

FREQUENTLY ASKED QUESTIONS

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Understanding Your Progyny Benefit

2020 PLAN YEAR

FREQUENTLY ASKED QUESTIONS

Below are some common questions regarding how Progyny can be utilized. If you don't see an answer to your question, contact your dedicated Patient Care Advocate (PCA) at 888.203.5126, Monday–Friday, 9am–9pm Eastern Time.

What is a Progyny Smart Cycle?

A Progyny Smart Cycle is a complete set of fertility treatments that are offered in a bundled format. A Smart Cycle can be used for in-vitro fertilization (IVF), intrauterine insemination/artificial insemination (IUI) and other treatments.

What is covered under a Progyny Smart Cycle?

A Progyny Smart Cycle covers a complete set of fertility treatments from start to finish. A Smart Cycle can be used for many different types of fertility treatments, including IVF, IUI and TIC.

Your Smart Cycle includes the following services:

- Preimplantation genetic testing for aneuploidy (PGT-A) formerly known as PGS
- Preimplantation genetic testing for monogenic/single gene diagnosis (PGT-M) formerly known as PGD
- In-cycle monitoring/management
- Sperm wash and preparation

- Anesthesia (for egg retrieval)
- Fertilization
- Assisted hatching
- Intracytoplasmic sperm injection(ICSI)
- Embryo culture
- Cryopreservation

Here are some examples of how your Smart Cycle can be utilized:



IVF Fresh Cycle



IVF Freeze-All Cycle



Frozen Embryo Transfer (FET)



Surrogacy Embryology Services Pre-transfer services



Frozen Oocyte Transfer (FOT)



Intrauterine Insemination (IUI)



(TIC)

What is not covered under a Progyny Smart Cycle?

The following is not covered under a Progyny Smart Cycle:

- The purchase of donor sperm and purchase of donor oocytes along with any charges associated with care of the donor required for donor oocyte retrievals; all charges associated with a tissue donor for the individual acting as the donor, including but not limited to fees for laboratory tests performed on a donor
- Any charges associated with services performed on a surrogate such as embryo transfers into a gestational carrier (surrogate); all charges associated with a gestational carrier program for the individual acting as the carrier, including but not limited to fees for laboratory tests performed on a gestational surrogate
- Home ovulations prediction kits
- Fertility services for dependent child/children (under age 26) except when authorized for fertility preservation in connection with a specific medical condition
- Non-genetic disorder reproductive treatments done for purposes of gender selection
- Services and supplies furnished by an out of network provider

Is there a lifetime maximum for my fertility services?

There is a lifetime maximum of four Smart Cycles. Please see your medical SPD for benefit coverage details, which is available on the AT&T Benefits Center website.

Can I use any fertility doctor I want?

To utilize your benefit, you will need to seek services within Progyny's vast network of fertility providers. To find an in-network fertility specialist near you, please call 888.203.5126, Monday–Friday, 9am–9pm Eastern Time to speak to your Progyny PCA, or visit **progyny.com/find-a-provider**.

How do I get started?

To get started, please call 888.203.5126, Monday–Friday, 9am–9pm Eastern Time to speak to your dedicated PCA and activate your Progyny benefit.

What is a PCA and what do they do?

Your Progyny Patient Care Advocate (PCA) is a fertility expert who is assigned to you throughout the duration of your fertility journey, and provides guidance, support, and education regarding fertility treatments and alternative family building options. Your PCA will also help schedule appointments and obtain authorizations for treatment to make the process as stress free as possible.

If my doctor recommends IVF treatment, will I be required to undergo another treatment prior to pursuing IVF treatment?

The Progyny Smart Cycle benefit approach comprehensive coverage for all fertility treatments, thereby removing the need for pre-certification. Progyny's philosophy allows doctors the flexibility to provide the most effective treatment option for you, the first time.

Which plans have access to the fertility benefit services administered by Progyny?

Fertility services will only be available to eligible employees enrolled in the following plans:

- The AT&T Medical Program, administered by Aetna Life Insurance Company (AETNA), Blue Cross and Blue Shield of Illinois (BCBSIL), Cigna Health and Life Insurance Company (Cigna) and UnitedHealthCare (UHC)
- The AT&T Former Employee Medical Program, administered by Aetna Life Insurance Company (AETNA), Blue Cross and Blue Shield of Illinois (BCBSIL), Cigna Health and Life Insurance Company (Cigna) and UnitedHealthCare (UHC),
- The WarnerMedia Medical Program

Is adoption covered?

Yes, AT&T offers an adoption reimbursement policy that provides financial assistance to eligible employees for the cost of adopting a child. This policy is administered by the AT&T Benefits Center. If you are interested, please review the "AT&T Adoption Reimbursement Policy and AT&T Surrogacy Reimbursement Policy" available on the AT&T Benefits Center website or call the AT&T Benefits Center at 877.722.0020 for additional information. Note, this benefit is not administered through Progyny.

Is surrogacy covered?

Yes, AT&T offers a surrogacy reimbursement policy that provides financial assistance to eligible employees for the cost of surrogacy expenses. This policy is administered by the AT&T Benefits Center. If you are interested, please review the "AT&T Adoption Reimbursement Policy and AT&T Surrogacy Reimbursement Policy" available on the AT&T Benefits Center website or call the AT&T Benefits Center at 877.722.0020 for additional information. Note, this benefit is not administered through Progyny.

Do I need a referral for treatment?

Yes. To begin treatment, you must activate your benefit by contacting a Progyny PCA at 888.203.5126. Your PCA will assist in coordinating your care with an in-network Progyny provider.

Will I receive an insurance card from Progyny?

No, you will not receive an insurance card. However, your assigned Progyny PCA will provide you with your Progyny member ID as well as a Patient Confirmation Statement once a service has been authorized prior to your initial consultation and/or your fertility treatment start date. A copy of your Patient Confirmation Statement will also be provided to your provider in advance of your appointment/treatment start date. Your Patient Confirmation Statement will serve as your proof of enrollment and includes your Progyny member ID, authorization number and a list of in-network laboratories for diagnostic testing, preconception carrier screening and preimplantation genetic testing for aneuploidy (PGT-A).

What insurance information should I provide to my in-network fertility clinic and lab?

Please provide your Progyny Patient Confirmation Statement to any in-network Progyny provider you visit. If you have any questions, please contact your PCA at 888.203.5126.

What is my out-of-pocket responsibility?

Your Progyny fertility benefit is covered under the eligible medical plans mentioned previously and will follow the same in-network cost share amount as any other benefit. This means after you reach your deductible, the co-insurance amount will be dependent upon which medical option you enrolled in.

When do I pay my out-of-pocket responsibility?

Once your fertility treatment is complete, you will receive an explanation of benefits (EOB) and an invoice from Progyny outlining your out-of-pocket responsibility, which will be due upon receipt.

Are fertility medications covered under the plan? Do I need a pre-authorization for fertility medications?

Fertility medications are covered under your primary medical plan and are administered by CVS Caremark. Progyny will provide your provider a CVS preauthorization form ahead of your initial consultation and/or treatment start date. If you have any questions, please contact CVS Caremark at 800.378.8851 for any questions.

How much will my medications cost?

Please contact CVS Caremark at 800.378.8851 to determine your out-of-pocket responsibility.



For more information on your fertility benefits, call: 888.203.5126