

CARROT

Covered expenses overview



COVERED EXPENSES OVERVIEW

Fertility care

Covered fertility care expenses include procedures and services to help members get pregnant or preserve reproductive material. Carrot covers care for those with and without an infertility diagnosis or other medical necessity.

Covered expenses must be recommended and supervised by an eligible provider.*

**Examples of covered treatments include but are not limited to:**

- Fertility consultations
- Semen analysis
- Fertility preservation for males and females
- Genetic testing related to fertility (e.g., PGT-A, PGT-M, PGT-SR, carrier screening)
- Intrauterine insemination (IUI)
- In vitro fertilization (IVF)
- Transportation of reproductive material with an approved vendor
- Cryopreservation of eggs, sperm, and/or embryos
- Storage costs for eggs, sperm, and/or embryos
- Fertility medications
- Acupuncture (only when recommended by an eligible provider)

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

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

Note: This document is not a comprehensive list of all covered and non-covered expenses and may vary by jurisdiction. 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 are able to review examples of current benefits offerings within the Carrot Platform.

*Eligible providers may include reproductive endocrinologists (REIs), infertility specialists, agencies, attorneys, cryobanks, etc. Eligible provider types may vary by jurisdiction.

COVERED EXPENSES OVERVIEW

Adoption

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 (i.e. agencies and attorneys).

**Examples of covered adoption expenses include but are not limited to:**

- Adoption agency provider fees
- Home study fees
- Pre-adoptive educational training for prospective parents
- Attorney fees and court costs
- Translation-related services for adoption
- Travel expenses (including meals and lodging) necessary for the adoption
- Matching fees, as legally allowed

**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

Note: This document is not a comprehensive list of all covered and non-covered expenses and may vary by jurisdiction. 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 are able to review examples of current benefits offerings within the Carrot Platform.

Eligible providers may include reproductive endocrinologists (REIs), infertility specialists, agencies, attorneys, cryobanks, etc. Eligible provider types may vary by jurisdiction.

COVERED EXPENSES OVERVIEW

Donor services and gestational surrogacy

Donor services

The program covers donor-related expenses to the extent legally allowed and, where applicable, provided by an eligible provider.

**Examples of covered expenses include but are not limited to:**

- Donation agency and/or cryobank fees
- Attorney fees and court costs
- Matching fees
- Genetic testing related to fertility (e.g. PGT-A, PGT-M, PGT-SR, carrier screenings)
- Donor diagnostic testing and initial screening
- Donor compensation
- Donor travel costs
- Storage costs for eggs, sperm, and/or embryos
- Transportation of reproductive material with an approved vendor

Gestational surrogacy

The program covers gestational surrogacy expenses to the extent legally allowed and, where applicable, provided by an eligible provider.

**Examples of covered expenses include but are not limited to:**

- Gestational surrogacy agency fees
- Attorney fees and court costs
- Matching fees
- Escrow management costs (e.g. fund distribution fees, wire transfer fees and check-cutting fees). This does not include funds added to an escrow account for distribution
- Gestational carrier diagnostic testing and initial screening
- Genetic testing related to fertility (e.g. PGT-A, PGT-M, PGT-SR, carrier screening)
- Eligible medications for a gestational carrier
- Embryo transfer for a gestational carrier
- Gestational carrier compensation, health insurance and medical insurance
- Travel costs for a gestational carrier and/or intended parent
- Breast/chest pump for a gestational carrier and shipping fees to send human milk to an intended parent

**The following are examples of donor and gestational surrogacy expenses that are not covered:**

- Expenses that are covered or reimbursable by any third party (individual or entity) or any other plan or program, including but not limited to, an employer-sponsored medical or other benefit plan, or a governmental plan or program
- Funds placed in escrow for future expenses (expenses not yet incurred)
- Funds added to escrow account for distribution

Note: This document is not a comprehensive list of all covered and non-covered expenses and may vary by jurisdiction. 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 are able to review examples of current benefits offerings within the Carrot Platform.

Eligible providers may include reproductive endocrinologists (REIs), infertility specialists, agencies, attorneys, cryobanks, etc. Eligible provider types may vary by jurisdiction.

COVERED EXPENSES OVERVIEW

Pregnancy and postpartum

Doulas

A doula must meet Carrot's criteria: Accreditation from BirthWorks International, DONA International, CAPPA, ICEA, ToLabor, a 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/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

Members must provide substantiation for expenses, including:

- Itemized statement listing the services included in the doula's service package, the prices, and the doula's contact information
- A completed doula attestation form

**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 (initial visits and occasional virtual meetings are eligible)
- Any services of a doula that does not meet the certification or training requirements listed above
- Expenses that are covered or reimbursable by any third party (individual or entity) or any other plan or program, including but not limited to, an employer-sponsored medical or other benefit plan, or a governmental plan or program

Milk shipping



Human milk shipping and transport expenses are covered.

Examples of covered expenses include:

- Shipping fees from shipping companies (e.g., FedEx, Milk Stork)
- Shipping materials (e.g., dry ice, styrofoam cooler)
- Kits provided by milk shipping services

**Examples of expenses that are not covered include but are not limited to:**

- Freeze-drying milk for long-term storage
- Milk pumps

Note: Pregnancy expenses are only covered in select countries. Eligibility of services described is subject to local laws and regulations. Carrot will not reimburse for any service that is illegal in the country in which the service takes place.

Note: This document is not a comprehensive list of all covered and non-covered expenses and may vary by jurisdiction. 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 are able to review examples of current benefits offerings within the Carrot Platform.

Eligible providers may include reproductive endocrinologists (REIs), infertility specialists, agencies, attorneys, cryobanks, etc. Eligible provider types may vary by jurisdiction. Parenting journeys do not currently have any associated eligible expenses

COVERED EXPENSES OVERVIEW

Menopause

Covered menopause care expenses must be recommended and supervised by one of the following three types of eligible providers¹:

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 treatments include but are not limited to²:**

- 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
- Limited supplements backed by research (provided that the supplement is recommended by an eligible provider as treatment for a specific medical condition diagnosed by a physician)
- 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:**

- Menopause-related treatment by any ineligible provider
- Medical treatment of hair loss or excessive hair growth
- Medical treatment of libido
- Physical therapy
- Fitness-related expenses
- Pelvic floor therapy
- Acupuncture treatment
- Meal prep or diet plans
- Supplements not otherwise covered (e.g., herbal supplements)
- Non-FDA approved custom-compounded hormones
- Hormonal pellets (NAMS review of evidence shows insufficient data on their use in lieu of FDA-approved treatment options)
- DEXA scans/radiological studies
- Surgical treatment of any kind

¹ In the U.S. Eligible provider types vary by country outside of the U.S.

² Subject to restrictions. Certain covered expenses may not be available in all countries. Menopause expenses are only covered in select countries.

Note: This document is not a comprehensive list of all covered and non-covered expenses and may vary by jurisdiction. 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 are able to review examples of current benefits offerings within the Carrot Platform.

Eligible providers may include reproductive endocrinologists (REIs), infertility specialists, agencies, attorneys, cryobanks, etc. Eligible provider types may vary by jurisdiction.

COVERED EXPENSES OVERVIEW

Low testosterone (low T)

Covered low T expenses must be recommended and supervised by one of the following two types of eligible providers¹:

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 to²:**

- 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 any 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 treatment of any kind

¹ In the U.S. Eligible provider types vary by country outside of the U.S.

² Subject to restrictions. Certain covered expenses may not be available in all countries. Low T expenses are only covered in select countries.

Note: This document is not a comprehensive list of all covered and non-covered expenses and may vary by jurisdiction. 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 are able to review examples of current benefits offerings within the Carrot Platform.

Eligible providers may include reproductive endocrinologists (REIs), infertility specialists, agencies, attorneys, cryobanks, etc. Eligible provider types may vary by jurisdiction.

COVERED EXPENSES OVERVIEW

Travel expenses for reproductive care (U.S. only)

In the U.S., the optional travel benefit provides coverage for eligible Carrot members traveling to receive reproductive care¹.

Eligible travel expenses² 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 costs for medical care received while traveling.

Note: This document is not a comprehensive list of all covered and non-covered expenses and may vary by jurisdiction. 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 are able to review examples of current benefits offerings within the Carrot Platform.

Eligible providers may include reproductive endocrinologists (REIs), infertility specialists, agencies, attorneys, cryobanks, etc. Eligible provider types may vary by jurisdiction.

COVERED EXPENSES OVERVIEW

Gender-affirming care¹

GAC follows a different definition of expense eligibility as a wide range of providers (i.e. MDs, NPs, PAs, etc) are able to support gender-affirming care and/or prescribe hormone medications. As such, a wide range of providers are eligible to recommend or supervise GAC, so long as the providers meet the below criteria.

Covered expenses must be recommended and supervised by:

- All covered GAC expenses must be provided or recommended by an eligible provider. An eligible provider is a board-certified physician with experience in GAC
- Alternatively, an eligible provider could be an MD, DO, PA, or NP working collaboratively or under the supervision of such provider
 - The Carrot GAC-journey network may include gender-affirming hormone treatment providers and multidisciplinary centers, for example.

Carrot's eligibility criteria, outlined above, reflects the wide range of providers able to support this type of care and/or prescribe hormone medications.

**Examples of covered treatments include but are not limited to:**

- Gender-affirming hormone therapy
- Clinical consultations and visits specific to GAC
- Standard labs for monitoring of therapy
- Nutrition counseling by registered dietitian (RD)
- Durable medical equipment (DME)
- Eligible digital healthcare services (i.e. estrogen or testosterone memberships, support groups, etc)

**Examples of expenses that are not covered:**

- Treatment by any ineligible provider
- Procedures or surgical treatment related to GAC
- Medical treatment of libido
- Mental healthcare costs
- Dependent children/adolescent care related to GAC
- Physical therapy or fitness-related expenses

¹GAC expenses are eligible for reimbursement for members in the U.S. only. GAC expressly excludes any expense that is not eligible for reimbursement under Internal Revenue Code Section 213(d), mental health related expenses, and surgical treatment related to gender affirmation.

Note: This document is not a comprehensive list of all covered and non-covered expenses and may vary by jurisdiction. 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 are able to review examples of current benefits offerings within the Carrot Platform.

Eligible providers may include reproductive endocrinologists (REIs), infertility specialists, agencies, attorneys, cryobanks, etc. Eligible provider types may vary by jurisdiction.