



FAQs



Benefit

1. What family building options are available through Progyny?

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

2. What does Progyny cover?

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

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

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

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

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

5. What's covered in my initial consultation?

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

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

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

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



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

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

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

8. What is ICSI and is it covered?

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

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

Preimplantation genetic testing for aneuploidy (PGT-A), also called CCS and NGS, is a test performed on embryo biopsy tissue to test each embryo for chromosomal abnormalities in conjunction with IVF. All embryos from an IVF freeze-all and any resultant embryos remaining from the frozen oocyte transfer and IVF fresh cycles are eligible for PGT-A testing. PGT-A is also available for embryos that were frozen prior to the commencement of your Progyny coverage. This testing is a covered service included as part of a Smart Cycle and will not affect your balance; however, if performed as a standalone service 1/4 Smart Cycle will be deducted. As with all covered services, you should expect a bill for your financial responsibility. Please note, PGT-A may be billed separately.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

- Surgical procedures, except for egg retrievals, are not covered by your Progyny benefit. Examples of non-covered surgical procedures include laparoscopies, myomectomies, and tubal ligation reversals. Please contact your medical plan to inquire about coverage for surgical procedures.
- Pregnancy monitoring is a maternity service and therefore should be provided by your medical insurance carrier. Your Progyny benefit covers your fertility treatment until your second positive pregnancy test. If your clinic is out of network with your medical insurance, Progyny may be able to cover early pregnancy ultrasounds at your fertility clinic. Please reach out to your PCA for more details.

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

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

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

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

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

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

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



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

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

Eligibility

21. Who is eligible for the Progyny benefit?

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

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

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

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

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

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

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

25. What is primary and secondary insurance?

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

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

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

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

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



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

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

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

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

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

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



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

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

30. How long does my Progyny coverage last?

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

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

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

Provider and Lab Facility

32. How do I schedule an appointment?

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

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

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

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

Before your appointment:



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

At your appointment:

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

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

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

Before your appointment:

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

When you arrive:

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

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

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

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

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

Please contact your PCA to discuss options and next steps.

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

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

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

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

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

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

Medication

41. What is Progyny Rx?

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

42. What are the benefits of Progyny Rx?

Progyny Rx offers several advantages over typical medication providers:

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



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- Information about medications and your fertility treatment plan will be seamlessly coordinated between Progyny Rx and your PCA.

43. How does Progyny Rx work?

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

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

44. Where is the Progyny Rx pharmacy?

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

45. What medications are covered under Progyny Rx?

Please refer to the medications covered under Progyny Rx in the *Progyny Rx Formulary* section.

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

46. How do I get my medication for treatment?

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

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

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

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

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

49. How do I administer my medications?

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

50. How do cancelled treatments impact my prescription?

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



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

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

Billing and Claims

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

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

53. Why am I receiving a bill?

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

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

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

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

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



55. How can I pay my invoice?

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

