

Your Progyny Benefit

Rivian Member Guide

2026 Plan Year | Canada



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Introduction to Progyny



Preconception and Trying to Conceive

Preconception and Trying to Conceive

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

Progyny's Preconception and Trying to Conceive program is available to employees and their eligible dependents enrolled in an eligible medical insurance plan. Contact Progyny to confirm eligibility and get started.

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.

Referral Services

Your preconception coach can 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.

- **Call Progyny at 833.233.1380.** You can reach your care team Monday to Friday from 9 am ET to 9 pm ET.
- **For digital access,** visit progyny.com/benefits to explore more.



Eligibility

Eligibility for the Fertility and Family Building Benefit

Eligibility

Employees and their covered spouse or domestic partner enrolled in an eligible plan have access to the Progyny benefit. Dependent children are not eligible for the Progyny benefit.*

To verify eligibility and learn more about covered services, please contact your Progyny Care Advocate. You must meet eligibility criteria at time services are provided to utilize the Progyny benefit.

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

*In the event of medical treatment for a current cancer diagnosis or in cases of gender dysphoria, that may impact future fertility, fertility preservation is covered for members, partners, and dependent children under 26. Contact your PCA for more information.

If both partners have the Progyny benefit through separate employers:

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

If you and your partner are both employed at the same company:

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

Exhaustion of benefits:

- Your Progyny Smart Cycle coverage lasts as long as you have a Smart Cycle balance available and are considered eligible for the Progyny plan by your employer. If you receive an authorization but coverage lapses before you receive services, your claim will be denied, and you will be financially responsible. Please speak to your PCA if you have any coverage changes.



Fertility and Family Building Benefit Highlights

Highlights of Your Fertility and Family Building Benefit

At Progyny, we know the road to parenthood can be challenging, and we are here to support you through each phase of your family building journey. We partner with Canada's top fertility specialists to bring you a smarter approach with better care that drives more successful outcomes, and more treatment options to support all paths to parenthood. The Progyny benefit has removed barriers to care with no diagnosis requirement or treatment mandates, providing inclusive and equitable support for all paths to parenthood.

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

When utilizing the Progyny benefit your financial responsibility is set according to your Progyny plan. This means you should expect bills for all covered and authorized services including your initial consultation and diagnostics, medication, and fertility treatment as determined by your Progyny plan. Please see the [Understanding Your Financial Responsibility](#) section of this guide or speak with your PCA for more information.

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

Highlights of Your Fertility and Family Building Benefit		Effective 01/01/2026
2*	Smart Cycles per family per lifetime	
2	Initial consultations per year	
Progyny Rx†	Fertility medication coverage	
\$13,700	Combined adoption and surrogacy financial assistance per lifetime	
Fertility preservation	Egg and sperm freezing coverage	
Donor tissue	Egg and sperm coverage	
Tissue storage	Tissue storage is included for the first year in applicable treatment cycles	

*Your benefit balance may be reduced based on utilization of your prior fertility benefit. Contact your PCA to understand your balance.

† Progyny does not offer Integrated Pharmacy Management Services (Progyny Rx) in the province of Quebec as Quebec offers comprehensive coverage of fertility medications through the provincial plan.

To learn more and activate your benefit, call: 833.233.1380

If you have a hearing or speech impairment and use Message Relay Operators or Bell Relay Operators, dial 711 to connect with an operator. Oral interpretation services or alternative formats of materials are also available for members with special needs. Contact Progyny for assistance.

This guide is intended to provide helpful information for the 2026 plan year, however, healthcare and tax law, and other provincial policies are subject to change. This guide is not intended as a substitute for tax or legal advice. For more detailed and up to date information please contact your PCA before undergoing treatment.

Concierge Support

Your Care Team

As a Progyny member, your journey will begin with your dedicated Progyny Care Advocate (PCA), who will be there to provide support throughout your entire journey. Members have access to English and French speaking PCAs. Progyny PCAs are fertility experts trained to support all paths to parenthood, including surrogacy and adoption. Your PCA can provide guidance on available treatment options and outcomes, coordinate and prepare you for all your appointments, and answer any questions you might have about your benefit.

Your PCA is also your connection to a team of Clinical Educators, who are fertility nurses, and embryologists, that can answer any clinical questions you may have about your care. If you are interested in exploring other paths to parenthood like surrogacy or adoption, your PCA can also connect you to our specialized Surrogacy and Adoption Coaches. Contact your PCA to learn more or to request outreach from a Clinical Educator, Surrogacy Coach, or Adoption Coach. Please note, Clinical Educators are available for telephonic support in English or through language line translation as needed.

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. With the member portal, you can view coverage details, review upcoming appointments, view account and claims information, communicate directly with your PCA, and access fertility and family building education. 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 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

Top Fertility Specialists

Progyny has partnered with a premier network of top fertility specialists, connecting you to high quality care across Canada. You can search for an in-network provider at progyny.com/find-a-provider. Members can also use out-of-network providers. Please see the section titled *Explanation of Covered Treatments and Services* for additional information about the reimbursement process for using out-of-network providers.

Our fertility specialists use the latest advancements in science and technology to increase the chances of a healthy and successful pregnancy. With Progyny's comprehensive benefit design, your doctor can work with you to create the customized treatment plan that is best for you, based on clinical criteria, not costs.

Our Medical Advisory Board continually evaluates the latest science and research to ensure that your benefit empowers your doctor to utilize the best clinical practices and latest technologies, so you receive the highest level of care.

Progyny works in tandem with our in-network clinics to ensure a seamless experience for all members. When receiving services from an in-network clinic, ensure you let the clinic know you have Progyny before receiving services. 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.

Check out frequently asked questions about providers and lab facilities [here](#).





The Smart Cycle

Understanding Your Smart Cycle Benefit

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

The Progyny Smart Cycle is designed for comprehensive coverage. All standard of care services and technology needed for a particular type of treatment cycle are covered within the Smart Cycle. Please note, covered services include financial responsibility depending on your Progyny plan and some treatments may have tax considerations. For advice on your specific tax situation contact a tax advisor. Additional information can be found in the [Understanding Your Financial Responsibility](#) section or contact your PCA.

Common Ways to Use a Smart Cycle:

Progyny provides inclusive family building benefits to support all paths to parenthood. Progyny Smart Cycles can be mixed and matched to create a customized treatment path that works best for you.

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





Fertility Treatment Coverage

Explanation of Covered Treatments & Services

Progyny offers the following covered services. If a service or procedure is not listed, you should assume that it is not covered by Progyny but may be covered through another supplemental plan. If and as required by applicable law, clinics will coordinate benefits available to you, which may include fertility benefits, under your provincial coverage or other supplemental plan. This may occur before using your Progyny benefit. Determination for the utilization of publicly insured services is the responsibility of your provider and clinic. Always confirm specific benefits with your dedicated PCA prior to treatment or testing.

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

Initial Consultation and Diagnostic Testing

Your coverage includes 2 initial consultations per year, until you've exhausted your Smart Cycle balance. There is no impact to your Smart Cycle balance for your initial consultations, however all covered services are subject to your financial responsibility. Depending on your provider and your specific circumstances, there may be some tests performed by your provider that are not Covered Services included in your Smart Cycle coverage by Progyny. Please discuss these services with your provider. These services may be covered under your provincial coverage or supplemental plan. Please be mindful of this before moving forward with specific testing. You can always contact your PCA to clarify if a specific test is covered by Progyny before proceeding.

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

Reference the [Initial Consultation and Diagnostic Testing appendix](#) for a full list of covered tests and procedures, their 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

Please note, the examples above are for illustrative purposes only and are not comprehensive. 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.

Endometrial Receptivity Cycle / Mock Cycle

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

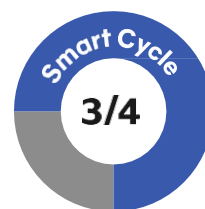
The following services are covered:

- 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)

Fertility Treatments Covered Under Your Progyny Benefit:

IVF Fresh 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.



IVF Fresh Cycle

The following procedures are covered:

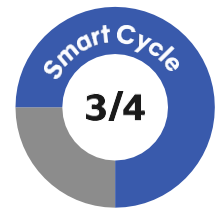
- Anesthesia (for egg retrieval)
- Assisted hatching
- Blastocyst culture
- Complex sperm wash & prep
- Cycle management
- Embryo biopsy
- Embryo culture lab
- Embryo transfer w/ultrasound guidance
- Intracytoplasmic sperm injection (ICSI)
- Office visits
- Oocyte fertilization/insemination
- Oocyte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

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.



IVF Freeze-All Cycle

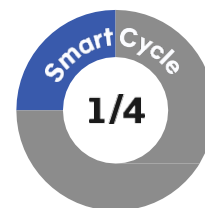
The following procedures are covered:

- 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)

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

Frozen Embryo Transfer (FET)

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.



Frozen Embryo Transfer (FET)

The following procedures are covered:

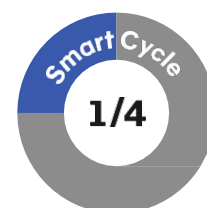
- Cycle management
- Embryo thaw
- Embryo transfer w/ultrasound guidance
- Office visits
- Preparation of embryo(s) for transfer
- Ultrasounds & in-cycle bloodwork (E2, P4, beta hCG, FSH, LH)

Intrauterine Insemination (IUI)

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)



Intrauterine Insemination (IUI)

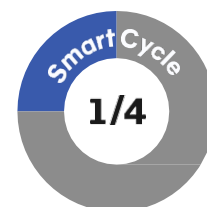
*Sperm wash and prep may not be covered if provider is not on the member health plan.

Timed Intercourse (TIC)

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)



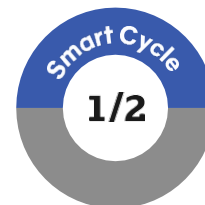
Timed Intercourse (TIC)

Fertility Preservation (Egg Freezing)

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)



Egg Freezing

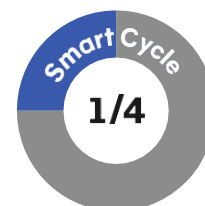
Fertility Preservation (Sperm Freezing)

Although sperm freezing is less common than egg freezing, there are situations in which a provider may advise banking sperm. Other examples can include, 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.

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)



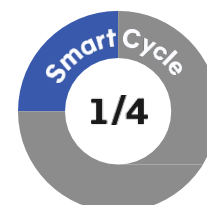
Sperm Freezing

Split 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

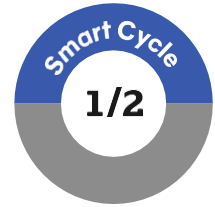


Split Cycle
(Egg & Embryo
Freezing)

When paired with IVF cycle

Frozen Oocyte Transfer

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.



Frozen Oocyte Transfer (FOT)

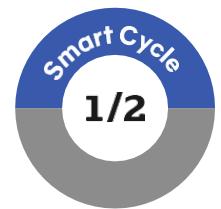
The following procedures are covered:

- 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

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. If this service is being authorized using a gestational carrier or surrogate, please be aware 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.



Pre-Transfer Embryology Services

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 (intended parent's sperm)*
- Sperm cryopreservation (sperm storage is billed and authorized 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.

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

Donor Eggs (Oocyte) Purchase

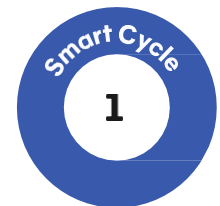
A cohort typically includes 6-8 oocytes (eggs); however the cohort will ultimately be determined by the contracted egg bank you select. If you choose to purchase additional oocytes outside of the standard cohort available, you may incur additional out-of-pocket expenses. Tissue transportation from the tissue bank to your in-network clinic 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 to search for in-network egg banks. Contact your PCA if you have questions.

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

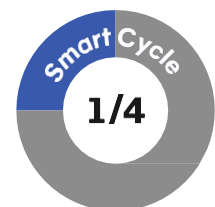
Donor Sperm Purchase

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 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.



Purchase of 1 Cohort of Donor Eggs
6-8 eggs

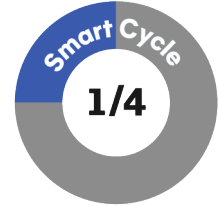


Purchase of Donor Sperm
4 vials

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

FET for Donor Embryo

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 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.



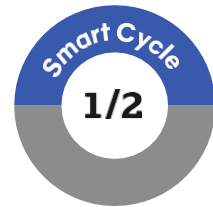
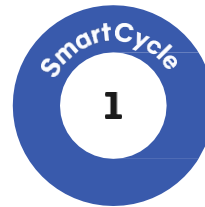
Frozen Embryo Transfer (FET) for Donor Embryo

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

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.



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

The following procedures are covered for the donor:

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

The following procedures are covered for the recipient:

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

*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, the taxable nature of all benefits should be considered before undergoing treatment. Please contact your PCA to learn more. You should also contact a trusted tax advisor for more information regarding the tax treatment of reimbursements under this fertility program.

Live Donor IVF Freeze-All

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)



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

- 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)

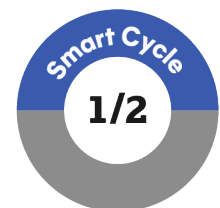
*Sperm wash and prep may not be covered if provider is not on the member health plan.

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, the taxable nature of all benefits should be considered before undergoing treatment. Please contact your PCA to learn more. You should also contact a trusted tax advisor for more information regarding the tax treatment of reimbursements under this fertility program.

Known/Directed Sperm Donor

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.



Known/Directed Sperm Donor

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.

Tissue Storage

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

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

Tissue storage is subject to your financial responsibility. If you choose to discontinue storage or move your tissue before the end of the first year, billing will not be pro-rated, and you will be charged for the full year.

Tissue Transportation

Tissue transportation within or into a clinic or storage facility is covered by Progyny. Reimbursements must be submitted within three months of the date of service. Contact your PCA for more information on reimbursement.

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. Your treatment will include numerous visits to your clinic for a series of testing appointments such as

blood work and ultrasounds, called monitoring or morning monitoring. These tests are designed to ensure you are responding to the medication prescribed by the doctor.

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

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

In some cases, such as work travel, monitoring may be covered. However, please note that remote monitoring at another clinic is at the discretion of your provider and their clinic protocol. Please reach out to your PCA for more information.



Reproductive Urology 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 through member reimbursement. 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

*May require additional authorization.

Percutaneous Epididymal Sperm Aspiration (PESA) is a procedure often performed for obstructive azoospermia from either a prior vasectomy or infection which involves the insertion of a needle through the skin of the scrotum into the epididymis to aspirate sperm.

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.

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 performed for vasal or epididymal obstruction and allows for an extensive collection of mature sperm. Often through use of an operating microscope, a fine needle is inserted into the epididymis to aspirate sperm and fluid directly from the epididymal tubules.

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

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- 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

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

If you have any questions about coverage and services please view our frequently asked questions [here](#). To see what is covered for labs, procedures, and diagnostic tests, view [here](#).

Please note: Reproductive Urology services are covered through member reimbursement, not your Smart Cycle balance. Please contact your PCA with any questions.



Fertility Medications (Progyny Rx)

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

Here's How It Works:

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.
4. The pharmacy will fill your prescriptions and deliver to your preferred address before 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.
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.
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.



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4. Additionally, you can view Progyny Rx video tutorials on medication administration at 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. You must confirm delivery with the Progyny Rx pharmacy before the shipment can occur. 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. In the event that your medications cannot be delivered for treatment, please contact your Progyny Rx pharmacy and PCA for next steps.

If you have any administration, clinical or delivery 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](#) 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.

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](#).

Provincial Guidelines

- Pharmacy and prescribing rules
 - Fertility drug pricing is regulated and must be provided at cost in Ontario.
 - Members in BC have the right to choose their pharmacy and can transfer prescriptions at will.
 - Cross-province dispensing is allowed, but pharmacists must comply with both jurisdictions' rules.
- Dispensing Fees
 - Members should expect transparent, reasonable dispensing fees and can reference provincial guidelines if needed.

Please note: Progyny does not offer Integrated Pharmacy Management Services (Progyny Rx) in the province of Quebec as Quebec offers comprehensive coverage of fertility medications through the provincial plan.



Non-Covered Services

Services not listed in the Member Guide are not covered. Services provided without an authorization where an authorization is required are non-covered. **Always connect with your PCA prior to beginning treatment to understand what is covered and if any additional authorization procedures are required.** There are some services that are not covered by Progyny; however, they may be covered by your provincial coverage or other supplemental plan (e.g., some corrective surgeries like laparoscopies and myomectomies, or vasectomy reversals). Costs will otherwise be your responsibility. Please check with your provincial coverage or other supplemental plan to confirm coverage. Please note, determination for the utilization of publicly insured services is the responsibility of your provider and clinic.





Additional Family Building Support

Surrogacy Support

Surrogacy Counseling

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

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

Surrogacy Services

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

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

Surrogacy Financial Assistance Program

As part of your Progyny benefit, your employer offers a combined adoption and surrogacy financial assistance up to \$13,700 per lifetime 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. You must meet eligibility requirements at the time of reimbursement.

Eligible surrogacy expenses may include:

- Donor fertility costs and fees not covered by another source

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- Egg or sperm donation shipping and transport fees
 - Egg or sperm retrieval fees, IVF, and medical costs (if not covered by Progyny or another source)
 - Egg/sperm donation agency fees
 - Gestational carrier, egg, or sperm donor compensation
 - Gestational carrier, egg, or sperm donor screening costs
 - Legal and attorney fees
 - Pregnancy medical expenses related to surrogacy
 - Surrogacy agency fees
 - Travel expenses for the intended parents
 - Other costs associated with surrogacy or donor tissue

How do I submit my reimbursement?

Your surrogacy program is administered by Progyny. When you're ready to get started, 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 mail your reimbursement cheque.

While your employer offers a surrogacy reimbursement, it may be considered a taxable benefit. Contact your PCA to learn more. You should also contact a trusted tax advisor for more information regarding the tax treatment of reimbursements under this 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, please reach out to your PCA or refer to your policy.



Adoption Support

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
- 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 a combined adoption and surrogacy financial assistance up to \$13,700 per lifetime 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. You must meet eligibility requirements at the time of reimbursement.

Eligible adoption expenses may include:

- Legal and court fees
- Placement and home study fees
- Public, private, and foreign adoption agency fees
- Temporary foster care charges
- Transportation, immigration, and translation costs
- Other costs associated with adoption

How do I submit my reimbursement?

Your adoption program is administered by Progyny. When you're ready to get started, 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 mail your reimbursement cheque.

While your employer offers an adoption reimbursement, it may be considered a taxable benefit. Contact your PCA to learn more. You should also contact a trusted tax advisor for more information regarding the tax treatment of reimbursements under this 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 Adoption Financial Assistance Program, including eligibility requirements, please reach out to your PCA or refer to your policy.





Authorization & Financial Responsibility

Authorization for Covered Services

An authorization is required before coverage for services or treatment can be determined. 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. 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.
2. Your PCA will help you obtain the authorization, providing you with a seamless experience. Obtaining an authorization prior to treatment ensures that you are eligible for services and that you understand the treatment plan indicated by your doctor.
3. Once your authorization is complete, you will receive a Patient Confirmation Statement. The Patient Confirmation Statement works in place of a Progyny ID card and includes your Progyny member ID number, the dates that your authorization is valid, and the procedure codes to be used by the clinic. Although your clinic will receive a copy of your statement automatically, we recommend printing a copy and bringing it with you to your appointment to make sure your clinic has the correct information listed in your account.

Do I need to obtain an authorization for lab work?

During your initial consultation you may be asked to get blood work done at a lab outside of the clinic where you are receiving treatment. Please bring a copy of your Patient Confirmation Statement with you as it has all the necessary information for the lab to bill Progyny, if the tests are not covered by your provincial coverage.

If you choose to pursue preimplantation genetic testing on your embryos, share a copy of your Patient Confirmation Statement with the genetic lab performing the testing so that they bill Progyny directly. On this statement you will

find the list of in-network reference labs, preconception carrier screening labs, and preimplantation genetic testing labs for this genetic testing, as well as contact information for your specialty pharmacy. As required by applicable law, clinics will first utilize fertility benefits offered under your provincial coverage or other supplemental plan before using your Progyny benefit.

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 considered eligible by your employer for the Progyny benefit on the date of service reported by your fertility provider, and this date of service must be within the valid date range of your authorization for coverage to apply.

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

If you have any questions related to providers and lab facilities, reference the frequently asked questions [here](#).



Understanding Your Financial Responsibility

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

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

Important Reminders

During your fertility treatment, you must list Progyny as your fertility plan in order to avoid significant billing issues and financial responsibility on your part. When Progyny is listed as your fertility plan, your in-network clinic will submit a claim directly to Progyny for payment. Progyny, in turn processes the claim according to your plan and applies your financial responsibility as applicable. You will receive an invoice from Progyny reflecting this amount. Please note, although your services are typically authorized as a treatment bundle, you may receive several invoices related to your treatment. When you receive your Progyny invoice, you can submit payment by mailing a cheque to the address on your invoice, by credit card, over the phone, via the member portal, or at progyny.com/payment.

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

Note: You should never receive an invoice from an in-network clinic or pay an in-network clinic directly for services covered by Progyny. You should only receive an invoice from Progyny once the treatment is complete and the claim has been processed to determine your financial responsibility. If you are asked to pay at the clinic or receive an invoice from the clinic that is in-network, please contact your PCA. If you choose to receive services from an out-of-network clinic, you will pay the clinic directly and then submit for reimbursement.

Receiving a Bill

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

Your in-network clinic and pharmacy will bill Progyny directly throughout your treatment. Progyny will process and apply member responsibility to these paid services. You will receive an invoice from Progyny that indicates your portion of the financial responsibility. Payments are made via cheque or credit card. Note, although your services are typically authorized as a treatment bundle, you may receive several invoices related to your treatment. If you believe that you have received a bill in error, please contact your PCA.

Services Requiring Reimbursement

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

Pricing Transparency

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





Glossary of Services

Glossary of 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.

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.

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..



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. 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.

Preimplantation Genetic Testing for Aneuploidy (PGT-A)

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

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

PGT-A can be performed during any cycle where embryos are created in the lab: frozen oocyte transfer, IVF freeze-all, or IVF fresh cycles (because it can take several days to get the PGT-A test results from the lab, the embryo(s) transferred during an IVF fresh cycle are unlikely to be PGT-A tested).

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

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

Preimplantation Genetic Testing for Structural Rearrangements (PGT-SR)

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

Single Embryo Transfer (SET)

At Progyny, our goal is your goal: healthy pregnancies and healthy babies. Progyny is committed to providing our members with access to the best care to ensure the best outcomes. While we do not mandate care, we require that all physicians in our network follow the Canadian Fertility and Andrology Society (CFAS) guidelines.

SET or single embryo transfer is the preferred process where one embryo is transferred at a time. Fertility providers, and the specialty as a whole, overwhelmingly prefer SET to reduce the risk of multiple pregnancy and miscarriage.

Transferring more than one embryo can increase the chance of poor outcomes including miscarriage, high-risk pregnancy, and pre-term birth and does not significantly increase pregnancy rates.

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

Sperm Wash and Preparation

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

Telehealth

A telehealth appointment is a one-on-one video meeting with your provider. Telehealth can be utilized for an initial consultation, for example, enabling you to meet your provider virtually, discuss your medical history and explore possible treatments, just like you would during an in-person visit.

Pregnancy Monitoring

Pregnancy monitoring is a maternity service that involves checking the health of the unborn baby during pregnancy and labor.

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 ayudarle 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 thông dịch để bạn có thể đặt một câu hỏi bằng tiếng Việt hoặc các ngôn ngữ khác. Nếu người đại diện nói ngôn ngữ của bạn không có sẵn, bạn có thể kết nối với thông dịch viên qua đường dây để có thể được hỗ trợ giải đáp các câu hỏi của bạn.

Progyny, Inc. nudi uslugu tumača kako biste mogli postaviti pitanje na svom jeziku 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.

Naghahandog ang Progyny, Inc. ng serbisyo ng interpreter upang maaari kang magtanong sa Tagalog o iba pang iba't ibang wika. Kung walang kinatawan na nagsasalita ng iyong wika na maaaring makipag-usap sa iyo, may isang interpreter na maaaring i-konekta sa linya upang matulungan ka sa iyong tanong.

Progyny, Inc. ਦੁਆਰਾ ਇੱਕ ਦੁਭਾਸ਼ੀਆ ਸੇਵਾ ਦੀ ਪੇਸ਼ਕਸ਼ ਕੀਤੀ ਜਾਂਦੀ ਹੈ, ਤਾਂ ਜੋ ਤੁਸੀਂ ਪੰਜਾਬੀ ਜਾਂ ਹੋਰ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚ ਪ੍ਰਸ਼ਨ ਪੁੱਛ ਸਕੋ। ਜੇਕਰ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਬੋਲਣ ਵਾਲਾ ਪ੍ਰਭਾਚੀ ਉਪਲਬਧ ਨਹੀਂ ਹੈ, ਤਾਂ ਤੁਹਾਡੇ ਪ੍ਰਸ਼ਨ ਵਿੱਚ ਮਦਦ ਕਰਨ ਲਈ ਇੱਕ ਦੁਭਾਸ਼ੀਆ ਨੂੰ ਲਾਈਨ 'ਤੇ ਜੁੜਿਆ ਜਾ ਸਕਦਾ ਹੈ।

Progyny, Inc.는 한국어 또는 기타 언어로 문의하실 수 있도록 통역 서비스를 제공합니다. 귀하의 언어를 구사하는 담당자가 없을 경우, 전화 통역사를 연결해 드려 문의에 대해 안내해 드릴 수 있습니다.

بالاتصال يمكننا لغتك، يتحدث ممثل يتوفر لم إذا. أخرى بلغات أو العربية باللغة سؤالك طرح من تتمكن حتى الشفوي المترجم خدمة Progyny, Inc. تقدم سؤالك على الإجابة في لمساعدتك هاتفياً شفوي بمترجم الاتصال يمكننا لغتك، تحدث. سؤالك على الإجابة في لمساعدتك هاتفياً شفوي مترجم.

Progyny, Inc. предлагает услугу переводчика, чтобы вы могли задать вопрос на русском или других языках. Если представитель, который говорит на вашем языке, недоступен, на линии может быть подключен переводчик, чтобы помочь вам в решении вопроса.



For more information about your Progyny benefit,
call: 833.233.1380

This guide is provided for informational purposes only and is intended to offer general guidance for the 2026 plan year. Healthcare, tax, and related federal, provincial, and territorial laws, regulations, and policies are subject to change and may be amended, interpreted, or applied differently over time. As such, the information contained herein may not reflect the most current legal or regulatory developments.

This guide does not constitute, and should not be relied upon as, tax, legal, medical, or professional advice. Plan provisions, eligibility, coverage, and reimbursement may vary based on individual circumstances and governing plan documents. For personalized advice or the most current and accurate information, please consult your plan documents, employer's human resources department, PCA, tax professional, or legal advisor prior to undergoing treatment or making benefit-related decisions.

Explore resources at progyny.com/benefits