

CARROT

Pursue your possible

The leading global fertility platform for people of every

- age
- income
- sexual orientation
- marital status
- race
- sex
- gender
- geography



 Benesch

Covered Fertility Care Expenses

Covered fertility care expenses include procedures and services to help members get pregnant or preserve reproductive material. Covered expenses must be recommended and supervised by an eligible provider.*

Examples of covered treatments include but are not limited to:

- Fertility consultation
- Semen analysis
- Cryopreservation (medical necessity only)
- Genetic testing related to fertility (e.g., PGT-A, PGT-M, PGT-SC, carrier screening)
- Intrauterine insemination (IUI)
- In vitro fertilization (IVF)
- Transportation of reproductive material with an approved vendor
- Fertility medication
- Clinical nutrition services

The following treatments are examples of care that is not covered:

- Fertility-related treatments under the care of non-eligible provider
- General genetic tests under care of non-eligible provider
- Herbal treatment
- Physical therapy or fitness-related expense
- Forms of contraception with an intention to avoid pregnancy
- Medications not on formulary or not supported by evidence-based practice
- Elective cryopreservation

Covered Adoption Expenses

The program covers reasonable and necessary expenses that are directly related to the legal adoption of an eligible child and, where applicable, provided by an eligible provider.

Examples of covered adoption expenses include

but are not limited to:

- Adoption fees
- Legal fees
- Court costs
- Travel expenses (including meals and lodging) necessary for the adoption)
- Home study fees
- Matching and placement fees
- Mental health screenings
- Interstate Compact on the Placement of Children fees (U.S.)

The program does not cover expenses:

- Reimbursed or reimbursable under a governmental plan
- Incurred in violation of the local laws
- Reimbursed or reimbursable under another employer-sponsored plan

Covered Pregnancy Expenses

Doula Support: A doula must meet Carrot's criteria: Accreditation from BirthWorks International, DONA International, CAPPa, ICEA, ToLabor, training program that meets Carrot's training criteria

- Minimum experience thresholds for labor, antepartum, and postpartum support

Examples of covered services include:

- Prenatal Services
 - Introductory consultation
 - Prenatal visits
 - Birth plan session
- Labor and birth support (not delivering the child)
- Postpartum services, not to exceed 6 weeks postpartum
 - Postpartum visits and education
 - Lactation support
 - (Nighttime) postpartum support
- Bereavement Services

Examples of services that are not covered include but are not limited to:

- Housekeeping
- Meal preparation
- Massage
- Aromatherapy
- Medical procedures
- Administration of medication or injections
- Delivery of baby or placenta
- Home births
- Entirely virtual doula services
- Any services of a doula that does not meet the certification or training requirements listed above

Covered Menopause Expenses

Covered menopause care expenses must be recommended and supervised by one of the following three types of eligible providers: 1) NCMP-certified (NAMS-certified menopause provider) and board-certified physician of any specialty 2) Board-certified OB/GYN 3) Board-certified endocrinologist

- Members using a nurse practitioner (NP) or physician's assistant (PA) with a collaborative agreement with an eligible provider above can indicate this to meet eligibility requirements. No exclusions for LGBTQ+

Examples of covered services include:

- Initial consultation and routine follow-up specific to menopausal treatment with eligible provider types above
- Routine menopause-related lab work expenses (not covered by primary insurance)
- Hormonal treatment of menopausal symptoms, including FDA approved bioidentical hormones
- Non-hormonal treatment of hot flashes and genitourinary syndrome of menopause (GSM), for patients who choose not to or cannot take hormones

Examples of services that are not covered include but are not limited to:

- Menopause-related treatment by an ineligible provider
- Medical treatment of hair loss or excessive hair growth
- Medical treatment of libido
- Physical Therapy
- Fitness-related expenses
- Pelvic floor therapy
- Acupuncture therapy
- Meal prep or diet plans
- Supplements not otherwise covered

Covered Menopause Expenses (continued)

Covered menopause care expenses must be recommended and supervised by one of the following three types of eligible providers: 1) NCMP-certified (NAMS-certified menopause provider) and board-certified physician of any specialty 2) Board-certified OB/GYN 3) Board-certified endocrinologist

- Members using a nurse practitioner (NP) or physician's assistant (PA) with a collaborative agreement with an eligible provider above can indicate this to meet eligibility requirements. No exclusions for LGBTQ+

Examples of covered services include (cont):

- Limited supplements backed by research
- Nutrition counseling by registered dietitian (RD) (provided that the nutrition counseling is recommended by an eligible provider to treat a specific disease they have diagnosed)
- Advanced temperature regulation equipment (e.g., wearable devices, mattress toppers, apps)

Examples of services that are not covered include but are not limited to (cont):

- Non-FDA approved custom-compounded hormones
- Hormonal pellets
- Dexa scans / radiological studies
- Surgical treatment of any kind

Ⓣ Covered Low Testosterone Expenses

Covered low testosterone care expenses must be recommended and supervised by one of the following three types of eligible providers: 1) Board-certified urologist 2) Board-certified endocrinologist

- Members using a nurse practitioner (NP) or physician's assistant (PA) with a collaborative agreement with an eligible provider above can indicate this to meet eligibility requirements. No exclusions for LGBTQ+

Examples of covered treatments include but are not limited to:

- Initial consultation and routine follow-up specific to low-T treatment with eligible provider types above
- Hormonal treatment of low T symptoms
- Non-hormonal treatment of low T symptoms related to fertility
- Nutrition counseling by registered dietitian (RD) (provided that the nutrition counseling is recommended by an eligible provider to treat a specific disease they have diagnosed)

Examples of services that are not covered include but are not limited to:

- Low T treatment by an ineligible provider
- Medical treatment of hair loss
- Medical treatment of low libido or ED
- Medical treatment of premature ejaculation
- Physical Therapy
- Fitness-related expenses
- Weight loss medications
- Surgical treatments of any kind

Travel Expenses for Reproductive Care

In the U.S., the travel benefit provides coverage for eligible Carrot members traveling to receive reproductive care.

Eligible travel expenses include air, bus, or train ticket (coach or equivalent), car rental, IRS standard medical gas mileage, as well as lodging up to the IRS limit. Members can submit expenses for themselves and a travel companion.

The benefit does not cover relocation, meals while traveling, or medical costs.

Note: This document is not a comprehensive list of all covered and non-covered expenses and will vary by country. Carrot's internal benefits determination guide is subject to change as Carrot's Medical team regularly reviews covered services based on the latest available evidence. The eligibility of services described is subject to local laws and regulations and Carrot will not cover any service that is illegal in the country in which the service takes place. Carrot members can see the most current benefits offered in the Carrot platform.