



Your Progyny Benefit

PayPal Canada Member Guide

2024 Plan Year | Canada



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Introduction to Your Progyny Benefit



Progyny Fertility and Family Building 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 Canada’s top fertility specialists to bring you a smarter approach with better care that drives more successful outcomes, and more treatment options to support all paths to parenthood. The Progyny benefit has removed barriers to care with no diagnosis requirement or treatment mandates, providing inclusive and equitable support for all paths to parenthood.

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

When utilizing the Progyny benefit your financial responsibility is set according to your Progyny 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 Progyny plan. Please see the [Understanding Your Financial Responsibility](#) section of this guide or speak with your PCA for more information.

Please note, determination for the utilization of other coverages, including but not limited to provincial coverage, which may be available in certain circumstances, for certain services, is the responsibility of your provider and clinic.

Highlights of Your Progyny Benefit		Effective 01/01/2024
3	Smart Cycles per family per lifetime	
2	Initial consultations per year	
Progyny Rx	Fertility medication coverage	
\$34,000	Adoption financial assistance per child	
\$34,000	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.	
Donor tissue	Egg and sperm coverage	

To learn more and activate your benefit, call: 866.946.0672

Personalized Support

Your Care Team

As a Progyny member, your journey will begin with your dedicated Patient Care Advocate (PCA), who will be there to provide support throughout your entire journey. Members have access to English and French speaking PCAs. 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, who are 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 also 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 partnered with a premier network of top fertility specialists, connecting you to high quality care across Canada. You can search for an in-network provider at progyny.com/find-a-provider. Members can also use out-of-network providers. Please see the section titled [Explanation of Covered Treatments and Services](#) for additional information about the reimbursement process for using out-of-network providers.

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

Our Medical Advisory Board continually evaluates the latest science and research to ensure that your benefit 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 866.946.0672

During your first call your PCA will:



Confirm your eligibility

The person(s) receiving treatment must be enrolled in an eligible Progyny plan to have access to the benefit. You may be asked to provide a copy of your insurance card 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 rendered using your Progyny benefit. The amount will depend on your Progyny plan.

*Members may choose to use an out-of-network provider. Please see the [Explanation of Covered Treatments and Services](#) section for more information about the reimbursement process when using out-of-network providers or contact your dedicated PCA.





The Progyny Smart Cycle



Understanding Your Smart Cycle Benefit

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

The Progyny Smart Cycle is designed for comprehensive coverage. All standard of care services and technology needed for a 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 Progyny plan and some treatments may have tax considerations. For advice on your specific tax situation contact a tax advisor. Additional information can also be found in the [Understanding Your Financial Responsibility](#) section, or you can 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



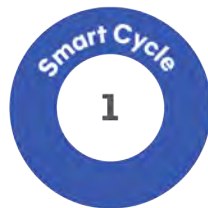
Split Cycle (Egg & Embryo Freezing)
When paired with IVF cycle



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



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



Coverage of 1 Cohort of Donor Eggs
6-8 eggs



Coverage 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 another supplemental plan. If and as required by applicable law, clinics will coordinate benefits available to you, which may include fertility benefits, under your provincial coverage or other supplemental plan. This may occur before using your Progyny benefit. Determination for the utilization of publicly insured services is the responsibility of your provider and clinic. Always confirm specific benefits with your dedicated PCA prior to treatment or testing.

If you choose to receive treatment and medications from in-network providers and pharmacies, there are no upfront out-of-pocket costs. Progyny will directly pay in-network providers and pharmacies for the covered treatment or medications up to the maximum number of Smart Cycles offered by your employer. If you choose to receive treatment or medications from an out-of-network provider or pharmacy, you may submit eligible expenses to Progyny for reimbursement. Progyny will deduct one-fourth (1/4) of a Smart Cycle for every \$5,000 (CAD), reimbursed up to the maximum number of Smart Cycles offered by your employer.

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 provider and your specific circumstances, there may be some tests performed by your provider that are not Covered Services included in your Smart Cycle coverage by Progyny. Please discuss these services with your provider. These services may be covered under your provincial coverage or supplemental plan. 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.

Some tests may be covered by your provincial coverage or other supplemental plan and not billed to Progyny, even if it is considered a Covered Service. Your provider will be able to indicate which tests and services will not be billed to 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.

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- 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
- Endometrial Receptivity pathology at an in-network laboratory (Note, ALICE/EMMA/ReceptivaDX tests are not covered)
- Office visits
- Ultrasound

Fertility Treatments Covered Under Your Progyny Benefit:

IVF Fresh Cycle = 3/4 Smart Cycle

A fresh IVF 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 (“euploid”) 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/Local Sedation (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



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- 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.*

The following procedures are covered:

- Anesthesia/Local Sedation (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. 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 a series of monitoring appointments. A course of medication may be used prior to insemination to stimulate ovarian growth 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 for later use. This process is called vitrification.

The following procedures are covered:

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

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

Although sperm freezing is much less common than egg freezing, there are situations in which a doctor may advise freezing, or “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 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



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- 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 for a gestational carrier or surrogate. A gestational carrier 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. *Foregoing these services does not reduce the Smart Cycle deduction of the Pre-Transfer Embryology Services.*

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) Coverage = 1 Smart Cycle

Coverage for one cohort of donor eggs equals 1 Smart Cycle. A cohort typically includes 6-8 oocytes (eggs). Tissue transportation from the tissue bank to your clinic is also covered. There are also some administrative fees associated with donor egg purchase that may have an out-of-pocket cost. Contact your PCA for more information.

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

Donor Sperm Coverage = 1/4 Smart Cycle

Coverage for up to four vials of donor semen equals 1/4 Smart Cycle. Tissue transportation from the tissue bank to your clinic is also covered.

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 fertility plan cost share. Contact your PCA for more information.

While your benefit includes donor tissue coverage, it may be considered a taxable benefit. Please contact your PCA to learn more. 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 as well. 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)



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). Progyny's fertility benefit does not cover services on a gestational carrier or surrogate.

The following procedures are covered for the donor:

- Anesthesia/Local Sedation 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/intended parent:

- 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. Contact your PCA to confirm if these fees are eligible for coverage under your Surrogacy Financial Assistance Program.



While your benefit includes donor services, it may be considered a taxable benefit. Please contact your PCA to learn more. 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 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/Local Sedation 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
- 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/intended parent:

- 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
- 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. Contact your PCA to confirm if these fees are eligible for coverage under your Surrogacy Financial Assistance Program.



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 equal 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, psychological evaluation, and genetic counseling services). Your PCA will also be able to direct you to Progyny in-network labs for testing.

The following procedures are covered:

- Banking attempt(s)
- Office visits
- Physical
- Risk assessment(s)
- Expanded carrier screening
- Screening bloodwork, including infectious diseases
- Consultation, semen analysis, processing, and freeze
- Tissue storage (1 year)
- Final serology test & donor eligibility determination testing
- Karyotyping

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/Local Sedation (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

Anesthesia/Local Sedation for Egg Retrieval

Egg retrievals are typically performed with anesthesia/local sedation.

Assisted Hatching

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 provincial coverage and is covered. However, if your provincial coverage does not cover it, 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. 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.

Infectious Disease Testing and Serological Testing

Infectious Disease and Serological Testing based on guidance from the Canada Fertility and Andrology Society (CFAS) 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 provincial coverage. However, if your provincial coverage will not cover the service, 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. 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 provincial coverage or other supplemental plan and covered. However, if your provincial coverage or other supplemental plan do 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.

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.

Remote/Outside Monitoring

When choosing a clinic, it's important to select a fertility clinic that will both meet your personal needs and be easily accessible throughout your fertility cycle. Your treatment will include numerous visits to your clinic for a series of testing appointments such as blood work and ultrasounds, called monitoring or morning monitoring. These tests are designed to ensure you are responding to the medication prescribed by the doctor.

All services, including monitoring, are authorized at your primary clinic and typically cannot be covered if performed at outside clinics or labs.

Remote monitoring occurs when blood work and ultrasounds for a treatment cycle are performed at a clinic different from the clinic performing the retrieval or transfer. For example, a member plans to have an egg retrieval in Ontario but lives in Manitoba. The blood work and ultrasounds are completed locally, and results are sent to the doctor who is managing the cycle and performing the retrieval. If you choose to do remote monitoring and pursue these services at a different clinic than the one that is performing the retrieval or transfer, it is not covered by your benefit. The cost of those tests will be an out-of-pocket expense.

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. 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 Canadian Fertility and Andrology Society (CFAS) guidelines.

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

If your provider recommends multiple embryo transfer, the provider's recommendation must align with current CFAS guidelines, and they may need to request pre-approval to move forward with the transfer under the Progyny benefit.

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 (i.e., egg, sperm, and embryos) 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 (i.e., egg, sperm, and embryos) 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 a clinic or storage facility is covered by Progyny . Reimbursements must be submitted within three months of the 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 specialty fertility pharmacies to bring you clinical support, pickup or overnight delivery of your medications. Each medication delivery from an in-network pharmacy is accompanied by 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 is received by an in-network pharmacy, your Progyny Rx pharmacist will call you to schedule your medication delivery.

Inside your order you will find a Progyny Rx placemat that shows 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.

The Progyny Rx pharmacy will ensure only the necessary amount of medication is dispensed to prevent you from having extra medication that goes unused (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 any 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 order.

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 **plan**. Some Progyny Rx formulary medications, as well as any ancillary medications may fall under your provincial coverage. Your provider or PCA can assist in identifying available medication coverage options, including other supplemental plans. Please see the [Understanding Your Financial Responsibility](#) section for more information about how your out-of-pocket costs are determined. Progyny will provide reimbursement for fertility medications received at an out-of-network pharmacy.



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.** There are some services that are not covered by Progyny; however, they may be covered by your provincial coverage or other supplemental plan (e.g., some corrective surgeries like laparoscopies and myomectomies, or vasectomy reversals). Costs will otherwise be your responsibility. Please check with your provincial coverage or other supplemental plan to confirm coverage. Please note, determination for the utilization of publicly insured services is the responsibility of your provider and clinic.





Financial Assistance Programs



Adoption Financial Assistance Program

What's Included in My Adoption Benefit?

Your 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 province-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 \$34,000 per child to help offset your out-of-pocket adoption costs. For more information on eligibility, please reach out to your PCA or refer to your organization's adoption policy.

Eligible adoption expenses may include:

- Legal fees
- Placement and home study fees
- Public, private, and foreign adoption agency fees
- 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, please reach out to your dedicated PCA, who will help facilitate reimbursement. You will simply 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 mail your reimbursement cheque. Reimbursements can take up to 90 days to process. Reimbursement processing begins after all relevant documentation has been validated

Reimbursements must be submitted within three months of date of service.

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 already 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 province-specific laws that impact your options
- Specific counseling for LGBTQ+ couples and individuals

Surrogacy Assistance

As part of your Progyny benefit, your employer provides \$34,000 per child to cover surrogacy-related expenses. Intended parents who are covered members also have unlimited access to support from a PCA, who is familiar with surrogacy. 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, please reach out to 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/sperm donation agency fees
- Gestational carrier, egg or sperm donor screening costs
- Legal and counseling services
- 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, please reach out to your dedicated PCA, who will help facilitate reimbursement. You will simply 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 mail your reimbursement cheque. Reimbursements can take up to 90 days to process. Reimbursement processing begins after all relevant documentation has been validated

Reimbursements must be submitted within three months of date of service. 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. Please bring a copy of your Patient Confirmation Statement with you as it has all the necessary information for the lab to bill Progyny, if the tests are not covered by your provincial coverage.

If you choose to pursue preimplantation genetic testing on your embryos, share a copy of your Patient Confirmation Statement with the genetic lab performing the testing so that they bill Progyny directly. On this statement you will find the list of in-network reference labs, preconception carrier screening labs, and preimplantation genetic testing labs for this genetic testing, as well as contact information for your specialty pharmacy. As required by applicable law, clinics will first utilize fertility benefits offered under your provincial coverage or other supplemental plan before using your Progyny benefit.

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 considered eligible by your employer for the Progyny benefit 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.

Prior to any use of Progyny services, an authorization is created for treatment, and you will be required to complete a privacy consent form. The privacy consent form provides Progyny your express permission to store and use your information to administer your benefit. Your dedicated PCA will send you the privacy consent form during your onboarding call. If you decide that you would like to rescind your privacy consent in regard to the use your information to provide our services, please contact your dedicated PCA.



Understanding Your Financial Responsibility

Covered services are subject to your financial responsibility. Your financial responsibility will be determined in accordance with your Progyny plan, as determined by your employer.

Your member financial responsibility, which may include deductible, coinsurance, copayment, will be determined based only on treatments and services administered by the Progyny benefit. Progyny administers your fertility benefit according to your employer's elections and will invoice you after your services for your financial responsibility. Your Progyny financial responsibility does not cross accumulate with your any other medical plans. Your Progyny financial responsibility for your deductible, copayments, and out-of-pocket maximum is separate from any other medical plans financial responsibility you may have.

Insurance Terminology

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

- At the start of each plan year, you will pay out-of-pocket for your services until you reach your **deductible**.
- You and your Progyny plan both pay a percentage of your **covered** 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.
- You and your plan continue to split the costs of your covered services until you reach your **out-of-pocket maximum**.
- Once your out-of-pocket maximum is reached, 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 fertility plan in order to avoid significant billing issues and financial responsibility on your part. When Progyny is listed as your fertility plan, your in-network clinic will submit a claim directly to Progyny for payment. Progyny, in turn processes the claim according to your plan and applies your financial responsibility 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 cheque to the address on your invoice, by credit card, over the phone, via the member portal, or at progyny.com/payment.

If you choose to receive treatment or medications from an out-of-network provider or pharmacy, you can submit eligible expenses to Progyny for reimbursement. Progyny will deduct one-fourth (1/4) of a Smart Cycle for every \$5,000 (CAD) reimbursed up to a maximum number of Smart Cycles offered by your employer.

Note: You should never receive an invoice from an in-network clinic or pay an in-network 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 that is in-network, please contact your PCA. If you choose to receive services from an out-of-network clinic, you will pay the clinic directly and then submit for reimbursement.



Pricing Transparency

Progyny is here to help you understand your financial responsibility for services covered under the Progyny benefit. Contact your PCA to understand your financial responsibility for a service prior to treatment. They can provide you with an estimate based on your Progyny plan that your employer has elected (e.g., deductible, coinsurance, copays).





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. Initial consultation and some stand-alone services, such as preimplantation genetic testing for aneuploidy (PGT-A), are also covered. Progyny will reimburse members for any treatment or medications received at out of network clinics and/or pharmacies and will deduct one-fourth (1/4) of a Smart Cycle for each \$5,000 (CAD) reimbursed up to the maximum number of Smart Cycles offered by your employer.

For a more detailed review of your plan coverage options, please refer to the [Explanation of Covered Treatments & Services](#) section of your Member Guide. Please note, covered services include financial responsibility depending on your 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. Please 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 member portal.

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

In addition to any coverage under your provincial coverage, 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 you access to all standard of care services necessary to ensure you and your doctor have all of the diagnostic information you need. Any tests covered by your provincial coverage or other supplemental plan will be billed to that plan directly.

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. For any tests that may be covered by your provincial coverage or other supplemental plan, the provider will bill that plan directly instead of Progyny. You may always speak to 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 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. As with all covered services, you should expect a bill for your financial responsibility.

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. As with all covered services, you should expect a bill for your financial responsibility.

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 plan.
- Cycles cancelled after retrieval (or aspiration), will equal 1/4 Smart Cycle.
- Cycles cancelled after fertilization due to immature or non-viable embryos prior to transfer, will equal 1/2 Smart Cycle.
- 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 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 may be covered under your provincial coverage or supplemental plan.

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

Standard exclusions include home ovulation prediction kits, services and supplies furnished by a provider, and treatments considered experimental by the Canadian Fertility and Andrology Society. 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 provincial coverage or supplemental 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 provincial coverage or other supplemental plans to inquire about coverage for surgical procedures.
- Pregnancy monitoring is a maternity service and therefore should be provided by your provincial medical plan. Your Progyny benefit covers your fertility treatment until your first positive pregnancy test. Please 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 your provincial coverage or other supplemental plans 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 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 if I want to receive treatment or medications from an out-of-network provider or pharmacy?

If you choose to receive treatment or medications from an out-of-network provider or pharmacy, you may submit eligible expenses to Progyny for reimbursement. Progyny will deduct one-fourth (1/4) of a Smart Cycle for every \$5,000 (CAD) reimbursed up to the maximum number of Smart Cycles offered by your employer.

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 an intimate partner and not the intended parent. Your Progyny benefit is for your own family-building journey.

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 to your provincial coverage.

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 would like to request a male, transgender, and/or non-binary PCA, please make this known during your onboarding call or at any time when speaking with your PCA.

23. Does Progyny provide translation services?

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

Eligibility

24. 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.

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

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

26. 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.

27. 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.

28. 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.

29. 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 considered eligible for the Progyny plan by your employer. 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.

Provider and Lab Facility

30. How do I schedule an appointment?

When you're ready to schedule an initial consultation, please 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.

31. 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. **Contact your**

dedicated PCA to request an authorization before your first appointment and before you begin any treatment cycle.

32. 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 spouse 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; 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 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.
- 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. Some tests may be covered by your provincial coverage or other supplemental plan and not billed to Progyny, even if it is considered a covered service. Your provider will be able to indicate which tests and services will not be billed to Progyny .

33. 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 . You will need to make a payment if you use an out-of-network lab.



When you arrive:

- Ensure the clinic has Progyny listed, 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.

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

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

35. What do I do if the nearest in-network provider is more than 100 KM from my location?

Contact your PCA to discuss options and next steps.

36. 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. 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.

37. 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.

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

Refer to progyny.com/labs for our list of in-network labs for PGT-A and PGT-M testing. Your provider may also be directly contracted with Progyny to manage expenses related to PGT-A with their preferred lab. Please contact your PCA for more information.

Medication

39. 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.



40. 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.
- Each medication delivery is accompanied by an UnPack It Call to review your medication delivery and a pharmacy clinician is available seven days a week to review your medication and administration as well as offer training and support.
- Pharmacy clinicians are available by phone to answer any questions you have about your fertility medication.
- Information about medications and your fertility treatment plan are seamlessly coordinated between Progyny Rx and your PCA.

41. 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, discuss any allergies and health conditions, review waste management protocols and how medication is 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 (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 Progyny . Once processed, you will receive an invoice from Progyny for any out-of-pocket responsibility according to Progyny plan.
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 will be available to walk you through your medications and how to properly store and administer them.

42. Where is the Progyny Rx pharmacy?

The Progyny Rx network includes fertility specialty pharmacies throughout Canada that provide mail order services to anywhere in Canada and brick-and -mortar services in some regions (subject to applicable provincial regulations) You have access to clinical and order support 7 days a week.



43. What medications are covered under Progyny Rx?

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 may fall under your Canadian provincial coverage or supplemental plan.

44. How do I get my medication for treatment?

Prescriptions for your fertility treatment are sent by your provider to the pharmacy indicated on your Patient Confirmation Statement. This ensures that you do not have any upfront costs associated with the fertility medications. The in-network Progyny Rx pharmacy will bill Progyny claims for medications dispensed. 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 or can be picked up at one of the brick-and-mortar stores.

45. 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. To minimize waste and ensure that you are only paying for the medication you need, Progyny Rx will deliver your medication in multiple shipments. The Progyny Rx in-network pharmacy will schedule a follow up call before your supply runs out to check-in and determine if a 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.

46. 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.

47. 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.

48. 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 Progyny plan will be billed. Progyny will send you an invoice reflecting your financial responsibility, which may include deductible, coinsurance, copayment, and/or out-of-pocket maximum, depending on your Progyny plan.

49. 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 supplemental plan. These are subject to financial responsibility, which may include deductible, coinsurance, copayment, and/or out-of-pocket maximum depending on your plan.

Billing and Claims

50. 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.

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

Your in-network clinic and pharmacy will bill Progyny directly throughout your treatment. Progyny will process 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 cheque 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, please contact your PCA.

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

52. 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 the date of service to comply with timely filing rules. Your PCA will send you a DocuSign attestation form 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. Reimbursements may take up to 90 days to process. Reimbursement processing begins after all relevant documentation has been validated. If your expenses are related to adoption or surrogacy, please contact your PCA.

53. How can I pay my invoice?

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





Appendix



Initial Consultation and Diagnostic Testing

Below is the list of authorized tests and associated codes that may be ordered by your doctor during your initial consultation(s) for fertility treatment. The bolded tests below are standard protocol for your reproductive endocrinologist to order prior to undergoing any fertility treatment. The other tests listed are also covered by Progyny and may be ordered by your doctor. The below tests may be covered by your provincial medical plan. When this is the case, your provider will bill your provincial coverage or other supplemental plan accordingly. 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 Chromatography; Hemoglobin Electrophoresis	83021	2
Hepatitis B Core AB	86705	2

Lab/ Procedure/ Diagnostic Test	99499 Bundled CPT Codes	Max Per Authorization
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
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

Lab/ Procedure/ Diagnostic Test	99499 Bundled CPT Codes	Max Per Authorization
Prolactin	84146	2
RBC Sickle Cell Test	85660	2
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

Lab/ Procedure/ Diagnostic Test (Additional Covered Services)	Bundled CPT Codes	Max Per Authorization
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. Please contact your PCA for more details.

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



Progyny Rx Formulary

The fertility medications below are covered under the Progyny Rx pharmacy benefit. Progyny Rx coverage includes compounds of the raw ingredients of the formulary medications below. If you have any questions about the medications listed, please ask your medical provider.

Medication Name	Category
Buserelin (5.5mL, 1mg/ml)	LH
Cetrotide 0.25 MG Kit	Antagonist
Crinone 8%	Progesterone
Decapeptyl 0.1 MG/ML Pre-filled Syringe	LH
Endometrin 21 Tabs	Progesterone
Estrace 2 MG Tabs	Estrogen
Estradot 100MCG/24H patch	Estrogen
Gonal F Pen 300 IU	FSH
Gonal F Pen 450 IU	FSH
Gonal F Pen 900 IU	FSH
Gonal F Vial 75 IU	FSH
Letrozole 2.5mg Tabs	Anti-estrogen
Letrozole 2.5mg Tabs	Anti-estrogen
Lupron 2.8ML Vial 14 Day Kit	Agonist
Lupron Depot 3.75mg	Agonist
Luveris 75 IU Vial	LH
Menopur 75 IU Vial	hMG
Orgalutran 250 MCG Pre-filled Syringe	Antagonist
Ovidrel 0.5ML	hMG
PPC 10,000 IU (hCG)	hCG
Pregnyl 10,000 IU (HCG)	hCG
Progesterone in Oil 50mg/ml 10ml vial	Progesterone
Prometrium 100MG Caps	Estrogen
Puregon 300 IU Cartridge	FSH
Puregon 600 IU Cartridge	FSH
Puregon 900 IU Cartridge	FSH
Rekoverelle 12 MCG	FSH
Rekoverelle 36 MCG	FSH
Rekoverelle 72 MCG	FSH
Synarel Nasal Spray (8 ML, Pump)	Agonist

Please note, this formulary may be subject to change. Contact your PCA for more information.



For more information on your fertility benefits, call: 866.946.0672