



MEMBER GUIDE

Understanding Your Progyny Benefit

2019 PLAN YEAR



YOUR GUIDE TO PROGYNYS FERTILITY AND FAMILY BUILDING BENEFIT

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

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

PROGYNYS MNPS BENEFIT	
2	Smart Cycles per certificated employee and their covered spouse/partner.
2	Initial consultations per year
Progyny Rx	Fertility medication coverage

To learn more and get started, call: 855.507.6311

COMPREHENSIVE TREATMENT COVERAGE

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

Common ways to use a Smart Cycle:

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



IVF Fresh Cycle



IVF Freeze-All Cycle



Frozen Embryo Transfer (FET)



Surrogacy Embryology Services
Pre-transfer services



Frozen Oocyte Transfer (FOT)



Intrauterine Insemination (IUI)



Timed Intercourse (TIC)



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



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

Progyny bundles many services within its Smart Cycles.

Your Smart Cycle includes the following services:

- Preimplantation genetic testing for aneuploidy (PGT-A) *formerly known as PGS*
- Preimplantation genetic testing for monogenic/single gene diagnosis (PGT-M) *formerly known as PGD*
- In-cycle monitoring/management
- Sperm wash and preparation
- Anesthesia (for egg retrieval)
- Fertilization
- Assisted hatching
- Intracytoplasmic sperm injection (ICSI)
- Embryo culture
- Cryopreservation



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

Here's how it works:

Once your prescription has been received from your provider, you will receive a call from a trained pharmacy clinician to schedule your medication delivery

Once you receive your medication, you will open your box of medication, unpack it and walk through the contents of your delivery over the phone with a Progynty Rx specialist from one of our pharmacy partners, who will review medication usage and how to administer and store your medications.

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

Note: Your medication is covered under Progynty Rx and is subject to your annual **medical** in-network out-of-pocket maximum (including deductible and coinsurance).

ACCESS TO HIGH QUALITY CARE

Progyny has created a premier network of fertility specialists, with rigorous provider inclusion standards connecting you to high quality specialists across the US. Our network of 700+ doctors across 500+ clinic locations includes nationally recognized providers that don't typically participate in national carrier networks. You can search for an in-network provider and find our list of in-network labs at progyny.com/find-a-provider.

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

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

PERSONALIZED SUPPORT

Personalized Support from a Patient Care Advocate

As a Progyny member, you have unlimited access to a dedicated patient care advocate (PCA), who will be there to provide clinical and emotional support throughout your entire fertility journey. This includes guidance on available treatment options and outcomes, coordination and preparation for all your appointments, and support throughout your journey to parenthood. Call your PCA now at 855.507.6311 to learn more about your benefit and to get started.

Easy Access to Information and Education

In addition to the personalized support from your PCA, you also have access to our member portal. Our member portal provides you with educational resources to better understand your benefit and the fertility process. Through the portal, you'll also be able to view coverage details, review appointments, view account and claims information, and communicate directly with your PCA, keeping all the information you need in one place. Contact your PCA at 855.507.6311 for login details.

Emotional Support Tools

Anyone who has ever dealt with fertility challenges knows they can impact your mental and emotional well-being. That's why Progyny partnered with Happify to develop an exclusive app for those on their fertility journey. Our proprietary digital tool features interactive mindfulness exercises you can do alone or with your partner, as well as science-based games and activities to ease your mind. It also provides actionable communication strategies to use daily, and community forums where you can give and receive support from other members. You will need to login to the member portal to access Happify. Contact your PCA at 855.507.6311 for login details.

GETTING STARTED

Call Progyny to activate your benefit at 855.507.6311.

During your first call your patient care advocate (PCA) will:

- Check your eligibility. The person(s) receiving treatment must be enrolled in the MNPS Cigna medical plan for certificated employees to access to the Progyny benefit. Note: Your Progyny benefit coverage is per family (employee and their covered spouse/partner).
- Help you to understand your financial responsibility.
- Help you choose the in-network provider that is right for you. If you already have a provider, let your PCA know.
- Answer any questions you have about starting or continuing your family building journey.

YOUR GETTING STARTED CHECKLIST

Activating Your Benefit

You're ready to learn more and get started.

- Activate your benefit by calling your patient care advocate (PCA).
- Choose a provider by searching progyny.com/find-a-provider. Once you've chosen your preferred clinic, contact your PCA to ask that a referral be sent in order to initiate the scheduling process.
- Your Progyny benefit is subject to deductible, coinsurance, copayment, and out-of-pocket maximum responsibility. Contact your primary insurance carrier, Cigna, to confirm these amounts.

Preparing for Your Initial Consultation

Before your initial consultation, please ensure you've completed the following steps:

- Inform your PCA of your appointment date and obtain the required Progyny Confirmation Statement. Your consultation's authorization is valid for 90 days.
- Obtain and facilitate the transfer of any previous medical records pertaining to your fertility history to the facility that you will be consulting with.
- Print your Progyny Confirmation Statement and bring it with you to your consultation.
- When you arrive for your consultation, please **list Progyny as your primary insurance** on all forms and provide your Progyny member ID number.
- After you've completed your initial consultation, please contact your PCA to discuss your experience and next steps.
- Should you wish to proceed with your preliminary diagnostic testing, print out your Progyny Confirmation Statement and bring it to any in-network lab and/or radiology appointments that may be required. Testing must be completed within the 90-day authorization window.

Preparing for Your Treatment

After you've completed all of your preliminary diagnostic testing, your doctor will recommend a treatment plan. Please do the following before beginning treatment.

- Inform your PCA of your upcoming treatment plans in order to obtain a prior authorization for your treatment type. Your treatment's authorization is valid for 60 days from your treatment start date.
- Print your updated Progyny Confirmation Statement (showing your current treatment authorization) and bring it with you to your next appointment at the facility.
- While in treatment, please ensure that Progyny is **listed as your primary insurance on all forms** and provide your Progyny member ID number.
- Please remind your provider's office to share a copy of your Progyny Confirmation Statement with any in-network laboratory to ensure coverage.
- If your treatment is delayed, cancelled or converted into a different treatment type, please notify your PCA immediately, as you may need to request a new authorization.
- Connect with your PCA for continued support and guidance.



UNDERSTANDING YOUR COVERAGE

AUTHORIZATION/PATIENT CONFIRMATION STATEMENT

What is a Patient Confirmation Statement (authorization) and why do I need it?

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

Contact your dedicated patient care advocate (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. 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.

You may be asked to go to an outside lab for some blood work during your initial consultation. 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. Once treatment begins, all lab draws must take place at your clinic.

If you choose to pursue preimplantation genetic testing for aneuploidy (PGT-A) (*formerly known as PGS*) on your embryos, you will want to share a copy of your Patient Confirmation Statement with the genetic lab performing the testing so that they bill Progyny directly.

On your Patient Confirmation Statement, you will find the list of in-network reference labs, preconception carrier screening labs, and preimplantation genetic testing labs, as well as contact information for your specialty pharmacy.

Authorizations for initial consultation are valid for 90 days. Authorizations for treatment are valid for 60 days.

UNDERSTANDING YOUR FINANCIAL RESPONSIBILITIES

Why am I getting a bill?

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

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

During your treatment, you must list Progyny as your medical plan. 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 applied to your deductible, coinsurance, copayment, and out-of-pocket maximum amounts, as applicable. Once your medical plan has finished processing your claim, they will notify Progyny of your financial responsibility. You will receive an invoice from Progyny reflecting this amount. When you receive your Progyny invoice, you can submit payment by mailing a check to the address on your invoice, by paying via credit card or Health Savings Account (HSA), if applicable, over the phone or at progyny.com/payment.

Note: You should never pay at the clinic. Your financial responsibility is determined via the billing process and communicated via invoice from Progyny.

What's on my bill?

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

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



- A
- B
- C

Date:	10/19/2017
Invoice Number:	00001234
Account Number:	87654321
Member ID:	1234567

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

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

Payment is Due within 30 Days of Invoice Date

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

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

Date of Service	Procedure Code	Description	Total Charges	Insurance Payment	Deductible	Co Insurance	CoPay	Patient Balance Due
08/17/2017	89342 D	STORAGE, (PER YEAR); EMBRYO(S) E	\$529.00 F	\$476.10 G	\$0.00 H	\$52.90 I	\$0.00 J	\$52.90 K
							Patient Balance Due	\$52.90

If you have any questions about this invoice, please feel free to contact your Patient Care Advocate at 888-379-5362.

Thank you for choosing Progyny for your healthcare needs.

EXPLANATION OF COVERED TREATMENTS & SERVICES*

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

Initial Consultation

Your coverage includes two initial consultations per year, until you've exhausted your Smart Cycle balance. There is no Smart Cycle deduction for your initial consultation. Depending on your provider and your specific circumstances, there may be some tests performed by your provider that are not covered by Progyny. Please be mindful of this possibility before moving forward with specific testing. You can always contact your PCA at 855.507.6311 to clarify if a specific test is a covered service before proceeding.

The following tests/procedures are covered as part of your initial consultation when performed within the authorized date range:

- Antibody screen, RBC each serum tech.
- Assay of free thyroxine
- Assay of thyroid (T3 or T4)
- Blood serology, qualitative
- Blood typing, ABO
- Blood typing, RH (D)
- Carrier screening (genetic)
 - 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
- Chemiluminescent assay - inhibin B
- Chlamydia
- Complete CBC w/auto diff WBC
- Culture - ureaplasma/mycoplasma
- Estradiol
- Follicle-stimulating hormone (FSH)
- Glycosylated hemoglobin test
- Gonorrhea
- Hemoglobin chromatography
- Hepatitis B surface antigen (Ag)
- Hepatitis C antibody (Ab) test
- HIV I
- HIV II
- HIV-1/HIV-2, single assay
- Hysterosalpingogram- HSG
- Luteinizing hormone (LH)
- Mopath procedure level 2
- Ovarian assessment report (OAR)/Anti-mullerian hormone (AMH)
- Blood pregnancy test (beta hCG)
- Progesterone (P4)
- Prolactin
- Routine venipuncture
- RPR (syphilis)
- Rubella antibody
- Saline infusion sonohysterography (SHG)
- Semen analysis
- Semen culture
- Thyroid-stimulating hormone (TSH)
- Ultrasound trans vaginal non-Ob (Total of 2)
- Urine (HCG)
- Varicella-zoster antibody
- Virus antibody NOS
- Vitamin D

Please see [Initial Consultation and Diagnostic Testing](#) section for CPT codes and more information.

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

A Smart Cycle can be used for the following treatments:

IVF Fresh Cycle

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

The following procedures are covered:

- Anesthesia (for egg retrieval)
- Assisted hatching
- Blastocyst culture
- (2) Blood pregnancy test (beta hCG)
- Complex sperm wash & prep
- Embryo biopsy
- Embryo culture lab
- Embryo transfer (eSET) w/ultrasound guidance
- In-cycle lab tests & ultrasound (for retrieval and transfer)
- Intracytoplasmic sperm injection (ICSI)
- Oocyte fertilization/insemination
- Oocyte identification
- Preimplantation genetic testing for aneuploidy (PGT-A [*formerly known as PGS*])
- Preparation and cryopreservation of extra embryo(s)
- Preparation of embryo(s) for transfer
- Retrieval (follicular aspiration)
- Simple sperm wash & prep
- Tissue storage

IVF Freeze-All

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

The following procedures are covered:

- Anesthesia (for egg retrieval)
- Assisted hatching
- Blastocyst culture
- (2) Blood pregnancy test (beta hCG)
- Complex sperm wash & prep
- Embryo biopsy
- Embryo culture lab
- In-cycle lab tests & ultrasound
- Intracytoplasmic sperm injection (ICSI)
- Oocyte fertilization/insemination
- Oocyte identification
- Preimplantation genetic testing for aneuploidy (PGT-A) (*formerly known as PGS*)
- Preparation and cryopreservation of extra embryo(s)
- Retrieval (follicular aspiration)
- Simple sperm wash & prep
- Tissue storage

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

Note: Purchase of donor tissue is covered by your employer.

Note: Services performed on a gestational carrier are not covered.

Please contact your PCA for more information.

Frozen Embryo Transfer (FET)

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

The following procedures are covered:

- (2) Blood pregnancy test (beta hCG)
- Embryo thaw
- Embryo transfer (eSET) w/ultrasound guidance
- In-cycle lab tests and ultrasounds for transfer
- Preparation of embryo(s) for transfer

Intrauterine Insemination (IUI)

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

The following procedures are covered:

- (2) Blood pregnancy test (beta hCG)
- Complex sperm wash & prep
- In-cycle lab tests & ultrasound
- Insemination
- Simple sperm wash & prep

Timed Intercourse (TIC)

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

The following procedures are covered:

- In-cycle lab tests & ultrasound
- Insemination
- (2) Blood pregnancy test (beta hCG)

Frozen Oocyte Transfer

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

The following procedures are covered:

- Assisted hatching
- Blastocyst culture
- (2) Blood pregnancy test (beta hCG)
- Complex sperm wash & prep
- Embryo biopsy
- Embryo culture lab
- Embryo transfer (eSET) w/ ultrasound guidance
- In-cycle lab tests and ultrasounds for transfer
- Intracytoplasmic sperm injection (ICSI)
- Oocyte fertilization/insemination
- Oocyte identification
- Oocyte thaw
- Preimplantation genetic testing for aneuploidy (PGT-A [*formerly known as PGS*])
- Preparation and cryopreservation of extra embryo(s)
- Preparation of embryo(s) for transfer
- Simple sperm wash & prep
- Tissue storage

The following services are included within a Smart Cycle:

Anesthesia for Egg Retrieval

Egg retrievals are quite uncomfortable without an anesthetic of some kind, so a light general anesthesia is typically used during this procedure.

Assisted Hatching

In order for the advanced embryo to implant in the uterine wall and to continue development, it must break free 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 or used in a treatment cycle.

Donor Tissue

Purchase of donor eggs or sperm is covered by your Progyny benefit.

Purchase of one cohort of donor eggs counts for one Smart Cycle. Purchase of up to four vials of donor semen counts for $\frac{1}{4}$ of a Smart Cycle.

Embryo Culture

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

FDA Workup

FDA-approved lab testing is required for any member or dependent donating tissue that will be used by a third-party (i.e., surrogacy).

Fertilization

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

In-Cycle Monitoring/Management

When your ovulation clock settles into a paced rhythm, your clinic will monitor your progress through pelvic ultrasounds. This will help shed light on the development of your follicles and the thickness of your endometrium, both of which are essential measures in the stimulation process.

Intracytoplasmic Sperm Injection (ICSI)

Intracytoplasmic sperm injection (ICSI), also known as micro manipulation, is a laboratory technique that is performed in about 60% of IVF cases in the United States. Once the eggs are ready for insemination, a micropipette—or tiny needle—is used to inject a single, normal-appearing, living sperm directly into the center of an egg to promote fertilization. ICSI is most often used in cases of male factor infertility such as low sperm count; poor sperm morphology (shape) or motility (movement); or if the sperm have trouble attaching to the egg.

Preimplantation Genetic Testing for Aneuploidy (PGT-A)

Preimplantation genetic testing for aneuploidy (PGT-A [*formerly known as PGS*]) 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 implantation. Furthermore, elective single embryo transfer (eSET) is recommended, thus nearly eliminating the risk of a multiple pregnancy.

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

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

Preimplantation genetic testing for monogenic/single gene diseases (PGT-M [*formerly known as PGD*]) 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.

*Coverage for PGT-M may be specific to your plan. Please contact your PCA.

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.

Tissue Storage

Your Progyny benefit covers one year of tissue storage.

Tissue Transportation

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

Non-Covered Services

If there are services being requested by your doctor (that are not listed), please check with your patient care advocate to confirm coverage. There are some services that are not covered by Progyny, however, they may be covered by your medical insurance (i.e., corrective surgeries). Costs will otherwise be your responsibility. Please check with your medical plan to confirm coverage.

CYCLE CANCELLATION

In rare cases, a treatment cycle will need to be cancelled prior to completion. 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. For cycles cancelled after retrieval (or aspiration), $\frac{1}{4}$ of a Smart Cycle will be deducted from your balance. For cycles cancelled after fertilization due to immature or non-viable embryos prior to transfer, $\frac{1}{2}$ of a Smart Cycle will be deducted from your balance.

For cycles converted to IUI or Timed Intercourse $\frac{1}{4}$ of a Smart Cycle will be deducted from your balance. If you have further questions regarding cycle cancellation, contact your patient care advocate (PCA).

EXHAUSTION OF BENEFITS

When you have used your full Smart Cycle allowance, your lifetime benefits are exhausted. Initial consultations and other services can no longer be accessed once the Smart Cycle allowance has been utilized, with the exception of any remaining storage renewals as determined by your plan and ongoing access to your dedicated PCA. Progyny can continue to provide assistance by coordinating care as you move forward in 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.

Please note you cannot use a fractional portion of any remaining Smart Cycle balance unless it covers that full treatment bundle allocation.

COORDINATION OF BENEFITS (WHEN ONE PARTNER HAS THE PROGYNY BENEFIT AND ONE PARTNER HAS COVERAGE THROUGH ANOTHER CARRIER)

If you and/or your partner has 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, which may lead to significant billing issues and financial responsibility on your part if the information is incorrect. 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 Explanation of Benefits (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.

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

COORDINATION OF BENEFITS (WHEN BOTH PARTNERS HAVE THE PROGNYN BENEFIT THROUGH TWO DIFFERENT 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.

TRANSITION TO PREGNANCY

Your Progyny benefit includes coverage through the second positive pregnancy test. However, your Reproductive Endocrinologist may not refer you to your OB-GYN until week eight of your pregnancy. Pregnancy monitoring after that time should be billed as medical to your medical carrier. However, if it is billed as fertility and denied by your medical carrier, your pregnancy monitoring will be covered by Progyny's pregnancy gap coverage.

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

INITIAL CONSULTATION AND DIAGNOSTIC TESTING

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

Lab/ Procedure/ Diagnostic Test	99499 Bundled CPT Codes	Max Per Authorization
OFFICE VISITS	99205, 99213, 99214	3
SEMEN ANALYSIS	89325, 89322	2
ULTRASOUND TRANS VAGINAL NON-OB	76830	2
ANTIBODY SCREEN, RBC EACH SERUM TECH	86850	1
ASSAY OF ESTRADIOL (E2)	82670	2
ASSAY OF FREE THYROXINE; T4 Free (FT4)	84439	1
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 OF VITAMIN D; 25-OH (HYDROXY) VITAMIN D	82306	1
ASSAY THYROID STIM HORMONE (TSH)	84443	2
BLOOD TYPING, ABO or ABO GROUP and RH Type	86900, 86901	2
PRE-CONCEPTION CARRIER SCREENING (genetic tests)*	Various	2
CHEMILUMINESCENT ASSAY - INHIBIN B	82397	1
CHORIONIC GONADOTROPIN TEST - (HCG), Total, Quantitative (hCG) Pregnancy Test; BETA (HCG)	84702	2
CHYLMD TRACHOMATIS (Culture), RNA, TMA; CHLAMYDIA TRACHOMATIS	87491	1
COMPLETE CBC W/AUTO DIFF WBC; CBC including Differential	85025	1

Lab/ Procedure/ Diagnostic Test	99499 Bundled CPT Codes	Max Per Authorization
and Platelets		
CULTURE - UREAPLASMA/MYCOPLASMA; MYCOPLASMA HOMINIS/UREAPLASMA CULTURE	87109	1
GLUCOSE	82947	1
GLYCOSYLATED HEMOGLOBIN TEST; HgA1C (Hemoglobin A1C)	83036	1
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 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 Lympho Vir 1 & 2)	36175, 86790	2
HYSTEROSALPINGOGRAM - HSG (global)*	58340	1
HYSTEROSALPINGOGRAM - HSG (global) (Facility)*	58340	1
HYSTEROSALPINGOGRAM - HSG (global) (Radiology Charge)*	74740-00	1
HYSTEROSALPINGOGRAM - HSG (hospital) (Radiology Charge)*	74740-TC	1
HYSTEROSALPINGOGRAM - HSG (physician bill) (Radiology Charge)*	74740-26	1
IN-OFFICE HYSTEROSCOPY (non-surgical HSC)	58555	1

Lab/ Procedure/ Diagnostic Test	99499 Bundled CPT Codes	Max Per Authorization
IMMUNOASSAY, RIA; ANTI-MULLERIAN HORMONE, AMH/MIS	83520	2
MOCK CYCLE	58100	1
MOPATH PROCEDURE LEVEL 2; Spinal Muscular Atrophy (SMA)	81401	2
N.GONORRHOEAE (Culture), RNA, TMA; NIESSERIA 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
OVARIAN ASSESSMENT REPORT (OAR)	S6600	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 CULTURE	87070	1
URINE (HCG) (UPT), Qualitative	81025	2
VARICELLA-ZOSTER ANTIBODY; Varicella Zoster (VZV) IgG Antibody	86787	1

PARTIAL INITIAL CONSULTATION AND DIAGNOSTIC TESTING

In certain instances, your physician may recommend a small portion of these services. For example, you may be seeking a second opinion or you may have recently completed diagnostic testing. To accommodate instances like this, 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.

PROGNYN RX FORMULARY

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

Medication Name	Category
Leuprolide/2-week kit	Agonist
Lupron Depot 3.75	Agonist
Cetrotide 0.25mg	Antagonist
Clomiphene 50mg	Anti-estrogen
Letrozole	Anti-estrogen
Estradiol Valerate 20mg/cc	Estrogen
Estradiol Valerate 40mg/cc	Estrogen
Delestrogen 10mg/cc	Estrogen
Delestrogen 20mg/cc	Estrogen
Delestrogen 40mg/cc	Estrogen
Menopur 75iu	hMg
Gonal F 300iu pen	FSH
Gonal F 450iu pen	FSH
Gonal F 900iu pen	FSH
Gonal F 75iu vial	FSH
Gonal F 450iu vial	FSH
Gonal F 1050iu vial	FSH
Pregnyl 10,000iu	(hCG)
Novarel 5,000iu	(hCG)

Ovidrel 250mcg	(hCG)
Progesterone 50mg/cc Sesame oil	Progesterone
Endometrin	Progesterone



FAQS

BENEFIT

1. What family building options are available through Progyny?

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

2. What does Progyny cover?

Under a Smart Cycle, Progyny covers standard of care fertility treatment, including: timed intercourse (TIC), intrauterine insemination (IUI), frozen oocyte transfer (FOT), IVF freeze-all, frozen embryo transfer (FET), and fresh IVF. Initial consultations and some stand-alone services, such as preimplantation genetic testing for aneuploidy (PGT-A [*formerly known as PGS*]), 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.

3. How many Smart Cycles do I have left?

Please contact your dedicated PCA for more information on your Smart Cycle balance.

4. What's covered in my initial consultation?

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

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

In certain instances, your physician may recommend a small portion of these services. For example, you may be seeking a second opinion or you may have recently completed diagnostic testing. To accommodate instances like this, 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.

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

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

6. What is PGT-A (formerly known as PGS) and is it covered?

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

7. 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.

8. What is PGT-M (formerly known as PGD) 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 [formerly known as PGS]). 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 testing is a covered standalone service under your benefit and will not impact your Smart Cycle balance.

This testing is not covered under your Progyny benefit. Contact your dedicated PCA for more information about financial responsibility if you choose to pursue this testing.

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

All charges associated with services for a gestational carrier, including but not limited to fees for laboratory tests, are not covered. Other 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.

If there are services being requested by your doctor (that are not listed as covered services), please check with your PCA to confirm coverage. Some services are not covered by Progyny. However, they may be covered by your medical insurance (i.e., corrective surgeries). Costs will otherwise be your responsibility. Please check with your medical plan to confirm coverage.

10. How should I use my remaining Smart Cycle balance?

There are a number of ways for you to use your Smart Cycle balance. Contact your dedicated PCA for help determining the best way to use your benefit.

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

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

decision prior to the completion of your treatment. Progyny is unable to cancel authorizations once a claim from the clinic has been received.

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

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

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

The cycle will not be counted toward your Smart Cycle balance if you cancel a treatment prior to egg retrieval. Frozen embryo transfer (FET) cycles that are cancelled prior to the embryo transfer will not be counted toward your Smart Cycle balance. Your member financial responsibility—which may include deductible, coinsurance, copayment, and/or out-of-pocket maximum depending on your medical plan—will still be applied to any services rendered prior to your treatment cancellation, as those services will be applied to your medical plan.

Cycles that are cancelled after an egg retrieval or embryo transfer will be counted toward your Smart Cycle balance.

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

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

15. What if I want to be a donor?

Please contact your PCA to discuss options and next steps.

16. What services are not covered under my Progyny benefit?

There are some services that do not fall under Progyny's coverage; however, they may be provided through your medical insurance.

- Surgical procedures, except for egg retrievals, are not covered by your Progyny benefit. Please contact your primary medical insurance carrier 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 through your second positive pregnancy test.

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

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

ELIGIBILITY

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

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

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, 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.

20. 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.

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

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

Your indication of primary insurance coverage for fertility 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 are not positive about the details of your medical plan's fertility coverage, please reach out to your medical carrier and request a summary of benefits to understand your coverage. Please note, deductible and coinsurance from your medical plan are not reimbursable expenses.

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 has 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 Explanation of Benefits (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.

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

23. What happens when both partners have the Progyny benefit?

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.

24. 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 at the end of the month in which you terminate employment.

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

If you wish to pursue further fertility 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 treatment expenses.

26. 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.

PROVIDER AND LAB FACILITY

27. How do I schedule an appointment?

When you're ready to schedule an initial consultation, please notify your dedicated patient care advocate (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.

28. 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.

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

Before your appointment:

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

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.
- 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.

31. How can I check if my doctor is in-network?

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

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

Please contact your PCA to discuss options and next steps.

33. 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.

34. 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.

35. Which labs are in-network for PGT-A (formerly known as PGS) or PGT-M (formerly known as PGD) testing?

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

MEDICATION

36. What is Progyny Rx?

Progyny Rx is a fertility benefit program developed in partnership with leading fertility medication providers. Progyny Rx is included as part of your Progyny benefit and will supply your medication throughout your fertility treatment.

37. What are the benefits of Progyny Rx?

Progyny Rx offers several advantages over typical medication providers:

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

38. How does Progyny Rx work?

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

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

39. What medications are covered under Progyny Rx?

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

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

40. How do I get my medication for treatment?

Prescriptions for your fertility treatment must be sent to our pharmacy partner by your clinic/physician. Once the prescription is received by our pharmacy partner, a Progyny Rx specialist will reach out to you to schedule the delivery. Medications are sent overnight.

41. How do I administer my medications?

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

42. How do cancelled treatments impact my prescription?

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

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

Progyny only covers specialty fertility medications that are on the formulary. Any prescribed medication that is not on the formulary will be substituted for the alternative covered by Progyny. Compounds that consist of the medication on the formulary are covered by Progyny. All ancillary medications, such as antibiotics, are not covered by Progyny and are typically covered by your primary pharmacy benefit manager (PBM). These are subject to financial responsibility, which may include deductible, coinsurance, copayment, and/or out-of-pocket maximum depending on your medical plan.

BILLING AND CLAIMS

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

Progyny sends an authorization 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 patient care advocate (PCA) to request an authorization before your first appointment and before you begin any treatment cycle.

45. Why am I receiving a bill?

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

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

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

46. What is on my invoice?

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

47. How do I request a reimbursement?

To ensure eligibility, reimbursements must be discussed with your dedicated PCA in advance. You will need to save all invoices and proofs-of-payment. When you're ready to initiate your reimbursement, please contact your PCA. Your PCA will send you a DocuSign to complete, and you will attach all relevant documents prior to submitting your reimbursement request for processing. Please note, reimbursements may take up to 90 days to process.

48. 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 or by paying via credit card or Health Savings Account (HSA), if applicable, over the phone or at progyny.com/payment.



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For more information on your fertility benefits, call: 855.507.6311