



# Understanding Your Coverage



---

## Explanation of Covered Treatments & Services

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

### Initial Consultation and Diagnostic Testing

Your coverage includes 2 initial consultations per year, until you've exhausted your Smart Cycle balance. There is no Smart Cycle deduction for your initial consultations. Depending on your provider and your specific circumstances, there may be some tests performed by your provider that are not covered by Progyny. For example, cholesterol, pap smear, HPV, and other tests that are not specific to fertility are not covered under Progyny but are likely covered under your regular medical insurance. Please be mindful of this before moving forward with specific testing. You can always contact your PCA to clarify if a specific test is covered by Progyny before proceeding.

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

Covered services are subject to your financial responsibility. See the *Understanding Your Financial Responsibility* section for more information. Please note, your covered services may be billed across several invoices.

### Partial Initial Consultation and Diagnostic Testing

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

A few examples include:

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

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

### Mock Cycle and Endometrial Receptivity Assay

A mock cycle occurs when the patient is prescribed medication and monitored as if they were preparing for an embryo transfer. Instead of transferring an embryo, a biopsy of the lining is performed to check the receptivity of the endometrium. Progyny provides coverage for the mock cycle for members with approved medical indications such as a history of previously failed embryo transfers or the use of donor tissue. Your medical necessity for the mock cycle is determined by your provider.

---

The following services are covered:

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

Any medications necessary for the mock cycle and listed in the Progyny Rx formulary will be covered. Please see the *Progyny Rx Formulary* section.

## Fertility Treatments Covered Under Your Progyny Benefit:

### IVF Fresh Cycle = 3/4 Smart Cycle

An IVF fresh cycle starts by stimulating the ovaries with a course of medications. Following stimulation, the doctor retrieves the eggs, which are taken to the lab and fertilized. After three to five days, an embryo is transferred into the uterus in the hopes of achieving pregnancy. Any remaining embryos may be biopsied for preimplantation genetic testing for aneuploidy (PGT-A) before being frozen using vitrification. PGT-A screens each sample for genetic abnormalities, allowing the fertility specialist to ensure that the most viable embryo is chosen for transfer. Any additional, genetically normal embryos remain cryopreserved until needed.

The following procedures are covered:

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



---

## IVF Freeze-All = 3/4 Smart Cycle

An IVF freeze-all cycle is similar to an IVF fresh cycle but may increase the chances of success. An IVF freeze-all starts by stimulating the ovaries with a course of medication. Following a course of stimulation medications, the doctor retrieves the eggs, which are taken to the lab and fertilized. The resultant embryos continue to develop until day five when they may be biopsied before being frozen using vitrification. The biopsy of the embryo tissue is sent to a genetic lab for preimplantation genetic testing for aneuploidy (PGT-A). PGT-A screens each sample for genetic abnormalities, allowing the fertility specialist to ensure that the most viable embryo is chosen for transfer. The embryos remain frozen in storage while the PGT-A testing takes place. During this time, the body has an opportunity to return to its pre-treatment state before a frozen embryo transfer is performed at a later date. Please note, a frozen embryo transfer is a separate authorization that requires an additional 1/4 Smart Cycle.

The following procedures are covered:

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

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

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

The following procedures are covered:

- Cycle management
- Embryo thaw
- Embryo transfer w/ultrasound guidance
- Office visits



- 
- Preparation of embryo(s) for transfer
  - Ultrasounds & in-cycle bloodwork (E2, P4, beta hCG, FSH, LH)

### **Intrauterine Insemination (IUI) = 1/4 Smart Cycle**

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

The following procedures are covered:

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

### **Timed Intercourse (TIC) = 1/4 Smart Cycle**

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

The following procedures are covered:

- Cycle management
- Ultrasounds & in-cycle bloodwork (E2, P4, beta hCG, FSH, LH)
- Office visits

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

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

The following procedures are covered:

- Anesthesia (for egg retrieval)
- Retrieval (follicular aspiration, to include ultrasound guidance)
- Cycle management
- Tissue storage (1 year)
- Oocyte identification
- Ultrasounds & in-cycle bloodwork (E2, P4, beta hCG, FSH, LH)
- Office visits
- Preparation and cryopreservation of egg(s)

---

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

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

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

The following procedures are covered:

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

## Split Cycle = 1/4 Additional Smart Cycle

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

The following procedures are covered:

- Oocyte cryopreservation

## Frozen Oocyte Transfer = 1/2 Smart Cycle

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

The following procedures are covered:

- Assisted hatching
- Blastocyst culture
- Complex sperm wash & prep
- Cycle management
- Embryo biopsy
- Embryo culture lab
- Embryo transfer w/ ultrasound guidance
- Intracytoplasmic sperm injection (ICSI)
- Office visits
- Oocyte fertilization/insemination
- Oocyte identification
- Oocyte thaw
- Preimplantation genetic testing for aneuploidy (PGT-A)
- Preparation and cryopreservation of extra embryo(s)
- Preparation of embryo(s) for transfer

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

### Pre-Transfer Embryology Services = 1/2 Smart Cycle

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

The following procedures are covered:

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

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

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

Standalone preimplantation genetic testing for aneuploidy (PGT-A) may be performed outside of traditional IVF cycle, for example, if embryos have already been created and cryopreserved for future use. PGT-A involves testing a small embryo biopsy for chromosomal abnormalities. It greatly reduces the risk of miscarriage and increases the probability of a successful pregnancy. Euploid embryos (those with the correct number of chromosomes) are preserved and saved for future transfer. There is no limit to the number of embryos covered for testing.

### Donor Eggs (Oocyte) Purchase = 1 Smart Cycle

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

---

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

### **Donor Sperm Purchase = 1/4 Smart Cycle**

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

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

### **FET for Donor Embryo = 1/4 Smart Cycle**

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

The following procedures are covered:

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

### **Live Donor IVF Fresh = 1.5 Smart Cycles**

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

The following procedures are covered for the donor:

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





---

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

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

The following procedures are covered for the recipient:

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

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

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

### **Live Donor IVF Freeze-All = 1 Smart Cycle**

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

The following procedures are covered for the donor:

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



---

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

- Office visits

The following procedures are covered for the recipient:

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

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

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

### **Known/Directed Sperm Donor = 1/2 Smart Cycle**

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

The following procedures are covered:

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



---

## Partial Cycle = 1/4 Smart Cycle

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

The following procedures are covered:

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



---

## Included In Your Coverage

### Anesthesia for Egg Retrieval

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

### Assisted Hatching

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

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

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

### Cryopreservation

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

### D&C

Occasionally, a minor surgical procedure called a D&C is needed in a fertility setting. Typically, this procedure is billed to your medical insurance and is covered. However, if your medical insurance does not cover it, or if your clinic is out of network with your medical insurance, Progyny will cover it. Please note, this may be covered as a reimbursement. Reimbursements must be submitted within three months of date of service. Please reach out to your PCA for more details.

### Embryo Culture

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

### FDA Workup

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

### Fertilization

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

---

## Genetic Counseling

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

## In-Cycle Monitoring/Management

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

## Intracytoplasmic Sperm Injection (ICSI)

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

## Male Infertility Services

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

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

You can find more information on male infertility and treatment options at [progyny.com/education](https://progyny.com/education).

## Preimplantation Genetic Testing for Aneuploidy (PGT-A)

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

PGT-A testing greatly reduces the risk of miscarriage and increases the probability of a successful pregnancy. Furthermore, a single embryo transfer (SET) is recommended, thus nearly eliminating the risk of a multiple pregnancy.



---

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

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

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

### **Preimplantation Genetic Testing for Structural Rearrangements (PGT-SR)**

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

### **Sperm Wash and Preparation**

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

### **Telehealth**

A telehealth appointment is a one-on-one video meeting with your provider. Telehealth can be utilized for an initial consultation, for example, enabling you to meet your doctor, discuss your medical history and explore possible treatments, just like you would for an in-person visit. Progyny members have coverage for telehealth within their Smart Cycles. Just like an in-person office visit, financial responsibility for a telehealth visit will be determined by your plan enrollment.

### **Tissue Storage**

Storage for tissue retrieved or created using the Progyny benefit is covered for the first year. Additional years of storage will be an out-of-pocket cost to you.

If you already have tissue in storage that was not created or retrieved with the Progyny benefit, Progyny will cover one year of storage in an in-network clinic or storage facility.

### **Tissue Transportation**

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

---

## Fertility Medications

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

### Here's How It Works:

Once your prescription has been received from your provider, you will receive a call from a Progyny Rx pharmacist to schedule your medication delivery.

Inside your order you will find a Progyny Rx placemat that depicts the medication and equipment included in your order and how to properly store them. All medications, compounds, ancillary medications, and equipment required for treatment will be included in your shipment. The placemat includes the phone number to the Progyny Rx pharmacy to conduct your UnPack It Call. Your Progyny Rx UnPack It Call connects you to a trained pharmacy clinician who will walk you through your order, explain how to store and administer each medication, and answer any additional questions you may have. Additionally, you can view Progyny Rx video tutorials on medication administration at [progyny.com/rx](https://progyny.com/rx).

The Progyny Rx pharmacy will ensure only the necessary amount of medication is dispensed to prevent possible unused medications, which can be costly to you. Medications are sent using next day delivery (or same day, if necessary) to ensure they arrive for your treatment. The Progyny Rx pharmacy will contact you throughout your treatment for additional medication deliveries that may be required.

If you have any questions relating to your medication, the Progyny Rx pharmacy is available 7 days a week by calling the number noted in your medication delivery.

Please reference the *Progyny Rx Formulary* section of the Member Guide for a list of covered medications.

Note: Medication covered under Progyny Rx is subject to your financial responsibility as determined by your **medical plan**. Any ancillary medications fall under your medical plan and may require a copayment over the phone via credit card. Please see the *Understanding Your Financial Responsibility* section for more information about how your out-of-pocket costs are determined.



---

## Non-Covered Services

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

