



# Your Progyny Benefit

Smarter benefits across life's milestones

Colgate-Palmolive Member Guide

2026 Plan Year



Colgate-Palmolive

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# Introduction to Progyny

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# Meet Progyny

Progyny is a transformative reproductive health and family building benefits solution designed for you and your family. We envision a world where everyone can realize their dreams of family and ideal health. Your Progyny benefits provides support for many of life's important moments including preconception, pregnancy and postpartum care, menopause, and men's reproductive health. This includes concierge support from a dedicated care team, access to care from Progyny's expert provider networks, and exclusive resources.

To be eligible for Progyny's fertility and family building benefits, pregnancy and postpartum support, menopause and midlife care, doula, and fertility travel benefits, the person(s) receiving services must be enrolled in the Colgate-Palmolive Company Active Medical Plan or the Colgate-Palmolive Company Retiree Medical Plan in either *the Anthem BCBS Exclusive Provider Option (EPO), Preferred Provider Option (PPO) or High Deductible Health Plan/Health Savings Account (HDHP/HSA) option.*

Adoption and Surrogacy reimbursement benefits are offered only to active employees and eligible employees do not need to be enrolled in the Colgate-Palmolive Company Active Medical Plan to access these benefits. (refer to the Adoption and Surrogacy Policy on the US Benefits Community on CoLab for complete eligibility information and details about eligible expenses).

Reimbursement of eligible doula expenses is only available for individuals enrolled in the Colgate-Palmolive Company Active Medical Plan. Refer to the Doula Financial Assistance Policy on the US Benefits CoLab page for complete eligibility information and details on eligible expenses.

Review this Member Guide to understand what services are covered under your benefit.

Contact Progyny at 833.215.1357 to learn more.

## Highlights of Your Benefit

### **Preconception and Trying to Conceive**

*Personalized clinical education, testing coverage, and digital resources to optimize your reproductive health.* Whether you or your partner are trying to conceive, learning about your family building options, or looking to better understand your reproductive health, Progyny is here to support you each step of the way. Connecting with your own dedicated preconception coach and getting started with our exclusive digital resources are the first steps on your journey. Call Progyny and reference the *Preconception and Trying to Conceive* section to learn more.

### **Fertility and Family Building**

*Coverage for fertility and family building services from top fertility specialists paired with unlimited concierge support, and support and financial assistance for adoption and surrogacy.*

Your benefit has been specifically designed to give you the best chance of fulfilling your dreams of family. With Progyny you have comprehensive fertility treatment coverage leveraging the latest technologies (including male

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infertility services), with access to a premier network of top fertility specialists (reproductive endocrinologists and reproductive urologists). Progyny members receive unlimited support and guidance from a Progyny Care Advocate (PCA) with expertise to support all paths to parenthood inclusive of adoption and surrogacy. Contact Progyny to activate your benefit and learn more about covered services in the [Fertility and Family Building](#) section.

## Pregnancy and Postpartum

*Personalized coaching and access to specialists to support the pregnancy and postpartum journey*

Connect with a Progyny Care Advocate (PCAPCA) to partner with you throughout your journey and empower you with curated resources, guidance, and education for a healthy pregnancy and beyond. Sign up anytime during your pregnancy or within 12-months postpartum to receive ongoing one-on-one support from your PCAPCA to feel confident as you navigate pregnancy, postpartum, and return-to-work. You may also have access to additional specialists, like lactation consultants, to assist you on your journey from pregnancy through postpartum. Contact Progyny to speak to a coach and reference the [Pregnancy and Postpartum](#) section to learn more.

## Menopause and Midlife Care

*Provides personalized coaching, care support, and access to menopause specialists across all 50 states* This program is meant to help you find relief from symptoms related to perimenopause and menopause, including hot flashes, weight fluctuations, and insomnia. Your benefit includes convenient access to menopause specialists to help you get back to feeling your best. You'll work with your provider to create a personal treatment plan to address your symptoms through hormonal and non-hormonal treatment, as well as care for nutrition, weight management, sleep support, and mental health. Contact Progyny to access care and reference the [Menopause and Midlife](#) section to learn more.

## Get Started

Contact Progyny to learn more about your benefit and utilize in the program that is right for you.

- **Call Progyny at 833.215.1357.** You can reach your care team Monday to Friday from 9 am ET to 9 pm ET.
- **For digital access to the member site,** visit [progyny.com/benefits](https://progyny.com/benefits) to log on.

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





# Fertility and Family Building



# Preconception and Trying to Conceive

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# Understanding Your Reproductive Health

Growing your family can feel overwhelming and we want to support you every step of the way. Whether you're trying to conceive, planning to start trying soon, or if you want to learn more about your family building options and benefits, we are here to help.

Progyny connects you with our team of nurses to provide clinical education, support, testing, and referral services wherever you are in your path to parenthood.

## Eligibility

*To be eligible for the following preconception services, the person(s) receiving services must be enrolled in the Colgate-Palmolive Company Active Medical Plan or the Colgate-Palmolive Company Retiree Medical Plan in either the Anthem BCBS Exclusive Provider Option (EPO), Preferred Provider Option (PPO) or High Deductible Health Plan/Health Savings Account (HDHP/HSA) option. Access to personalized support from your PCA and access to digital tools are available at no cost to you.*

## Personalized Coaching

Throughout the program, you will have regular check-ins with your preconception coach who will provide you with personalized education and support. You can also reach out to our clinical experts whenever you need additional support through phone, email, and secure message. You also have access to support from Registered Dietitian Nutritionists (RDNs) who can help you explore your overall health and dietary habits, offer recommendations to support your goals, suggest meal ideas tailored to your preferences, and discuss general information on nutrients, calories, and supplements.

## Educational Content and Resources

Your preconception coach will send resources that include guidance and education including ovulation and intercourse timing, nutrition and wellness, and mental health support.

## Testing and Referral Services

Your preconception coach can help you access carrier screening (genetic testing) and/or fertility testing without having to see an in-person specialist first. This testing is part of your covered services. If you would like to see a fertility specialist in-person, your preconception coach can help you with that, too.

Your preconception coach can also provide referral services as offered through your employer for nutrition support, behavioral health, leave benefits, and legal services to support your preconception journey.

## Get Started

Contact Progyny to confirm eligibility and start using your benefit. If you have already activated your Progyny benefit, contact your PCA to learn how to transition to Pregnancy and Postpartum.

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- **Call Progyny at [Progyny Customer Service Phone].** You can reach your care team Monday to Friday from 9 am ET to 9 pm ET.
  - **For digital access,** visit [progyny.com/benefits](https://progyny.com/benefits) to explore more.





# Fertility and Family Building Benefit Highlights

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# Highlights of Your Fertility and Family Building Benefit

*To be eligible for Progyny's fertility and family building benefits, and fertility travel benefits, the person(s) receiving services must be enrolled in the Colgate-Palmolive Company Active Medical Plan or the Colgate-Palmolive Company Retiree Medical Plan, in either the Anthem BCBS Exclusive Provider Option (EPO), Preferred Provider Option (PPO) or High Deductible Health Plan/Health Savings Account (HDHP/HSA) option.*

*Adoption and Surrogacy reimbursement benefits are offered only to active employees and eligible employees do not need to be enrolled in the Colgate-Palmolive Company Active Medical Plan to access these benefits. (refer to the Adoption and Surrogacy Policy on the US Benefits Community on CoLab for complete eligibility information and details about eligible expenses).*

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

**PCAs are also available to provide unlimited adoption and surrogacy counseling to support you through the process.**

The Progyny benefit provides coverage for eligible fertility services and all covered medical/prescription fertility care 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. Note that PCA support does not have a charge. 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 01/01/2026
<b>3</b>	Smart Cycles per covered member per lifetime	
<b>2</b>	Initial consultations per year	
<b>Progyny Rx</b>	Fertility medication coverage	
<b>\$60,000</b>	Combined adoption and surrogacy financial assistance per lifetime	
<b>Fertility preservation</b>	Egg and sperm freezing coverage	
<b>Donor tissue</b>	Egg and sperm coverage	
<b>Tissue storage</b>	Tissue storage is included for the first year in applicable treatment cycles	

To learn more and activate your benefit, call: 833.215.1357

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# Concierge Support

## Your Care Team

As a Progyny member, you'll be matched to a PCA who will provide unlimited clinical, educational, and emotional support throughout your entire journey. After onboarding, you will be matched with your PCA based on your fertility and family building goals. Progyny PCAs are fertility experts trained to help support all paths to parenthood, including surrogacy and adoption. Your PCA can provide guidance on available treatment options and possible outcomes, prepare you for all your appointments, and answer questions about your benefit.

**Your PCA is also your connection to a team of Clinical Educators**, made up of clinicians in the fertility space (including registered nurses and embryologists) who can answer any detailed clinical questions you may have about your care. All members are encouraged to speak with a Clinical Educator prior to and after receiving services, and as you are making important decisions during your treatment journey. Connecting with a Clinical Educator is included within your Smart Cycles and will not impact your balance. You can request to be connected with a Clinical Educator at any time, or your PCA may connect you with one, to receive additional guidance.

## Digital Tools

### Progyny Member Portal and App

In addition to the personalized support from your PCA, you have access to the Progyny member portal, available on the [web](#) and as an app ([iOS](#) and [Android](#) devices). With the member portal, you can review your benefit details, upcoming appointments, account and claims information, communicate directly with your PCA, and access educational resources. Access will be granted after you activate your benefit. Contact Progyny for support.

### Educational Resources

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](https://progyny.com/education) to browse articles, videos, infographics, webinars, and more
- Listen to Progyny's [This Is Infertility](#) podcast to hear personal stories and guidance from experts to understand what it's like to go through a family building journey
- Subscribe to Progyny's [YouTube channel](#) for expert education on key fertility and family building topics

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## Top Fertility Specialists

Progyny has created a network of top fertility specialists, including reproductive endocrinologists and reproductive urologists, connecting you to high quality care across the United States. Our network consists of over 1,000 fertility specialists located at more than 650 clinic locations, including nationally recognized 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 provider can work with you to create the customized treatment plan that is best for you.

Any Progyny covered treatments and services must be performed at a Progyny in-network clinic by an in-network provider affiliated with the in-network clinic authorized to perform the service to utilize your benefit. You can search for an in-network fertility specialist at [progyny.com/find-a-provider](https://progyny.com/find-a-provider). The search tool includes detailed information for each Progyny network clinic, including provider profiles with demographics, sub-specialties, and other unique practice characteristics. To search for in-network laboratories and ancillary partners, please visit [progyny.com/labs](https://progyny.com/labs). There may be out of network exceptions but speak with your Progyny Care Advocate for exact policies.

Progyny works in tandem with our in-network clinics to ensure a seamless experience for all members. Progyny will authorize covered services that are provided by our in-network clinics and then bill you directly for any financial responsibility as applicable. Please refer to the [Authorization and Financial Responsibility](#) section to learn more.



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# Tips for Using Your Fertility and Family Building Benefit

As you get started with Progyny, review these tips for the top things to know when utilizing your fertility and family building coverage. Review this full member guide for all important information relevant to your benefit.

For details on utilizing your adoption and surrogacy specific benefits, please reference the *Additional Family Building Support* section.

## 1. Activate your benefit

Before receiving services or beginning treatment, contact Progyny to verify your eligibility and complete onboarding to activate your benefit. Please be prepared to provide a copy of your insurance card to verify you're enrolled in an eligible medical insurance plan or complete an attestation form to confirm eligibility. Log into the Progyny member portal to view curated resources and benefit details, and connect with your dedicated PCA to discuss next steps. Your PCA will be there to provide unlimited support to you throughout your journey, which is part of the services included within your Smart Cycle. Contact your PCA with any questions or if there are any changes to your insurance.

## 2. Review your financial responsibility

All Progyny covered medical/prescription fertility care services are still subject to member financial responsibility as determined by your medical insurance plan. This means you should expect bills for all covered services authorized by Progyny. Speak to your PCA prior to starting treatment to understand your expected costs. Reference the *Understanding Your Financial Responsibility* section to learn more.

## 3. Select a Progyny in-network clinic

Any Progyny covered treatments and services must be performed by a Progyny in-network provider or at a Progyny in-network clinic to utilize your benefit. You can search for an in-network clinic at [progyny.com/find-a-provider](https://progyny.com/find-a-provider) or contact your PCA. When contacting a clinic to schedule an appointment let them know you have Progyny and provide your Progyny ID (provided at onboarding and available on the member portal).

## 4. Ensure there is an authorization in place BEFORE receiving any services

Before any treatment or service, an authorization must be requested. Coverage is subject to your eligibility on the date of service of claim. In many cases, your clinic will handle the authorization request and confirm the details on your behalf. We encourage you to check with your clinic to ensure they will submit the request, or contact your PCA for guidance. Once the authorization is approved, you will receive a confirmation statement, which serves as your proof of coverage. Prior to any procedure, be sure to review your app to confirm that the requested authorization is in place. Authorization confirms that the service is covered under your benefit but is not a guarantee of payment. Reference the *Authorization for Covered Services* section to learn more.

## 5. List Progyny as your primary insurance provider and provide your Progyny ID

To avoid billing issues, when you register at your clinic be sure to list Progyny as your primary insurance for all medical fertility services listed as covered in this member guide. You will need to provide your Progyny ID to your in-network clinic and labs where you receive services. Your Progyny ID will be provided to you at

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onboarding, and you can access your Progyny ID via the member portal. (Your Anthem BCBS member ID is not used for fertility related services – as noted, you must use your Progyny ID for such services.)

**We're here to help! Call 833.215.1357 if you have questions along the way.**





# The Smart Cycle

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## 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 medical/prescription fertility services included within your Smart Cycles as determined by your medical insurance plan, and some services. 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.



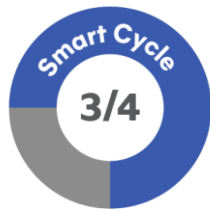
## Common Ways to Use a Smart Cycle:

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.

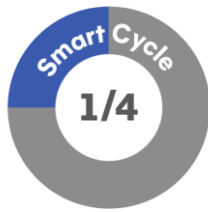
Visit the [Explanation of Covered Treatments & Services](#) section of the Member Guide to learn more about what's included in each Smart Cycle and additional covered medical/prescription fertility services. Unless specified, the stated Smart Cycle value for treatment is applied in full, even if you 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.



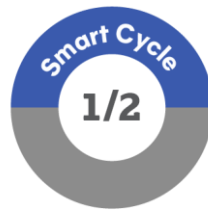
IVF Fresh Cycle



IVF Freeze-All Cycle



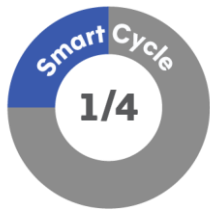
Frozen Embryo Transfer (FET)



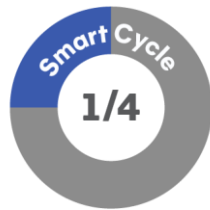
Frozen Oocyte Transfer (FOT)



Pre-Transfer Embryology Services



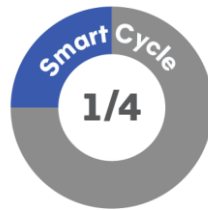
Intrauterine Insemination (IUI)



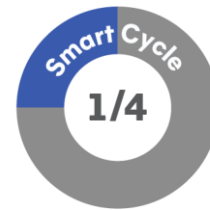
Timed Intercourse (TIC)



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



Purchase of 1 Cohort of Donor Eggs  
6-8 eggs



Purchase of Donor Sperm  
4 vials





# Fertility Treatment Coverage

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# Explanation of Covered Treatments & Services

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

## Initial Consultation and Diagnostic Testing

Your coverage includes 2 initial consultations per year, until you've exhausted your Smart Cycle balance. There is no impact to your Smart Cycle balance for your initial consultations, however all covered services are subject to your financial responsibility. Your initial consultation and diagnostic testing bundle includes, but is not limited to: three office visits, two ultrasounds, hormone testing, infectious disease testing, genetic carrier screening, and two semen analyses. Depending on your specific circumstances, there may be some diagnostic tests ordered by your provider that are not covered by Progyny but may be covered by your medical insurance. For example, cholesterol, Pap smear, HPV, and other tests that are not specific to fertility, and are not covered under Progyny, but are likely covered under your regular medical insurance. Reach out to your medical carrier if you have questions about coverage for these services. You can always contact your PCA to clarify if a specific test is covered by Progyny.

Reference the *Initial Consultation and Diagnostic Testing* appendix for a full list of covered tests and procedures, their medical CPT codes, and additional 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 via several invoices.

## Partial Initial Consultation and Diagnostic Testing

In certain instances, your provider may recommend a portion of services for your initial consultation and diagnostic testing rather than the comprehensive bundle of services.

Examples include:

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

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

## 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

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indications such as a history of previously failed embryo transfers, only one frozen embryo, or the use of donor tissue.

The following services are covered:

- Bloodwork related to the mock cycle
- Endometrial biopsy
- Office visits
- Ultrasound
- Endometrial receptivity pathology at an in-network laboratory (Note, ALICE/EMMA/ReceptivaDX tests are not covered)

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

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 our written clinical policy. The request will be timely adjudicated and based on that review may be approved, denied, or partially approved or partially denied.

## Fertility Treatments Covered Under Your Progyny Benefit:

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

An IVF fresh cycle starts by stimulating the ovaries with a course of medications. Following stimulation, the provider retrieves the eggs, which are taken to the lab and fertilized. After three to five days, an embryo is transferred into the uterus in the hopes of achieving pregnancy. Any remaining embryos may be biopsied for preimplantation genetic testing for aneuploidy (PGT-A) before being frozen using vitrification. PGT-A screens each sample for genetic abnormalities, allowing the fertility specialist to ensure that the most viable embryo is chosen for transfer. Please note, the use of PGT-A does not impact your Smart Cycle balance. Any additional, genetically normal embryos remain cryopreserved. Choosing to forego specific services such as ICSI or PGT-A does not reduce the Smart Cycle deduction of an IVF fresh cycle.

Standard coverage is for a single embryo transfer. If you and your doctor would like to learn more about your options, please refer to the Utilization Management section. To learn more about the single embryo transfer, please find the description in the Definitions for Covered Services section.

The following procedures are covered:

- Anesthesia (for egg retrieval)
- Assisted hatching
- Blastocyst culture
- Complex sperm wash & prep
- Cycle management
- Embryo biopsy
- Embryo culture lab
- Embryo transfer w/ultrasound guidance
- Intracytoplasmic sperm injection (ICSI)
- Office visits
- Oocyte fertilization/insemination
- Oocyte identification

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- Preimplantation genetic testing for aneuploidy (PGT-A)
  - PGT-M/PGT-SR biopsy (PGT-M/PGT-SR managed through Progyny in-network lab)
  - 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)

\*Sperm wash and prep may not be covered if provider is not on the member health plan.

### **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 medications. Following the course of stimulation medications, the provider retrieves the eggs, which are taken to the laboratory 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 laboratory 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, and until you choose to use at a later date. Please note, a frozen embryo transfer is a separate authorization that requires an additional Smart Cycle deduction. Choosing to forego specific services such as ICSI or PGT-A does not reduce the Smart Cycle deduction of an IVF freeze-all cycle.

The following procedures are covered:

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

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\*Sperm wash and prep may not be covered if provider is not on the member health plan.

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

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

Standard coverage is for a single embryo transfer. If you and your doctor would like to learn more about your options, please refer to the Utilization Management section. To learn more about the single embryo transfer, please find the description in the Definitions for Covered Services section.

The following procedures are covered:

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

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

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

The following procedures are covered:

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

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

Timed intercourse (TIC) may be recommended when irregular or missing ovulation is the cause of infertility. A TIC cycle typically involves monitoring via ultrasound at the clinic and may also involve the use of medication to trigger ovulation. When ovulation is about to occur, the provider 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 a member 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 provider retrieves eggs from the ovaries and freezes them using vitrification.

The following procedures are covered:

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

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

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

Although sperm freezing is less common than egg freezing, there are situations in which a provider may advise banking sperm. For example, travel when eggs are retrieved and need to be fertilized, low sperm count necessitating multiple sperm donations prior to fertilization, or other medical conditions or procedures (such as chemotherapy).

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

The following procedures are covered:

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

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

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## Split Cycle = 1/4 Additional Smart Cycle

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

The following procedures are covered:

- Oocyte cryopreservation

## Frozen Oocyte Transfer = 1/2 Smart Cycle

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

The following procedures are covered:

- Assisted hatching
- Blastocyst culture
- Complex sperm wash & prep
- Cycle management
- Embryo biopsy
- Embryo culture lab
- Embryo transfer w/ ultrasound guidance
- Intracytoplasmic sperm injection (ICSI)
- Office visits
- Oocyte fertilization/insemination
- Oocyte identification
- Oocyte thaw
- Preimplantation genetic testing for aneuploidy (PGT-A)
- PGT-M/PGT-SR biopsy (PGT-M/PGT-SR managed through Progyny in-network lab)
- 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)

\*Sperm wash and prep may not be covered if provider is not on the member health plan.

## 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)
  - PGT-M/PGT-SR biopsy (PGT-M/PGT-SR managed through Progyny in-network lab)
  - 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.

\*\*Sperm wash and prep may not be covered if provider is not on the member health plan.

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

A cohort typically includes 6-8 oocytes (eggs); however the cohort will ultimately be determined by the contracted egg bank you select. If you choose to purchase additional oocytes outside of the standard cohort available, you may incur additional out-of-pocket expenses. Tissue transportation is also covered. Purchase of tissue must be at an in-network egg bank where members can purchase donor eggs directly after an authorization is issued. Visit [progyny.com/labs](http://progyny.com/labs) to search for in-network egg banks. Contact your PCA if you have questions.

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

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

Donor sperm includes up to four vials per purchase. All vials must be purchased the same day. Tissue transportation from the tissue bank to your in-network clinic is also covered. Purchase of tissue must be at an in-network sperm bank where members can purchase donor sperm directly after an authorization is issued. Visit [progyny.com/labs](http://progyny.com/labs) to search for in-network sperm banks. Contact your PCA if you have questions.

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

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

### **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. These fees will be an out-of-pocket cost. Please contact your PCA for more information.

Standard coverage is for a single embryo transfer. If you and your doctor would like to learn more about your options, please refer to the Utilization Management section. To learn more about the single embryo transfer, please find the description in the Definitions for Covered Services section.

The following procedures are covered:

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

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

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

Standard coverage is for a single embryo transfer. If you and your doctor would like to learn more about your options, please refer to the Utilization Management section. To learn more about the single embryo transfer, please find the description in the Definitions for Covered Services section.

The following procedures are covered for the donor:

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

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blood tests, genetic screening, and consultation on donor)

- Retrieval (follicular aspiration, to include ultrasound guidance)

- Ultrasounds & in-cycle bloodwork (E2, P4, beta hCG, FSH, LH)

The following procedures are covered for the recipient:

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

\*Sperm wash and prep may not be covered if provider is not on the member health plan.

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-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 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)

\*Sperm wash and prep may not be covered if provider is not on the member health plan.

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.

## 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. Sperm donors can visit one of our in-network sperm banks, and your PCA will create an authorization. The authorization will also include one year of storage. If the donor must use an out of network sperm bank, you may pay the upfront costs and submit for reimbursement, which will impact your Smart Cycle balance. 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

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- Physical exam
  - Risk assessment(s)
  - Expanded carrier screening
  - Screening bloodwork
  - Consultation, semen analysis, processing, and freeze
  - Tissue storage (1 year)
  - Final serology test & donor eligibility determination testing
  - Karyotyping (separate authorization)

### **Partial Cycle = 1/4 or 1/2 Smart Cycle**

If you only have 1/4 or 1/2 of a Smart Cycle remaining, you may be eligible to utilize your remaining balance toward IVF for partial cycle coverage. Any services not included in the partial cycle will be a full out-of-pocket cost. All partial cycles are subject to provider approval. Contact your PCA to confirm eligibility and learn more about your options.

### **What happens if I don't use all aspects of the treatment?**

If you choose not to use all services included in your treatment plan, your Smart Cycle usage will still reflect the full treatment for which authorization was granted. For example, if your provider recommends services such as ICSI or PGT-A and you elect not to proceed with them, your Smart Cycle count will not be adjusted.

Medical decisions, including whether to proceed with recommended services, are made solely between you and your provider. Progyny's Smart Cycle benefit is designed to make covered services available when recommended by your provider, but coverage remains subject to the terms and conditions of your plan.



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## 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. 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 PESA:

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

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

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All of the following services are covered for a TESE:

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

All of the following services are covered for a MicroTESE:

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

Micro Epididymal Sperm Aspiration (MESA) is a procedure often performed for vasal or epididymal obstruction and allows for an extensive collection of mature sperm.

All of the following services are covered for a MESA:

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

Percutaneous Vasal Sperm Aspiration/Vasal Sperm Aspiration (PVSA/VASA) is a sperm retrieval process that gathers mature sperm cells found in the vas deferens. This approach may be an option for those who have normal sperm production but have some kind of blockage or condition that impedes sperm transport from the testicle to the ejaculate.

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

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

## **Embryo Culture**

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

## **FDA Workup**

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



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## **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 out of network with your medical insurance, Progyny will cover it. Please note, this may be covered as a reimbursement. Reimbursements must be submitted within three months of the date of service. Contact your PCA for more details.

## **In-Cycle Monitoring/Management**

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

## **Intracytoplasmic Sperm Injection (ICSI)**

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

## **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.



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## 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. Additional years of storage will be an out-of-pocket cost to you.

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

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## **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.



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# Fertility Medications

Fertility medications are essential to your treatment. Your medication is covered under Progyny Rx, which is designed to work seamlessly with your treatment coverage. There is only one authorization process, so your treatment and your medication will be authorized at the same time. Progyny partners with leading mail order specialty fertility pharmacies to bring you clinical support and overnight delivery of your medications. Each medication delivery includes an UnPack It Call and concierge support, with access to a pharmacy clinician 24/7 for any questions you may have.

## Here's How It Works:

Progyny Rx works by authorizing medications at the same time as your treatment. Contact your PCA to confirm your assigned Progyny Rx pharmacy and provide this information to your clinic to use as your preferred pharmacy for all authorizations.

1. Once the authorization is processed, your doctor will send your prescription(s) to our Progyny Rx pharmacy partner.
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 dispensing 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 medications) versus medications covered by your pharmacy benefit manager (PBM) (ancillary medications). You may need to pay a copayment for any ancillary medications over the phone via credit card as determined by your medical plan.
3. Once your medication is fulfilled, your fertility medication is submitted as a claim to be processed. You will receive an invoice from Progyny for any out-of-pocket responsibility as determined by your medical insurance plan. Prior to receiving treatment, your PCA can help you understand your expected cost share.
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.

## Here's What's Included in Your Delivery:

1. All medications, compounds, ancillary medications, and supplies required for treatment will be included in your delivery.
2. Inside your delivery you will find a Progyny Rx placemat that shows the medication and supplies included in your order and how to properly store them. The placemat includes the phone number for the Progyny Rx pharmacy that will conduct your UnPack It Call.



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3. Your Progyny Rx UnPack It Call connects you with a trained pharmacy clinician who will walk you through your delivery, explain how to store and administer each medication, and answer any additional questions you may have.
  4. Additionally, you can view Progyny Rx video tutorials on medication administration at [progyny.com/rx](http://progyny.com/rx).

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 on time for your treatment. The Progyny Rx pharmacy will contact you throughout your treatment for any additional medication deliveries that may be required. Please note once medication has been dispensed, you may not return it for reimbursement.

If you have any questions related to your medication, the Progyny Rx pharmacy is available 24/7 by calling the number provided in your medication delivery.

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

Note: Medication covered under Progyny Rx is subject to your financial responsibility as determined by your medical insurance plan. Ancillary medications fall under your medical insurance plan and may require a copayment over the phone via credit card. See the *Understanding Your Financial Responsibility* section for more information about how your out-of-pocket costs are determined. 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 our written clinical policy. The request will be timely adjudicated and based on that review may be approved, denied, or partially approved or partially denied

## **Benefit Limitation**

A maximum of 7,650 total IUs of combined FSH and hMG will be covered for each retrieval cycle for gonadotropins. This amount is equal to 17 days of stimulation at the highest commonly prescribed dose of 450 IUs per day (combined FSH and hMG). If you have any questions regarding this limitation, please reach out to your Progyny Care Advocate.

Please reference Progyny Rx frequently asked questions [here](#).

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# Utilization Management

Utilization management is the process of evaluating the medical necessity, appropriateness, and efficiency of healthcare services. Progyny works alongside the National Programmatic Utilization Alliance to review services related to fertility and family building care.

## **Prior Authorization Process**

The prior authorization process complies with applicable law and regulations, as well as written clinical and internal policies for performing utilization review. The application of criteria to an individual situation requires consideration of all factors relevant to the criteria, including age, co-morbid conditions, prior history and progress of treatment, and may include other social factors.

The request will be timely adjudicated and based on that review may be approved, denied, or partially approved or partially denied. Authorization is not a guarantee of payment.

## **If Your Request Is Denied**

If your request for authorization is denied or partially denied, you or your provider are able to appeal. For information on your right to appeal, please reference <https://nputilizationalliance.com/appeals-process/>.



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## 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 beginning treatment or receiving services to understand what is covered and if any additional authorization procedures are required. Request for authorization for covered services will be reviewed based on your individual submission and our written clinical policy. The request will be timely adjudicated and based on that review may be approved, denied, or partially approved or partially denied. Refer to the [Authorization for Covered Services](#) section to learn more.



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# ERISA Claims and Appeals Process

## **Progyny Claims and Appeals Procedures**

Per the U.S Department of Labor, federal law requires that each welfare plan (i.e., medical plan) subject to the Employee Retirement Income Security Act of 1974 ("ERISA") set up reasonable rules for filing a claim for benefits. While Progyny is not the Plan Administrator of the Colgate-Palmolive Company Medical Plan (the "Plan") under ERISA, Progyny is the claims fiduciary under ERISA and has discretionary authority solely for the purpose of administering the Plan's claims and appeals procedures for benefits administered by Progyny under ERISA's claims and appeals rules.

See the Claims and Appeals section of the main portion of the Colgate-Palmolive Company Active Medical Plan Summary Plan Description for the claims and appeals procedures.





Additional Family  
Building Support  
Adoption and  
Surrogacy

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# 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
- Help finding surrogacy agencies
- 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 Financial Assistance Program

Surrogacy reimbursement benefits are offered only to active employees and eligible employees do not need to be enrolled in the Colgate-Palmolive Company Active Medical Plan to access these benefits. **(Refer to the Adoption & Surrogacy Policy on the US Benefits Community on CoLab for complete eligibility information and details about eligible expenses).**

As part of your Progyny benefit, your employer offers financial assistance for surrogacy and adoption up to \$60,000 per lifetime (combined for surrogacy and adoption) to cover surrogacy-related expenses. Intended parents who are covered members have unlimited access to support from a PCA. Please note, your Smart Cycle allowance cannot be used for the surrogate or gestational carrier, as they are not a claimed dependent on your medical insurance plan. However, your Smart Cycle allowance does cover the pre-transfer embryology services as described above, including diagnostic testing, fertilization, and embryo monitoring. Contact your PCA for more information on eligibility and reimbursement requirements, and to obtain a copy of your organization's surrogacy policy (which is also available on the US Benefits Community on CoLab). You must meet the eligibility requirements at the time expenses are incurred.

Eligible surrogacy expenses may include:

- Surrogacy agency or legal fees
- Attorney fees for both intended parents and surrogate
- Psychology screening and home visit fees for surrogate
- Psychology screening and home visit fees for intended parent(s)
- Court fees
- Surrogate compensation

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- Surrogate escrow funds
  - Fees associated with the adoption of a child through a legally recognized surrogate arrangement
  - IVF and medical costs related to surrogacy
  - Surrogate screening costs
  - Embryo(s) transfer costs
  - Medical expenses related to a surrogate's pregnancy (which may include but are not limited to: surrogate's maternity insurance, surrogate's deductible, surrogate's co-insurance)
  - Medical expenses for the intended parent that are not covered under the current medical policy
  - Travel expenses for the intended parents or surrogate related to the surrogacy
  - Consultant/specialist fees

Eligible donor expenses may include:

- Donor agency, psychology, and/or legal fees
  - Donor contract fees
  - Donor compensation
  - Donor medication
- Fees associated with the purchase of fresh or already frozen donor tissue
  - Egg or sperm donor screening costs
  - Egg or sperm retrieval fees
  - Egg or sperm shipping and transport fees
  - Egg or sperm storage fees
- Travel expenses for the intended parents or surrogate related to donor services
- Embryo donation fees including but not limited to admin, legal, and psychology fees
- Consultant/specialist fees

### **How do I submit my reimbursement for financial assistance?**

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



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\*You may submit for reimbursement as you incur expenses and **expenses must be submitted no later than three months following the date of the invoice for such expense in order to be reimbursed.** You do not need to utilize an agency referred by Progyny in order to qualify for reimbursement.

Your surrogacy reimbursement, is considered a taxable benefit. Contact your PCA to learn more about tax treatment. You should also contact a trusted tax advisor for more information regarding the tax treatment of reimbursements under this benefit.

If you are refunded for any expenses that you submitted to Progyny for reimbursement you are obligated to notify your PCA immediately. Submitting falsified reimbursement requests or retaining funds through any assistance program that were not actually incurred is a violation of this plan, such misconduct may have significant tax implications.

For more information on your Surrogacy Financial Assistance Program, including eligibility requirements, and taxation, please reach out to your PCA or refer to your policy (located on the US Benefits Community on CoLab).

## Surrogacy Services

*To be eligible for the following Surrogacy services, the person(s) receiving services must be enrolled in the Colgate-Palmolive Company Active Medical Plan or the Colgate-Palmolive Company Retiree Medical Plan.*

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](https://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.

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# Adoption Support

Adoption reimbursement benefits are offered only to active employees and eligible employees do not need to be enrolled in the Colgate-Palmolive Company Active Medical Plan to access these benefits. (Refer to the Adoption & Surrogacy Policy on the US Benefits Community on CoLab for complete eligibility information and details about eligible expenses).

## Adoption Counseling

Progyny members looking to grow their family through adoption have access to adoption coaches to provide support and resources throughout the process. 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 connect you to a Progyny adoption coach to provide adoption counseling, including:

- Details on the process and average cost of adoption
- Help finding adoption agencies
- 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

## Adoption Financial Assistance Program

As part of your Progyny benefit, your employer offers financial assistance for adoption and surrogacy up to \$60,000 per lifetime (combined for surrogacy and adoption) to help offset your out-of-pocket adoption costs. Contact your PCA for more information on eligibility and reimbursement requirements, and to obtain a copy of your organization's adoption policy (which is also available on the US Benefits Community on CoLab). You must meet eligibility requirements at the time expenses are incurred.

Eligible adoption expenses may include:

- Agency and placement fees
- Application fees
- Consultant/specialist fees
- Costs incurred by registered domestic partner or same-sex spouse to adopt his or her partner's child(ren)
- Eligible expenses paid by a registered domestic partner who lives in a state that allows same-sex second parent or co-parent to adopt his or her partner's child
- Fees associated with the adoption of the child(ren) through a legally recognized surrogate arrangement
- Home Studies, immigration, immunization, and translation fees



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- Legal fees and court costs
  - Medical assessment of adopted child(ren)
  - Parent, child, and family adoption counseling
  - Temporary foster care expenses
  - Transportation, meals, lodging for the adoptive parents and/or adopted child(ren) only
  - Visa and passport fees for adopted child(ren)

### **How do I submit my reimbursement?**

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

\*You may submit for reimbursement as you incur expenses and **expenses must be submitted no later than three months following the date of the invoice for such expense in order to be reimbursed**. You do not need to utilize an agency referred by Progyny in order to qualify for reimbursement.

If you are refunded for any expenses that you submitted to Progyny for reimbursement you are obligated to notify your PCA immediately. Submitting falsified reimbursement requests or retaining funds through any assistance program that were not actually incurred is a violation of this plan, such misconduct may have significant tax implications.

For more information on your Adoption Financial Assistance Program, including eligibility requirements, and taxation, please reach out to your PCA or refer to your policy (located on the US Benefits Community on CoLab).





Additional Financial  
Assistance Programs  
Doula and Fertility  
Travel Reimbursement

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# Doula Financial Assistance Program

*Reimbursement of eligible doula expenses is only available for individuals enrolled in the Colgate-Palmolive Company Active Medical Plan in either the Anthem BCBS Exclusive Provider Option (EPO), Preferred Provider Option (PPO) or High Deductible Health Plan/Health Savings Account (HDHP/HSA) option. Refer to the Doula Financial Assistance Policy on the US Benefits Community on CoLab for complete eligibility information and details on eligible expenses. Note that reimbursement is paid to the employee even if the doula services were provided to an eligible dependent.*

## What's included in my Doula Benefit?

We know that parents should have the support they need throughout their path to parenthood, including prenatal support, labor support, and postpartum. Whether you're just starting to research your options for birth or postpartum doulas or are ready to find a doula, your PCA can provide guidance on finding the right support to help you through this next chapter.

## Doula Assistance

As part of your Progyny benefit, your employer offers a doula reimbursement of up to \$2,000 per pregnancy to help offset your out-of-pocket cost for eligible expenses related to services received from a certified doula. Members have unlimited access to support from a PCA, who will provide you with information, resources, and emotional support throughout the process of selecting and working with a certified doula. Below is a sample of eligible services for which you can use your benefit. Contact your PCA for more information on eligibility and reimbursement requirements, and to obtain a copy of your organization's doula policy. You must meet eligibility requirements at the time of reimbursement.

Eligible doula expenses may include:

- Doula agency/collective and placement fees
- Cost of (certified) doula for services
- Travel expenses for doula to and from home or place of birth
- Meals for doula at place of birth
- Postpartum doula services
- A visit from a lactation counselor

How do I submit my reimbursement?

Your doula program is administered by Progyny. When you're ready to get started, contact your PCA who will help facilitate reimbursement. While reimbursement is paid to the employee even if the doula services were provided to an eligible dependent, either the employee or the eligible dependent may call. You will submit a copy of the agency or legal agreement, copy of the certification of the doula being utilized, and any invoices with their corresponding proof-of-payment for eligible expenses. Once your request has been reviewed and processed,

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Progyny will alert your payroll department of the amount you should receive. You will see your reimbursement on your paycheck once processed.

\*You may submit for reimbursement upon completion of working with the doula and **expenses must be submitted no later than three months following the date of the invoice for such expense in order to be reimbursed.** You do not need to utilize a doula referred by Progyny in order to qualify for reimbursement but the doula must be certified.

If you are refunded for any expenses that you submitted to Progyny for reimbursement you are obligated to notify your PCA immediately. Submitting falsified reimbursement requests or retaining funds through any assistance program that were not actually incurred is a violation of this plan, such misconduct may have significant tax implications.

For more information on your Doula Financial Assistance Program, including eligibility requirements, and taxation, contact your PCA or refer to your policy (located on the US Benefits Community on CoLab)

## Travel Financial Assistance Program

*To be eligible for Progyny's fertility travel benefits, the person(s) receiving services must be enrolled in the Colgate-Palmolive Company Active Medical Plan or the Colgate-Palmolive Company Retiree Medical Plan.*

Under either the Anthem BCBS Exclusive Provider Organization (EPO), the Anthem BCBS Preferred Provider Organization (PPO), or the Anthem BCBS High Deductible Health Plan (HDHP) option. Reimbursement is paid to the employee/former employee even if the travel expenses were incurred by an eligible dependent.

### What's included in my Travel Financial Assistance Program?

Your Travel Financial Assistance Program supports access to quality care where travel is necessary to undergo fertility treatment. You are eligible for reimbursement if you do not have a Progyny in-network provider within 100 miles of your home and you are seeking covered services under your Smart Cycle benefit at a Progyny in-network provider. Your employer will reimburse up to \$10,000 per lifetime. Contact your PCA for more information on eligibility and reimbursement requirements, and to obtain a copy of your organization's travel policy. You must meet eligibility requirements at the time of reimbursement.

Eligible fertility treatment travel expenses may include:

- Lodging \*
- Gas (mileage)\*\*
- Travel – Airline (only if travel is over 300 miles), train, or bus tickets
- Rental vehicle
- Taxicab, Uber, Lyft
- Travel – Tolls
- Travel Parking (excluding valet)
- Travel – Rental car mileage if charged by rental agency\*

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- Travel –Personal car mileage\*\*

\* The maximum amount reimbursement for lodging is \$50 per day per individual. Lodging expenses of a companion who accompanies a patient for medical reasons may also qualify. If the patient is a minor, two companions may accompany the patient.

\*\* Reimbursement for either gas or mileage, not both. For mileage reimbursement, standard IRS reimbursement is used.

### **How do I apply for reimbursement?**

Your Travel Financial Assistance Program for fertility is administered by Progyny. When you're ready to get started, contact your dedicated PCA and request the Travel Financial Assistance Program application. Expenses must be submitted within six months of service being expensed. While reimbursement is paid to the employee even if the travel expenses were incurred by an eligible dependent, either the employee/retiree or the eligible dependent may call.

Your PCA will review the reimbursement policy with you, including discussing eligible expenses that may be submitted for reimbursement upon completion of the travel, or when your expense limit has been reached. Once you and your PCA have reviewed the policy, you will be able to submit your expenses for reimbursement using the Progyny Attestation Form. The Progyny Attestation Form requires attestation that the expenses are directly related to the procedure, including details such as date(s) of service and name(s) of the treating provider(s). Invoices and proof of payment are required for all expenses and must be attached to the Attestation Form.

Expenses must be submitted no later than three months following the date of invoice for such expense in order to be reimbursed. Progyny will then issue a check for your reimbursable expenses. Reimbursement can take up to 90 days.

Your travel reimbursement assistance, is not a taxable benefit.

If you are refunded for any expenses that you submitted to Progyny for reimbursement you are obligated to notify your PCA immediately. Submitting falsified reimbursement requests or retaining funds through any assistance program that were not actually incurred is a violation of this plan, such misconduct may have significant tax implications.

For more information on your Travel Financial Assistance Program, including eligibility requirements, reach out to your PCA or refer to your travel reimbursement policy (located on the US Benefits Community on CoLab).



# Authorization & Financial Responsibility

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# Authorization for Covered Services

An authorization is required before receiving medical/prescription fertility services or treatment. You must request an authorization (via your PCA or through the member portal) before your first appointment and again before you begin each service or treatment cycle. Once an authorization is approved, you'll receive a Confirmation Statement. This is important because it confirms your Progyny coverage for specific treatments and is sent to your clinic to ensure proper billing. For certain services, additional information may be needed from your provider to authorize and provide a Confirmation Statement. Learn more below.

## When do I need an authorization?

You will need an authorization before your initial consultation as well as before you begin each treatment cycle, such as an IVF or IUI treatment. Once the authorization is approved, you will receive a copy of your Confirmation Statement. It's important that you obtain an authorization and Confirmation Statement prior to your appointments. This ensures you are eligible for services and that you understand your treatment plan.

## What is a Confirmation Statement and why do I need it?

A Confirmation Statement is a document that confirms your Progyny coverage for a specific treatment bundle or covered service. Once an authorization request is approved, you and your clinic will receive a Confirmation Statement as proof of coverage. The best way to prevent billing errors or delays in treatment is to request an authorization before your first appointment and again before you begin each treatment cycle.

## How do I request an authorization and Confirmation Statement?

1. To request an authorization, contact your PCA or submit a request via the member portal. This should be done prior to all scheduled treatment start dates.
2. You will need to provide your treatment or service type, in-network clinic, provider name, and appointment date or treatment start date with your request.
3. Once your authorization is approved, Progyny will send your Confirmation Statement to the clinic and will also send it to you for your records. Certain services do require specific authorization and may require more information from you or your provider. Your PCA will let you know if additional information is needed.
4. The authorization will be processed a few days before your appointment to confirm you are still eligible for the benefit. If you are ineligible, you will be responsible for all costs incurred at your appointment. Authorizations are only valid for their specific date range and all treatment or testing must be completed within the authorization date range.
5. Your Confirmation Statement includes everything you need, such as 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 Confirmation Statement automatically, we recommend having a copy at your appointment to make sure your clinic has the correct information listed in your account.

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How do I know which services require additional information for 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 these covered services will be reviewed based on your individual submission and our written clinical policy. The request will be timely adjudicated and based on that review may be approved, denied, or partially approved or partially denied.

Do I need to obtain an authorization for lab work?

Yes, you will need to bring a copy of your Confirmation Statement for the treatment associated with the lab work to confirm coverage. During your initial consultation you may be asked to get bloodwork done at a laboratory outside of the clinic where you are receiving treatment. A list of in-network laboratory partners can be found at [progyny.com/labs](http://progyny.com/labs). Please bring a copy of your Confirmation Statement with you as it has all the necessary information for the laboratory to bill Progyny. Please note, this is typically the ONLY time bloodwork performed outside of your clinic will be covered by Progyny. Once treatment begins, all lab draws must take place at your clinic.

Additionally, if you choose to pursue preimplantation genetic testing on your embryos, share a copy of your Confirmation Statement with the genetic laboratory performing the testing so that they can bill Progyny directly. On your Confirmation Statement you will find the list of in-network laboratories, preconception carrier screening laboratories, and preimplantation genetic testing laboratories for this genetic testing, as well as contact information for your specialty pharmacy.

### **How long is each authorization valid?**

Authorizations for initial consultations are valid for 90 days. Authorizations for treatment are valid for 60 days. The authorization alone is not a guarantee of coverage. You must also be active on an eligible medical insurance plan on the date of service reported by your fertility provider, and this date of service must be within the valid date range of your authorization for coverage to apply.



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# Understanding Your Financial Responsibility

Your Progyny benefit covers eligible medical/prescription fertility services, however, you may still have financial responsibility for services rendered. . 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 your Progyny member financial responsibility cross accumulates with medical services and is calculated in the same way a surgery or treatment for a broken bone would be. Member financial responsibility is determined by your medical insurance plan and may include deductible, coinsurance, copayment, and/or out-of-pocket maximum.

## Important Reminders

When scheduling with your provider, you must list Progyny as your medical plan and your Progyny ID as your member ID at your clinic and laboratories to avoid significant billing issues and incorrect financial responsibility on your part. Your 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. You will receive a bill from Progyny reflecting the amount as determined by your medical insurance plan. For most treatments and services, you are billed in bundles aligned with your Smart Cycle or treatment authorization, and not in a fee for service manner. If you choose to forego any services listed as covered within an authorization, the stated Smart Cycle value and bundle is applied in full. For example, your Initial Consultation and Diagnostic bundle is billed based on the services included within the authorization. Please note, although your services are typically authorized as a treatment bundle, you may receive several bills related to your treatment. When you receive your Progyny bill, you can submit payment by mailing a check to the address on your bill, by credit card, Health Savings Account (HSA), Flexible Spending Account (FSA), over the phone, via the member portal, or at [progyny.com/payment](https://progyny.com/payment).

*Note: You should never receive a bill from the clinic or pay the clinic directly for services covered by Progyny. You should only receive a bill from Progyny after the claim has been processed to determine your financial responsibility. If you are asked to pay at the clinic or receive a bill from the clinic, please contact your PCA.*

## Insurance Terminology

Insurance terminology can be confusing. Here's a breakdown of financial responsibility terms. As a reminder, you will only be responsible for the financial responsibility determined by your medical insurance plan.

- Your **premium** is the amount deducted from your pay for your medical insurance coverage. There is no additional premium through Progyny.
- **Cost of Covered Services** is the amount billed by your provider.
- At the start of each plan year, you will pay out-of-pocket for your all medical services (including fertility services) until you reach your **deductible**.

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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.





# Fertility and Family Building FAQs

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## 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 Progyny 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 our written clinical policy. The request will be timely adjudicated and based on that review may be approved, denied, or partially approved or partially denied.

### 6. 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 support as you move forward with your family building journey. If you would like to continue treatment, your PCA can chat through your treatment options, provide educational resources, help you prepare for your appointments, as well as continue to provide emotional support and guidance throughout your family building journey. Once

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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?**

You have the option to opt out of the use of your Smart Cycle benefit and pay out-of-pocket for a service to save your Smart Cycle balance. Contact your PCA if you are planning to pay out-of-pocket for a service, as your PCA will work with your provider to arrange payment. You cannot retroactively request that authorizations be cancelled either to self-pay for services and conserve Smart Cycles, or if the services do not deduct any Smart Cycles. Please be sure to check your email and alert us immediately if your clinic requests an authorization for a service for which you wish to self-pay. 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.

## **8. What if my treatment is cancelled? Will it impact my Smart Cycle balance?**

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

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

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

## **9. What if there's a change in my clinical treatment plan after obtaining an authorization?**

If your treatment plan changes at any time contact your PCA immediately to obtain a new authorization. Changes will impact your Smart Cycle balance and out-of-pocket financial responsibility. Examples of changes in treatment plans may include:

- If your IVF freeze-all or IVF fresh treatment cycle is converted into a TIC by your provider
- If your IVF fresh cycle is converted into an IVF freeze-all cycle

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. Contact your PCA with questions.

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## 10. What if my provider recommends a test, medication, or service that is not covered under Progyny?

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

For example, cholesterol, Pap smear, HPV, and other tests that are not specific to fertility are not covered under Progyny but may be covered under your medical insurance.

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

A reproductive endocrinologist (REI) is a fertility doctor who primarily focuses on female reproductive health and fertility to achieve a patient's family building goals. A reproductive urologist (RU) is specialized in male reproductive health and supports male-factor infertility treatments to help an individual or a couple improve their fertility outcomes. Most patients begin their journey with an REI for an initial consultation and to undergo diagnostic testing, so they are better able to understand their family building options. After this step, they may be referred to a reproductive urologist if additional testing is required. A patient may also connect directly with a reproductive urologist (RU) without a referral, pending their specific journey. Your REI and RU must be in-network with Progyny to use your benefit.

## 12. Does the Progyny benefit include coverage for remote monitoring?

When choosing a clinic, it's important to select a fertility clinic that will both meet your personal needs and be easily accessible, as your treatment will include numerous visits to your clinic for testing such as bloodwork and ultrasounds. These tests are designed to ensure you are responding to the medication prescribed by your provider. All services, including monitoring, are authorized at your primary clinic and typically cannot be covered if performed at outside clinics or labs. If you choose to pursue these services outside of your primary clinic, this is referred to as remote monitoring (or outside monitoring) and it is not covered by your benefit. The tests will have an out-of-pocket expense.

## 13. 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. Donors are not the intended parent, not an intimate partner, and not carrying the pregnancy. Gestational carriers or surrogates are also not intimate partners and not the intended parents. Your Progyny benefit is for your own family building journey only and does not cover services for donor's or surrogate's treatment.

## 14. 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 provider until week eight to twelve of your pregnancy. Pregnancy monitoring after that time should be billed as medical to your medical insurance plan. However, if your Progyny

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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 you have been referred for further treatment. All such providers are required by law to protect the privacy of your health information.

Progyny may use your health information or share it with others so that we may obtain payment for your treatment or services. We share information about you with your health insurance carrier to obtain reimbursement, or to determine whether your insurance carrier will cover your treatment or services, or to obtain pre-approval for your treatment or services. We may share your information with other healthcare providers and payors for their payment activities. Such providers and payors are required by law to protect the privacy of your health information.

Progyny may also use your health information or share it with others to conduct our health care operations, for example, to educate our employees on how to improve the services they provide. We may share your health information with other healthcare providers and payors for certain of their health care operations. Such providers and payors are required by law to protect the privacy of your health information.

Progyny may use your health information or share it with others as required by law.

For more information, please see our Privacy Policy available at <https://progyny.com>.

## Eligibility

### 16. Who is eligible for the fertility and family building benefit?

The person(s) receiving services must be enrolled in the Colgate-Palmolive Company Active Medical Plan or the Colgate-Palmolive Company Retiree Medical Plan to access Progyny's fertility benefits in either *the Anthem BCBS Exclusive Provider Option (EPO), Preferred Provider Option (PPO) or High Deductible Health Plan/Health Savings Account (HDHP/HSA) option*. To verify eligibility and learn more about covered services, please contact your PCA. You must meet eligibility criteria at time of treatment to utilize the Progyny benefit.

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

The lifetime Smart Cycle benefit is per covered member (individual). Note, most services are authorized and billed under the benefit of the person attempting pregnancy or fertility preservation. IVF, IUI, and other treatments cannot be authorized under the person not undergoing the treatment cycle. For example, in the case of a male partner and female partner, nearly all treatment cycles, or Smart Cycle deductions, are under the female partner and cannot be authorized under the male partner.

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## 18. 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. Contact your PCA for more information.

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

If you are the primary subscriber and your partner is not a claimed dependent on your primary medical insurance plan, your partner's services, including testing and treatment, will not be covered. Your partner must be a claimed dependent on your plan in order to receive coverage under your Progyny benefit. Spouses of members covered under a non-sponsored health plan are eligible if you (as the covered member) and your spouse attest to having a medical insurance plan during the eligibility check with your dedicated PCA. Contact your PCA for more information.

## 20. What is primary and secondary insurance?

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

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

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

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

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

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

**If you do not have fertility coverage under your primary medical insurance and are a dependent on the Progyny benefit**, you must receive services from a Progyny in-network provider for your services to be covered under the Progyny benefit. Your PCA can help you select an in-network provider. All claims for fertility treatment for the person receiving services must be submitted to the primary insurance first (even though it will be denied). You must submit your Explanation of Benefits (EOB) from your primary insurance (which shows that the services were denied due to no coverage) to your PCA. Progyny will then work with your provider to process the claim successfully, subject to the specific coverage details of your Progyny benefit. Please note that denial reasons such as "denied due to being out of network with your primary plan" or "denied

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

**If you have fertility coverage under your primary medical insurance and are a dependent on the Progyny benefit**, you can submit the EOB from your primary insurance, which details your out-of-pocket responsibility, to Progyny for reimbursement until your primary insurance coverage is exhausted. Your reimbursement will be deducted from your Smart Cycle balance, subject to your member responsibility under your fertility benefit with Progyny, as applicable. Your PCA can provide you with more details on how your reimbursement will impact your Smart Cycle balance. After your primary insurance coverage is exhausted, you must receive any additional fertility services from a Progyny in-network provider for those services to be covered under Progyny. Your PCA can help you select an in-network provider. Even though your primary insurance coverage has been exhausted, all claims for fertility treatment for the person receiving services must still be submitted to the primary insurance first. You will then receive an EOB from your primary insurance (which will show that the services were denied) and you must submit this to your PCA. Progyny will then process the claim, subject to the specific coverage details of your Progyny benefit. Note, deductible, 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.

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

Your Progyny benefit is per member. Each covered member will only have access to one set of Progyny Smart Cycles. Services performed on each respective member will be deducted from that member’s Smart Cycle balance, irrespective of if they are the subscriber or dependent. Once a member has exhausted their Smart Cycles, they will not be able to access more, even if both partners are employed at the same company, have their own medical plans, and claim each other.



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## 25. How long does my Progyny coverage last?

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

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

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

# Provider and Lab Facility

## 27. How do I schedule an appointment?

Once you've identified a Progyny in-network clinic and you're ready to schedule an initial consultation, contact the clinic directly to schedule an appointment and give them your Progyny member ID. Alternatively, if available at your clinic of choice, contact your PCA and they 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 at any time. Upon scheduling, you must notify your PCA of all new appointments to ensure an authorization is processed in a timely manner.

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

An authorization is an approval for services. Upon authorization, Progyny generates a 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 billing errors or delays in treatment. Note, retroactive authorizations are not possible in all cases and must fall within timely filing for your medical insurance plan. Contact your dedicated PCA to request an authorization before your first appointment and before you begin any treatment cycle. Some services require specific prior authorization. Contact your PCA for more information on the steps to get a prior authorization for a service should it be required under your Progyny benefit, and visit <http://nputilizationalliance.com/> to learn more. Request for authorization for covered services will be reviewed based on your individual submission and our written clinical policy. The request will be timely adjudicated and based on that review may be approved, denied, or partially approved or partially denied. Reference the *Authorization for Covered Services* section for more information.

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## 29. 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 provider. You can always include a partner or loved one to help you process the information you receive.
- Have a digital or print copy of your Progyny Confirmation Statement so that you can provide a copy to your clinic and to any diagnostic testing facility, if needed. In-network laboratories are listed on your Confirmation Statement. Provide them a copy of your confirmation in lieu of your medical insurance card.
- Request any relevant medical records from previous clinics/appointments be sent to your clinic ahead of your appointment. If you have any questions on how to initiate this, your PCA will guide you through the process.
- Arrive early to complete any documents or visit the clinic website to see if there's paperwork you can print and fill out prior to your appointment.

At your appointment:

- Ensure the clinic has Progyny listed as your primary insurance, including your Progyny member ID number.
- You will be asked for your primary insurance card for procedures not managed by Progyny (e.g., certain blood tests, surgeries such as laparoscopies, and other non-covered services).
- If the initial consultation with your provider is an in-person visit, they may recommend performing bloodwork and other diagnostic tests during the same appointment. If your initial consultation is via telehealth, remember to schedule a follow-up appointment to have your bloodwork and diagnostic testing performed.

Once you complete your bloodwork, ultrasound, and other diagnostic tests, don't forget to schedule a follow-up office visit with your provider to review your results and plan next steps.

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.

## 30. 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.
- Bring a digital or print copy of your Progyny Confirmation Statement so you can provide a copy to your clinic and to any in-network preimplantation genetic testing (PGT) facility, if needed. In-network laboratories for preimplantation genetic testing are listed on your Confirmation Statement. Please provide the laboratory with a copy of your Progyny Confirmation Statement. There is no need for

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payment at this time since your member responsibility will be calculated after the laboratory has submitted the claim to Progyny.

At your appointment:

- Ensure the clinic has Progyny listed as the primary insurance, including your Progyny member ID number.
- Typically, you can expect to have bloodwork 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.

### **31. Can I see any provider I want?**

The Progyny benefit is in-network only and you must see a provider in Progyny's network to utilize your Progyny benefit for covered services. If you are unsure if your clinic is in-network, contact your PCA to confirm.

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

You can search for reproductive endocrinologists, reproductive urologists, and clinics at [progyny.com/find-a-provider](https://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](https://progyny.com/labs) for our growing list of in-network laboratories for PGT-A and PGT-M testing.

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# 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.

## 38. Where is the Progyny Rx pharmacy?

The Progyny Rx network includes fertility specialty pharmacies throughout the United States that provide mail order services to anywhere in the U.S. with dedicated support 24/7. Your Progyny Rx in-network pharmacy will be indicated on the bottom left-hand corner of the Confirmation Statement that authorizes your treatment. The Progyny Rx in-network pharmacy is determined by your provider's geographical location.

## 39. 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 pharmacy benefit manager (PBM). If covered, you will pay any applicable copayment, coinsurance, and/or deductible directly to the pharmacy during your consultation call.

## 40. How do I get my medication for treatment?

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

## 41. 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 with you prior to your last day of fertility medication supply to check-in and determine if a refill is required. If your



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dosage increases mid-cycle, your provider should inform Progyny of this change, but just to ensure we are aware, please contact your Progyny Rx in-network pharmacy immediately. The Progyny Rx in-network pharmacy can provide next day delivery, same day delivery, or local pharmacy pick up when necessary to ensure you receive your medication when you need it for treatment.

#### **42. 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. After your package arrives, please call the Progyny Rx in-network pharmacy listed on your Progyny Rx placemat to have your Unpack It Call. A pharmacy clinician will walk you through your shipment and explain how to properly administer and store the medication. The UnPack It Call is available 7 days a week.

#### **43. How do I administer my medications?**

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

#### **44. 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. However, if medication has already been dispensed it is not returnable, and you will still be billed by Progyny for any financial responsibility as determined by your plan.

#### **45. What if my provider orders medications not on the Progyny Rx formulary?**

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

#### **46. What if I no longer need the medication that was prescribed to me?**

Once medications are dispensed by Progyny Rx, unused medications cannot be returned or refunded. Members will be responsible for any associated financial responsibility as determined by their plan for all medications dispensed, regardless of use.

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## Billing and Claims

### 47. Why am I receiving a bill?

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

Your clinic will bill Progyny directly throughout your treatment. Progyny will process claims and apply member responsibility to these paid services. You will receive a bill from Progyny that indicates your portion of the financial responsibility. Note, although your services are typically authorized as a treatment bundle, you may receive several bills related to your treatment. If you believe that you have received a bill in error, contact your PCA.

To avoid significant billing issues, you must obtain an authorization and corresponding Confirmation Statement prior to receiving services, and list Progyny as your primary insurance with your clinic, including your Progyny member ID. Your medical insurance should be listed as secondary insurance to be billed for any services not covered by Progyny.

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

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

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

### 49. How can I pay my bills?

You will receive a bill via email with instructions to pay the bill online. You can also pay your bill in the member portal, by visiting [progyny.com/payment](https://progyny.com/payment), or you can pay over the phone by speaking to a Progyny billing specialist. Payments can be made via check, by ACH, Health Savings Account (HSA), Flexible Spending Account (FSA), or credit card.



# Fertility and Family Building Appendix

## Initial Consultation and Diagnostic Testing

Below is the list of authorized tests and associated codes that may be ordered by your provider during your initial consultation(s) for fertility treatment. The bolded tests below are standard protocol for your reproductive endocrinologist to order prior to your undergoing any fertility treatment. The other tests listed are also covered by Progyny and may be ordered by your provider. 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
<b>Chlamydia Trachomatis Culture RNA (Urine Based Assay)</b>	<b>87491</b>	<b>2</b>
<b>Complete CBC with Auto Diff WBC; CBC including Differential and Platelets</b>	<b>85025, 85027</b>	<b>1</b>
Culture - Ureaplasma/Mycoplasma; Mycoplasma Hominis/Ureaplasma Culture	87109	2
Cytomegalovirus	86644, 86645, 87497, 87496, 87252, 87254, 86777	2
<b>Estradiol (E2)</b>	<b>82670</b>	<b>2</b>
<b>Follicle Stimulating Hormone (FSH)</b>	<b>83001</b>	<b>2</b>
Free Thyroxine; T4 Free (FT4)	84439	2
Glucose	82947	1
HBsAg Neutralization (FDA Testing)	87341	2
Hemoglobin A1C (HgA1C)	83036	1
Hemoglobin Chromatography; Hemoglobin Electrophoresis	83021	2
Hepatitis B Core AB	86705	2
Hepatitis B Core Antibody, Total	86704	2
<b>Hepatitis B Surface AB</b>	<b>86706</b>	<b>2</b>
Hepatitis B Surface AG, EIA	87340	2

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
<b>HIV-1/HIV-2, Single Assay; HIV 1/2 Antigen and Antibodies 4th Gen with Reflexes</b>	<b>87389</b>	<b>2</b>
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
<b>Immunoassay, RIA; Anti-Mullerian Hormone, AMH/MIS</b>	<b>82166, 83520</b>	<b>2</b>
Karyotype	88230, 88261, 88262, 88280, 88291	2
<b>Luteinizing Hormone (LH)</b>	<b>83002</b>	<b>2</b>
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
<b>Office Visits</b>	<b>99204, 99205, 99213, 99214</b>	<b>3</b>
Ovarian Assessment Report (OAR)	S6600	2
Pre-Conception Genetic Carrier Screening	Panels Vary	2
<b>Progesterone (P4)</b>	<b>84144</b>	<b>2</b>
<b>Prolactin</b>	<b>84146</b>	<b>2</b>
RBC Sickle Cell Test	85660	2
Rh Typing	86901	1
<b>Routine Venipuncture</b>	<b>36415</b>	<b>2</b>
<b>RPR (Syphilis) VDRL; Blood Serology, Qualitative; Includes RPR (Syphilis) Screen</b>	<b>86592</b>	<b>2</b>

Lab/ Procedure/ Diagnostic Test	99499 Bundled CPT Codes	Max Per Authorization
<b>Rubella Antibody; Rubella IgG Antibody; Rubella Immune Status</b>	<b>86762</b>	<b>1</b>
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
<b>Thyroid Stim Hormone (TSH)</b>	<b>84443</b>	<b>2</b>
<b>Ultrasound Trans Vaginal Non-OB</b>	<b>76830</b>	<b>2</b>
Urine (hCG) (UPT), Qualitative	81025	2
<b>Varicella-Zoster Antibody; Varicella Zoster (VZV) Igg Antibody</b>	<b>86787</b>	<b>1</b>
Vitamin D; 25-OH (Hydroxy) Vitamin D	82306	1

## Additional Covered Services

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

† Mock cycles, and endometrial biopsies are covered with medical necessity and endometrial receptivity testing is covered at in-network labs only. Sometimes these cycles are referred to as endometrial receptivity cycles where the tissue biopsied is covered at an in-network lab (examples are Cooper's ER Peak, Igenomix's ERA). Please note Emma/Alice tests are not covered. Contact your PCA for more details.

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

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

Lab/ Procedure/ Diagnostic Test	99499-25 Bundled CPT Codes	Max Per Authorization
<b>Antisperm Antibodies</b>	<b>89325</b>	<b>2</b>
Blood Typing (ABO)	86900	1
<b>Carrier Screening (Cystic Fibrosis)</b>	<b>81220, 81227, 81443</b>	<b>1</b>
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
<b>Estradiol (E2)</b>	<b>82670</b>	<b>2</b>
<b>Follicle Stimulating Hormone (FSH)</b>	<b>83001</b>	<b>2</b>
Free Thyroxine; T4 Free (FT4)	84439	2
HBsAg Neutralization (FDA Testing)	87341	2
Hemoglobin A1C (HgA1c)	83036	2
Hepatitis B Core AB	86705	2
Hepatitis B Core Antibody, Total	86704	2
Hepatitis B Surface AB	86706	2
Hepatitis B Surface AG, EIA	87340	2
Hepatitis C AB Test (Anti-HCV)	86803	2

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 Blot	86689	2
Human T-Cell Lymphotropic Virus 1, 2 (HTLV-1/HTLV-2) Differentiation	86687	2
Human T-Cell Lymphotropic Virus 1, 2 (HTLV-1/HTLV-2) Differentiation	86688	2
Karyotype	88280, 88230, 88261, 88262, 88291	1
<b>Luteinizing Hormone (LH)</b>	<b>83002</b>	<b>2</b>
Macroprolactin	84146 (x2)	2
Neisseria Gonorrhoeae Culture RNA (Urine Based Assay)	87591	2
<b>Office Visits</b>	<b>99204, 99205, 99213, 99214</b>	<b>3</b>
<b>Physical Exam</b>	<b>99385, 99386, 99387, 99395, 99396, 99397</b>	<b>2</b>
Post Ejaculate Urinalysis (Using Pelleted Urine Specimen)	81015	2
<b>Pre-Conception Genetic Carrier Screening</b>	<b>Panels Vary</b>	<b>1</b>
Prolactin	84146	2
Prostate Specific Antigen (PSA)	84153	1

Lab/ Procedure/ Diagnostic Test	99499-25 Bundled CPT Codes	Max Per Authorization
Prostate Specific Antigen (PSA)	84154	1
Retrograde Semen Analysis	89331	2
Rh Typing	86901	1
<b>Routine Venipuncture</b>	<b>36415</b>	<b>2</b>
RPR (Syphilis) VDRL; Blood Serology, Qualitative; Includes RPR (Syphilis) Screen	86592	2
<b>Scrotal Ultrasound</b>	<b>76870</b>	<b>2</b>
Semen Analysis with Centrifuged Pellet	89300, 89320, 89321, 89322	2
Semen Analysis with Leukocyte (WBC) Stain	87661	2
<b>Semen Analysis with Strict Morphology</b>	<b>89322</b>	<b>2</b>
Semen Culture	87070	2
Sex Hormone Binding Globulin (SHBG)	84270	1
<b>Sperm DNA Fragmentation</b>	<b>82397, 88184, 88185, 89051, 89261, 89240</b>	<b>1</b>
<b>Testosterone, Free</b>	<b>84402</b>	<b>2</b>
<b>Testosterone, Total</b>	<b>84403</b>	<b>2</b>
Thyroid Stim Hormone (TSH)	84443	2
Total PSA, Free PSA, Intact PSA, and Human Kallifrein-2 (hK2)	81539	1
Transrectal Ultrasound	76872, 76942	2
Y-Chromosome Microdeletion	81403	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	FSH
Gonal F 900iu pen	FSH
Gonal F 450iu vial	FSH
Gonal F 1050iu vial	FSH
Novarel 5,000iu	hCG
Novarel 10,000iu	hCG
Ovidrel 250mcg	hCG
Progesterone 50mg/cc sesame oil	Progesterone
Endometrin 100mg vaginal insert	Progesterone
Crinone 8% gel	Progesterone

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



# Pregnancy and Postpartum

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# Pregnancy and Postpartum

At Progyny we envision a world where everyone can realize their dreams of family and ideal health. With Progyny's Pregnancy and Postpartum benefit, you will be empowered with knowledge and confidence to better understand your journey through personalized coaching and exclusive resources.

## Eligibility

Progyny Pregnancy and Postpartum is available to employees aged 18 and older who are enrolled in an eligible medical insurance plan. This benefit also extends to covered spouses, domestic partners, and adult dependent children.

Eligible participants can access support throughout pregnancy and for up to 12 months postpartum. The program is designed to support individuals who are pregnant, in the postpartum period, or building a family with the help of a gestational carrier.

## Get Started

Contact Progyny to confirm eligibility and onboard. If you are already engaged with in Progyny for fertility and family building services, contact your PCA to learn how to transition to Pregnancy and Postpartum.

- **Call Progyny at 833.215.1357.** You can reach your care team Monday to Friday from 9 am ET to 9 pm ET.
- **For digital access to the member site,** visit [progyny.com/benefits](https://progyny.com/benefits) to log on.

## What to Expect

Progyny Pregnancy and Postpartum is designed to ensure you are supported every step of the way with coaching and curated resources to complement your OB provider care. Your benefit includes the following:

### Concierge Support

You will be paired with a Progyny Care Advocate PCA (PCA), who will be your partner throughout your pregnancy and postpartum journey. Our PCAs are made up of a team of experienced maternity nurses and midwives who are available for unlimited support and guidance tailored to fit your individual needs including:

- Monthly check-in calls with your personal PCA to understand what to expect at key milestones throughout your pregnancy and into postpartum, including preparing for returning to work, education on high risk topics to discuss with your provider, and feeding support
- Emotional support and clinical guidance to complement the care received from your OB provider
- Educational emails with tailored content and resources relevant to each stage of your journey

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- Unlimited and convenient access to your dedicated PCA via phone, email, and secure messaging

## Digital Resources

Upon accessing your benefits, you'll gain access to the Progyny member app, where you can view educational content and communicate with your PCA and other Progyny experts to support each stage of pregnancy and postpartum.

- Sign up for the member portal via web or by downloading the app (iOS or Android devices). You must be enrolled to gain access. Contact Progyny for support
- Explore pregnancy and postpartum education including on-demand webinars, podcast episodes, and articles to support each stage of your journey
- Communicate directly with your PCA via secure messaging

## Navigation and Referral Services

Your PCA can help refer you to additional services, including:

- **Baby Feeding Support:** Virtually connect with a certified lactation consultant to discuss a personalized feeding plan for you and your family based on your goals and align on expectations as you prepare for delivery.
- **Doulas:** Connect with a doula for prenatal preparation and birth planning as well as postpartum recovery and infant care support.. You also have access to financial assistance to help offset your out-of-pocket costs for additional doula support expenses. Reference the [Doula Financial Assistance Program](#) section for more details and contact your PCA for support.

## Feeding Support

Progyny provides continuous support as you transition into postpartum with lactation support. You can virtually connect with a certified lactation consultant to discuss a personalized feeding plan for you and your family based on your goals and align on expectations as you prepare for delivery.

This support is provided by International Board Certified Lactation Consultants (IBCLCs) who provide breastfeeding support, latching guidance, pumping education, and support members with individualized needs across all feeding arrangements.

# ERISA Claims and Appeals Process

## Progyny Claims and Appeals Procedures

Per the U.S Department of Labor, federal law requires that each welfare plan (i.e., medical plan) subject to the Employee Retirement Income Security Act of 1974 ("ERISA") set up reasonable rules for filing a claim for benefits. While Progyny is not the Plan Administrator of the [Insert Client Here] Medical Plan (the "Plan") under ERISA, Progyny

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is the claims fiduciary under ERISA and has discretionary authority solely for the purpose of administering the Plan's claims and appeals procedures for benefits administered by Progyny under ERISA's claims and appeals rules.

See the Claims and Appeals section of the main portion of the [Insert Client Here] Active Medical Plan Summary Plan Description for the claims and appeals procedures.

## FAQs

### 1. Can I still onboard if I'm at the end of my pregnancy or postpartum?

Yes, Progyny Pregnancy and Postpartum is available to eligible members at any time throughout their pregnancy and within 12 months postpartum. You can onboard at any stage to connect with a coach and gain access to support and exclusive resources. PCAs will tailor coaching and information based on the stage you are at in your journey.

### 2. How do I know if this is right for me?

Progyny Pregnancy and Postpartum offers inclusive care and support for key topics across pregnancy, postpartum, and return to work. This includes support to address high-risk conditions such as gestational diabetes, hypertension, Polycystic Ovary Syndrome (PCOS), endometriosis, preeclampsia, perinatal mental health, history of preterm birth or miscarriage, and lifestyle factors and behaviors. The benefit is designed to give you personalized one-on-one support tailored to fit your needs and arm you with education to empower you with knowledge and confidence to better understand your pregnancy and postpartum journey. It is meant for anyone navigating pregnancy and postpartum to feel supported and prepared to know what to expect at each step.

### 3. What support can my PCA provide?

Progyny PCAs are highly experienced across all facets of maternity care including labor and delivery, NICU, obstetrics, fertility care, etc. They are available to provide personalized education and support throughout your pregnancy and postpartum journey and be a resource to provide education, clinical guidance, care facilitation, and emotional support. You can also connect with your PCA at any time via phone or secure messaging.

### 4. What tools can I access in the member portal?

The Progyny member portal is a digital companion to complement the support you receive from your care team. You can access content curated based on week and trimester with to-do lists to guide you throughout your pregnancy and know what questions to ask your OB provider. You can track fetal development along with your own health trends such as blood pressure, glucose, mood, and weight. Post delivery you can track the baby's growth, diapers, feeding, and questions to ask your OB provider with the portal.

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## 5. What support is available postpartum?

It's important to get the care and support you need postpartum too. PCAs continue to provide regular check-ins and remain available for unlimited support during the first 12 months of postpartum. This high-touch, holistic care includes emotional support, navigation for referral resources, help finding a mental health provider as needed, support for returning to work, tips for finding childcare, guidance on navigating relationship transitions, and more. Members can continue to access digital resources including checklists for preparing to return to work and curated content around navigating the postpartum stages.

## 6. What does this cost?

Personalized coaching from your PCA and access to digital tools via the member portal are offered to eligible individuals (i.e. an individual *enrolled in the Colgate-Palmolive Company Active Medical Plan or the Colgate-Palmolive Company Retiree Medical Plan. in either the Anthem BCBS Exclusive Provider Option (EPO), Preferred Provider Option (PPO) or High Deductible Health Plan/Health Savings Account (HDHP/HSA) option*) for free by your employer with no member financial responsibility. Contact Progyny to confirm eligibility and onboard today.





# Menopause and Midlife Care

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## Menopause and Midlife Care

Progyny puts you and your health in focus, providing care for all stages of menopause and all the unique symptoms that come with it. Members can connect with a menopause PCA for specialized clinical coaching to help you understand and manage symptoms and navigate care options to empower informed transitions through perimenopause and menopause. If you'd like to connect with a menopause-trained provider for treatment options, Progyny offers high quality providers trained in menopause to help you improve quality of life through your specific symptoms. Treatment can include care for nutrition, weight fluctuations, age-related screenings, hormone and non-hormone based prescriptions, sleep support, mental healthcare and more based on your needs.

## Eligibility

Progyny Menopause and Midlife Care is available to employees and their eligible dependents enrolled in an eligible medical insurance plan. Contact Progyny to confirm eligibility and onboard.

All services are subject to your financial responsibility based on your medical plan, which may include deductible, coinsurance, copayment, and/or out of pocket maximum. Your Progyny Menopause Progyny Care Advocate (PCA) will review coverage details with you during enrollment and as needed.

## Get Started

Contact Progyny to confirm eligibility and onboard.

- **Call Progyny at 833.215.1357.** You can reach your care team Monday to Friday from 9 am ET to 9 pm ET.
- **For digital access to the member site,** visit [progyny.com/benefits](https://progyny.com/benefits) to log on.

## What to Expect

Your Progyny benefit connects you with providers who specialize in perimenopause, menopause, and midlife care to provide you with the specialized care you deserve to manage symptoms experienced during hormonal changes. We provide you with personalized treatment plans that help you manage your symptoms and strengthen long term health. In addition to accessing providers, you will have unlimited access to a Progyny Care Advocate who will help you understand symptoms and navigate care options to empower informed transitions through perimenopause and menopause. Your benefit includes:

### **Access to Perimenopause and Menopause Experts**

Progyny has created a network of top menopause providers, connecting you to high quality care across the United States 7 days a week. The network of menopause providers consists of experts in menopause specific care and will work to create a treatment plan that's right for you.

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## Scheduling appointments

After onboarding and selecting your in-network provider, you will be directed out of Progyny's portal to access the provider platform to schedule your first appointment. Some items to keep in mind when preparing for your appointment:

- You may need to take a quick assessment to understand where you are in your menopause journey
- Be prepared to talk through your medical history and any symptoms you may be experiencing
- Work with your provider to figure out next steps to help you on your journey

## Hormonal and Non-hormonal Treatment

Progyny's menopause and midlife care is individualized, and will be based on your symptoms, medical history, and personal goals.

Your provider will develop a personalized care plan so you can feel your best – utilizing a combination of hormone therapies, non-hormonal medications, supplements, and lifestyle support such as nutrition plans, acupuncture, and mental health support.

## Concierge Support

In addition to support received from our menopause experts, you'll have unlimited access to a Menopause PCA who will provide care coordination, emotional support and guidance, personalized coaching, and answer any questions about your benefit.

## Digital Tools

The Progyny member portal, available via web or mobile app, provides access to schedule appointments, view educational content, and easily communicate with your Menopause PCA.

- Sign up for the member portal via [web](#) or by downloading the app ([iOS](#) or [Android](#) devices). You must be onboarded to gain access. Contact Progyny for support
- Complete the initial assessment and schedule virtual appointments directly with a menopause expert
- Explore menopause education including on-demand webinars, podcast episodes, and articles
- Communicate directly with your Menopause PCA via secure messaging

## FAQs

### 1. How do I know if this is right for me?

Progyny Menopause and Midlife Care is individualized, and will be based on your symptoms, medical history, and personal goals. Symptoms may include weight fluctuation, anxiety, insomnia, brain fog, fatigue, joint pain,

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and hot flashes. If you are experiencing any changes or symptoms, contact Progyny to connect with an expert to find out how they can help you get back to feeling your best.

## **2. Does the benefit cover in-person care?**

The Progyny Provider Network includes menopause specialists across the United States that you can access for care based on your employer's benefit. Your menopause provider will work with you to ensure you're up to date with any necessary care such as Pap smears and mammograms. If you need testing, you can be referred to a lab near you. Your provider will always discuss any of this with you as part of your care plan.

## **3. Why do I need to see a menopause trained provider?**

If you need greater support managing and treating your symptoms, the Progyny benefit has in-network menopause providers who can provide comprehensive medical care to support your health. They will review the solutions that fit best with your lifestyle and needs. These solutions include hormone therapies, non-hormonal medications, supplements, and lifestyle protocols, such as nutrition plans and mental health support.

## **4. How can I book an appointment?**

Once your benefit is active, you can log into your member portal online or use the Progyny app. When you're ready to schedule care, you can do it directly through the portal. You'll be able to choose a provider from the network and pick a date and time that works for you.

If you run into any issues or have questions, your PCA is here to help.

## **5. Do I need an authorization before seeing a menopause provider?**

You do not need to receive an authorization prior to your appointments. If you have any questions about how to prepare for an appointment contact your Progyny Care Advocate.

## **6. What does this cost?**

Services received from a menopause provider are subject to the cost-sharing provisions of your medical plan and may include deductible, coinsurance, and copayments, up to your plan's out-of-pocket maximum. Your PCA will review coverage details with you during enrollment and as needed. Personalized coaching from your PCA and access to digital resources via the member portal are offered to you by your employer with no cost to you. Contact Progyny to confirm eligibility.



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Progyny, Inc. offers an interpreter service so that you can ask a question in Spanish or other various languages. If the representative that speaks your language is not available, an interpreter can be connected on the line to be able to assist you with your question.

Progyny, Inc. ofrece un servicio de intérprete para que pueda hacer una pregunta en español o en otros idiomas. Si el representante que habla su idioma no está disponible, un intérprete puede estar conectado en la línea para poder ayudarlo con su pregunta.

Progyny, Inc. offre un service d'interprète afin que vous puissiez poser une question en français ou dans d'autres langues différentes. Si le représentant qui parle votre langue n'est pas disponible, un interprète peut être connecté en ligne pour pouvoir vous assister dans votre question.

Progyny, Inc. bietet einen Dolmetscherservice an, damit Sie eine Frage in deutscher oder anderer Sprache stellen können. Wenn der Vertreter, der Ihre Sprache spricht, nicht verfügbar ist, kann ein Dolmetscher auf der Leitung angeschlossen werden, um Ihnen bei Ihrer Frage behilflich zu sein.

Progyny, Inc. cung cấp dịch vụ phiên dịch để bạn có thể đặt một câu hỏi bằng tiếng Đức hoặc các ngôn ngữ khác. Nếu người đại diện nói ngôn ngữ của bạn không có sẵn, thông dịch viên có thể được kết nối trên đường dây để có thể giúp bạn với câu hỏi của bạn.

Progyny, Inc. nudi uslugu tumača kako biste mogli postaviti pitanje na njemačkom ili na drugim jezicima. Ako predstavnik koji govori vaš jezik nije dostupan, tumač se može povezati na liniji kako bi vam pomogao u vašem pitanju.

Nag-aalok ang Progyny, Inc. ng serbisyo ng interpreter upang maaari kang magtanong sa Aleman o iba pang iba't ibang wika. Kung hindi magagamit ang kinatawan na nagsasalita ng iyong wika, ang isang interpreter ay maaaring konektado sa linya upang matulungan ka sa iyong tanong.

ਪ੍ਰੋਗਨੀ, ਇੱਕ. ਤੁਹਾਡੀ ਜਰਮਨ ਜਾਂ ਹੋਰ ਵਿਦੇਸ਼ੀ ਭਾਸ਼ਾ ਵਿੱਚ ਤੁਹਾਡੀ ਮਦਦ ਕਰਨ ਲਈ ਦੁਭਾਸ਼ੀਏ ਉਪਲਬਧ ਹਨ। ਜੇਕਰ ਤੁਸੀਂ ਜਰਮਨ ਨਹੀਂ ਬੋਲ ਸਕਦੇ, ਤਾਂ ਤੁਹਾਡੀ ਮਦਦ ਲਈ ਇੱਕ ਦੁਭਾਸ਼ੀਏ ਉਪਲਬਧ ਹੋ ਸਕਦਾ ਹੈ।

ਜੇਕਰ ਕੋਈ ਪ੍ਰਤੀਨਿਧੀ ਅੰਗਰੇਜ਼ੀ ਬੋਲਣ ਲਈ ਉਪਲਬਧ ਨਹੀਂ ਹੈ, ਤਾਂ ਤੁਹਾਡੀ ਸਹਾਇਤਾ ਲਈ ਇੱਕ ਦੁਭਾਸ਼ੀਆ ਉਪਲਬਧ ਹੋ ਸਕਦਾ ਹੈ।

Prōganī, ika. Dubhāśīē dī sēvā pradāna karadī hai tām jō tusīm jaramana jāṁ hōra kaī bhāśāvām vica ika savāla pucha sakō. Jē tuhāḍī bhāśā bōlaṅa vālā pratīnidha upalabadha nahīm hai, tām ika dubhāśīē nū tuhāḍē savālām nāla tuhāḍī sahā'itā karana dē yōga hōṅa laī lā'ina'tē jupī'ā jā sakadā hai.

Progyny, Inc.는 통역사 서비스를 제공하므로 독일어 또는 기타 다양한 언어로 질문 할 수 있습니다. 귀하의 언어를 사용하는 대표자가 없을 경우, 귀하의 질문에 도움이 될 수 있도록 통역사가 전화 상에 연결될 수 있습니다.

Progyny, Inc. neun tong-yeogsa seobiseuleul jegonghameulo dog-il-eo ttoneun gita dayanghan eon-eolo jilmun hal su issseubnida. gwihau i eon-eoleul sayonghaneun daepyojaga eobs-eul gyeong-u, gwihau jilmun-e doum-i doel su issdolog tong-yeogsaga jeonhwa sang-e yeongyeoldoel su issseubnida.

אודות פרופג'ני, אי. קו. שירות תרגום, אנו מציעים שירות תרגום שבו אתם יכולים לשאול שאלה באנגלית או בשפות שונות. אם שירות התרגום אינו זמין בשפתך, אנו יכולים לחבר אותך עם מתרגם שיתקשר אליך דרך הטלפון כדי לסייע לך בשאלתך.   
A 010 ז'יז'י, INC. , תרגום שירותים, אנו מציעים שירות תרגום שבו אתם יכולים לשאול שאלה באנגלית או בשפות שונות. אם שירות התרגום אינו זמין בשפתך, אנו יכולים לחבר אותך עם מתרגם שיתקשר אליך דרך הטלפון כדי לסייע לך בשאלתך.

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taqadam birwjini, Inc. khidmatan mutarjim bihayth yumkinuk tarh sual biallughat al'almaniat 'aw laghat 'ukhraa mukhtalifatin. 'iidha lm yakun almumathil aldhy yatahadath laghatak mutawafiranaan, yumkin tawsil mutarjim fawriun ealaa alkhati liatamakan min musaeidatik fi suaalik.

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