



Your Progyny Benefit

Smarter benefits across life's milestones

Bowdoin College Member Guide

2025 Plan Year

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Fertility and Family Building



Preconception and Trying to Conceive

Highlights of Your 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 the nation’s top fertility specialists to bring you a smarter approach with better care, more successful outcomes, and treatment options to support all paths to parenthood. Unlike other fertility solutions, the Progyny benefit has removed barriers to care to ensure equitable and inclusive access for all Progyny members.

Your Progyny benefit includes **comprehensive treatment coverage** (up to your Smart Cycle limit, as applicable), concierge support from dedicated **Patient Care Advocates (PCAs)**, and access to high-quality care through a **network of top fertility specialists**.

The Progyny benefit provides coverage for eligible services and all covered services will be subject to financial responsibility. Financial responsibility means you will be expected to pay for a portion of your total costs incurred under your Progyny benefit. The amount you should expect to pay is determined by the medical plan you’re enrolled in through your employer. This means you should expect bills for all services under your authorized Smart Cycle including your initial consultation and diagnostics, medication, and fertility treatment. Please see the *Understanding Your Financial Responsibility* section of this guide or speak with your PCA for more information.

Highlights of Your Fertility and Family Building Benefit		Effective 01/01/2025
	3 Smart Cycles per family per lifetime	
	2 Initial consultations per year	
Progyny Rx	Fertility medication coverage	
Fertility preservation	Egg and sperm freezing coverage	
Donor tissue	Egg and sperm coverage	
Tissue storage	Tissue storage is included for the first year in applicable treatment cycles. Your employer offers an additional 2 years of storage while covered under the Progyny benefit.	

To learn more and activate your benefit, call: 833.233.1088





The Smart Cycle

Understanding Your Smart Cycle Benefit

To make your fertility benefit easier to use, we've bundled all the individual services, tests, technology, and treatments into the Progyny Smart Cycle. The Progyny Smart Cycle is a benefit currency that is expressed in fractions. Each treatment or service type, such as IVF or IUI, is valued as a fraction of a Smart Cycle. You can mix and match Smart Cycle treatments until you max out your Smart Cycle balance.

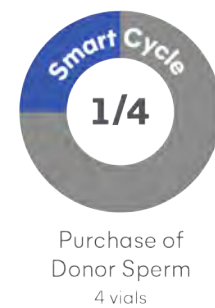
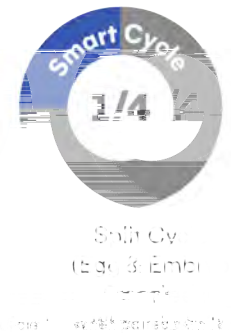
Please note, you will have financial responsibility for covered services included within your Smart Cycles as determined by your medical insurance plan, and some services may have tax considerations. Financial responsibility may include a deductible, coinsurance, or copayment depending on your specific plan. To learn more, visit the [Understanding Your Financial Responsibility](#) section or contact your PCA.



Common Ways to Use a Smart Cycle:

Progyny Smart Cycles can be mixed and matched to create a customized treatment path that works best for you. The below treatments are covered under your Progyny fertility and family building benefit and will deduct from your total Smart Cycle balance.

Visit the [Explanation of Covered Treatments & Services](#) section of the Member Guide to learn more about what's included in each Smart Cycle and additional covered services. Unless specified, the stated Smart Cycle value for treatment is applied in full, even if you choose to forego any included services. For a full explanation of what's covered under each Smart Cycle, visit the [Definitions for Covered Services](#) section.





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- 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



after fertilization. Any remaining embryos may undergo preimplantation genetic testing for aneuploidy (PGT - A) prior to being frozen via vitrification.

The following procedures are covered:

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

Pre- Transfer Embryology Services = 1/2 Smart Cycle

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





- 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 learn more.

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 benefit.

Live Donor IVF Freeze- All = 1 Smart Cycle

Live donor IVF freeze-a II 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 requires a separate authorization and an additional Smart Cycle deduction.

The following procedures are covered for the donor:

- Anesthesia for retrieval
- Cycle management
- Education and instruction for donor
- FDA testing on donor (blood draw and lab tests)
- Follicle puncture for oocyte retrieval
- Physical examination and consultation of donor (includes psychological consultation and testing on donor, physical evaluation on donor—which includes ultrasounds and blood tests, genetic screening, and consultation on donor)
- Office visits
- Retrieval (follicular aspiration, to include ultrasound guidance)
- Ultrasounds & in-cycle bloodwork (E2, P4, beta hCG, FSH, LH)

The following procedures are covered for the recipient:

- Assisted hatching (blast culture)
- 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)





Reproductive Urology (male - factor) Services

Progyny covers sperm - related or male- factor infertility, which often means there is an issue with sperm production or delivery, motility or the shape of sperm, or blockage in the reproductive tract. While treatment will vary, an individual will typically need to see a reproductive urologist who specializes in male reproductive health. The Progyny benefit provides treatment coverage for these services when performed by an in - network provider, and access to a curated network of reproductive urologists. Eligible members can also access care through our in - network providers regardless of age or intent to start a family, including American Urology Association (AUA) recommended medications and treatments for common conditions such as testosterone deficiency, gender affirming care, and sexual dysfunction. Most of these services, other than fertility preservation, do not reduce your Smart Cycle balance when utilized but you may have financial responsibility. Contact your PCA for more information.

Sperm Retrieval Procedures

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

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

All of the following services are covered for a TESA:

- Office visits
- Scrotal ultrasound
- Rectal ultrasound
- Biopsy of the testis, needle
- Sperm aspiration
- Sperm identification from testis tissue
- Cytopathology: evaluation of fine needle aspirate
- Cytopathology: fluids, washings, or brushings
- Cytopathology: concentration technique
- Level IV surgical pathology
- Facility fees and anesthesia

Percutaneous Epididymal Sperm Aspiration (PESA) is a procedure often performed for obstructive azoospermia from either a prior vasectomy or infection.



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

- Office visits
- Scrotal ultrasound
- Rectal ultrasound
- Biopsy of the testis, needle
- Sperm aspiration
- Sperm identification from epididymal or vasal fluid
- Cytopathology: evaluation of fine needle aspirate
- Cytopathology: fluids, washings, or brushings
- Cytopathology: concentration technique
- Level IV surgical pathology
- Facility fees and anesthesia

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

In the case of oncofertility, in which medical treatment such as chemotherapy may affect future fertility, or in cases of gender dysphoria, a provider may advise banking sperm. In this case, a member may do so at an in-network Reproductive Urology clinic and utilize their Smart Cycle benefit. This service will impact your Smart Cycle balance.

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

The following procedures are covered:

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

Other Reproductive Urology (male-factor) Treatments

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

- Fine needle aspiration biopsy (testes mapping)
- Electroejaculation (rectal probe) or Penile Vibratory Stimulation (PVS)
- Varicocelectomy (unilateral or bilateral)
- Cystoscopy and transrectal ultrasound-guided seminal vesicle aspiration and chromotubation
- Transurethral resection of the ejaculatory ducts (TURED)
- Cytopathology: evaluation of fine needle aspirate
- Cytopathology: fluids, washings, or brushings
- Sperm DNA fragmentation
- Cytopathology: concentration technique
- Level IV surgical pathology
- Vasography
- Orchidopexy

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- Scrotal exploration and microsurgical reconstruction for idiopathic or defined excurrent duct obstruction (cannot be authorized for vasectomy reversal procedures)
 - Inguinal exploration

Hormonal Care Coverage

Whether or not you are trying to conceive, you have access to hormonal care coverage through our network of reproductive urologists to manage testosterone deficiency. Your PCA can help you find an in-network reproductive urologist and connect you with a Progyny Clinical Educator to provide clinical guidance.

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



Definitions for Covered Services

Anesthesia for Egg Retrieval

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

Assisted Hatching

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

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

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

Cryopreservation

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

D&C

Occasionally, a minor surgical procedure called a D&C is needed in a fertility setting. Typically, this procedure is



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 and/or PGT- A/M/SR results. Typically, genetic counseling is covered by your medical insurance. However, if your medical insurance will not cover the service, or if your genetic counselor is



Cycle . As with all covered services, you should expect a bill for your financial responsibility. Please note, PGT - A may be billed separately.

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. This is a covered standalone service under your benefit and will not impact your Smart Cycle balance.

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. This is a covered standalone service under your benefit and will not impact your Smart Cycle balance.

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 determine care, we require that all providers in our network follow the American Society for Reproductive Medicine (ASRM) guidelines.

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

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

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

If approved, you may move forward with the transfer.

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

Contact your PCA for more information.

Sperm Wash and Preparation

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

Telehealth

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

Tissue Storage

Storage for tissue retrieved or created using the Progyny benefit is covered for the first year. Your employer will cover an additional 2 storage authorizations. Each authorization covers one year of storage. Additional years of storage post employer-covered storage will be an out-of-pocket cost to you.

Tissue Transportation

Tissue transportation within or into an in-network clinic or storage facility is covered by Progyny. Coverage only applies to standard shipping, and when possible, members should use an in-network solution. If eligible, reimbursements must be submitted within three months of the date of service. Contact your PCA for more information and to confirm reimbursement eligibility and processing details.

Pregnancy Monitoring

Pregnancy monitoring is a maternity service that involves checking the health of the unborn baby during pregnancy and labor. Progyny will cover early pregnancy ultrasounds performed at your Progyny fertility clinic up until the time you are transferred to your OB provider. Reach out to your PCA for more details.

Non-Covered Services

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

If your provider recommends services that are not listed in this guide, or that require specific prior authorization, please check with your PCA to confirm coverage. There are some services that do not fall under Progyny's coverage; however, they may be provided through your medical insurance plan. **Costs associated with non-covered services are your responsibility. Please check with your medical insurance plan to confirm coverage and for more information.**

Examples of these services may include surgical procedures, except for egg retrievals and most surgeries related to reproductive urology treatment. Examples of non-covered surgical procedures include laparoscopies, myomectomies, and tubal ligation reversals. Please contact your medical plan to inquire about coverage for surgical procedures.

Services provided without an authorization will be your responsibility. Always connect with your PCA prior to



Surrogacy Support

Surrogacy Counseling

Progyny members looking to grow their family through surrogacy have access to surrogacy coaches to provide support and resources throughout the process. Whether you're just starting to think about surrogacy, have already reached out to a few agencies, or have even met your surrogate, your dedicated PCA can connect you to a Progyny surrogacy coach to provide surrogacy counseling regarding next steps, including:

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

Surrogacy Services

You can utilize your Smart Cycles to cover the below services as part of your surrogacy journey. Please note, your Smart Cycle allowance cannot be used for the surrogate, as they are not a claimed dependent. Reference the [Explanation of Covered Treatments & Services](#) section and contact your PCA to learn more.

- **Pre-transfer Embryology Services:** includes diagnostic testing, fertilization, preimplantation genetic testing, and cryopreservation for the covered member who is the intended parent. This cycle includes all the embryology services for the creation of embryos from previously frozen or donor eggs. The services begin once the eggs have been retrieved or thawed. Progyny's fertility benefit does not cover services on a gestational carrier or surrogate, so the frozen embryo transfer is not covered under the Smart Cycle.
- **Donor Tissue Purchase:** your Smart Cycle allowance can be utilized to purchase donor tissue (egg and sperm tissue). Tissue transportation is also covered. Purchase of tissue must be at an in-network bank where members can purchase tissue directly after an authorization is issued. Visit progyny.com/labs to search for in-network donor tissue banks. Contact your PCA if you have questions and to learn more about tax treatment, if applicable.

Adoption Support

Adoption Counseling

Progyny members looking to grow their family through adoption have access to adoption coaches to provide





Authorization & Financial Responsibility

Understanding Your Financial Responsibility

Your Progyny benefit covers eligible fertility services, however, you may still have to pay for some services. Financial responsibility means you will be expected to pay for a portion of your covered services under your Progyny benefit. The amount you should expect to pay is determined by the medical plan you're enrolled in through your employer. This means you should expect bills for all covered and authorized services including your initial consultation and diagnostics, medication, and fertility treatment.

Why Am I Getting a Bill from Progyny?

Progyny coordinates with your medical insurance plan to administer your Progyny fertility benefit. This means Ty mc (cs)6 0.357



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- **Insured amount** is the cost of covered services minus your deductible.
 - Once you've reached your deductible, you and your medical insurance plan each pay a percentage of your **covered** healthcare services (or insured amount). This is called **coinsurance**.
 - You are /may also be responsible for a **copayment**, which is a flat fee for certain services or prescriptions determined by your medical insurance plan.
 - You and your medical insurance plan continue to share the costs of your covered healthcare services (insured amount) until you reach your **out-of-pocket maximum**.
 - Then, 100% of the costs of your covered Progyny services will be paid by your medical insurance plan for the rest of the plan year.

Timely Filing

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

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

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

FAQs

Coverage and Services

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

Yes, Progyny's family building benefit was specifically designed to support everyone, including single parents by choice and LGBTQ+ individuals and couples. Contact your PCA to learn more about your family building options.

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

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

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

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

4. Does Progyny provide translation services?

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

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

Each general treatment authorization is valid for 60 days (90 days for initial consultations) and covers all services listed for the associated treatment cycle found in the *Explanation of Covered Treatments & Services* section of this Member Guide. Certain services do require specific authorization. To learn more about services that require specific authorization steps, please visit <http://nputilizationalliance.com/> or talk to your PCA. Request for authorization for covered services will be reviewed based on your individual submission and 1 (of) 3 (our P) - or

your Smart Cycle benefit has been exhausted, treatment costs will be incurred as an out-of-pocket cost to you.

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





clinic provides pregnancy monitoring services prior to you transferring to your OB provider, it can be authorized and covered by your Progyny benefit .

15. How does Progyny use and share my health information?

Progyny may share your health information with healthcare providers who are involved in taking care of you, and they may in turn use that information to treat you. Your healthcare provider may also share your health information with other healthcare providers to whom

insurance coverage has been exhausted, all claims for fertility treatment for the person receiving services must still be submitted to the primary insurance first. You will then receive an EOB from your primary insurance (which will show that the services were denied) and you must submit this to your PCA. Progyny will then process the claim, subject to the specific coverage details of your Progyny benefit. Note, deductible, copayment, and coinsurance payments from your medical insurance plan are not reimbursable expenses. Reimbursements must be submitted within three months of the date of service.

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

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

The person receiving services must be a covered employee on their employer's Progyny benefit (primary) as well as a covered dependent on their partner's Progyny benefit (secondary) to access coverage under both benefit plans. Services will be processed through the member'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.



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

You can search for reproductive endocrinologists , reproductive urologists, and clinic s at progyny.com/find-a-provider or contact your dedicated PCA. We recommend you also cross-reference your clinic's network status with your medical insurance carrier as your care at the clinic may include medical services not covered by the Progyny benefit.

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

Contact your PCA to discuss options and next steps.

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

After you've reviewed Progyny's in- network list and selected a new clinic, notify your dedicated PCA. If you wish and if available at your clinic of choice, 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 sharing your medical records with your new clinic as allowed under applicable federal and state privacy laws and regulations. Contact your PCA for more information on how to get started.

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

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

36. Which labs are in - network for PGT -A , PGT- SR, and PGT - M testing?

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

Progyny Rx (Medication)

37. What are the benefits of Progyny Rx?

Progyny Rx offers several advantages over typical medication providers:

- Progyny Rx works seamlessly with your fertility benefit, requiring a single authorization for both your fertility treatment and your related medications.
- Next day medication delivery ensures that you receive your medication when you need it. Same day medication delivery is available, if necessary.
- A pharmacy clinician is available 24/7 to review your medication and administration as well as offer training and support for every medication delivery.
- Information about medications and your fertility treatment plan are seamlessly coordinated between Progyny Rx and your PCA.



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

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

Lab/ Procedure/ Diagnostic Test	99499-25 Bundled CPT Codes	Max Per Authorization
Antisperm Antibodies	89325	2
Blood Typing (ABO)	86900	1
Carrier Screening (Cystic Fibrosis)	81220, 81227, 81443	1
Chlamydia Trachomatis Culture RNA (Urine Based Assay)	87491	2
Complexed Prostate Specific Antigen (cPSA)	84152	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
HBsAg Neutralization (FDA Testing)	87341	2
Hemoglobin A1C (HgA1c)		
Hepatitis B Core AB	86705	2

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Lab/ Procedure/ Diagnostic Test	99499-25 Bundled CPT Codes	Max Per Authorization
Hepatitis C RNA by PCR Quantitative	87522	2
HIV 1/2 Antibody	86703	2
HIV 1 (if 87389 comes back positive)	86701	2
HIV 2 (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 1 & 2 Antibody Screen (Human T- Cell Lympho Vir 1 & 2)	36175, 86790	2
HTLV/HIV Western B lot	86689	2
Human T - Cell Lymphotropic Virus 1, 2 (HTLV -1/HTLV- 2) Differentiation	86687	2
Human T - Cell Lymphotropic Virus 1, 2 (HTLV -1/HTLV- 2) Differentiation	86688	2
Karyotype	88280, 88230, 88261, 88262, 88291	1
Luteinizing Hormone (LH)	83002	2
Macroprolactin	84146 (x2)	2
Neisseria Gonorrhoeae Culture RNA (Urine Based Assay)	87591	2
Office Visits	99204, 99205, 99213, 99214	3
Physical Exam	99385, 99386, 99387, 99395, 99396, 99397	2
Post Ejaculate Urinalysis (Using Pelleted Urine Specimen)	81015	2
Pre-Conception Genetic Carrier Screening	Panels Vary	1
Prolactin	84146	2
Prostate Specific Antigen (PSA)	84153	1



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, ask your ordering provider. Ancillary medications, such as antibiotics, that are not covered by Progyny Rx, but may be covered by your pharmacy benefit manager (PBM), will be subject to all financial responsibility. Contact your PCA with any questions regarding coverage of ancillary medications. Ancillary medications can be filled by our pharmacy partner and delivered to you with your fertility medication(s).

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

Medication Name	Category
Leuprolide/2 - week kit	Agonist
Lupron Depot 3.75	Agonist
Cetrotide 0.25mg	Antagonist
Clomiphene 50mg tablets	Anti - estrogen
Letrozole tablets	Anti - estrogen
Estradiol Valerate 20mg/cc	Estrogen
Estradiol Valerate 40mg/cc	Estrogen
Estradiol 2mg tablets	Estrogen
Estradiol 1 mg tablets	Estrogen
Estradiol 0.5mg tablets	Estrogen
Estradiol Patch 0.1mg/24hr	Estrogen
Delestrogen 10mg/cc	Estrogen
Delestrogen 20mg/cc	Estrogen
Delestrogen 40mg/cc	Estrogen
Menopur 75iu	hMG
Gonal F 300iu pen	FSH
Gonal F 450iu pen	

Medication Name	Category
Anastrozole*	Nonsteroidal Aromatase Inhibitor
Tadalafil*	Phosphodiesterase (PDE) Inhibitor
Vardenafil*	Phosphodiesterase (PDE) Inhibitor
Sildenafil*	Phosphodiesterase 5 (PDE 5) Inhibitor
Testosterone gel*	Testosterone
Testosterone in oil*	Testosterone
Testosterone 1.62% pump*	Testosterone
Testopel pellet*	Testosterone
Androderm patches*	Testosterone

*These medications are only covered for covered Reproductive Urology services

