of Donor Sperm
4 vials



Fertility Treatment Coverage

Explanation of Covered Treatments & Services

Progyny offers the following covered services. If a service or procedure is not listed, you should assume that it is not covered by Progyny but may be covered through your medical insurance. Always confirm specific benefits and requirements with your dedicated PCA prior to treatment or testing.

Initial Consultation and Diagnostic Testing

Your coverage includes 2 initial consultations per year, until you've exhausted your Smart Cycle balance. There is no impact to your Smart Cycle balance for your initial consultations, however all covered services are subject to your financial responsibility. Your initial consultation and diagnostic testing bundle includes, but is not limited to: three office visits, two ultrasounds, hormone testing, infectious disease testing, genetic carrier screening, and two semen analyses. Depending on your specific circumstances, there may be some diagnostic tests ordered by your provider that are not covered by Progyny but may be covered by your medical insurance. For example, cholesterol, Pap smear, HPV, and other tests that are not specific to fertility, and are not covered under Progyny, but are likely covered under your regular medical insurance. Reach out to your medical carrier if you have questions about coverage for these services. You can always contact your PCA to clarify if a specific test is covered by Progyny.

Reference the [Initial Consultation and Diagnostic Testing](#) appendix for a full list of covered tests and procedures, their medical CPT codes, and additional information.

Covered services are subject to your financial responsibility. See the [Understanding Your Financial Responsibility](#) section for more information. Please note, your covered services may be billed via several invoices.

Partial Initial Consultation and Diagnostic Testing

In certain instances, your provider may recommend a portion of services for your initial consultation and diagnostic testing rather than the comprehensive bundle of services.

Examples include:

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

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

Endometrial Receptivity Cycle / Mock Cycle

A mock cycle occurs when the patient is prescribed medication and monitored as if they were preparing for an embryo transfer. Instead of transferring an embryo, a biopsy of the uterine lining is performed to check the receptivity of the endometrium. Progyny provides coverage for the mock cycle for members with approved medical



indications such as a history of previously failed embryo transfers, only one frozen embryo, or the use of donor tissue.

The following services are covered:

- Bloodwork related to the mock cycle
- Endometrial biopsy
- Office visits
- Ultrasound
- Endometrial receptivity pathology at an in-network laboratory (Note, ALICE/EMMA/ReceptivaDX tests are not covered)

Certain services do require specific authorization. To learn more about services that require specific authorization steps, please visit <http://nputilizationalliance.com/> or talk to your PCA. Request for authorization for covered services will be reviewed based on your individual submission and our written clinical policy. The request will be timely adjudicated and based on that review may be approved, denied, or partially approved or partially denied.

Fertility Treatments Covered Under Your Progyny Benefit:

IVF Fresh Cycle = 3/4 Smart Cycle

An IVF fresh cycle starts by stimulating the ovaries with a course of medications. Following stimulation, the provider retrieves the eggs, which are taken to the lab and fertilized. After three to five days, an embryo is 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. PGT-A screens each sample for genetic abnormalities, allowing the fertility specialist to ensure that the most viable embryo is chosen for transfer. Please note, the use of PGT-A does not impact your Smart Cycle balance. Any additional, genetically normal embryos remain cryopreserved. Choosing to forego specific services such as ICSI or PGT-A does not reduce the Smart Cycle deduction of an IVF fresh cycle.

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 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

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- Sperm cryopreservation (sperm storage is authorized and billed separately)
 - Tissue storage (1 year)
 - Ultrasounds & in-cycle bloodwork (E2, P4, beta hCG, FSH, LH)

IVF Freeze-All = 3/4 Smart Cycle

An IVF freeze-all cycle is similar to an IVF fresh cycle but may increase the chances of success. An IVF freeze-all starts by stimulating the ovaries with a course of medications. Following the course of stimulation medications, the provider retrieves the eggs, which are taken to the laboratory 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 laboratory 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, and until you choose to use at a later date. Please note, a frozen embryo transfer is a separate authorization that requires an additional Smart Cycle deduction. Choosing to forego specific services such as ICSI or PGT-A does not reduce the Smart Cycle deduction of an IVF freeze-all cycle.

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
- Sperm cryopreservation (sperm storage is authorized and billed separately)
- Tissue storage (1 year)
- Ultrasounds & in-cycle bloodwork (E2, P4, beta hCG, FSH, LH)

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

Embryos that have been preserved during an IVF freeze-all, frozen oocyte transfer, or previous IVF fresh 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 screens each sample for genetic abnormalities, allowing the fertility specialist to ensure that the most viable embryo is chosen for transfer. Please note, FETs performed on a gestational carrier are standardly not a covered service. Contact your PCA for more information.



The following procedures are covered:

- Cycle management
- Embryo thaw
- Embryo transfer 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), or artificial insemination, is when sperm is inserted directly into the uterus through a catheter following monitoring. Sometimes a course of medication is used prior to insemination to stimulate the ovaries and increase the likelihood of pregnancy.

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 of infertility. A TIC cycle typically involves monitoring via ultrasound at the clinic and may also involve the use of medication to trigger ovulation. When ovulation is about to occur, the provider instructs 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)

Fertility Preservation (Egg Freezing) = 1/2 Smart Cycle

Egg freezing, or oocyte cryopreservation, allows a member to preserve their fertility as they plan for the future. An egg freezing cycle starts by stimulating the ovaries with a course of medication. Following stimulation, the provider retrieves eggs from the ovaries and freezes them using vitrification.

The following procedures are covered:

- Anesthesia (for egg retrieval)
- Cycle management
- Oocyte identification
- Office visits
- Preparation and cryopreservation of egg(s)
- Retrieval (follicular aspiration, to include ultrasound guidance)

-
- Tissue storage (1 year)
 - Ultrasounds & in-cycle bloodwork (E2, P4, beta hCG, FSH, LH)

While your employer offers fertility preservation, it may be considered a taxable benefit. Contact your PCA to learn more about tax treatment. You should also contact a trusted tax advisor for more information regarding the tax treatment of reimbursements under this benefit.

Fertility Preservation (Sperm Freezing) = 1/4 Smart Cycle

Although sperm freezing is less common than egg freezing, there are situations in which a provider may advise banking sperm. For example, travel when eggs are retrieved and need to be fertilized, low sperm count necessitating multiple sperm donations prior to fertilization, or other medical conditions or procedures (such as chemotherapy).

As with other services, your portion of financial responsibility will apply to each production of a sample. If you prefer to preserve your Smart Cycle balance for treatment, you can always opt to pay for these services out-of-pocket.

The following procedures are covered:

- Office visits
- Semen analysis
- Semen cryopreservation
- Tissue storage (1 year)

While your employer offers fertility preservation, it may be considered a taxable benefit. Contact your PCA to learn more about tax treatment. You should also contact a trusted tax advisor for more information regarding the tax treatment of reimbursements under this benefit.

Split Cycle = 1/4 Additional Smart Cycle

A split cycle is comprised of splitting the cryopreservation of the tissue between eggs and embryos. A split cycle may only be added to an authorized IVF fresh or IVF freeze-all cycle.

The following procedures are covered:

- Oocyte cryopreservation

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 are thawed and fertilized in the lab. A fresh embryo transfer takes 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

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- Embryo biopsy
 - Embryo culture lab
 - Embryo transfer w/ ultrasound guidance
 - Intracytoplasmic sperm injection (ICSI)
 - Office visits
 - Oocyte fertilization/insemination
 - Oocyte identification
 - Oocyte thaw
 - Preimplantation genetic testing for aneuploidy (PGT-A)
 - 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

Progyny's fertility benefit covers pre-transfer embryology services including diagnostic testing, fertilization, preimplantation genetic testing, and cryopreservation for the covered member who is the intended parent. This cycle includes all the embryology services for the creation of embryos from previously frozen or donor 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, so the subsequent frozen embryo transfer is an out-of-pocket cost.

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)
- Simple sperm wash & prep
- Sperm cryopreservation (sperm storage is billed and authorized separately)
- 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 preimplantation genetic testing for aneuploidy (PGT-A) may be performed outside of a traditional IVF cycle, for example, if embryos have already been created and cryopreserved for future use. PGT-A involves testing embryo biopsy tissue for chromosomal abnormalities. PGT-A greatly reduces the risk of miscarriage and increases

the probability of a successful pregnancy. Euploid embryos (those with the correct number of chromosomes) are preserved and saved for future transfer. There is no limit to the number of embryos covered for testing.

Donor Eggs (Oocyte) Purchase = 1 Smart Cycle

A cohort typically includes 6-8 oocytes (eggs); however the cohort will ultimately be determined by the contracted egg bank you select. If you choose to purchase additional oocytes outside of the standard cohort available, you may incur additional out-of-pocket expenses. Tissue transportation is also covered. Purchase of tissue must be at an in-network egg bank where members can purchase donor eggs directly after an authorization is issued. Visit progyny.com/labs to search for in-network egg banks. Contact your PCA if you have questions.

While your benefit includes donor tissue purchase, it may be considered a taxable benefit. Please contact your PCA to learn more about tax treatment. You should also contact a trusted tax advisor for more information regarding the tax treatment of reimbursements under this benefit.

Donor Sperm Purchase = 1/4 Smart Cycle

Donor sperm includes up to four vials per purchase. All vials must be purchased the same day. Tissue transportation from the tissue bank to your in-network clinic is also covered. Purchase of tissue must be at an in-network sperm bank where members can purchase donor sperm directly after an authorization is issued. Visit progyny.com/labs to search for in-network sperm banks. Contact your PCA if you have questions.

You may also elect to purchase donor sperm without utilizing your Smart Cycle benefit. In this case, you would pay out-of-pocket for the donor sperm (purchase or known donor expenses) as well as transportation. These costs would not contribute to your medical insurance plan cost share. Contact your PCA if you have questions.

While your benefit includes donor tissue purchase, it may be considered a taxable benefit. Please contact your PCA to learn more about tax treatment. You should also contact a trusted tax advisor for more information regarding the tax treatment of reimbursements under this benefit.

FET for Donor Embryo = 1/4 Smart Cycle

Some members may choose embryo donation to build their families. Embryo donation, which is sometimes referred to as embryo adoption, is the process of receiving an embryo created by another individual or couple who have completed their family and donated their remaining embryos. Following testing, the recipient undergoes a frozen embryo transfer (FET). The FET is covered as part of the Progyny benefit. Donor embryos typically include agency/administration fees. 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 w/ultrasound guidance
- Office visits
- Preparation of embryo(s) for transfer
- Ultrasounds & in-cycle bloodwork (E2, P4, beta hCG, FSH, LH)

Partial Cycle = 1/4 or 1/2 Smart Cycle

If you only have 1/4 or 1/2 of a Smart Cycle remaining, you may be eligible to utilize your remaining balance toward IVF for partial cycle coverage. Any services not included in the partial cycle will be a full out-of-pocket cost. All partial cycles are subject to provider approval. Contact your PCA to confirm eligibility and learn more about your options.



Reproductive Urology (male-factor) Services

Progyny covers sperm-related or male-factor infertility, which often means there is an issue with sperm production or delivery, motility or the shape of sperm, or blockage in the reproductive tract. While treatment will vary, an individual will typically need to see a reproductive urologist who specializes in male reproductive health. The Progyny benefit provides treatment coverage for these services when performed by an in-network provider, and access to a curated network of reproductive urologists. Eligible members can also access care through our in-network providers regardless of age or intent to start a family, including American Urology Association (AUA) recommended medications and treatments for common conditions such as testosterone deficiency, gender affirming care, and sexual dysfunction. Most of these services, other than fertility preservation, do not reduce your Smart Cycle balance when utilized but you may have financial responsibility. Contact your PCA for more information.

Sperm Retrieval Procedures

Sperm retrieval procedures involve procuring sperm for storage or use in fertility treatment. These include:

Testicular Sperm Aspiration (TESA) is a procedure often performed for obstructive azoospermia and involves the insertion of a needle into the testicle and tissue/sperm are aspirated.

All of the following services are covered for a TESA:

- Office visits
- Scrotal ultrasound
- Rectal ultrasound
- Biopsy of the testis, needle
- Sperm aspiration
- Sperm identification from testis tissue
- Cytopathology: evaluation of fine needle aspirate
- Cytopathology: fluids, washings, or brushings
- Cytopathology: concentration technique
- Level IV surgical pathology
- Facility fees and anesthesia

Percutaneous Epididymal Sperm Aspiration (PESA) is a procedure often performed for obstructive azoospermia from either a prior vasectomy or infection.

All of the following services are covered for a PESA:

- Office visits
- Scrotal ultrasound
- Rectal ultrasound
- Biopsy of the testis, needle
- Sperm aspiration
- Sperm identification from epididymal or vasal fluid
- Cytopathology: evaluation of fine needle aspirate
- Cytopathology: fluids, washings, or brushings
- Cytopathology: concentration technique
- Level IV surgical pathology
- Facility fees and anesthesia



Testicular Sperm Extraction (TESE) or Microdissection TESE (MicroTESE) is a procedure often performed when there is a sperm production problem and there are few or no sperm present in the ejaculate. A small incision is made in the testis to examine the tubules for the presence of sperm.

All of the following services are covered for a TESE:

- Office visits
- Scrotal ultrasound
- Rectal ultrasound
- Biopsy of the testis, incisional
- Sperm identification from testis tissue
- Cytopathology: fluids, washings, or brushings
- Cytopathology: concentration technique
- Level IV surgical pathology
- Facility fees and anesthesia

All of the following services are covered for a MicroTESE:

- Office visits
- Scrotal ultrasound
- Rectal ultrasound
- Biopsy of the testis, incisional
- Sperm identification from testis tissue
- Level IV surgical pathology
- Cytopathology: fluids, washings, or brushings
- Cytopathology: concentration technique
- Facility fees and anesthesia

Micro Epididymal Sperm Aspiration (MESA) is a procedure often performed for vasal or epididymal obstruction and allows for an extensive collection of mature sperm.

All of the following services are covered for a MESA:

- Office visits
- Scrotal ultrasound
- Rectal ultrasound
- Biopsy of the testis, needle
- Biopsy of the testis, incisional
- Sperm aspiration
- Sperm identification from epididymal or vasal fluid
- Cytopathology: evaluation of fine needle aspirate
- Cytopathology: fluids, washings, or brushings
- Cytopathology: concentration technique
- Level IV surgical pathology
- Facility fees and anesthesia

Percutaneous Vasal Sperm Aspiration/Vasal Sperm Aspiration (PVSA/VASA) is a sperm retrieval process that gathers mature sperm cells found in the vas deferens. This approach may be an option for those who have normal sperm production but have some kind of blockage or condition that impedes sperm transport from the testicle to the ejaculate.

All of the following services are covered for a PVSA/VASA:

- Office visits
- Scrotal ultrasound
- Rectal ultrasound
- Biopsy of the testis, needle
- Sperm aspiration
- Sperm identification from epididymal or vasal fluid
- Cytopathology: evaluation of fine needle aspirate
- Cytopathology: fluids, washings, or brushings
- Cytopathology: concentration technique
- Level IV surgical pathology
- Facility fees and anesthesia

Fertility Preservation (Sperm Freezing) = 1/4 Smart Cycle

In the case of oncofertility, in which medical treatment such as chemotherapy may affect future fertility, or in cases of gender dysphoria, a provider may advise banking sperm. In this case, a member may do so at an in-network Reproductive Urology clinic and utilize their Smart Cycle benefit. This service will impact your Smart Cycle balance.

As with other services, financial responsibility will apply to each production of a sample. If you would prefer to preserve your Smart Cycle balance for treatment, you can always opt to pay for these services out-of-pocket.

The following procedures are covered:

- Office visits
- Semen analysis
- Semen cryopreservation
- Tissue storage (1 year)

Other Reproductive Urology (male-factor) Treatments

In addition to sperm retrieval procedures, Progyny also covers several other treatments for male-factor infertility. These include:

- Fine needle aspiration biopsy (testes mapping)
- Electroejaculation (rectal probe) or Penile Vibratory Stimulation (PVS)
- Varicocelectomy (unilateral or bilateral)
- Cystoscopy and transrectal ultrasound-guided seminal vesicle aspiration and chromotubation
- Transurethral resection of the ejaculatory ducts (TURED)
- Cytopathology: evaluation of fine needle aspirate
- Cytopathology: fluids, washings, or brushings
- Sperm DNA fragmentation
- Cytopathology: concentration technique
- Level IV surgical pathology
- Vasography
- Orchidopexy

-
- Scrotal exploration and microsurgical reconstruction for idiopathic or defined excurrent duct obstruction (cannot be authorized for vasectomy reversal procedures)
 - Inguinal exploration

Hormonal Care Coverage

Whether or not you are trying to conceive, you have access to hormonal care coverage through our network of reproductive urologists to manage testosterone deficiency. Your PCA can help you find an in-network reproductive urologist and connect you with a Progyny Clinical Educator to provide clinical guidance.

See the *Initial Consultation and Diagnostic Testing for Reproductive Urology (male-factor)* appendix for a full list of covered tests and procedures and their CPT codes.



Definitions for Covered Services

Anesthesia for Egg Retrieval

Egg retrievals are typically performed with anesthesia (deep sedation).

Assisted Hatching

For the advanced embryo to implant in the uterine wall and 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.

D&C

Occasionally, a minor surgical procedure called a D&C is needed in a fertility setting. Typically, this procedure is billed to your medical insurance and is covered. However, if your medical insurance does not cover it, or if your clinic is out of network with your medical insurance, Progyny may cover it (unless the procedure is restricted by any applicable local, state, or federal laws, rules or regulations at the time of performance or coverage). Please note, this may be covered as a reimbursement. Reimbursements must be submitted within three months of the date of service. Contact your PCA for more details.

Embryo Culture

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

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 the laboratory where sperm is added to a dish containing the egg to create embryos.

Genetic Counseling

Genetic Counseling is sometimes required as part of your fertility journey to review your pre-conception carrier screening and/or PGT-A/M/SR results. Typically, genetic counseling is covered by your medical insurance. However, if your medical insurance will not cover the service, or if your genetic counselor is out of network with your medical insurance, Progyny will cover it. Please note, this may be covered as a reimbursement. Reimbursements must be submitted within three months of the date of service. Contact your PCA for more details.

In-Cycle Monitoring/Management

During a treatment cycle, the clinic will monitor progress through pelvic ultrasounds and bloodwork every other day. This helps to assess the development of follicles and the thickness of the 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 most 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); motility (movement); or if the sperm have trouble attaching to the egg—however many clinics now perform it in most or all IVF cycles. ICSI is covered as part of your Smart Cycle but may be billed separately. As with all covered services, you should expect a bill for your financial responsibility.

Preimplantation Genetic Testing for Aneuploidy (PGT-A)

Preimplantation genetic testing for aneuploidy (PGT-A), also called CCS and NGS, may be performed in conjunction with IVF treatment and involves testing embryo biopsy tissue 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 and healthy pregnancy. Furthermore, a single embryo transfer (SET) 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 (because it can take several days to get the PGT-A test results from the lab, the embryo(s) transferred during an IVF fresh cycle are unlikely to be PGT-A tested). Your Progyny coverage also allows for untested, previously frozen embryos to be thawed, biopsied for PGT-A testing, and frozen again prior to transfer. There is no limit to the number of embryos covered for testing. 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 it equals 1/4 Smart



Cycle. As with all covered services, you should expect a bill for your financial responsibility. Please note, PGT-A may be billed separately.

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. This is a covered standalone service under your benefit and will not impact your Smart Cycle balance.

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. This is a covered standalone service under your benefit and will not impact your Smart Cycle balance.

Single Embryo Transfer (SET)

At Progyny, our goal is your goal: healthy pregnancies and healthy babies. Progyny is committed to providing our members with access to the best care to ensure the best outcomes. While we do not determine care, we require that all providers in our network follow the American Society for Reproductive Medicine (ASRM) guidelines.

SET or single embryo transfer is the preferred process where one embryo is transferred at a time. Fertility providers and the specialty overwhelmingly prefer SET to reduce the risk of multiple pregnancy and miscarriage. Transferring more than one embryo does not significantly increase pregnancy rates and can increase the chance of poor outcomes including miscarriage, high-risk pregnancy, and pre-term birth.

If your provider recommends multiple embryo transfer, they must attest that their recommendation meets ASRM guidelines. Following attestation, you may move forward with the transfer.

If the recommended multiple embryo transfer does not meet [ASRM guidelines](#), our Medical Advisory Board will review the recommendation including any supporting medical records.

If approved, you may move forward with the transfer.

If the transfer of multiple embryos is denied by Progyny's Medical Advisory Board, you and your provider should discuss your next steps. If you choose to move forward with SET, your transfer will be covered as normal (assuming eligibility and sufficient benefit remaining). If you and your provider elect to move forward with the transfer of multiple embryos, the transfer will be an out-of-pocket cost that is not covered under your benefit.

Contact your PCA for more information.

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 provider. Telehealth can be utilized for an initial consultation, for example, enabling you to meet your provider virtually, discuss your medical history and explore possible treatments, just like you would during an in-person visit. Progyny members have coverage for telehealth visits within their Smart Cycles. Like for an in-person office visit, financial responsibility for a telehealth visit will be determined by your plan enrollment.

Tissue Storage

Storage for tissue retrieved or created using the Progyny benefit is covered for the first year. Your employer will cover an additional 3 storage authorizations. Each authorization covers one year of storage. Additional years of storage post employer-covered 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. Coverage only applies to standard shipping, and when possible, members should use an in-network solution. If eligible, reimbursements must be submitted within three months of the date of service. Contact your PCA for more information and to confirm reimbursement eligibility and processing details.

Pregnancy Monitoring

Pregnancy monitoring is a maternity service that involves checking the health of the unborn baby during pregnancy and labor. Progyny will cover early pregnancy ultrasounds performed at your Progyny fertility clinic up until the time you are transferred to your OB provider. Reach out to your PCA for more details.



Non-Covered Services

Services not listed in the Member Guide are not covered. Standard exclusions include home ovulation prediction kits, services and supplies furnished by an out-of-network provider, and treatments, including medication, considered experimental or non-standard 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 provider recommends services that are not listed in this guide, or that require specific prior authorization, 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 insurance plan. **Costs associated with non-covered services are your responsibility. Please check with your medical insurance plan to confirm coverage and for more information.**

Examples of these services may include surgical procedures, except for egg retrievals and most surgeries related to reproductive urology treatment. Examples of non-covered surgical procedures include laparoscopies, myomectomies, and tubal ligation reversals. Please contact your medical plan to inquire about coverage for surgical procedures.

Services provided without an authorization will be your responsibility. Always connect with your PCA prior to beginning treatment or receiving services to understand what is covered and if any additional authorization procedures are required. Request for authorization for covered services will be reviewed based on your individual submission and our written clinical policy. The request will be timely adjudicated and based on that review may be approved, denied, or partially approved or partially denied. Refer to the [Authorization for Covered Services](#) section to learn more.





Additional Family Building Support

Surrogacy Support

Surrogacy Counseling

Progyny members looking to grow their family through surrogacy have access to surrogacy coaches to provide support and resources throughout the process. Whether you're just starting to think about surrogacy, have already reached out to a few agencies, or have even met your surrogate, your dedicated PCA can connect you to a Progyny surrogacy coach to provide surrogacy counseling regarding next steps, including:

- Details on the process and average cost of surrogacy
- Explanation of various processes and pathways
- Resources to find legal advice for state-specific laws that impact your options
- Specific counseling for LGBTQ+ individuals and couples

Surrogacy Services

You can utilize your Smart Cycles to cover the below services as part of your surrogacy journey. Please note, your Smart Cycle allowance cannot be used for the surrogate, as they are not a claimed dependent. Reference the [Explanation of Covered Treatments & Services](#) section and contact your PCA to learn more.

- **Pre-transfer Embryology Services:** includes diagnostic testing, fertilization, preimplantation genetic testing, and cryopreservation for the covered member who is the intended parent. This cycle includes all the embryology services for the creation of embryos from previously frozen or donor 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, so the frozen embryo transfer is not covered under the Smart Cycle.
- **Donor Tissue Purchase:** your Smart Cycle allowance can be utilized to purchase donor tissue (egg and sperm tissue). Tissue transportation is also covered. Purchase of tissue must be at an in-network bank where members can purchase tissue directly after an authorization is issued. Visit progyny.com/labs to search for in-network donor tissue banks. Contact your PCA if you have questions and to learn more about tax treatment, if applicable.

Surrogacy Financial Assistance Program

As part of your Progyny benefit, your employer offers surrogacy financial assistance up to \$20,000 per child to cover surrogacy-related expenses. Intended parents who are covered members have unlimited access to support from a PCA. Please note, your Smart Cycle allowance cannot be used for the surrogate or gestational carrier, as they are not a claimed dependent on your medical insurance plan. However, your Smart Cycle allowance does cover the pre-transfer embryology services as described above, including diagnostic testing, fertilization, and embryo monitoring. Contact your PCA for more information on eligibility and reimbursement requirements, and to obtain a copy of your organization's surrogacy policy. You must meet eligibility requirements at the time of reimbursement.

Eligible surrogacy expenses may include:

- Donor fertility costs and fees not covered by another source
- Egg or sperm donation shipping and transport fees
- Egg or sperm retrieval fees, IVF, and medical costs (if not covered by Progyny or another source)
- Egg/sperm donation agency fees
- Gestational carrier, egg, or sperm donor compensation
- Gestational carrier, egg, or sperm donor screening costs
- Legal and attorney fees
- Pregnancy medical expenses related to surrogacy
- Surrogacy agency fees
- Travel expenses for the intended parents
- Other costs associated with surrogacy or donor tissue

How do I submit my reimbursement?

Your surrogacy program is administered by Progyny. When you're ready to get started, contact your dedicated PCA, who will help facilitate reimbursement. You will submit a copy of the agency or legal agreement, as well as any invoices with their corresponding proof-of-payment for eligible expenses. Once your request has been reviewed and processed, Progyny will alert your payroll department of the amount you should receive. You will see your reimbursement on your paycheck once processed.

While your employer offers a surrogacy reimbursement, it may be considered a taxable benefit. Contact your PCA to learn more about tax treatment. You should also contact a trusted tax advisor for more information regarding the tax treatment of reimbursements under this benefit.

If you are refunded for any expenses that you submitted to Progyny for reimbursement you are obligated to notify your PCA immediately. Submitting falsified reimbursement requests or retaining funds through any assistance program that were not actually incurred is a violation of this plan, such misconduct may have significant tax implications.

For more information on your Surrogacy Financial Assistance Program, including eligibility requirements, please reach out to your PCA or refer to your policy.



Adoption Support

Adoption Counseling

Progyny members looking to grow their family through adoption have access to adoption coaches to provide support and resources throughout the process. Whether you're just starting your research, ready to begin the process, or are well on your way in your adoption journey, your dedicated PCA can connect you to a Progyny adoption coach to provide adoption counseling, including:

- Details on the process and average cost of adoption
- Explanation of various processes and pathways
- Resources to find legal advice for state-specific laws that impact your options
- Specific counseling for LGBTQ+ individuals and couples

Adoption Financial Assistance Program

As part of your Progyny benefit, your employer offers adoption financial assistance up to \$20,000 per child to help offset your out-of-pocket adoption costs. Contact your PCA for more information on eligibility and reimbursement requirements, and to obtain a copy of your organization's adoption policy. You must meet eligibility requirements at the time of reimbursement.

Eligible adoption expenses may include:

- Legal and court fees
- Placement and home study fees
- Public, private, and foreign adoption agency fees
- Temporary foster care charges
- Transportation, immigration, and translation costs
- Other costs associated with adoption

How do I submit my reimbursement?

Your adoption program is administered by Progyny. When you're ready to get started, contact your dedicated PCA, who will help facilitate reimbursement. You will submit a copy of the agency or legal agreement, and any invoices with their corresponding proof-of-payment for eligible expenses. Once your request has been reviewed and processed, Progyny will alert your payroll department of your reimbursement amount. You will see your reimbursement in your paycheck once processed.

While your employer offers an adoption reimbursement, it may be considered a taxable benefit. Contact your PCA to learn more about tax treatment. You should also contact a trusted tax advisor for more information regarding the tax treatment of reimbursements under this benefit.



If you are refunded for any expenses that you submitted to Progyny for reimbursement you are obligated to notify your PCA immediately. Submitting falsified reimbursement requests or retaining funds through any assistance program that were not actually incurred is a violation of this plan, such misconduct may have significant tax implications.

For more information on your Adoption Financial Assistance Program, including eligibility requirements, please reach out to your PCA or refer to your policy.



Authorization & Financial Responsibility

Authorization for Covered Services

An authorization is required before receiving services or treatment. You must request an authorization (via your PCA or through the member portal) before your first appointment and again before you begin each service or treatment cycle. Once an authorization is approved, you'll receive a Confirmation Statement. This is important because it confirms your Progyny coverage for specific treatments and is sent to your clinic to ensure proper billing. For certain services, additional information may be needed from your provider to authorize and provide a Confirmation Statement. Learn more below.

When do I need an authorization?

You will need an authorization before your initial consultation as well as before you begin each treatment cycle, such as an IVF or IUI treatment. Once the authorization is approved, you will receive a copy of your Confirmation Statement. It's important that you obtain an authorization and Confirmation Statement prior to your appointments. This ensures you are eligible for services and that you understand your treatment plan.

What is a Confirmation Statement and why do I need it?

A Confirmation Statement is a document that confirms your Progyny coverage for a specific treatment bundle or covered service. Once an authorization request is approved, you and your clinic will receive a Confirmation Statement as proof of coverage. The best way to prevent billing errors or delays in treatment is to request an authorization before your first appointment and again before you begin each treatment cycle.

How do I request an authorization and Confirmation Statement?

1. To request an authorization, contact your PCA or submit a request via the member portal. This should be done prior to all scheduled treatment start dates.
2. You will need to provide your treatment or service type, in-network clinic, provider name, and appointment date or treatment start date with your request.
3. Once your authorization is approved, Progyny will send your Confirmation Statement to the clinic and will also send it to you for your records. Certain services do require specific authorization and may require more information from you or your provider. Your PCA will let you know if additional information is needed.
4. The authorization will be processed a few days before your appointment to confirm you are still eligible for the benefit. If you are ineligible, you will be responsible for all costs incurred at your appointment. Authorizations are only valid for their specific date range and all treatment or testing must be completed within the authorization date range.
5. Your Confirmation Statement includes everything you need, such as 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 Confirmation Statement automatically, we recommend having a copy at your appointment to make sure your clinic has the correct information listed in your account.

How do I know which services require additional information for authorization?

To learn more about services that require specific authorization steps, please visit <http://nputilizationalliance.com/> or talk to your PCA. Request for authorization for these covered services will be reviewed based on your individual submission and our written clinical policy. The request will be timely adjudicated and based on that review may be approved, denied, or partially approved or partially denied.

Do I need to obtain an authorization for lab work?

Yes, you will need to bring a copy of your Confirmation Statement for the treatment associated with the lab work to confirm coverage. During your initial consultation you may be asked to get bloodwork done at a laboratory 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 Confirmation Statement with you as it has all the necessary information for the laboratory to bill Progyny. Please note, this is typically the ONLY time bloodwork performed outside of your clinic will be covered by Progyny. Once treatment begins, all lab draws must take place at your clinic.

Additionally, if you choose to pursue preimplantation genetic testing on your embryos, share a copy of your Confirmation Statement with the genetic laboratory performing the testing so that they can bill Progyny directly. On your Confirmation Statement you will find the list of in-network laboratories, preconception carrier screening laboratories, and preimplantation genetic testing laboratories for this genetic testing, as well as contact information for your specialty pharmacy.

How long is each authorization valid?

Authorizations for initial consultations 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 insurance 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

Your Progyny benefit covers eligible fertility services, however, you may still have to pay for some services. Financial responsibility means you will be expected to pay for a portion of your covered services under your Progyny benefit. The amount you should expect to pay is determined by the medical plan you're enrolled in through your employer. This means you should expect bills for all covered and authorized services including your initial consultation and diagnostics, medication, and fertility treatment.

Why Am I Getting a Bill from Progyny?

Progyny coordinates with your medical insurance plan to administer your Progyny fertility benefit. This means your Progyny member financial responsibility cross accumulates with medical services and is calculated in the same way a surgery or treatment for a broken bone would be. Member financial responsibility is determined by your medical insurance plan and may include deductible, coinsurance, copayment, and/or out-of-pocket maximum.

Important Reminders

When scheduling with your provider, you must list Progyny as your medical plan and your Progyny ID as your member ID at your clinic and laboratories to avoid significant billing issues and incorrect financial responsibility on your part. Your clinic will submit a claim directly to Progyny for payment. Progyny, in turn, processes the claim according to your plan and applies your financial responsibility. You will receive a bill from Progyny reflecting the amount as determined by your medical insurance plan. For most treatments and services, you are billed in bundles aligned with your Smart Cycle or treatment authorization, and not in a fee for service manner. If you choose to forego any services listed as covered within an authorization, the stated Smart Cycle value and bundle is applied in full. For example, your Initial Consultation and Diagnostic bundle is billed based on the services included within the authorization. Please note, although your services are typically authorized as a treatment bundle, you may receive several bills related to your treatment. When you receive your Progyny bill, you can submit payment by mailing a check to the address on your bill, by credit card, over the phone, via the member portal, or at progyny.com/payment.

Note: You should never receive a bill from the clinic or pay the clinic directly for services covered by Progyny. You should only receive a bill from Progyny after the claim has been processed to determine your financial responsibility. If you are asked to pay at the clinic or receive a bill from the clinic, please contact your PCA.

Insurance Terminology

Insurance terminology can be confusing. Here's a breakdown of financial responsibility terms. As a reminder, you will only be responsible for the financial responsibility determined by your medical insurance plan.

- Your **premium** is the amount deducted from your pay for your medical insurance coverage. There is no additional premium through Progyny.
- **Cost of Covered Services** is the amount billed by your provider.
- At the start of each plan year, you will pay out-of-pocket for your all medical services (including fertility services) until you reach your **deductible**.

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- **Insured amount** is the cost of covered services minus your deductible.
 - Once you've reached your deductible, you and your medical insurance plan each pay a percentage of your **covered** healthcare services (or insured amount). This is called **coinsurance**.
 - You are/may also be responsible for a **copayment**, which is a flat fee for certain services or prescriptions, determined by your medical insurance plan.
 - You and your medical insurance plan continue to share the costs of your covered healthcare services (insured amount) until you reach your **out-of-pocket maximum**.
 - Then, 100% of the costs of your covered Progyny services will be paid by your medical insurance plan for the rest of the plan year.

Timely Filing

Timely filing is the timeframe within which a claim must be submitted to your insurance carrier. Your timely filing limit is determined by your insurance carrier and is based on the date of service rendered. The date of service is determined by the clinic.

Progyny is unable to authorize a service, reimburse for covered services, or submit a claim for processing that is past the timely filing date. If a claim is submitted for processing after the specified timely filing date, the claim will be denied by your carrier. This pertains to all services that require a claim to be processed, including reimbursements.

Contact your PCA if you have any questions regarding your carrier's timely filing limit.





FAQs

Coverage and Services

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

Yes, Progyny's family building benefit was specifically designed to support everyone, including single parents by choice and LGBTQ+ individuals and couples. Contact your PCA to learn more about your family building options.

2. How do I know how many Smart Cycles I have left and how I can use them?

Please contact your dedicated PCA for more information regarding your Smart Cycle balance and to discuss your options for utilizing your benefit. You can also view your Smart Cycle balance in your Progyny member portal.

3. Does Progyny have male identifying or gender non-binary Patient Care Advocates?

Progyny understands the importance of having diverse perspectives available for our members, and that some members may prefer to work with advocates with a shared gender identity. If you wish to request a male, transgender, and/or non-binary PCA, please make this known during your onboarding call or any time when speaking with your PCA.

4. Does Progyny provide translation services?

Progyny PCAs speak several languages, and we utilize a medical translation service for real-time (live) telephonic interpretation in over 200 languages.

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

Each general treatment authorization is valid for 60 days (90 days for initial consultations) and covers all services listed for the associated treatment cycle found in the *Explanation of Covered Treatments & Services* section of this Member Guide. Certain services do require specific authorization. To learn more about services that require specific authorization steps, please visit <http://nputilizationalliance.com/> or talk to your PCA. Request for authorization for covered services will be reviewed based on your individual submission and our written clinical policy. The request will be timely adjudicated and based on that review may be approved, denied, or partially approved or partially denied.

6. 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. However, 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 support as you move forward with your family building journey. If you would like to continue treatment, your PCA can chat through your treatment options, provide educational resources, help you prepare for your appointments, as well as continue to provide emotional support and guidance throughout your family building journey. Once

your Smart Cycle benefit has been exhausted, treatment costs will be incurred as an out-of-pocket cost to you.

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

You have the option to opt out of the use of your Smart Cycle benefit and pay out-of-pocket for a service to save your Smart Cycle balance. 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 either to self-pay for services and conserve Smart Cycles, or if the services do not deduct any 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.

8. What if my treatment is cancelled? Will it impact 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 impact your Smart Cycle balance but will be subject to financial responsibility as determined by your medical insurance plan.
- Cycles cancelled after retrieval (or aspiration), 1/4 Smart Cycle will be deducted from your balance.
- Cycles cancelled after fertilization due to no embryos available for biopsy, freezing, or storage will deduct 1/2 Smart Cycle. Please note, this partial cycle does not apply if your embryos are all aneuploid as all services in that case were rendered .
- Cycles converted to IUI or Timed Intercourse deduct 1/4 Smart Cycle.

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

9. What if there's a change in my clinical treatment plan after obtaining an authorization?

If your treatment plan changes at any time contact your PCA immediately to obtain a new authorization. Changes will impact your Smart Cycle balance and out-of-pocket financial responsibility. Examples of changes in treatment plans may include:

- If your IVF freeze-all or IVF fresh treatment cycle is converted into a TIC by your provider
- If your IVF fresh cycle is converted into an IVF freeze-all cycle

If your treatment is converted into a TIC and you do not want this service to impact 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. Contact your PCA with questions.

10. What if my provider recommends a test, medication, or service that is not covered under Progyny?

If your provider recommends a test, medication, or service that is not listed as a covered service under Progyny, please contact your dedicated PCA to confirm your coverage and discuss next steps. If the test, medication, or service 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 may be covered under your medical insurance.

11. What is the difference between a Reproductive Endocrinologist (REI) and a Reproductive Urologist (RU), and how do I know which is right for me?

A reproductive endocrinologist (REI) is a fertility doctor who primarily focuses on female reproductive health and fertility to achieve a patient's family building goals. A reproductive urologist (RU) is specialized in male reproductive health and supports male-factor infertility treatments to help an individual or a couple improve their fertility outcomes. Most patients begin their journey with an REI for an initial consultation and to undergo diagnostic testing, so they are better able to understand their family building options. After this step, they may be referred to a reproductive urologist if additional testing is required. A patient may also connect directly with a reproductive urologist (RU) without a referral, pending their specific journey. Your REI and RU must be in-network with Progyny to use your benefit.

12. Does the Progyny benefit include coverage for remote monitoring?

Remote monitoring occurs when bloodwork and ultrasounds for a treatment cycle are performed at a clinic other than the one performing the retrieval or transfer. For example, a member plans to have an egg retrieval in San Francisco but lives in Oregon. The bloodwork and ultrasounds are completed locally, and test results are sent to the provider who is managing the cycle and performing the retrieval.

In some cases, such as work travel, monitoring may be covered. However, please note that remote monitoring at another clinic is at the discretion of your provider and their clinic protocol. Reach out to your PCA for more information.

13. 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. Donors are not the intended parent, not an intimate partner, and not carrying the pregnancy. Gestational carriers or surrogates are also not intimate partners and not the intended parents. Your Progyny benefit is for your own family building journey only and does not cover services for donor's or surrogate's treatment.

14. When do I stop using Progyny treatment coverage and start using my pregnancy medical coverage?

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

clinic provides pregnancy monitoring services prior to you transferring to your OB provider, it can be authorized and covered by your Progyny benefit.

15. How does Progyny use and share my health information?

Progyny may share your health information with healthcare providers who are involved in taking care of you, and they may in turn use that information to treat you. Your healthcare provider may also share your health information with other healthcare providers to whom you have been referred for further treatment. All such providers are required by law to protect the privacy of your health information.

Progyny may use your health information or share it with others so that we may obtain payment for your treatment or services. We share information about you with your health insurance carrier to obtain reimbursement, or to determine whether your insurance carrier will cover your treatment or services, or to obtain pre-approval for your treatment or services. We may share your information with other healthcare providers and payors for their payment activities. Such providers and payors are required by law to protect the privacy of your health information.

Progyny may also use your health information or share it with others to conduct our health care operations, for example, to educate our employees on how to improve the services they provide. We may share your health information with other healthcare providers and payors for certain of their health care operations. Such providers and payors are required by law to protect the privacy of your health information.

Progyny may use your health information or share it with others as required by law.

For more information, please see our Privacy Policy available at <https://progyny.com>.

Eligibility

16. Who is eligible for the fertility and family building benefit?

Employees and their covered spouse or domestic partner enrolled in an eligible plan have access to the Progyny benefit. Dependent children are not eligible for the Progyny benefit.

To verify eligibility and learn more about covered services, please contact your PCA. You must meet eligibility criteria at time of treatment to utilize the Progyny benefit.

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

The lifetime Smart Cycle benefit is per family not per member.

18. Is fertility preservation covered in instances where fertility may be impacted by medical treatment or cancer, or in cases of gender dysphoria?

In the event of medical treatment or cancer that may affect future fertility or in cases of gender dysphoria, fertility preservation is covered for members, partners, and dependent children under 26. Contact your PCA for more information.

19. 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, your partner's services, including testing and treatment, will not be covered. Your partner must be a claimed dependent on your plan in order to receive coverage under your Progyny benefit.

20. What is primary and secondary insurance?

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

21. 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.

22. 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 your Progyny PCA to understand how the coordination of benefits applies before you receive any treatment or services.

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 greater financial responsibility on your part. If you're not sure of your coverage details, 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 the Progyny benefit. 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 due to no coverage) 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. Please note that denial reasons such as "denied due to being out of network with your primary plan" or "denied due to missing authorization request" are not eligible reasons to coordinate coverage under your Progyny plan. Members must adhere to the primary insurance's rules and regulations.

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 details 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, copayment, and coinsurance payments from your medical insurance plan are not reimbursable expenses. Reimbursements must be submitted within three months of the date of service.

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 insurance coverage carrier for reimbursement. Please contact your secondary insurance carrier with any questions.

23. 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) to access coverage under both benefit plans. Services will be processed through the member'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.

24. 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.

25. 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 insurance plan is terminated. If you receive an authorization but coverage lapses before you receive treatment or services, your claim will be denied, and you will be financially responsible. Speak to your PCA if you have any coverage changes.

26. 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. Contact your HR department directly for more information regarding your specific COBRA coverage options. 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

27. How do I schedule an appointment?

Once you've identified a Progyny in-network clinic and you're ready to schedule an initial consultation, contact the clinic directly to schedule an appointment and give them your Progyny member ID. Alternatively, if available at your clinic of choice, contact your PCA and they can send a referral by your request 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 at any time. Upon scheduling, you must notify your PCA of all new appointments to ensure an authorization is processed in a timely manner.

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

An authorization is an approval for services. Upon authorization, Progyny generates a Confirmation Statement, which is a document that confirms your coverage and is sent to your clinic, which allows the clinic to bill Progyny directly. Prior authorization is the best way to prevent billing errors or delays in treatment. Note, retroactive authorizations are not possible in all cases and must fall within timely filing for your medical insurance plan. Contact your dedicated PCA to request an authorization before your first appointment and before you begin any treatment cycle. Some services require specific prior authorization. Contact your PCA for more information on the steps to get a prior authorization for a service should it be required under your Progyny benefit, and visit <http://nputilizationalliance.com/> to learn more. Request for authorization for covered services will be reviewed based on your individual submission and our written clinical policy. The request will be timely adjudicated and based on that review may be approved, denied, or partially approved or partially denied. Reference the *Authorization for Covered Services* section for more information.

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

Before your appointment:

- Speak to a Progyny Clinical Educator to learn more about what to expect at your appointment.
- Make a list of questions you want to ask your provider. You can always include a partner or loved one to help you process the information you receive.
- Have a digital or print copy of your Progyny Confirmation Statement so that you can provide a copy to your clinic and to any diagnostic testing facility, if needed. In-network laboratories are listed on your Confirmation Statement. Provide them a copy of your confirmation in lieu of your medical insurance card.
- Request any relevant medical records from previous clinics/appointments be sent to your clinic ahead of your appointment. If you have any questions on how to initiate this, your PCA will guide you through the process.
- Arrive early to complete any documents or visit the clinic website to see if there's paperwork you can print and fill out prior to your appointment.

At your appointment:

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- Ensure the clinic has Progyny listed as your primary insurance, including your Progyny member ID number.
 - You will be asked for your primary insurance card for procedures not managed by Progyny (e.g., certain blood tests, surgeries such as laparoscopies, and other non-covered services).
 - If the initial consultation with your provider is an in-person visit, they may recommend performing bloodwork and other diagnostic tests during the same appointment. If your initial consultation is via telehealth, remember to schedule a follow-up appointment to have your bloodwork and diagnostic testing performed.

Once you complete your bloodwork, ultrasound, and other diagnostic tests, don't forget to schedule a follow-up office visit with your provider to review your results and plan next steps.

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.

30. 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.
- Bring a digital or print copy of your Progyny Confirmation Statement so you can provide a copy to your clinic and to any in-network preimplantation genetic testing (PGT) facility, if needed. In-network laboratories for preimplantation genetic testing are listed on your Confirmation Statement. Please provide the laboratory 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 laboratory has submitted the claim to Progyny.

At your appointment:

- Ensure the clinic has Progyny listed as the primary insurance, including your Progyny member ID number.
- Typically, you can expect to have bloodwork and an ultrasound performed at every appointment during in-cycle monitoring. Note, 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.

31. Can I see any provider I want?

The Progyny benefit is in-network only and you must see a provider in Progyny's network to utilize your Progyny benefit for covered services. If you are unsure if your clinic is in-network, contact your PCA to confirm.



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

You can search for reproductive endocrinologists, reproductive urologists, and clinics at progyny.com/find-a-provider or contact your dedicated PCA. We recommend you also cross-reference your clinic's network status with your medical insurance carrier as your care at the clinic may include medical services not covered by the Progyny benefit.

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

Contact your PCA to discuss options and next steps.

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

After you've reviewed Progyny's in-network list and selected a new clinic, notify your dedicated PCA. If you wish and if available at your clinic of choice, your PCA can send a referral to the clinic 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 sharing your medical records with your new clinic as allowed under applicable federal and state privacy laws and regulations. Contact your PCA for more information on how to get started.

35. 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. Contact your PCA for more information on how to get started.

36. Which labs are in-network for PGT-A, PGT-SR, and PGT-M testing?

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

Medication

37. Are my medications covered?

Fertility medications are essential to fertility treatment. Medication coverage falls under your medical plan, not your Progyny plan. Please contact your pharmacy benefit manager (PBM), Freedom Fertility Pharmacy, at 1-800-660-4283 for more information.

Insurance companies work with a preferred pharmacy manager, better known as the pharmacy benefits manager (PBM). These specific specialty pharmacies process and pay your prescription drug claims. The PBM is also responsible for assisting your employer with managing your prescription benefit. Although you may be able to fill prescriptions elsewhere, it is best to order medications through your specialty pharmacy.

Some questions you may want to ask a specialty pharmacy representative before filling your prescriptions:

- What medications are/are not covered?

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- What is the generic name of the medication, if applicable?
 - Will I need prior authorization from you before filling my medications? If so, which medications need to be prior authorized?*
 - Am I responsible for any out-of-pocket cost for these medications?
 - Do I have a lifetime maximum for my medications with this current health plan?
 - How do I fill my medications? Are they mailed to me, or do I pick them up at my local in-network pharmacy?

*Please note, fertility medications may require prior authorization before they will be covered by your insurance. Advise your clinic about needing a prior authorization and request a detailed list of your prescriptions, including but not limited to: medication names, dosages, how you'll take the medication (injection versus oral medication), and any refills. Once you have this list, reach out directly to your PCA prior to your treatment start date as they will obtain the necessary treatment authorization on your behalf.

Billing and Claims

38. Why am I receiving a bill?

You are subject to financial responsibility even with Progyny coverage and you should expect out-of-pocket expenses for services rendered. Your individual costs will be determined by several factors, including: the medical insurance plan that you enrolled in and its corresponding financial responsibility, your treatment plan, and the center directing your care.

Your clinic will bill Progyny directly throughout your treatment. Progyny will process claims and apply member responsibility to these paid services. You will receive a bill from Progyny that indicates your portion of the financial responsibility. Note, although your services are typically authorized as a treatment bundle, you may receive several bills related to your treatment. If you believe that you have received a bill in error, contact your PCA.

To avoid significant billing issues, you must obtain an authorization and corresponding Confirmation Statement prior to receiving services, and list Progyny as your primary insurance with your clinic, including your Progyny member ID. Your medical insurance should be listed as secondary insurance to be billed for any services not covered by Progyny.

To learn more about your financial responsibility visit the [Understanding Your Financial Responsibility](#) section or contact your PCA.

39. 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 proof-of-payments. When you're ready to initiate your reimbursement, contact your PCA. Reimbursements must be submitted to Progyny within three months of the date of service to comply with timely filing rules. Your PCA will send you a DocuSign to complete and you will attach all relevant documents



listed prior to submitting your reimbursement request for processing. Your reimbursement will be the cost of service minus your financial responsibility. Not all services are eligible for reimbursement, please check with your PCA on your specific case. Note, reimbursements may take up to 90 days to process. If your expenses are related to adoption or surrogacy, contact your PCA.

40. How can I pay my bills?

You will receive a bill via email with instructions to pay the bill online. You can also pay your bill in the member portal, by visiting progyny.com/payment, or you can pay over the phone by speaking to a Progyny billing specialist. Payments can be made via check, by ACH, or credit card.





Fertility and Family Building Appendix

Initial Consultation and Diagnostic Testing

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

Lab/ Procedure/ Diagnostic Test	99499 Bundled CPT Codes	Max Per Authorization
Antibody Screen, RBC Each Serum Tech	86850	1
Antisperm Antibodies	89325	2
Assay of Thyroid (T3 or T4)	84479	2
Assay of Total Thyroxine	84436	2
BhCG, Total, Quantitative	84702	2
Blood Typing (ABO)	86900	1
Carrier Screening (Cystic Fibrosis)	81220, 81227, 81443	1
Chemiluminescent Assay - Inhibin B	82397	1
Chlamydia Trachomatis Culture RNA (Urine Based Assay)	87491	2
Complete CBC with Auto Diff WBC; CBC including Differential and Platelets	85025, 85027	1
Culture - Ureaplasma/Mycoplasma; Mycoplasma Hominis/Ureaplasma Culture	87109	2
Cytomegalovirus	86644, 86645, 87497, 87496, 87252, 87254, 86777	2
Estradiol (E2)	82670	2
Follicle Stimulating Hormone (FSH)	83001	2
Free Thyroxine; T4 Free (FT4)	84439	2
Glucose	82947	1
HBsAg Neutralization (FDA Testing)	87341	2
Hemoglobin A1C (HgA1C)	83036	1
Hemoglobin Chromatography; Hemoglobin Electrophoresis	83021	2
Hepatitis B Core AB	86705	2
Hepatitis B Core Antibody, Total	86704	2
Hepatitis B Surface AB	86706	2
Hepatitis B Surface AG, EIA	87340	2

Lab/ Procedure/ Diagnostic Test	99499 Bundled CPT Codes	Max Per Authorization
Hepatitis C AB Test (Anti-HCV)	86803	2
Hepatitis C RNA by PCR Quantitative	87522	2
HIV 1/11 Antibody	86703	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 Lympho Vir 1 & 2)	36175, 86790	2
HTLV/HIV Western Blot	86689	2
Human T-Cell Lymphotropic Virus 1, 2 (HTLV-1/HTLV-2) Differentiation	86687	2
Human T-Cell Lymphotropic Virus 1, 2 (HTLV-1/HTLV-2) Differentiation	86688	2
Immunoassay, RIA; Anti-Mullerian Hormone, AMH/MIS	82166, 83520	2
Karyotype	88230, 88261, 88262, 88280, 88291	2
Luteinizing Hormone (LH)	83002	2
Molecular Pathology Procedure Level 2; Spinal Muscular Atrophy (SMA)	81401	2
Neisseria Gonorrhoeae Culture RNA (Urine Based Assay)	87591	2
Obstetric Panel, (which includes the following: Prenatal Panel with HIV ABO, Antibody Screen, CBC with 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 with Platelet and Differential, Hepatitis B Surface Antigen, RH, Syphilis Screen IgG, Rubella Antibody IgG)	80055	1
Office Visits	99204, 99205, 99213, 99214	3
Ovarian Assessment Report (OAR)	S6600	2
Pre-Conception Genetic Carrier Screening	Panels Vary	2
Progesterone (P4)	84144	2
Prolactin	84146	2
RBC Sickle Cell Test	85660	2
Rh Typing	86901	1
Routine Venipuncture	36415	2
RPR (Syphilis) VDRL; Blood Serology, Qualitative; Includes RPR (Syphilis) Screen	86592	2

Lab/ Procedure/ Diagnostic Test	99499 Bundled CPT Codes	Max Per Authorization
Rubella Antibody; Rubella IgG Antibody; Rubella Immune Status	86762	1
Semen Analysis	89320, 89322	2
Semen Culture	87070	2
Sperm DNA Fragmentation	82397, 88184, 88185, 89051, 89261, 89240	1
Testosterone, Free	84402	2
Testosterone, Total	84403	2
Thyroid Stim Hormone (TSH)	84443	2
Ultrasound Trans Vaginal Non-OB	76830	2
Urine (hCG) (UPT), Qualitative	81025	2
Varicella-Zoster Antibody; Varicella Zoster (VZV) Igg Antibody	86787	1
Vitamin D; 25-OH (Hydroxy) Vitamin D	82306	1

Additional Covered Services

Lab/ Procedure/ Diagnostic Test (Additional Covered Services)	Bundled CPT Codes	Max Per Authorization
Endometrial Receptivity Testing†	81403	1
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/No Anesthesia)	58555	1
Mock Cycle (Including Endometrial Receptivity Assay) †	58100	1
Saline Infusion Sonohysterography (SHG) Saline Infusion Sonogram (SIS)	76831	1
Surgical Hysteroscopy (with Anesthesia at the Fertility Clinic) ‡	58558	1

† Mock cycles, and endometrial biopsies are covered with medical necessity and endometrial receptivity testing is covered at in-network labs only. Sometimes these cycles are referred to as endometrial receptivity cycles where the tissue biopsied is covered at an in-network lab (examples are Cooper's ER Peak, Igenomix's ERA). Please note Emma/Alice tests are not covered. Contact your PCA for more details.

‡ Surgical hysteroscopies performed with anesthesia in the fertility clinic may now be billed to Progyny.

Initial Consultation and Diagnostic Testing for Reproductive Urology (male-factor)

Lab/ Procedure/ Diagnostic Test	99499-25 Bundled CPT Codes	Max Per Authorization
Antisperm Antibodies	89325	2
Blood Typing (ABO)	86900	1
Carrier Screening (Cystic Fibrosis)	81220, 81227, 81443	1
Chlamydia Trachomatis Culture RNA (Urine Based Assay)	87491	2
Complexed Prostate Specific Antigen (cPSA)	84152	1
Culture - Ureaplasma/Mycoplasma; Mycoplasma Hominis/Ureaplasma Culture	87109	2
Cytomegalovirus	86644, 86645, 87497, 87496, 87252, 87254, 86777	2
Estradiol (E2)	82670	2
Follicle Stimulating Hormone (FSH)	83001	2
Free Thyroxine; T4 Free (FT4)	84439	2
HBsAg Neutralization (FDA Testing)	87341	2
Hemoglobin A1C (HgA1c)	83036	2
Hepatitis B Core AB	86705	2
Hepatitis B Core Antibody, Total	86704	2
Hepatitis B Surface AB	86706	2
Hepatitis B Surface AG, EIA	87340	2
Hepatitis C AB Test (Anti-HCV)	86803	2

Lab/ Procedure/ Diagnostic Test	99499-25 Bundled CPT Codes	Max Per Authorization
Hepatitis C RNA by PCR Quantitative	87522	2
HIV 1/2 Antibody	86703	2
HIV 1 (if 87389 comes back positive)	86701	2
HIV 2 (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 1 & 2 Antibody Screen (Human T-Cell Lympho Vir 1 & 2)	36175, 86790	2
HTLV/HIV Western Blot	86689	2
Human T-Cell Lymphotropic Virus 1, 2 (HTLV-1/HTLV-2) Differentiation	86687	2
Human T-Cell Lymphotropic Virus 1, 2 (HTLV-1/HTLV-2) Differentiation	86688	2
Karyotype	88280, 88230, 88261, 88262, 88291	1
Luteinizing Hormone (LH)	83002	2
Macroprolactin	84146 (x2)	2
Neisseria Gonorrhoeae Culture RNA (Urine Based Assay)	87591	2
Office Visits	99204, 99205, 99213, 99214	3
Physical Exam	99385, 99386, 99387, 99395, 99396, 99397	2
Post Ejaculate Urinalysis (Using Pelleted Urine Specimen)	81015	2
Pre-Conception Genetic Carrier Screening	Panels Vary	1
Prolactin	84146	2
Prostate Specific Antigen (PSA)	84153	1

Menopause and Midlife Care

Menopause and Midlife Care

Progyny puts you and your health in focus, providing virtual care for all stages of menopause and all the unique symptoms that come with it. Our expert network combines evidence-based solutions with a personalized care plan so you can feel your best – utilizing a combination of hormonal and non-hormonal treatments, nutrition and weight management, sleep support, mental health care, and more.

Eligibility

Progyny Menopause and Midlife Care is available to employees and their eligible dependents enrolled in an eligible medical insurance plan. Contact Progyny to confirm eligibility and enroll.

All services are subject to your financial responsibility based on your medical plan, which may include deductible, coinsurance, copayment, and/or out of pocket maximum. Your Progyny Menopause Patient Care Advocate (PCA) will review coverage details with you during enrollment and as needed.

Get Started

Contact Progyny to confirm eligibility and enroll.

- **Call Progyny at 833.404.2011.** You can reach your care team Monday to Friday from 9 am ET to 9 pm ET.
- **For digital access,** visit progyny.com/benefits to explore more.

What to Expect

Your Progyny benefit connects you with providers who specialize in perimenopause, menopause, and midlife care to provide you with the specialized care you deserve to manage symptoms experienced during hormonal changes. We provide you with personalized treatment plans that help you manage your symptoms and strengthen long term health. Your benefit includes:

Virtual Access to Perimenopause and Menopause Experts

Upon enrollment you will receive access to the Progyny member portal (accessible via [web](#) or mobile app for [iOS](#) and [Android](#) devices) where you can schedule virtual visits with a menopause provider in just days to start receiving care for symptom relief. Progyny's menopause providers are experts in menopause specific care and will review a treatment plan that's right for you. You'll start by taking a quick assessment to understand where you are in your menopause journey then meet virtually with a specialist trained in all stages of menopause and midlife care.

Hormonal and Non-hormonal Treatment

Progyny's menopause and midlife care is individualized, and will be based on your symptoms, medical history, and personal goals.

Your provider will develop a personalized care plan so you can feel your best – utilizing a combination of hormone therapies, non-hormonal medications, supplements, and lifestyle support such as nutrition plans, acupuncture, and mental health support.

Concierge Support

In addition to support received from our menopause experts, you'll have unlimited access to a Menopause PCA who will provide care coordination, emotional support and guidance, personalized coaching, and answer any questions about your benefit.

Digital Tools

The Progyny member portal, available via web or mobile app, provides access to schedule appointments, view educational content, and easily communicate with your Menopause PCA.

- Sign up for the member portal via [web](#) or by downloading the app ([iOS](#) or [Android](#) devices). You must be enrolled to gain access. Contact Progyny for support
- Complete the initial assessment and schedule virtual appointments directly with a menopause expert
- Explore menopause education including on-demand webinars, podcast episodes, and articles
- Communicate directly with your Menopause PCA via secure messaging

FAQs

1. How do I know if this is right for me?

Progyny Menopause and Midlife Care is individualized, and will be based on your symptoms, medical history, and personal goals. Symptoms may include weight fluctuation, anxiety, insomnia, brain fog, fatigue, joint pain, and hot flashes. If you are experiencing any changes or symptoms, contact Progyny to connect with an expert to find out how they can help you get back to feeling your best.

2. Does the benefit cover in-person care?

Your menopause provider will work with you to ensure you're up to date with any necessary care such as Pap smears and mammograms. If you need testing, you can be referred to a lab near you. Your provider will always discuss any of this with you as part of your care plan.

3. Why do I need to see a menopause trained provider?

Progyny's menopause providers are experts in perimenopause and menopause. They will review the solutions that fit best with your lifestyle and needs. These solutions include hormone therapies, non-hormonal medications, supplements, and lifestyle protocols, such as nutrition plans, acupuncture, and mental health support. These providers also offer convenience through online scheduling, appointments, and messaging.

4. How can I book an appointment?

Once you've activated your benefit you can log into your member portal online or through the Progyny app to schedule with a provider. If this is your first appointment, you will be asked to complete an assessment so your provider can understand where you are in your journey and prepare for your first visit. If you encounter any issues logging in, please call your Menopause PCA.

5. What does this cost?

All services are subject to your financial responsibility based on your medical plan, which may include deductible, coinsurance, copayment, and/or out of pocket maximum. Your Progyny PCA will review coverage details with you during enrollment and as needed.





For more information about your Progyny benefit,
call: 833.404.2011

Explore resources at progyny.com/benefits