



Your Fertility and Family Building Benefit

NortonLifeLock Member Guide
2022 Plan Year



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Introduction to Your Benefit



Progyny's Fertility and Family Building Benefit

At Progyny, we know the road to parenthood can be challenging. That's why we partner with the nation's leading fertility specialists to bring you a smarter approach with better care, more successful outcomes, and more treatment options to support all paths to parenthood. Unlike other fertility solutions, the Progyny benefit has removed barriers to care with no diagnosis requirement or treatment mandates, ensuring equitable and inclusive access for all members.

Your Progyny benefit includes comprehensive treatment coverage leveraging the **latest technologies and treatments**, personalized emotional support and guidance from dedicated **Patient Care Advocates (PCAs)**, and access to high-quality care through a **premier network** of fertility specialists.

Highlights of Your Progyny Benefit		Effective 01/01/2022
	2	Smart Cycles per family per lifetime
	2	Initial consultations per year
Fertility preservation		Egg and sperm freezing coverage
Tissue storage		Tissue storage is included in applicable treatment cycles for the first year. Your employer offers an additional 1 year of storage.
Donor tissue		Egg and sperm coverage

To learn more and activate your benefit, call: 833.838.5852



Personalized Support

Personalized Support from a Patient Care Advocate

As a Progyny member, your journey will begin with your dedicated PCA, who will be there to provide clinical and emotional support throughout your entire journey. Progyny PCAs are fertility experts trained to support all paths to parenthood, including surrogacy and adoption. This includes guidance on available treatment options and outcomes, coordination and preparation for all your appointments, and support throughout your journey to parenthood. Call your PCA to learn more about your benefit and to get started.

Progyny Member Portal

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

Curated Fertility and Family Building Education

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, expert interviews, infographics, webinars, and the This Is Infertility podcast. Subscribe to Progyny's [YouTube channel](#) for additional fertility education.

Access to High Quality Care

Progyny has created a premier network of fertility specialists, connecting you to high quality specialists across the US. Our network of over 900 fertility specialists across more than 650 clinic locations include nationally recognized providers, many of whom do not contract broadly with national carrier networks. You can search for an in-network provider and find our list of in-network labs at progyny.com/find-a-provider. This search tool includes detailed information for each Progyny in-network clinic, including provider profiles with demographics, sub-specialties within fertility, and other unique practice characteristics.

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 doctor is able to work with you to create the customized treatment plan that is best for you, based on clinical criteria, not costs.

Our Medical Advisory Board continually evaluates the latest science and research to ensure that your benefit allows your doctor to utilize the best clinical practices and latest technologies, so you receive the highest level of care.



Getting Started

Call Progyny to activate your benefit at 833.838.5852

During your first call your PCA will:



Check your eligibility

The person(s) receiving treatment must be enrolled in an eligible medical plan to have access to the Progyny benefit. You may be asked to provide a copy of your insurance card to confirm eligibility.



Help you to understand your financial responsibility and what you should expect to pay out of pocket.



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



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





The Progyny Smart Cycle



Understanding Your Smart Cycle Benefit

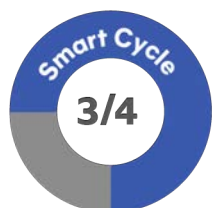
To make your fertility benefit easier to use, we've bundled all of the individual services, tests, and treatments into the Progyny Smart Cycle. Each treatment or service is valued as a portion of a Smart Cycle and expressed as a fraction, so you always know your benefit balance.

The Progyny Smart Cycle is designed for comprehensive coverage. All standard of care services and technology needed for a treatment cycle are covered within the Smart Cycle. In-cycle monitoring, anesthesia, assisted hatching, genetic testing, intracytoplasmic sperm injection (ICSI), and even the first year of storage are all included in a Smart Cycle authorization. That means you won't run out of coverage mid-cycle, and you can focus on the most effective treatment, regardless of cost. Please note, covered services include financial responsibility depending on your medical plan and some treatments may have tax considerations. To learn more, visit the *Understanding Your Financial Responsibility* section or contact your PCA.



Common Ways to Use a Smart Cycle:

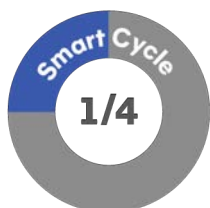
Visit the *Explanation of Covered Treatments & Services* section of the Member Guide to see all ways to use a Smart Cycle. For a full explanation of what's covered under each Smart Cycle, visit the *Included in Your Coverage* section.



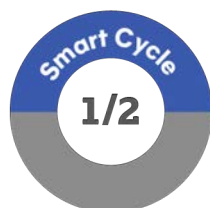
IVF Fresh Cycle



IVF Freeze-All Cycle



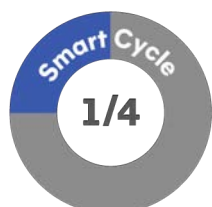
Frozen Embryo Transfer (FET)



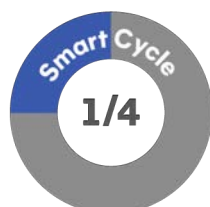
Frozen Oocyte Transfer (FOT)



Pre-Transfer Embryology Services



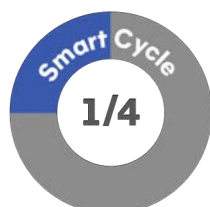
Intrauterine Insemination (IUI)



Timed Intercourse (TIC)



Egg Freezing



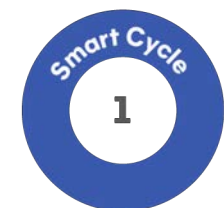
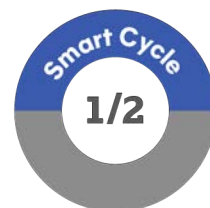
Sperm Freezing



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



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



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



Purchase of 1 Cohort of Donor Eggs
6–8 eggs



Purchase of Donor Sperm
4 vials

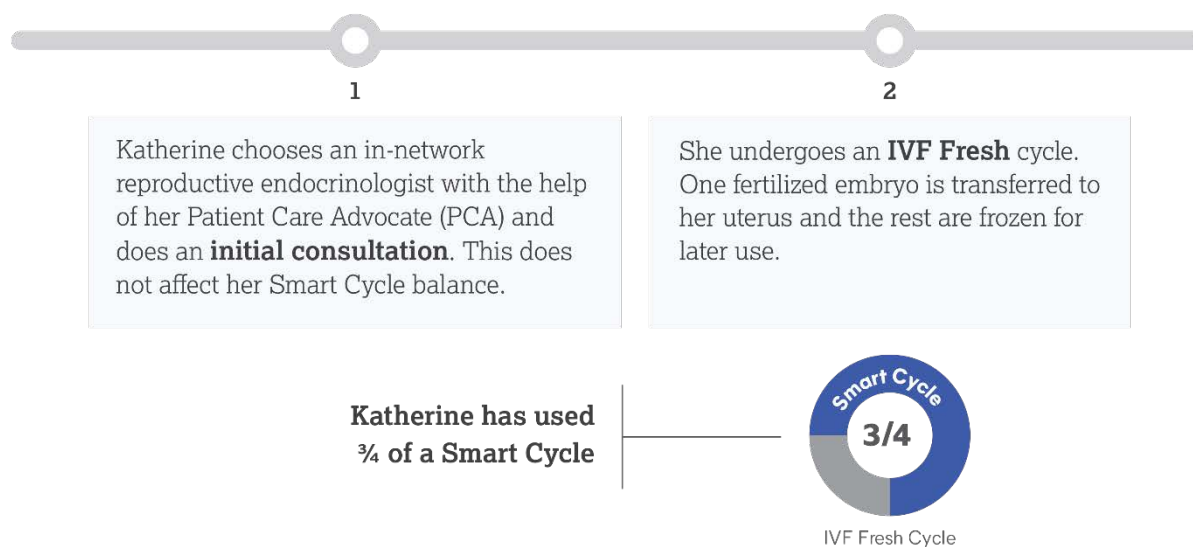
Ways to Use the Smart Cycle Benefit:

Progyny provides inclusive family building benefits for all paths to parenthood, and benefits are available to all eligible employees and their covered partners, including LGBTQ+ individuals and couples and single-parents-by-choice. Progyny Smart Cycles can be mixed and matched to create a customized treatment path that works best for you. See some common ways members use their Smart Cycles in our sample journeys below.



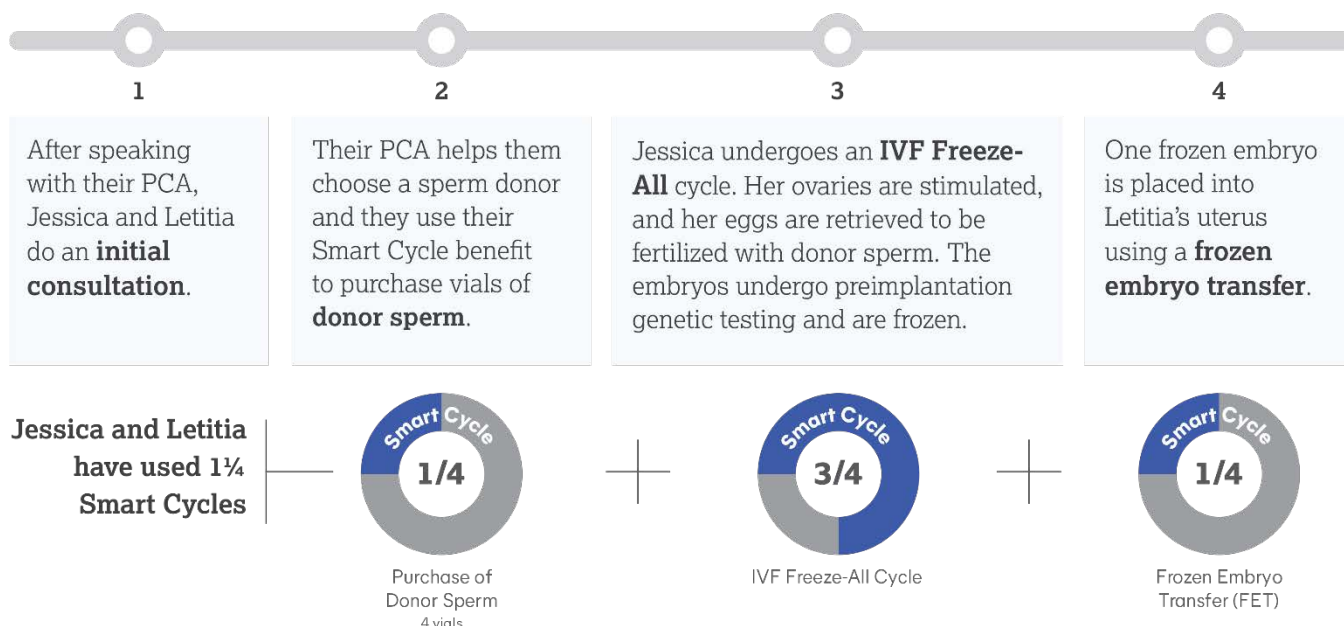
IVF Fresh Cycle

Katherine and her husband Tom have had trouble conceiving. Katherine discovers she has diminished ovarian reserve and decides to pursue IVF.



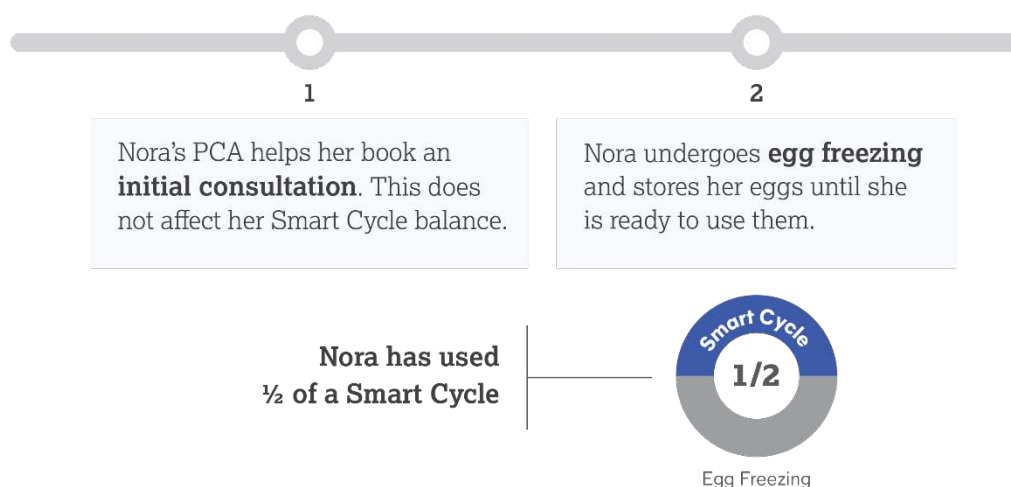
Reciprocal IVF Cycle

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



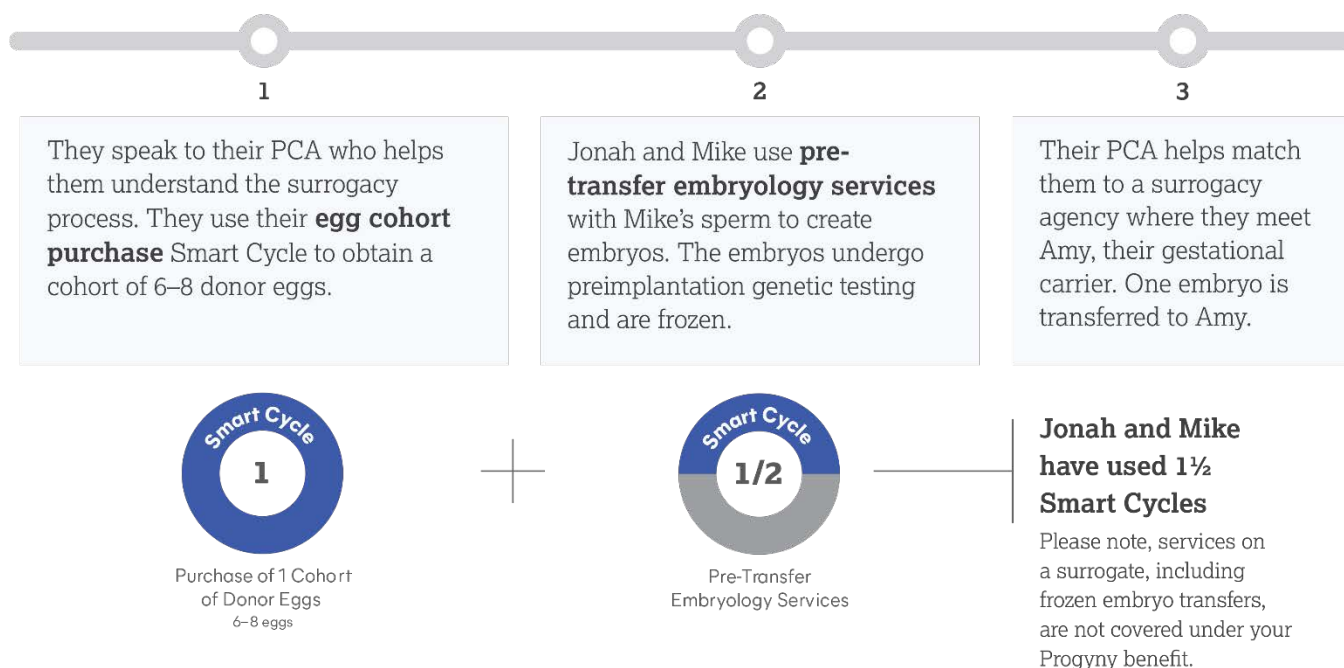
Egg Freezing Cycle

Nora knows she would like to be a mother but isn't ready to start her family yet.



Surrogacy

Jonah and his husband Mike want to build their family and decide to explore surrogacy. Through the Progyny benefit they have equitable access to the family building benefits they need to create embryos for their surrogacy journey.





Understanding Your 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 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 Smart Cycle deduction for your initial consultations. Depending on your provider and your specific circumstances, there may be some tests performed by your provider that are not covered by Progyny. For example, cholesterol, pap smear, HPV, and other tests that are not specific to fertility are not covered under Progyny but are likely covered under your regular medical insurance. Please be mindful of this before moving forward with specific testing. You can always contact your PCA to clarify if a specific test is covered by Progyny before proceeding.

Please see the *Initial Consultation and Diagnostic Testing* appendix for a full list of covered tests and procedures, their CPT codes, and more 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 across several invoices.

Partial Initial Consultation and Diagnostic Testing

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

A few examples include:

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

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

Mock Cycle and Endometrial Receptivity Assay

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 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 or the use of donor tissue. Your medical necessity for the mock cycle is determined by your provider.



The following services are covered:

- Blood work related to the mock cycle
- Endometrial biopsy
- Endometrial Receptivity Assay (ERA) pathology at an in-network laboratory
- Office visits
- Ultrasound

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 doctor 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. Any additional, genetically normal embryos remain cryopreserved until needed.

The following procedures are covered:

- Anesthesia (for egg retrieval)
- Assisted hatching
- Blastocyst culture
- Complex sperm wash & prep
- Cycle management
- Embryo biopsy
- Embryo culture lab
- Embryo transfer 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
- Sperm cryopreservation (sperm storage is billed and authorized 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 medication. Following a course of stimulation medications, the doctor retrieves the eggs, which are taken to the lab and fertilized. The resultant embryos continue to develop until day five when they may be biopsied before being frozen using vitrification. The biopsy of the embryo tissue is sent



to a genetic lab for preimplantation genetic testing for aneuploidy (PGT-A). PGT-A screens each sample for genetic abnormalities, allowing the fertility specialist to ensure that the most viable embryo is chosen for transfer. The embryos remain frozen in storage while the PGT-A testing takes place. During this time, the body has an opportunity to return to its pre-treatment state before a frozen embryo transfer is performed at a later date. Please note, a frozen embryo transfer is a separate authorization that requires an additional 1/4 Smart 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 billed and authorized 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 typically not a covered service. Contact your PCA for more information on your coverage for surrogacy.

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 after monitoring, sperm is inserted directly into the uterus through a catheter. 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 for 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 doctor 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 someone 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 doctor retrieves eggs from the ovaries and freezes them for later use 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)



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

Although sperm freezing is much less common than egg freezing, there are situations in which a doctor may advise banking sperm. Travel when eggs are retrieved and need to be fertilized, low sperm count necessitating multiple sperm donations prior to fertilization, or other medical conditions (such as chemotherapy) are good reasons to consider sperm freezing.

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)

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
- 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 intended parent who is a covered member. 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 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) = No Smart Cycle deduction

Standalone preimplantation genetic testing for aneuploidy (PGT-A) may be performed outside of traditional IVF cycle, for example, if embryos have already been created and cryopreserved for future use. PGT-A involves testing a small embryo biopsy for chromosomal abnormalities. It 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

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



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 fertility program.

Donor Sperm Purchase = 1/4 Smart Cycle

Purchase of up to four vials of donor semen counts for 1/4 Smart Cycle per purchase. Tissue transportation is also covered.

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 fertility program.

FET for Donor Embryo = 1/4 Smart Cycle

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

The following procedures are covered:

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

Live Donor IVF Fresh = 1.5 Smart Cycles

Live donor IVF fresh refers to egg retrieval services performed on an egg donor. Once the eggs are retrieved, they are fertilized with sperm to create embryos and one embryo is transferred to the uterus. Please note, the fresh embryo transfer (transferring the tissue to the uterus of the intended parent) is covered. Sperm may be either donor tissue or tissue from the intended parent(s). Please note, Progyny's fertility benefit does not cover services on a gestational carrier or surrogate.

The following procedures are covered for the donor:

- Anesthesia for retrieval
- Cycle management
- Education and instruction for donor
- FDA testing on donor (blood draw and lab tests)
- Follicle puncture for oocyte retrieval
- Office visits
- Physical examination and consultation of donor (includes psychological consultation and testing on donor, physical evaluation on



donor—which includes ultrasounds and blood tests, genetic screening, and consultation on donor)

- Retrieval (follicular aspiration, to include ultrasound guidance)
- Ultrasounds & in-cycle bloodwork (E2, P4, beta hCG, FSH, LH)

The following procedures are covered for the recipient:

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

Non-covered services include (but are not limited to) donor agency fees, donor compensation, and donor medications.

While your benefit includes donor services, 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 fertility program.

Live Donor IVF Freeze-All = 1 Smart Cycle

Live donor IVF freeze-all refers to egg retrieval services performed on an egg donor for fertilization and embryo-banking purposes. Sperm may be either donor tissue or tissue from the intended parent(s). Please note, a frozen embryo transfer is a separate authorization that requires an additional 1/4 Smart Cycle.

The following procedures are covered for the donor:

- Anesthesia for retrieval
- Cycle management
- Education and instruction for donor
- FDA testing on donor (blood draw and lab tests)
- Follicle puncture for oocyte retrieval
- Physical examination and consultation of donor (includes psychological consultation)



and testing on donor, physical evaluation on donor—which includes ultrasounds and blood tests, genetic screening and consultation on donor)

- Office visits

The following procedures are covered for the recipient:

- Assisted hatching (blast culture)
- Cryopreservation of embryos
- Cycle management
- Education and instruction for recipient
- Embryo culture
- Insemination and fertilization of oocytes
- Intracytoplasmic sperm injection (ICSI)
- Office visits
- Semen cryopreservation, if applicable
- Semen thaw, if applicable

- Retrieval (follicular aspiration, to include ultrasound guidance)
- Ultrasounds & in-cycle bloodwork (E2, P4, beta hCG, FSH, LH)

- Semen wash and prep (simple or complex preparation)
- PGT-A biopsy & testing (PGT-A managed through Progyny in-network lab)
- PGT-M/PGT-SR biopsy & testing (PGT-M/PGT-SR managed through Progyny in-network lab)
- Psychological consultation for recipient
- Tissue storage (1 year)
- Ultrasounds & in-cycle bloodwork (E2, P4, beta hCG, FSH, LH)

Non-covered services include (but are not limited to) donor agency fees, donor compensation, and donor medications.

While your benefit includes donor services, 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 fertility program.

Known/Directed Sperm Donor = 1/2 Smart Cycle

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

The following procedures are covered:

- Banking attempt(s)
- Office visits
- Physical
- Screening bloodwork
- Semen analysis
- Tissue storage (1 year)



Partial Cycle = 1/4 Smart Cycle

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

The following procedures are covered:

- Abdominal or endoscopic aspiration of eggs from ovaries
- Abdominal ultrasound
- Cycle management
- Office visits
- Oocyte identification from follicular fluid
- Retrieval (follicular aspiration, to include ultrasound guidance)
- Ultrasounds & in-cycle bloodwork (E2, P4, beta hCG, FSH, LH)



Included In Your Coverage

Anesthesia for Egg Retrieval

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

Assisted Hatching

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

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

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

Cryopreservation

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

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 will cover it. Please note, this may be covered as a reimbursement. Reimbursements must be submitted within three months of date of service. Please reach out to your PCA for more details.

Embryo Culture

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

FDA Workup

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

Fertilization

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



Genetic Counseling

Genetic Counseling is sometimes required as part of your fertility journey to review your pre-conception carrier screening 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 date of service. Please reach out to your PCA for more details.

In-Cycle Monitoring/Management

During a treatment cycle the clinic will monitor progress through pelvic ultrasounds and blood work every other day or so. This helps shed light on 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) or motility (movement); or if the sperm have trouble attaching to the egg—however many clinics now perform it in most or all IVF cycles.

Male Infertility Services

Your Progyny benefit includes coverage for male infertility services. Diagnostic testing including a semen analysis, sperm cryopreservation, and IVF with ICSI are used to treat male infertility and are covered services through Progyny.

TESE/MESA/MESE/PESA are services sometimes needed for male infertility and IVF. Most often these services are billed to your medical insurance and covered. However, if your medical insurance does not cover them, Progyny will. Please note, these services may be covered as a reimbursement. Reimbursements must be submitted within three months of date of service. Please reach out to your PCA for more details.

You can find more information on male infertility and treatment options at progyny.com/education.

Preimplantation Genetic Testing for Aneuploidy (PGT-A)

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

PGT-A testing greatly reduces the risk of miscarriage and increases the probability of a successful pregnancy. Furthermore, 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.

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

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

Preimplantation Genetic Testing for Structural Rearrangements (PGT-SR)

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

Sperm Wash and Preparation

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

Telehealth

A telehealth appointment is a one-on-one video meeting with your provider. Telehealth can be utilized for an initial consultation, for example, enabling you to meet your doctor, discuss your medical history and explore possible treatments, just like you would for an in-person visit. Progyny members have coverage for telehealth within their Smart Cycles. Just like an in-person office visit, 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 storage authorization, which covers one year of storage. Additional years of storage will be an out-of-pocket cost to you.

Tissue Transportation

Tissue transportation within or into an in-network clinic or storage facility is covered by Progyny. Note, reimbursements must be submitted within three months of date of service. Contact your PCA for more information on reimbursement.



Non-Covered Services

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



Authorization & Financial Responsibility



Authorization/Patient Confirmation Statement

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

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

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

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

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

Authorizations for initial 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 plan on the date of service reported by your fertility provider, and this date of service must be within the valid date range of your authorization for coverage to apply.



Understanding Your Financial Responsibility

Why Am I Getting a Bill from Progyny?

Progyny works in conjunction with your medical plan to administer your Progyny fertility benefit. As a result, your member financial responsibility—which may include deductible, coinsurance, copayment, and/or out-of-pocket maximum, depending on your medical plan—cross accumulates and is applied to your fertility treatment in the same way a surgery or treatment for a broken bone would be.

Insurance Terminology

Insurance terminology can be confusing, so here's the best way to think about it:

- Your **premium** is the amount deducted from your pay for your medical coverage. There is no additional premium through Progyny.
- At the start of each plan year, you will pay out-of-pocket for all medical services (including fertility services) until you reach your **deductible**.
- You and your medical plan both pay a percentage of your **covered** healthcare services, once you've reached your deductible. This is called **coinsurance**.
- You and your medical plan continue to split the costs of your covered healthcare services until you reach your **out-of-pocket maximum**.
- Then, 100% of the costs of your covered Progyny services will be paid for the rest of the plan year.

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

Note: You should never receive an invoice from the clinic or pay the clinic directly for services covered by Progyny. You should only receive an invoice from Progyny once the treatment is complete and the claim has been processed to determine your financial responsibility. If you are asked to pay at the clinic or receive an invoice from the clinic, please contact your PCA.





FAQs



Benefit

1. What family building options are available through Progyny?

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

2. What does Progyny cover?

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

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

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

4. 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 the remainder of your benefit. You can also see your Smart Cycle balance in your member portal.

5. What's covered in my initial consultation?

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

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

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

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



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

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

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

8. What is ICSI and is it covered?

Intracytoplasmic sperm injection (ICSI) is a procedure that uses a micropipette or a tiny needle to inject a single sperm into an egg to facilitate fertilization. ICSI is covered as part of your Smart Cycle. As with all covered services, you should expect a bill for your financial responsibility. Please note, ICSI may be billed separately.

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

Preimplantation genetic testing for aneuploidy (PGT-A), also called CCS and NGS, is a test performed on embryo biopsy tissue to test each embryo for chromosomal abnormalities in conjunction with IVF. All embryos from an IVF freeze-all and any resultant embryos remaining from the frozen oocyte transfer and IVF fresh cycles are eligible for PGT-A testing. PGT-A is also available for embryos that were frozen prior to the commencement of your Progyny coverage. This testing is a covered service included as part of a Smart Cycle and will not affect your balance. As with all covered services, you should expect a bill for your financial responsibility. Please note, PGT-A may be billed separately.

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

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

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

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



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

If your IVF freeze-all or IVF fresh treatment cycle is converted into a TIC by your provider, please contact your PCA immediately so that a new authorization can be issued. This change will impact your Smart Cycle balance and out-of-pocket financial responsibility. If your treatment is converted into a TIC and you do not want this service counted toward your Smart Cycle balance, you have the option to pay for the service out-of-pocket. However, you will need to notify your PCA of this decision prior to the completion of your treatment. Progyny is unable to cancel authorizations once a claim from the clinic has been received.

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

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

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

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

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

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

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

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

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

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

Standard exclusions include home ovulation prediction kits, services and supplies furnished by an out-of-network provider, and treatments considered experimental by the American Society of Reproductive Medicine. All charges associated with services for a gestational carrier, including but not limited to fees for laboratory tests, are not covered.

If your doctor requests services that are not listed in this guide, please check with your PCA to confirm coverage. There are some services that do not fall under Progyny's coverage; however, they may be provided through your medical plan.

- Surgical procedures, except for egg retrievals, are not covered by your Progyny benefit. 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.
- Pregnancy monitoring is a maternity service and therefore should be provided by your medical insurance carrier. Your Progyny benefit covers your fertility treatment until your first positive pregnancy test. If your clinic is out of network with your medical insurance, Progyny may be able to cover early pregnancy ultrasounds at your fertility clinic. Please reach out to your PCA for more details.

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

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

You have the option to opt out of the use of your Smart Cycle benefit and pay out-of-pocket for a service in order to save your Smart Cycle balance. Please contact your PCA if you are planning to pay out-of-pocket for a service, as your PCA will work with your provider to arrange payment. You cannot retroactively request that authorizations be cancelled 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.

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

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

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

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



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

Your Progyny benefit includes coverage through your first positive pregnancy test. However, your reproductive endocrinologist may not refer you to your OB-GYN until week eight of your pregnancy. Pregnancy monitoring after that time should be billed as medical to your medical plan. However, if your clinic is out of network with your medical plan, pregnancy monitoring can be authorized and covered by your Progyny benefit.

Eligibility

21. Who is eligible for the Progyny benefit?

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

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

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

23. Is fertility preservation covered in instances where fertility may be impacted by medical treatment or cancer?

In the event of medical treatment or cancer that may affect future fertility, fertility preservation is covered for members and dependents. Please reach out to your PCA for more information.

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

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

25. What is primary and secondary insurance?

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

26. 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.

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

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

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

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

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

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

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



29. 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.

30. How long does my Progyny coverage last?

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

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

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

Provider and Lab Facility

32. How do I schedule an appointment?

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

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

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

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

Before your appointment:

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

At your appointment:

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

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

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

Before your appointment:

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

When you arrive:

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

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



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

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

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

Please contact your PCA to discuss options and next steps.

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

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

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

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

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

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

Medication

41. 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), Express Scripts, at 866.367.0868 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 are:

- What medications are/are not covered?
- What is the generic name of the medication, if applicable?
- Will I need a prior authorization from you before filling my medications? If so, which medications need to be prior authorized?*

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- 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 a prior authorization before they will be covered by your insurance. Please 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, please reach out directly to your PCA prior to your treatment start date as she will obtain the necessary treatment authorization on your behalf.

Billing and Claims

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

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

43. 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 plan that you enrolled in and its financial responsibility, your treatment plan, and the center directing your care.

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

To learn more about your financial responsibility visit the *Understanding Your Financial Responsibility* section or contact your PCA.

44. 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, please contact your PCA. Reimbursements must be submitted to Progyny within three months of 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 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. Please note, reimbursements may take up to 90 days to process. If your expenses are related to adoption or surrogacy, please contact your PCA.

45. How can I pay my invoice?

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





Appendix



Initial Consultation and Diagnostic Testing

Below is the list of authorized tests and associated codes that may be ordered by your doctor during your initial consultation(s). The bolded tests below are standard protocol for your reproductive endocrinologist to order prior to undergoing any fertility treatment. The other tests listed are also covered by Progyny and may be ordered by your doctor. 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
Assay of estradiol (E2)	82670	2
Assay of follicle-stimulating hormone (FSH) (testing covered for females only)	83001	2
Assay of free thyroxine; T4 free (FT4)	84439	1
Assay of luteinizing hormone (LH) (testing covered for females only)	83002	2
Assay of progesterone (P4)	84144	2
Assay of prolactin (testing covered for females only)	84146	2
Assay of thyroid (T3 OR T4); thyroid panel: T3 uptake; T4 (thyroxine), total; free T4 index, and TSH	84479	1
Assay thyroid stim hormone (TSH)	84443	2
Assay of thyroxine T4	84436	2
Assay of vitamin D; 25-OH (hydroxy) vitamin D	82306	1
Blood typing, ABO or ABO group and RH type	86900, 86901	2
Chemiluminescent assay - inhibin B	82397	1
Chorionic gonadotropin test - (hCG), total, quantitative (hCG) pregnancy test; beta (hCG)	84702	2
Chlamydia trachomatis (culture), RNA, TMA; chlamydia trachomatis	87491	1
Complete CBC w/auto diff WBC; CBC including differential and platelets	85025, 85027	1
Culture - ureaplasma/mycoplasma; mycoplasma hominis/ureaplasma culture	87109	1
Cytomegalovirus	86644, 86645, 87497, 87496, 87252, 87254, 86777	2
Endometrial Receptivity Assay [†]	81403	1
Glycosylated hemoglobin test; HgA1C (hemoglobin A1C)	83036	1



Lab/ Procedure/ Diagnostic Test	99499 Bundled CPT Codes	Max Per Authorization
Gonadotropin (FSH) (testing covered for females only)	83001	2
Gonadotropin (LH) (testing covered for females only)	83002	2
Hemoglobin chromatography; hemoglobin electrophoresis	83021	2
Hepatitis B surface AG, EIA	87340	2
hepatitis B surface AB	86706	2
Hepatitis B core AB	86705	2
Hepatitis C AB TEST (anti-HCV)	86803	2
HIV I (if 87389 comes back positive)	86701	2
HIV II (if 87389 comes back positive)	86702	2
HIV-1/HIV-2, single assay; HIV 1/2 antigen and antibodies 4th gen with reflexes	87389	2
HTLV 1&2; HTLV I & II antibody screen (human t-cell lymphoma virus 1 & 2)	36175, 86790	2
Hysterosalpingogram - HSG (global)	58340	1
Hysterosalpingogram - HSG (global) (Facility)	58340	1
Hysterosalpingogram - HSG (global) (radiology charge)	74740-00	1
Hysterosalpingogram - HSG (hospital) (radiology charge)	74740-TC	1
Hysterosalpingogram - HSG (physician bill) (radiology charge)	74740-26	1
In-office hysteroscopy (non-surgical HSC/ no anesthesia)	58555	1
Surgical hysteroscopy (with anesthesia at the fertility clinic) ‡	58558	1
Immunoassay, RIA; anti-Mullerian hormone, AMH/MIS	83520	2
Karyotype	88230, 88261, 88262, 88280, 88291	2
Mock cycle (including endometrial receptivity assay) †	58100	1
Molecular pathology procedure level 2; spinal muscular atrophy (SMA)	81401	2
N.gonorrhoeae (culture), RNA, TMA; Neisseria gonorrhoeae	87591	1
Obstetric panel, (which includes all of the following: prenatal panel with HIV ABO, antibody screen, CBC w/ Platelet and Differential, Hepatitis B surface antigen, RH, syphilis screen IgG, rubella antibody IgG, HIV Type 1/2 (HIV-1, HIV-2) antibodies, reflex western blot 800)	80081	1
Obstetric panel, (which includes the following: ABO, antibody screen, CBC w/ platelet and differential, hepatitis B surface antigen, RH, syphilis screen IgG, rubella antibody IgG)	80055	1

Lab/ Procedure/ Diagnostic Test	99499 Bundled CPT Codes	Max Per Authorization
Office visits	99205, 99213, 99214	3
Ovarian assessment report (oar)	S6600	2
Pre-conception carrier screening (genetic tests)*	Various	2
RBC sickle cell test	85660	2
Routine venipuncture	36415	2
RPR (syphilis) VDRL; blood serology, qualitative; includes RPR (syphilis) screen	86592	2
Rubella antibody; rubella IgG antibody; Rubella Immune status	86762	1
Saline infusion sonohysterography (SHG) sis (saline infusion sonogram)	76831	1
Semen analysis	89325, 89322	2
Semen culture	87070	1
Ultrasound trans vaginal non-OB	76830	2
Urine (hCG) (UPT), Qualitative	81025	2
Varicella-zoster antibody; varicella zoster (VZV) IgG Antibody	86787	1
Virus antibody test NOS	Various	2
Vitamin D, 1,25-dihydroxy	82652	1

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

† Mock cycles, also called endometrial receptivity assay (ERA) cycles, or endometrial biopsies are covered with medical necessity and at in-network labs only (Cooper and Igenomix). Please contact your PCA for more details.

‡ Surgical hysteroscopies performed with anesthesia in the fertility clinic may be billed to medical. If they are not covered by your medical plan or if your clinic is out of network with your medical insurance Progyny can cover them as a reimbursement. Reimbursements must be submitted within three months of date of service.



For more information on your fertility benefits, call: 833.838.5852