



Your Progyny Benefit

Sony Member Guide

2024 Plan Year



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Introduction to Your Progyny Fertility and Family Building Benefit



Your Progyny Benefit

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

Progyny works like your other insured healthcare benefits. You will have financial responsibility according to your medical plan. This means you should expect bills for all covered and authorized services including your initial consultation and diagnostics, medication, and fertility treatment as determined by your medical plan. Please see the [Understanding Your Financial Responsibility](#) section of this guide or speak with your PCA for more information.

Highlights of Your Progyny Benefit

Your Progyny Fertility and Family Building Benefit		Effective 01/01/2024
4	Smart Cycles per family per lifetime	
2	Initial consultations per year	
\$20,000	Adoption financial assistance per child	
\$20,000	Surrogacy financial assistance per child	
Fertility preservation	Egg and sperm freezing coverage	
Tissue storage	Tissue storage is included for the first year in applicable treatment cycles. Your employer offers an additional 3 years of storage while covered under the Progyny benefit.	
Donor tissue	Egg and sperm coverage	

To learn more and activate your benefit, call: 833.404.2011

Personalized Support

Your Care Team

As a Progyny member, you have clinical and emotional support throughout your entire journey from a dedicated Patient Care Advocate (PCA). After onboarding, you will be matched with your PCA based on your fertility and family building goals. Progyny PCAs are fertility experts trained to support all paths to parenthood, including surrogacy and adoption. Your PCA can provide guidance on available treatment options and outcomes, coordinate and prepare you for all your appointments, and answer any questions you might have about your benefit. Your PCA is also your connection to a team of Clinical Educators, fertility nurses and embryologists that can answer any clinical questions you may have about your care. If you are interested in exploring other paths to parenthood like surrogacy or adoption, your PCA can also connect you to our specialized Surrogacy and Adoption Coaches. Contact your PCA to learn more or to request outreach from a Clinical Educator, Surrogacy Coach, or Adoption Coach.

Preconception Support

Starting to think about building a family can feel overwhelming. At Progyny, we are here to support you every step of the way. Progyny Preconception is a 12-month program that provides personalized support, education, and referral services to support your fertility and family-building goals. Throughout the program, we will be checking in periodically with personalized content and helpful information to champion you on your path to pregnancy. No matter where you might be on your journey, even if you have not begun trying to conceive, our program is designed to ensure you have the necessary resources and information.

Contact your PCA to learn more and enroll in the program.

Digital Tools

Progyny Member App and Portal

In addition to the personalized support from your PCA, you have access to the Progyny member portal, available on the web and as an app (iOS and Android devices). With the member portal, you can view coverage details, review upcoming appointments, view account and claims information, communicate directly with your PCA, and access fertility and family building education. Learn more at progyny.com/progyny-member-portal/.

Progyny.com

We know how confusing the world of fertility can be, and we want to ensure you have access to resources for every step of your family building journey. Visit progyny.com/education to browse articles, videos, infographics, webinars, and the *This Is Infertility* podcast. Subscribe to Progyny's [YouTube channel](#) for additional fertility education.

Top Fertility Specialists

Progyny has created a network of top fertility specialists, connecting you to high quality care across the U.S. Our network consists of over 950 fertility specialists across more than 650 clinic locations, including nationally recognized providers. You can search for an in-network fertility specialist, reproductive urologist, and in-network labs at progyny.com/find-a-provider. The search tool includes detailed information for each Progyny network clinic, including provider profiles with demographics, sub-specialties, and other unique practice characteristics.

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.

Our Medical Advisory Board continually evaluates the latest science and research to ensure that your benefit empowers 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 833.404.2011

During your first call a welcome specialist will:



Confirm your eligibility

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



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



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



Help you to understand your financial responsibility and how to plan for your out-of-pocket costs for all covered services. As a reminder, your health plan determines your financial responsibility.

Following your onboarding call, you will be matched with a dedicated Patient Care Advocate (PCA) based on your fertility and family building goals. Your PCA is there to support you along your journey every step of the way.





The Progyny Smart Cycle



Understanding Your Smart Cycle Benefit

To make your fertility benefit easier to use, we've bundled all 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 particular type of treatment cycle are covered within the Smart Cycle. That means you won't run out of coverage mid-cycle, and you can focus on the most effective treatment. 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:

Progyny provides inclusive family building benefits to support all paths to parenthood. Progyny Smart Cycles can be mixed and matched to create a customized treatment path that works best for you.

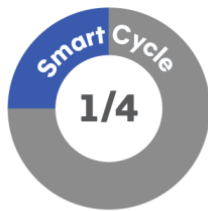
Visit the [Explanation of Covered Treatments & Services](#) section of the Member Guide to learn more. For a full explanation of what's covered under each Smart Cycle, visit the [Included in Your Coverage](#) section.



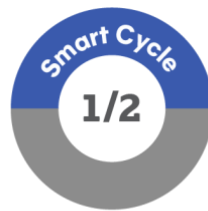
IVF Fresh Cycle



IVF Freeze-All Cycle



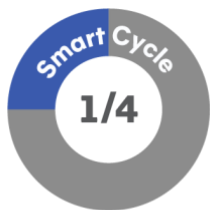
Frozen Embryo Transfer (FET)



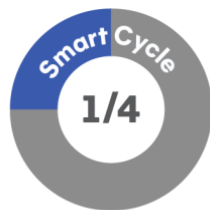
Frozen Oocyte Transfer (FOT)



Pre-Transfer Embryology Services



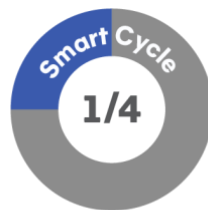
Intrauterine Insemination (IUI)



Timed Intercourse (TIC)



Egg Freezing



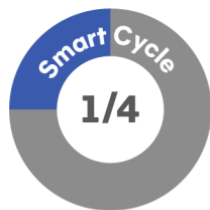
Sperm Freezing



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



Purchase of 1 Cohort of Donor Eggs
6-8 eggs



Purchase of Donor Sperm
4 vials



Fertility Treatment Coverage



Explanation of Covered Treatments & Services

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

Initial Consultation and Diagnostic Testing

Your coverage includes 2 initial consultations per year, until you've exhausted your Smart Cycle balance. There is no impact to your Smart Cycle balance for your initial consultations. Depending on 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. You can always contact your PCA to clarify if a specific test is covered by Progyny.

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

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.

Endometrial Receptivity Cycle / Mock Cycle

A mock cycle occurs when the patient is prescribed medication and monitored as if they were preparing for an embryo transfer. Instead of transferring an embryo, a biopsy of the uterine lining is performed to check the receptivity of the endometrium. Progyny provides coverage for the mock cycle for members with approved medical indications such as a history of previously failed embryo transfers, only one frozen embryo, or the use of donor tissue. 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
 - Office Visits
 - Ultrasound
 - Endometrial Receptivity pathology at an in-network laboratory (Note, ALICE/EMMA/ReceptivaDX tests are not covered)

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. Please note, the use of PGT-A does not impact your Smart Cycle balance. Any additional, genetically normal embryos remain cryopreserved until needed. Choosing to forego specific services such as ICSI or PGT-A does not reduce the Smart Cycle deduction of an IVF Fresh Cycle.

The following procedures are covered:

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

IVF Freeze-All = 3/4 Smart Cycle

An IVF freeze-all cycle is similar to an IVF fresh cycle but may increase the chances of success. An IVF freeze-all starts by stimulating the ovaries with a course of medication. Following the 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. Choosing to forego specific services such as ICSI or PGT-A does not reduce the Smart Cycle deduction of an IVF Freeze-All Cycle.

The following procedures are covered:

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

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

Embryos that have been preserved during an IVF freeze-all, frozen oocyte transfer, or previous IVF fresh cycle can be thawed and transferred into the uterus. A frozen embryo transfer is commonly performed following an IVF freeze-all cycle to allow for preimplantation genetic testing for aneuploidy (PGT-A) on the resultant embryos. PGT-A screens each sample for genetic abnormalities, allowing the fertility specialist to ensure that the most viable embryo is chosen for transfer. Please note, FETs performed on a gestational carrier are typically not a covered service. Contact your PCA for more information.

The following procedures are covered:

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



Intrauterine Insemination (IUI) = 1/4 Smart Cycle

Intrauterine insemination (IUI), or artificial insemination, is when sperm is inserted directly into the uterus through a catheter following monitoring. Sometimes a course of medication is used prior to insemination to stimulate the ovaries and increase the likelihood of pregnancy.

The following procedures are covered:

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

Timed Intercourse (TIC) = 1/4 Smart Cycle

Timed intercourse (TIC) may be recommended when irregular or missing ovulation is the cause of infertility. A TIC cycle typically involves monitoring via ultrasound at the clinic and may also involve the use of medication to trigger ovulation. When ovulation is about to occur, the 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 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 less common than egg freezing, there are situations in which a doctor may advise banking sperm. For example, travel when eggs are retrieved and need to be fertilized, low sperm count necessitating multiple sperm donations prior to fertilization, or other medical conditions (such as chemotherapy).

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

The following procedures are covered:

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

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 covered member who is the intended parent. This cycle includes all the embryology services for the creation of embryos from previously frozen or donor eggs. The services begin once the eggs have been retrieved or thawed. Progyny's fertility benefit does not cover services on a gestational carrier or surrogate, so the frozen embryo transfer is an out-of-pocket cost.

The following procedures are covered:

- Assisted hatching
- Blastocyst culture
- Complex sperm wash & prep
- Cycle management
- Embryo biopsy
- Embryo culture lab
- Intracytoplasmic sperm injection (ICSI)
- Office visits*
- Oocyte fertilization/insemination
- Oocyte identification
- Preimplantation genetic testing for aneuploidy (PGT-A)
- Preparation and cryopreservation of extra embryo(s)
- Simple sperm wash & prep
- Sperm cryopreservation (sperm storage is billed and authorized separately)
- Tissue storage (1 year)
- Ultrasounds & in-cycle bloodwork (E2, P4, beta hCG, FSH, LH)*

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

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

Standalone preimplantation genetic testing for aneuploidy (PGT-A) may be performed outside of a traditional IVF cycle, for example, if embryos have already been created and cryopreserved for future use. PGT-A involves testing 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 equals 1 Smart Cycle. A cohort typically includes 6-8 oocytes (eggs). Tissue transportation is also covered. Purchase of tissue must be at an in-network egg bank where members can purchase donor eggs directly after an authorization is issued. Visit progyny.com/labs to search for in-network egg banks. If you have questions about using an out of network egg bank, speak to your PCA for more information.



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 equals 1/4 Smart Cycle per purchase. Tissue transportation from the tissue bank to your in-network clinic is also covered. Progyny has in-network sperm banks so members can purchase sperm directly with no upfront cost. Visit progyny.com/labs to search for in-network sperm banks. If you have questions about using an out of network sperm bank, speak to your PCA for more information.

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

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. Embryo donation, which is sometimes referred to as embryo adoption, is the process of receiving an embryo created by another individual or couple who have completed their family and donated their remaining embryos. Following testing, the recipient undergoes a frozen embryo transfer (FET). The FET is covered as part of the Progyny benefit. Donor embryos typically include agency/administration fees. You may be reimbursed for these fees through your surrogacy financial assistance program. If not, the fees will be an out-of-pocket cost. Please contact your PCA for more information.

The following procedures are covered:

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

Partial Cycle = 1/4 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)

Note, all partial cycles are subject to provider approval. Choosing to forego services during a cycle, such as ICSI and PGT-A does not lessen the Smart Cycle deduction for IVF Freeze All and IVF Fresh. Please reach out to your PCA for more information.

Partial Cycle = 1/2 Smart Cycle

You may be eligible for coverage of a partial cycle if you are pursuing IVF and have only 1/2 Smart Cycle remaining. While 1/2 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 and intracytoplasmic sperm injection (ICSI). Any services following the retrieval and ICSI are not included in this authorization and will remain a full out-of-pocket cost.

The following procedures are covered

- Anesthesia (for egg retrieval)
- Assisted hatching
- Complex sperm wash & prep
- Cycle management
- Embryo culture lab
- Intracytoplasmic sperm injection (ICSI)
- Office visits
- Oocyte fertilization/insemination
- Oocyte identification from follicular fluid
- Retrieval (follicular aspiration, to include ultrasound guidance)
- Simple sperm wash and prep
- Ultrasounds & in-cycle bloodwork (E2, P4, beta hCG, FSH, LH)

Note, all partial cycles are subject to provider approval. Choosing to forego services during a cycle, such as ICSI and PGT-A does not lessen the Smart Cycle deduction for IVF Freeze All and IVF Fresh. Please reach out to your PCA for more information.



Included In Your Coverage

Reproductive Endocrinology Services

Anesthesia for Egg Retrieval

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

Assisted Hatching

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

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

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

Cryopreservation

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

D&C

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

Embryo Culture

Embryo culture is a component of in vitro fertilization (IVF) in which resultant embryos are allowed to grow for some time in the 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 the laboratory where sperm is added to a dish containing the egg to create embryos.

Genetic Counseling

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

In-Cycle Monitoring/Management

During a treatment cycle, the clinic will monitor progress through pelvic ultrasounds and blood work every other day. This helps to assess the development of follicles and the thickness of the endometrium, both of which are essential measures in the stimulation process.

Intracytoplasmic Sperm Injection (ICSI)

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

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 and healthy pregnancy. Furthermore, a single embryo transfer (SET) is recommended, thus nearly eliminating the risk of a multiple pregnancy.

PGT-A can be performed during any cycle where embryos are created in the lab: frozen oocyte transfer, IVF freeze-all, or IVF fresh cycles (because it can take several days to get the PGT-A test results from the lab, the embryo(s) transferred during an IVF fresh cycle are unlikely to be PGT-A tested). Your Progyny coverage also allows for untested, previously frozen embryos to be thawed, biopsied for PGT-A testing, and frozen again prior to transfer. There is no limit to the number of embryos covered for testing.

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.

Remote/Outside Monitoring

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

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

Single Embryo Transfer (SET)

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

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

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

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

If approved, you may move forward with the transfer.

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

Contact your PCA for more information.

Sperm Wash and Preparation

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

Telehealth

A telehealth appointment is a one-on-one video meeting with your provider. Telehealth can be utilized for an initial consultation, for example, enabling you to meet your 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. 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 3 storage authorizations. Each authorization 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 the date of service. Contact your PCA for more information on reimbursement.

Reproductive Urology (male-factor) Services

Progyny covers sperm-related or male-factor infertility, which often means there is an issue with sperm production or delivery, motility or the shape of sperm, or blockage in the reproductive tract. While treatment will vary, an individual will typically need to see a reproductive urologist who specializes in male reproductive health. The Progyny benefit provides treatment coverage for these services and access to a curated network of reproductive urologists. Most of these services do not impact your Smart Cycle balance but you may have financial responsibility. Contact your PCA for more information.

Sperm Retrieval Procedures

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

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

- Office Visits
- Scrotal Ultrasound
- Rectal Ultrasound
- Biopsy of the Testis, Needle
- Sperm Aspiration
- Sperm Identification from Testis Tissue
- Cytopathology: Evaluation of Fine Needle Aspirate
- Cytopathology: Fluids, Washings, or Brushings
- Cytopathology: Concentration Technique



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- Level IV Surgical Pathology

- Facility Fees and Anesthesia

Percutaneous Epididymal Sperm Aspiration (PESA) is a procedure often performed for obstructive azoospermia from either a prior vasectomy or infection. All of the following services are covered for a PESA:

- Office Visits
- Scrotal Ultrasound
- Rectal Ultrasound
- Biopsy of the Testis, Needle
- Sperm Aspiration
- Sperm Identification from Epididymal or Vasal Fluid
- Cytopathology: Evaluation of Fine Needle Aspirate
- Cytopathology: Fluids, Washings, or Brushings
- Cytopathology: Concentration Technique
- Level IV Surgical Pathology
- Facility Fees and Anesthesia

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

All of the following services are covered for a TESE:

- Office Visits
- Scrotal Ultrasound
- Rectal Ultrasound
- Biopsy of the Testis, Incisional
- Sperm Identification from Testis Tissue
- Cytopathology: Fluids, Washings, or Brushings
- Cytopathology: Concentration Technique
- Level IV Surgical Pathology
- Facility Fees and Anesthesia

All of the following services are covered for a Micro TESE:

- Office Visits
- Scrotal Ultrasound
- Rectal Ultrasound
- Biopsy of the Testis, Incisional
- Level IV Surgical Pathology
- Sperm Identification from Testis Tissue
- Cytopathology: Fluids, Washings, or Brushings
- Cytopathology: Concentration Technique
- Facility Fees and Anesthesia

Microepididymal Sperm Aspiration (MESA) is a procedure often performed for vasal or epididymal obstruction and allows for an extensive collection of mature sperm. All of the following services are covered for a MESA:

- Office Visits
- Scrotal Ultrasound



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- Rectal Ultrasound
 - Biopsy of the Testis, Needle
 - Biopsy of the Testis, Incisional
 - Sperm Aspiration
 - Sperm Identification from Epididymal or Vasal Fluid
 - Cytopathology: Evaluation of Fine Needle Aspirate
 - Cytopathology: Fluids, Washings, or Brushings
 - Cytopathology: Concentration Technique
 - Level IV Surgical Pathology
 - Facility Fees and Anesthesia

Percutaneous Vasal Sperm Aspiration / Vasal Sperm Aspiration (PVSA /VASA)

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

- Office Visits
- Scrotal Ultrasound
- Rectal Ultrasound
- Biopsy of the Testis, Needle
- Sperm Aspiration
- Sperm Identification from Epididymal or Vasal Fluid
- Cytopathology: Evaluation of Fine Needle Aspirate
- Cytopathology: Fluids, Washings, or Brushings
- Cytopathology: Concentration Technique
- Level IV Surgical Pathology
- Facility Fees and Anesthesia

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

In the case of oncofertility, in which medical treatment such as chemotherapy may affect future fertility, a doctor may advise banking sperm. In this case, a member may do so at an in-network Reproductive Urology clinic and utilize their Smart Cycle benefit.

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

The following procedures are covered:

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

Other Reproductive Urology (male-factor) Treatments

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



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- Fine Needle Aspiration Biopsy (Testes Mapping)
 - Electroejaculation (rectal probe) or Penile Vibratory Stimulation (PVS)
 - Varicocelectomy (unilateral + Bilateral)
 - Cystoscopy and Transrectal ultrasound-guided seminal vesicle aspiration and chromotubation
 - Transurethral resection of the ejaculatory ducts (TURED)
 - Cytopathology: Evaluation of fine needle aspirate
 - Cytopathology: Fluids, washings, or brushings
 - Sperm DNA Fragmentation
 - Cytopathology: Concentration technique
 - Level IV Surgical Pathology
 - Vasography
 - Orchidopexy
 - Inguinal Exploration
 - Scrotal Exploration and microsurgical reconstruction for idiopathic or defined excurrent duct obstruction

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



Non-Covered Services

Services not listed in the Member Guide are not covered. Services provided without an authorization where an authorization is required are Non-Covered. Always connect with your PCA prior to beginning treatment to understand what is covered and if any additional authorization procedures are required. Request for authorization for covered services will be reviewed based on your individual submission and our written clinical policy. The request will be timely adjudicated and based on that review may be approved, denied, or partially approved or denied.

There are some services that are not covered by Progyny. If a service is not covered by Progyny, it may be covered by your medical plan (e.g., some corrective surgeries like laparoscopies and myomectomies, or vasectomy reversals). Ensure your fertility doctor is in-network with your medical insurance. Costs associated with non-covered services are your responsibility. Please check with your medical plan to confirm coverage and for more information.





Financial Assistance Programs



Adoption Financial Assistance Program

What's Included in My Adoption Benefit?

The Progyny benefit helps those looking to grow their family through adoption. Whether you're just starting your research, ready to begin the process, or are well on your way in your adoption journey, your dedicated PCA can provide adoption counseling, including:

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

Adoption Assistance

As part of your Progyny benefit, your employer offers financial assistance up to \$20,000 per child to help offset your out-of-pocket adoption costs. For more information on eligibility, contact your PCA or refer to your organization's adoption policy.

Eligible adoption expenses may include:

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

How Do I Submit My Reimbursement?

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

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



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

Surrogacy Financial Assistance Program

What's Included in My Surrogacy Benefit?

Whether you're just starting to think about surrogacy, have already reached out to a few agencies, or have even met your surrogate, your dedicated PCA can provide surrogacy counseling regarding next steps, including:

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

Surrogacy Assistance

As part of your Progyny benefit, your employer provides \$20,000 per child to cover surrogacy-related expenses. Intended parents who are covered members have unlimited access to support from a PCA. Your Smart Cycle covers pre-transfer embryology services, including diagnostic testing, fertilization, and embryo monitoring. Please note, your Smart Cycle allowance cannot be used for the surrogate, as they are not a claimed dependent. For more information on eligibility, contact your PCA or refer to your organization's surrogacy policy.

Eligible surrogacy expenses may include:

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



How Do I Submit My Reimbursement?

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

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

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





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 can 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 are/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 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 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. Please note, although your services are typically authorized as a treatment bundle, you may receive several invoices related to your treatment. When you receive your Progyny invoice, you can submit payment by mailing a check to the address on your invoice, by credit card, over the phone, via the member portal, or at progyny.com/payment.

Timely Filing

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

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

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

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



Your Fertility and Family Building 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 through each phase of your family building journey, however you choose to grow your family. Under your Progyny benefit, a Smart Cycle can be mixed and 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. Please note, all treatment cycles will impact your Smart Cycle balance. Initial consultation and some stand-alone services, such as preimplantation genetic testing for aneuploidy (PGT-A), sperm retrieval procedures, and reproductive urology (male-factor) treatments 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 everyone, including single parents by choice and LGBTQ+ individuals and couples. Contact your PCA to learn more about your family building options.

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 your benefit. You can also view your Smart Cycle balance in your Progyny member portal.

5. What's covered in my initial consultation and diagnostic testing bundle?

Your initial consultation and diagnostic testing bundle 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 access to all standard of care services necessary to ensure you and your doctor have 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 speak to your PCA to ensure appropriate authorization and billing.

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

Each general 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. Certain services do require specific authorization. To learn more about services that require additional authorization steps, please visit <http://nputilizationalliance.com/> or talk to your PCA. Request for authorization for covered services will be reviewed based on your individual submission and our written clinical policy. The request will be timely adjudicated and based on that review may be approved, denied, or partially approved or denied. 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; however, if performed as a standalone service it equals 1/4 Smart Cycle. As with all covered services, you should expect a bill for your financial responsibility. Please note, PGT-A may be billed separately.

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 to impact your Smart Cycle balance, you have the option to pay for the service out-of-pocket. However, you will need to notify your PCA of this decision prior to the completion of your treatment. Progyny is unable to cancel authorizations once a claim from the clinic has been received.

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 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, please reach out to your dedicated PCA.

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

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

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

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

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

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

For example, cholesterol, pap smear, HPV, and other tests that are not specific to fertility are not covered under Progyny but may be covered under your 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, including medication, considered experimental or non-standard by the American Society of Reproductive Medicine. All charges associated with services for a gestational carrier, including but not limited to fees for laboratory tests, are not covered.

If your doctor requests services that are not listed in this guide, or that require specific prior authorization, please check with your PCA to confirm coverage. There are some services that do not fall under Progyny's coverage; however, they may be provided through your medical 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. Reach out to your PCA for more details.

Costs for non-covered services or services provided without required authorization 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 to save your Smart Cycle balance. Contact your PCA if you are planning to pay out-of-pocket for a service, as your PCA will work with your provider to arrange payment. You cannot retroactively request that authorizations be cancelled either to self-pay for services and conserve Smart Cycles, or if the services do not deduct any Smart Cycles. Please be sure to check your email and alert us immediately if your clinic requests an authorization for a service for which you wish to self-pay.

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

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

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

19. 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.



20. 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 intimate partners and not the intended parents. Your Progyny benefit is for your own family building journey and does not cover services for others' treatment.

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

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

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

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

23. Does Progyny provide translation services?

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

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

A reproductive endocrinologist (REI) is a fertility doctor who primarily focuses on female reproductive health and fertility to achieve a patient's family building goals. A reproductive urologist (RU) is specialized in male reproductive health and supports male-factor infertility treatments to help an individual or a couple improve their fertility outcomes. Most patients begin their journey with a REI for an initial consultation and to undergo diagnostic testing, so they are better able to understand their family building options. After this step, they may be referred to a reproductive urologist if additional testing is required.

Eligibility

25. Who is eligible for the Progyny benefit?

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

To verify eligibility and learn more about covered services, please contact your PCA.

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

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

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

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

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

If you are the primary subscriber and your partner is not a claimed dependent on your primary medical insurance plan, your partner's services, including testing and treatment, will not be covered. Your partner must be a claimed dependent on your plan in order to receive coverage under your Progyny benefit.

29. What is primary and secondary insurance?

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

30. 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.

31. 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, 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 due to no coverage) to your PCA. Progyny will then work with your provider to process the claim successfully, subject to the specific coverage details of your Progyny benefit. Please note that denial reasons such as "denied due to being



out of network with your primary plan” or “denied due to missing authorization request” are not eligible reasons to coordinate coverage under your Progyny plan. Members must adhere to the primary insurance’s rules and regulations.

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

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

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

The person receiving services must be a covered employee on their employer’s Progyny benefit (primary) as well as a covered dependent on their partner’s Progyny benefit (secondary) to access coverage 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.

33. 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.

34. 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

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

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

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

Provider and Lab Facility

36. How do I schedule an appointment?

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

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

An authorization is an approval for services. Upon authorization, Progyny generates a Patient Confirmation Statement, which is a document that confirms your coverage and is sent to your clinic, which allows the clinic to bill Progyny directly. Prior authorization is the best way to prevent errors or delays in treatment. Note, retroactive authorizations are not possible in all cases and must fall within timely filing for your underlying medical plan. Contact your dedicated PCA to request an authorization before your first appointment and before you begin any treatment cycle.

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

Before your appointment:

- Speak to a Progyny Clinical Educator to learn more about what to expect at your appointment.
- Make a list of questions you want to ask your doctor. You can always include a partner or loved one to help you process the information you receive.
- 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. 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 guide you through the process.
- Arrive early to complete any documents or visit the clinic website to see if there's paperwork you can print and fill out prior to your appointment.



At your appointment:

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

39. 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:

- 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. Note, this protocol may vary depending on the treatment plan.

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

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

You can search for reproductive endocrinologists, reproductive urologists, and clinics at progyny.com/find-a-provider or contact your dedicated PCA.

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

Contact your PCA to discuss options and next steps.

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

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

walk you through the process of transferring your medical records to your new clinic. Contact your PCA for more information on how to get started.

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

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

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

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

Medication

45. Are my medications covered?

Fertility medications are essential to fertility treatment. Medication coverage falls under your medical plan, not your Progyny plan. Please contact your pharmacy benefit manager (PBM), Freedom Fertility Pharmacy, at 800.660.4283 for more information.

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

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

- What medications are/are not covered?
- What is the generic name of the medication, if applicable?
- Will I need prior authorization from you before filling my medications? If so, which medications need to be prior authorized?*
- Am I responsible for any out-of-pocket cost for these medications?
- Do I have a lifetime maximum for my medications with this current health plan?
- How do I fill my medications? Are they mailed to me, or do I pick them up at my local in-network pharmacy?

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



Billing and Claims

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

Progyny will send 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. Contact your dedicated PCA to request an authorization before your first appointment and before you begin any treatment cycle. In addition to the Patient Confirmation Statement, some services require specific prior authorization. Contact your PCA for more information on the steps to get a prior authorization for a service should it be required under your plan. Request for authorization for covered services will be reviewed based on your individual submission and our written clinical policy. The request will be timely adjudicated and based on that review may be approved, denied, or partially approved or denied.

To learn more visit <http://nputilizationalliance.com/>.

47. 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. Payments are made via check or credit card. Note, although your services are typically authorized as a treatment bundle, you may receive several invoices related to your treatment. If you believe that you have received a bill in error, contact your PCA.

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

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

In some cases, Progyny reimburses members for covered medical services. To ensure eligibility, reimbursements must be discussed with your dedicated PCA in advance. You will need to save all invoices and proof-of-payments. When you're ready to initiate your reimbursement, contact your PCA. Reimbursements must be submitted to Progyny within three months of the date of service to comply with timely filing rules. Your PCA will send you a DocuSign to complete and you will attach all relevant documents prior to submitting your reimbursement request for processing. Your reimbursement will be the cost of service minus your financial responsibility. Not all services are eligible for reimbursement, please check with your PCA on your specific case. Note, reimbursements may take up to 90 days to process. If your expenses are related to adoption or surrogacy, contact your PCA.

49. How can I pay my invoice?

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





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) for fertility treatment. The bolded tests below are standard protocol for your reproductive endocrinologist to order prior to your undergoing any fertility treatment. The other tests listed are also covered by Progyny and may be ordered by your 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
Antisperm Antibodies	89325	2
Assay of Thyroid (T3 or T4)	84479	2
Assay of Total Thyroxine	84436	2
BhCG, Total, Quantitative	84702	2
Blood Typing (ABO)	86900	1
Carrier Screening (Cystic Fibrosis)	81220, 81227, 81443	1
Chemiluminescent Assay - Inhibin B	82397	1
Chlamydia Trachomatis Culture RNA (Urine Based Assay)	87491	2
Complete CBC with Auto Diff WBC; CBC including Differential and Platelets	85025, 85027	1
Culture - Ureaplasma/Mycoplasma; Mycoplasma Hominis/Ureaplasma Culture	87109	2
Cytomegalovirus	86644, 86645, 87497, 87496, 87252, 87254, 86777	2
Estradiol (E2)	82670	2
Follicle Stimulating Hormone (FSH)	83001	2
Free Thyroxine; T4 Free (FT4)	84439	2
Glucose	82947	1
HBsAg Neutraization (FDA Testing)	87341	2
Hemoglobin A1C (HgA1C)	83036	1
Hemoglobin Chromotography; Hemoglobin Electrophoresis	83021	2
Hepatitis B Core AB	86705	2
Hepatitis B Core Antibody, Total	86704	2

Lab/ Procedure/ Diagnostic Test	99499 Bundled CPT Codes	Max Per Authorization
Hepatitis B Surface AB	86706	2
Hepatitis B Surface AG, EIA	87340	2
Hepatitis C AB Test (Anti-HCV)	86803	2
Hepatitis C RNA by PCR Quantitative	87522	2
HIV 1/11 Antibody	86703	2
HIV I (if 87389 comes back positive)	86701	2
HIV II (if 87389 comes back positive)	86702	2
HIV-1/HIV-2, Single Assay; HIV 1/2 Antigen and Antibodies 4th Gen with Reflexes	87389	2
HTLV 1 & 2; HTLV I & II Antibody Screen (Human T-Cell Lympho Vir 1 & 2)	36175, 86790	2
HTLV/HIV Western Blot	86689	2
Human T-Cell Lymphotropic Virus 1, 2 (HTLV-1/HTLV-2) Differentiation	86687	2
Human T-Cell Lymphotropic Virus 1, 2 (HTLV-1/HTLV-2) Differentiation	86688	2
Immunoassay, RIA; Anti-Mullerian Hormone, AMH/MIS	83520	2
Karyotype	88230, 88261, 88262, 88280, 88291	2
Luteinizing Hormone (LH)	83002	2
Molecular Pathology Procedure Level 2; Spinal Muscular Atrophy (SMA)	81401	2
Neisseria Gonorrhoeae Culture RNA (Urine Based Assay)	87591	2
Obstetric Panel, (which includes the following: Prenatal Panel with HIV ABO, Antibody Screen, CBC with Platelet and Differential, Hepatitis B Surface Antigen, RH, Syphilis Screen IgG, Rubella Antibody Igg, HIV Type 1/2 (HIV-1, HIV-2) Antibodies, Reflex Western Blot 800)	80081	1
Obstetric Panel, (which includes the following: ABO, Antibody Screen, CBC with Platelet and Differential, Hepatitis B Surface Antigen, RH, Syphilis Screen IgG, Rubella Antibody IgG)	80055	1
Office Visits	99204, 99205, 99213, 99214	3
Ovarian Assessment Report (OAR)	S6600	2
Pre-Conception Genetic Carrier Screening	Panels Vary	2
Progesterone (P4)	84144	2
Prolactin	84146	2
RBC Sickle Cell Test	85660	2

Lab/ Procedure/ Diagnostic Test	99499 Bundled CPT Codes	Max Per Authorization
Rh Typing	86901	1
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
Semen Analysis	89320, 89322	2
Semen Culture	87070	2
Sperm DNA Fragmentation	82397, 88184, 88185, 89051, 89261, 89240	1
Testosterone, Free	84402	2
Testosterone, Total	84403	2
Thyroid Stim Hormone (TSH)	84443	2
Ultrasound Trans Vaginal Non-OB	76830	2
Urine (hCG) (UPT), Qualitative	81025	2
Varicella-Zoster Antibody; Varicella Zoster (VZV) Igg Antibody	86787	1
Vitamin D; 25-OH (Hydroxy) Vitamin D	82306	1

Additional Covered Services

Lab/ Procedure/ Diagnostic Test (Additional Covered Services)	Bundled CPT Codes	Max Per Authorization
Endometrial Receptivity Testing†	81403	1
Hysterosalpingogram - HSG (Global)	58340	1
Hysterosalpingogram - HSG (Global) (Facility)	58340	1
Hysterosalpingogram - HSG (Global) (Radiology Charge)	74740-00	1
Hysterosalpingogram - HSG (Hospital) (Radiology Charge)	74740-TC	1
Hysterosalpingogram - HSG (Physician Bill) (Radiology Charge)	74740-26	1
In-office Hysteroscopy (Non-Surgical HSC/No Anesthesia)	58555	1
Mock Cycle (Including Endometrial Receptivity Assay) †	58100	1
Saline Infusion Sonohysterography (SHG) Saline Infusion Sonogram (SIS)	76831	1
Surgical Hysteroscopy (with Anesthesia at the Fertility Clinic) ‡	58558	1

† Mock cycles, and endometrial biopsies are covered with medical necessity and endometrial receptivity testing is covered at in-network labs only. Sometimes these cycles are referred to as endometrial receptivity cycles where the tissue

biopsied is covered at an in-network lab (examples are Cooper's ER Peak, Igenomix's ERA,). Please note Emma/Alice tests are not covered. Contact your PCA for more details.

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

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

Lab/ Procedure/ Diagnostic Test	99499-25 Bundled CPT Codes	Max Per Authorization
Antisperm Antibodies	89325	2
Blood Typing (ABO)	86900	1
Carrier Screening (Cystic Fibrosis)	81220, 81227, 81443	1
Chlamydia Trachomatis Culture RNA (Urine Based Assay)	87491	2
Culture - Ureaplasma/Mycoplasma; Mycoplasma Hominis/Ureaplasma Culture	87109	2
Cytomegalovirus	86644, 86645, 87497, 87496, 87252, 87254, 86777	2
Estradiol (E2)	82670	2
Follicle Stimulating Hormone (FSH)	83001	2
Free Thyroxine; T4 Free (FT4)	84439	2
HBsAg Neutraization (FDA Testing)	87341	2
Hemoglobin A1C (HgA1C)	83036	2
Hepatitis B Core AB	86705	2
Hepatitis B Core Antibody, Total	86704	2
Hepatitis B Surface AB	86706	2
Hepatitis B Surface AG, EIA	87340	2
Hepatitis C AB Test (Anti-HCV)	86803	2
Hepatitis C RNA by PCR Quantitative	87522	2



Lab/ Procedure/ Diagnostic Test	99499-25 Bundled CPT Codes	Max Per Authorization
HIV 1/11 Antibody	86703	2
HIV I (if 87389 comes back positive)	86701	2
HIV II (if 87389 comes back positive)	86702	2
HIV-1/HIV-2, Single Assay; HIV 1/2 Antigen and Antibodies 4th Gen with Reflexes	87389	2
HTLV 1 & 2; HTLV I & II Antibody Screen (Human T-Cell Lympho Vir 1 & 2)	36175, 86790	2
HTLV/HIV Western Blot	86689	2
Human T-Cell Lymphotropic Virus 1, 2 (HTLV-1/HTLV-2) Differentiation	86687	2
Human T-Cell Lymphotropic Virus 1, 2 (HTLV-1/HTLV-2) Differentiation	86688	2
Karyotype	88280, 88230, 88261, 88262, 88291	1
Luteinizing Hormone (LH)	83002	2
Macroprolactin	84146 (x2)	2
Neisseria Gonorrhoeae Culture RNA (Urine Based Assay)	87591	2
Office Visits	99204, 99205, 99213, 99214	3
Physical Exam	99385, 99386, 99387, 99395, 99396, 99397	2
Post Ejaculate Urinalysis (Using Pelleted Urine Specimen)	81015	2
Pre-Conception Genetic Carrier Screening	Panels Vary	1
Prolactin	84146	2
Retrograde Semen Analysis	89331	2
Rh Typing	86901	1

Lab/ Procedure/ Diagnostic Test	99499-25 Bundled CPT Codes	Max Per Authorization
Routine Venipuncture	36415	2
RPR (Syphilis) VDRL; Blood Serology, Qualitative; Includes RPR (Syphilis) Screen	86592	2
Scrotal Ultrasound	76870	2
Semen Analysis with Centrifuged Pellet	89300, 89320, 89321, 89322	2
Semen Analysis with Leukocyte (WBC) Stain	87661	2
Semen Analysis with Strict Morphology	89322	2
Semen Culture	87070	2
Sperm DNA Fragmentation	82397, 88184, 88185, 89051, 89261, 89240	1
Testosterone, Free	84402	2
Testosterone, Total	84403	2
Thyroid Stim Hormone (TSH)	84443	2
Transrectal Ultrasound	76872, 76942	2
Y-chromosome Microdeletion	81403	1



For more information on your fertility and family building benefits, call: 833.404.2011