



FOR BENEFITS LEADERS

# 2026 Fertility Vendor Evaluation Guide



# Introduction

Today's workforce is navigating a rapidly evolving family building landscape, where traditional healthcare models are struggling to meet modern needs. Rising medical costs, uneven access to care, and outdated benefit structures leave many employees without the support they need during one of life's most personal and emotional journeys. This not only creates stress for individuals, but also disrupts workplace dynamics, leading to rising costs, decreased productivity, higher turnover, and eroded employee wellbeing.

Employers are feeling the pressure and stepping in as a crucial support system. Through comprehensive family-building benefits, they have the opportunity to improve access to care, reduce medical costs, and foster more inclusive workplaces. But, the vendor landscape is fragmented, vast, and quality is inconsistent, making it difficult to find the right partner.

This guide is designed to help employers evaluate family health and fertility vendors with clarity. What solutions offer true clinical value? Which partners can meet diverse workforce needs? And how can employers ensure they're not just offering benefits, but actually delivering outcomes that matter?



# How We Got Here



**1980s–2000s**  
IVF emerges,  
access is limited

IVF becomes more available but remains costly and rarely covered by insurance. As infertility awareness rises in the 2000s, demand increases, yet access is still limited, few employers offer fertility benefits, and those that do often cap them with low lifetime maximums.

Fertility challenges linked to delayed parenthood, same-sex family building, and single parenting drive a broader definition of fertility needs. Companies across all industries begin adding fertility benefits to attract and retain diverse talent.



**2010s**  
Shift toward  
inclusion



**2020–2022**  
COVID-19 &  
remote work

The pandemic delays care and intensifies focus on family planning. Employees demand better support for fertility, and employers face pressure to respond amid heightened mental health and wellbeing concerns.

More and more U.S. states have passed laws requiring health plans to cover fertility treatments like IVF and fertility preservation. These mandates vary by state but reflect growing recognition of fertility care as an essential health benefit, increasing pressure on employers to expand reproductive health coverage.



**2022–Present**  
Legal & cultural  
turning point

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# What Leading Employers Are Solving For

Employers today are responding to rising infertility rates and an explosion of women's and family building solutions amid shifting workforce priorities and tighter budgets. Explore how top organizations are reimagining fertility benefits to drive impact, equity, and sustainable value.



## Runaway costs

One in six people worldwide experience infertility (WHO, 2023), and more individuals are choosing alternative paths to parenthood, including fertility treatments, surrogacy, adoption, and single parenting. Yet most traditional health plans fail to address the full range of medical, emotional, and financial needs these journeys require.

Because of this, employers are spending more on fertility benefits than ever before, but this growth often comes from avoidable inefficiencies. When fertility benefits lack proper oversight, costs spiral out of control for three main reasons:

**01** Patients may receive unnecessary treatments

**02** The costs of those treatments are rising

**03** Pregnancies that result from that treatment may require expensive medical care due to preventable complications.

This system benefits no one, employees receive less comprehensive care while employers pay inflated costs that could have been avoided with better management.

## How to drive change

When fertility care prioritizes financial incentives over patient outcomes, everyone pays the price. Employers face escalating costs from fragmented care, rising maternity claims, and reduced employee retention. Employees endure unnecessary procedures, greater health risks, and emotional strain. By shifting the focus to outcome-driven, integrated fertility care, organizations can lower costs, improve health outcomes, and create a better experience for their people.

### Where the problems lie:

#### **Overtreatment and inefficient care**

Without accountability for outcomes, some clinics may recommend aggressive or poorly designed protocols that prioritize costly procedures over results. As a result, an estimated 30% of fertility treatment costs stem from unnecessary or ineffective care that often fails to improve outcomes. ([Source](#))

#### **Skyrocketing per-cycle costs**

A single IVF cycle costs \$12,000–\$15,000 on average, with medications adding another \$7,000–\$12,000+. Most patients require 2–3 cycles to achieve success, totaling \$40,000 or more per employee. ([Source](#))

#### **Avoidable maternity complications**

Fertility treatments deem all Assisted Reproductive Technology (ART) pregnancies high risk and raise the likelihood of multiple births, which can drive C-Section, ER, and NICU costs upwards of \$100,000+ per employee. ([Source](#))

#### **Employee burnout and early dropout**

The emotional and financial toll of over-treatment leads many employees to abandon care early, undermining benefit utilization and effectiveness.

## Poor Administration & Member Experience

Beyond the cost of care itself, poor administration of fertility benefits can lead to inefficiencies and frustration, undermining the value of the benefit for both employers and employees. The problem centers on confusing processes, lack of coordination, and administrative gaps that drive up costs and reduce employee satisfaction.

This system benefits no one, employees receive less comprehensive care while employers pay inflated costs that could have been avoided with better management.



### Where the problems lie:

#### **Administrative overload for employers**

Managing fertility benefits in-house burdens HR teams with complex administration, employee escalations, and limited visibility into costs and outcomes, making it difficult to demonstrate ROI to leadership.

#### **Employee confusion**

More than half of employees struggle to understand or navigate their fertility benefits, often resulting in delayed care, out-of-network expenses, and missed opportunities for support. ([Source](#))

#### **Limited engagement and support**

Without clear communication and proactive guidance from specialists, even robust fertility benefits go underutilized, leaving employees feeling unsupported and disconnected from available resources.

#### **Delays and inefficiencies**

Slow, disjointed administrative processes delay care, waste time, increase costs for employers, and add stress for members during an already difficult journey.

#### **Escalating, unnecessary costs**

Escalating, unnecessary costs Disconnected benefits models can drive up to 25% in excess spending through duplicated services, misaligned care plans, and lack of coordination across providers. ([Source](#))

### How to drive change

When fertility care decisions are driven by financial incentives instead of outcomes, costs rise and results suffer. Employers end up paying for fragmented care, higher maternity claims, and lower employee satisfaction. By prioritizing outcome-based, coordinated care, organizations can control costs, improve health outcomes, and strengthen workforce loyalty.



# How To Evaluate Core Features & Functionalities

Listed below are the foundational features and functions to look for when evaluating benefit solutions. They represent the core capabilities every offering needs to meet your business and employee needs. If a solution lacks these elements, it may fall short of delivering the support and value your organization requires.



## Benefits Design

### Why this matters

Traditional fertility benefits often fall short of supporting today's diverse workforce. Thoughtful benefit design ensures all paths to parenthood - preservation, IVF, adoption, surrogacy, and more - are equitably covered. With the right vendor partner, you can align your fertility benefits with business goals, provide holistic support, and create a seamless experience for employees. A strong design reflects your company's values while enhancing access and outcomes.

➔ What are some benefits design decisions that need to be made?

### Models

When deciding on your different fertility benefits models, you have two options — Wraparound and Carve-Out. Both models ensure a high-quality, inclusive experience while supporting your broader benefits goals.

#### WRAPAROUND MODEL

Your health plan retains fertility coverage; the clinically managed benefit adds support services like:

- On-demand experts
- Coverage guidance and provider matching
- Fertility tracking tools and at-home testing
- Mental health and emotional support

Ideal for employers not ready to change plan structure but looking to expand access and care.

#### CARVE-OUT MODEL

Your clinically managed benefit manages the full benefit, clinical and financial, via a single platform:

- IVF, adoption, surrogacy, and preservation coverage
- Customizable design based on population and goals
- Seamless integration with health plans for accurate cost tracking
- Full support with compliance, documentation, and appeals

Allows employers to expand access (e.g., no diagnosis requirement) and offer equitable coverage.

# Financial Structure Options

There are two common financial structures for family-building benefits:

## Dollar Maximum Model

This model provides a fixed budget for employees to use across eligible services, such as fertility treatments, egg freezing, or adoption. It's a straightforward, flexible option that works well for organizations seeking cost predictability or starting out with a smaller program.

## Cycle-Based Model

This approach covers full treatment cycles (e.g., IVF or egg freezing), helping to ensure equitable access regardless of geographic or provider cost differences. It's often chosen by organizations aiming for consistency and comprehensiveness in coverage.

Both models can be integrated into a broader benefits strategy, depending on company goals and employee needs. For more of a side by side look:

| FEATURE                  | CYCLE-BASED MODEL                                                                                                                                                                                                                          | DOLLAR-AMOUNT MODEL                                                                                                                                                                                                 |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Coverage Format          | Covers a set number of treatment cycles (e.g., 2-3)                                                                                                                                                                                        | Covers a fixed dollar amount (e.g., \$15,000-\$25,000)                                                                                                                                                              |
| Predictability for Users | High, each cycle is covered in full                                                                                                                                                                                                        | Varies, costs depend on treatment plan and geography                                                                                                                                                                |
| Parity Across Locations  | Yes, accounts for cost differences across regions                                                                                                                                                                                          | No, employees in high-cost areas may exhaust benefits faster                                                                                                                                                        |
| Ease of Communication    | May require explanation of what a “cycle” includes                                                                                                                                                                                         | Simpler to explain (dollar cap is straightforward)                                                                                                                                                                  |
| Flexibility              | Encourages full treatment completion                                                                                                                                                                                                       | May lead to partial coverage or budget balancing by employee                                                                                                                                                        |
| Usage Monitoring         | Tracks care based on clinical milestones                                                                                                                                                                                                   | Tracks care based on financial spend                                                                                                                                                                                |
| Key benefits             | <ul style="list-style-type: none"><li>• Covers full treatment cycles (e.g., IVF, egg freezing)</li><li>• Promotes equitable access across regions and provider costs</li><li>• Easier for employees to understand what's covered</li></ul> | <ul style="list-style-type: none"><li>• Cost predictability for employers</li><li>• Flexibility across many services (fertility, adoption, surrogacy, etc.)</li><li>• Quicker to launch, easier to manage</li></ul> |
| Potential cons           | <ul style="list-style-type: none"><li>• May be more expensive or variable in cost</li><li>• Less flexible for non-clinical needs (e.g., adoption)</li></ul>                                                                                | <ul style="list-style-type: none"><li>• Employees may exhaust funds before completing treatment</li><li>• Less equity across high-cost regions or providers</li></ul>                                               |





## Sample Questions

Do you offer both carve-out and wraparound models? What's included in each?

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How do you coordinate with our medical and pharmacy plans? Will expenses apply toward deductibles and OOP max?

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Can we remove infertility diagnosis requirements? Is support for adoption or surrogacy included?

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How do you support COBRA, ERISA, and plan documentation?

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How do you handle employees mid-treatment during vendor changes?

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Do you support both dollar-based and cycle-based models? What benchmarks can you share?

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What tools and services do employees receive (e.g., navigation, telehealth)?

## Maven's approach



Maven offers a consultative, flexible approach to fertility benefits design through two core models: wraparound and carve-out. The wraparound model enhances existing health plans with services like fertility coaching, telehealth, provider navigation, and digital tools, ideal for employers taking first steps or working within budget constraints.

The carve-out model delivers fully integrated, end-to-end coverage through Maven, including financial benefits, navigation, digital tools, and pharmacy integration. Employers can tailor coverage by cycle or dollar maximum, align benefits with equity goals, and remove barriers like infertility diagnosis requirements. With a managed clinic and pharmacy network, transparent pricing, and seamless care transitions, Maven reduces complexity and drives better outcomes and cost predictability.

# Fertility Clinic Network

## Why this matters

Where a member receives care is the most important element of their fertility care. Not all clinics follow the same standards—some may over-recommend treatments, lack transparency, or deliver inconsistent or poor results. A carefully selected network helps ensure clinical quality, improve success rates, and reduce unnecessary interventions. For employers, this means lower healthcare costs, better outcomes, and a more consistent, supportive experience for employees across geographies. It also ensures accountability, with oversight on safety, ethics, and performance data.



## Sample Questions

How do you evaluate and select clinics in your network?

---

How does your organization handle out of network coverage? Ex. If a member has tissue stored at an out-of-network clinic

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Are clinics held accountable for outcomes and safety standards?

## Maven's approach



The Maven Performance Network (MPN) is Maven's managed fertility clinic network, designed to ensure high-quality, cost-effective care through over 575+ contracted clinic locations across the U.S., with over 90% of members living within 25 miles of a participating site. MPN clinics are held to rigorous quality standards based on SART and CDC benchmarks, including minimum volume and success rates, and limits on embryo transfers to reduce risk. Beyond clinical metrics, clinics are also vetted for inclusivity, including LGBTQIA+ friendliness and racial/ethnic and gender diversity. Maven continuously monitors the network through clinical data, member-reported outcomes, and satisfaction scores to maintain a consistent, high-quality experience across its ecosystem.

For global members, Maven provides personalized referrals to high-quality, vetted clinics that align with each member's needs and preferences. Given the wide variation in care standards and quality across countries, it's critical that a fertility benefit guides members to the most trusted, safe, and effective care available.

# Fertility Medication Solution

## Why this matters

Fertility medications are often complicated to manage, expensive, and can carry significant side effects if not properly administered. In a well-managed benefit, prescriptions are carefully coordinated to ensure they align with the treatment plan, limit surplus, and are sourced cost-effectively, often through specialty pharmacy partners. This helps improve safety, reduce waste, lower costs, and ensure members get the right medications at the right time with the support they need to use them correctly.



## Sample Questions

What % of medical claims costs are not passed through to the provider?

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What % of Rx claims are not going directly to the price of medication?

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What medication-related support do members receive through your pharmacy network?

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Do members have any choice in pharmacy selection?

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Do you mark up medication costs?

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Do you retain rebates? If so, what is the average retained rebate value per IVF cycle on a dollar and percentage basis?

## Maven's approach



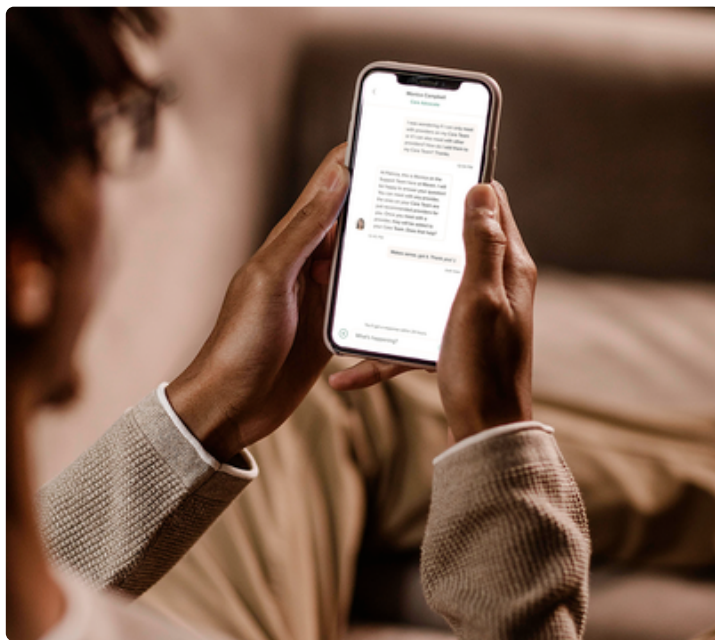
Maven offers integrated prescription support through MavenRx, partnering with specialty pharmacies to provide fertility medications that are 10–15% less expensive than those from traditional PBMs. Employers can choose to keep fertility Rx with their current PBM or carve it out to MavenRx, and over 90% of Maven clients choose the carve-out for potential savings. Members also get ongoing support from clinical experts to manage medications safely, follow protocols, and avoid mistakes, leading to better, more efficient care.



# Benefits Navigation

## Why this matters

Fertility care can be complicated, involving medical, pharmacy, and third-party benefits that are hard for members to navigate alone. Over 50% of employees don't fully understand or utilize their fertility benefits due to complexity and lack of guidance (Source: Employee Benefit Research Institute (EBRI), 2023). A clinically managed fertility benefit simplifies this by offering dedicated support from trained experts who help members understand their coverage, find in-network providers, and coordinate all aspects of care. This support reduces stress, avoids billing surprises, and creates a smoother experience, while helping employers get more value from their investment. In contrast, traditional fertility benefits offer little or no guidance, and when they do, it's usually from generalists who lack fertility expertise. Specialized navigation is essential for delivering the personalized support needed to improve outcomes and member satisfaction.



## Sample Questions

Do members have access to their own care navigators? What is their availability?

How are navigators trained? What do they specialize in?

How do you quickly address the most common questions? Are you utilizing AI?

## Maven's approach



Maven takes a proactive, high-touch approach to navigation, supporting members with fast, empathetic, and personalized guidance across every stage of their journey—from fertility to postpartum and pediatric care. Each member is matched with a dedicated Care Advocate who helps them navigate benefits, coordinate care, and make informed decisions. We combine technology with human support to ensure timely, accurate assistance. Our AI-powered chat delivers instant, personalized answers based on a member's specific plan. Questions requiring a human touch are routed to our Benefits Services team, with an average full resolution time of just 1.5 hours. Members who call receive support in under a minute, with our call center team directing them to the right care immediately. Available 24/7, our care and benefits teams ensure that members always have access to the help they need. By eliminating friction and reducing delays, Maven delivers seamless, compassionate support that empowers members every step of the way.

# Access to Continuous Care Through Pregnancy & Postpartum

## Why this matters

When fertility treatment is successful, it marks the beginning of a complex journey, spanning pregnancy, childbirth, postpartum, and beyond. Yet, the fragmented nature of the healthcare system, compounded by the rapid growth of digital health solutions, often leads to a disjointed care experience. This fragmentation can result in missed symptoms, confusion, misinformation, and ultimately, poorer health outcomes. The transition from fertility care to maternity care is particularly vulnerable. Many individuals enter pregnancy with high-risk or complex medical needs, making continuity of care critical.

A seamless, integrated care experience not only mitigates these risks but also fosters better health outcomes and sustained support for patients throughout their reproductive journey.



## Sample Questions

Please explain the support you offer through pregnancy and postpartum. What outcomes can you show from this support?

Do you support the full continuum of reproductive and family health, including preconception, pregnancy, postpartum, return-to-work, and menopause?

What support is offered beyond fertility treatments?

What does pregnancy and postpartum support look like?

For your maternity support programs, what are your benchmarks for improving maternity outcomes (NICU rate reduction, C-section rate reduction)?

## Maven's approach



Maven delivers seamless, end-to-end care continuity, supporting members from preconception through postpartum, return-to-work, and pediatric care, all within a single, integrated platform - that results in employers saving **\$9,600** per birth. This unified approach not only prevents drop-off but also drives stronger long-term health outcomes for families. High-quality maternity care is a critical component of any effective family-building program. It ensures that members continue to receive comprehensive support beyond a positive pregnancy test, reducing downstream maternity costs and improving maternal and newborn outcomes. Given that a majority of pregnancies conceived through ART are classified as high-risk, the need for expert, high-touch maternity support is even more urgent. Maven's Maternity & Newborn Care program meets this need, helping to lower rates of NICU admissions, C-sections, and emergency room visits, delivering better care at lower cost.

# Support for All Family Building Journeys

## Why this matters

Today, families are built in many different ways, through IVF, egg or sperm freezing, surrogacy, donor conception, and adoption. However, only 26% of adult LGBTQIA+ people live in states that require private insurers to cover fertility treatment, leaving most with little or no legal guarantee of benefit access. (Source: Movement Advancement Project, 2025) To provide a truly equitable and supportive benefit, employers must offer solutions that recognize and embrace all paths to parenthood. This is especially critical for LGBTQIA+ individuals, single parents by choice, and couples using third-party reproduction, who often face additional medical, legal, and emotional complexities. An inclusive benefit is not only the right thing to do, it also strengthens employee trust, engagement, and retention.



## Sample Questions

What types of family-building paths does your program support?

How do you ensure LGBTQIA+ inclusivity in care delivery, content, and provider access?

Are surrogacy and adoption fully integrated into your care model?

Do Care Advocates have specialized training to support all journeys to parenthood?

## Maven's approach



Maven's platform is designed to support every family-building journey with clinical, emotional, and logistical care tailored to the unique needs of each member. LGBTQIA+ individuals, single parents, and those pursuing surrogacy, donor conception, or adoption receive access to specialized providers, inclusive educational content, and 1:1 support from Care Advocates trained in diverse paths to parenthood. Maven's care model removes barriers by offering personalized guidance at every step, ensuring every member feels seen, supported, and empowered. Maven's inclusive approach extends beyond access, it's embedded in the platform experience, from the language used in content to the diversity of providers and care teams. The goal is to create a welcoming, affirming experience for all members, no matter how they build their families.

In addition to care and support, Maven offers reimbursement for adoption, surrogacy, and donor tissue, helping to ease the financial burden that can come with alternative paths to parenthood. This benefit underscores Maven's commitment to inclusivity and to meeting members wherever they are on their family-building journey.



# Experience & Scale

## Why this matters

Fertility care is high-stakes, emotionally, clinically, and financially. Employers need more than just a vendor; they need a trusted partner with the expertise, reach, and infrastructure to support a diverse employee population consistently and effectively. Without experience and scale, solutions may fall short in quality, accessibility, or outcomes—especially for companies with distributed or growing workforces. A partner that has been tested at scale brings credibility, consistency, and proven results, giving employers confidence that their investment will lead to meaningful impact for their people and their bottom line.



## Sample Questions

How many members have you supported to date?

How do you scale to meet the needs of a national or global workforce? How many countries can you support?

What is your experience with companies in our industry or of similar size?

How do you ensure a consistent member experience across different locations?

What infrastructure do you have in place to support clinical quality and operational performance at scale?

## Maven's approach



Founded in 2014, Maven is the largest virtual clinic for women's and family health, serving 21M+ members across 2,000+ employers, including leading Fortune 500 companies. Maven's platform is designed to scale without compromising quality, combining clinical expertise, virtual convenience, and human support to deliver a consistent, high-quality experience across all geographies. With a robust infrastructure that includes top-tier provider networks, outcomes-based care models, and real-time reporting capabilities, Maven ensures every member receives the same standard of care—whether they're in a major metro or a rural town. Employers benefit from Maven's deep experience, scalable operations, and ability to tailor support for organizations of all sizes and industries.

2000+  
clients

23M+  
covered lives

2014  
founded in 2014

175+  
countries

# How To Ensure Your Benefits Go Beyond

These criteria elevate your fertility strategy from baseline to best-in-class, ensuring employees feel supported and confident throughout their family-building journey. They also drive meaningful clinical and financial outcomes, delivering the measurable impact every effective, clinically managed benefit should provide.



## Reducing Unnecessary Treatment and Containing Runaway Costs

### Why this matters

Fertility care today is plagued by two converging challenges: the overuse of high-cost interventions like IVF, and the lack of comprehensive cost containment strategies. Many individuals are directed straight to assisted reproductive technologies (ART) such as IVF, procedures that can cost more than \$23,000 per cycle (Society for Assisted Reproductive Technology), without first exploring medically appropriate, less invasive options like timed intercourse or intrauterine insemination (IUI). According to the American Society for Reproductive Medicine (ASRM), IVF should typically be considered only after other first-line treatments have failed or if specific medical conditions necessitate it.

Without effective clinical oversight, these costs can escalate even further due to overtreatment, fragmented care, delayed interventions, and high-risk maternity outcomes such as multiple births and NICU admissions. NICU care for high-risk ART pregnancies can exceed \$100,000 per infant, with overall costs rising up to 300% compared to singleton births (Milliman Maternity Cost Benchmark Study, 2022; American Journal of Obstetrics & Gynecology, 2021). To make matters worse, many fertility vendors underproject costs and operate on profit-driven models that benefit from increased utilization, creating a misalignment between member health and financial sustainability.



### Sample Questions

How do you ensure members are guided to the most appropriate path to parenthood based on their personal health and situation?

What percentage of members begin care with IVF versus lower-intensity treatments?

How are men and male fertility factors included in your care model?

Does your solution offer tools like ovulation tracking or biometric data collection?

How do you guide members through options like timed intercourse or IUI?

Can you demonstrate cost savings achieved across both fertility and maternity for employers like us?

## Maven's approach



Maven offers a whole-person, evidence-based care model that proactively reduces unnecessary treatments and controls runaway costs through a coordinated, end-to-end fertility and maternity experience. Here's how Maven addresses both clinical and financial pain points:

### Emphasis on Lower-Intensity First Steps

Through the Trying to Conceive (TTC) program, Maven prioritizes starting with the least invasive, most medically appropriate path to conception. This includes lifestyle optimization, ovulation tracking, timed intercourse, and IUI, avoiding premature escalation to IVF. Personalized care plans are developed by clinical experts and tailored to each individual's medical history, needs, and goals.

+ Maven Cycles are priced to match the cost of care, and the first cycle includes up to 3 rounds of IUI without using the benefit maximum, preserving the full benefit for IVF if needed

### Avoiding Overtreatment with Strong Clinical Oversight

Maven's model includes Care Advocates, Reproductive Endocrinologists, and Fertility Coaches who guide members toward appropriate care paths, ensuring decisions are based on medical necessity, not profit motives. All treatment pathways follow evidence-based protocols, not vendor-driven upselling. As a result, 30% of Maven members conceive without the use of ART.

### No Markups on Treatment Costs

Unlike many fertility vendors that profit from increased utilization through service markups, Maven does not mark up treatment costs. This ensures financial transparency and aligns Maven's incentives with both employer cost containment and member well-being.

### Smart Benefits Design & Data-Driven Budgeting

Maven's proprietary claims projection model, built in collaboration with actuaries and based on a dataset of over 80,000 lives, enables employers to accurately forecast fertility benefit utilization and cost. Employers get a clear, realistic picture of budget impact from day one.

### Integrated Maternity Support to Reduce High-Risk Outcomes

Maven bridges fertility and maternity care seamlessly, offering continued clinical support through pregnancy, birth, and postpartum. This reduces the risk of NICU admissions, C-sections, and other complications common in ART pregnancies.



# Improved Clinical Outcomes

## Why this matters

For employers investing in fertility and family-building benefits, clinical outcomes are the ultimate measure of value. It's not enough to offer access to care, the real impact lies in delivering better health outcomes for employees and reducing downstream medical costs. Key metrics such as higher pregnancy and live birth rates, lower miscarriage rates, and fewer high-risk events, including multiple births and NICU admissions, translate directly into healthier families and a more cost-effective benefits program.



## Sample Questions

Can you share your externally-validated outcomes across fertility and maternity?

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What is the average per-member ROI you typically see from your fertility and maternity programs?

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What clinical KPIs do you track and report on?

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How do you ensure adherence to evidence-based treatment protocols?

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Do you report success rates across your network?

## Maven's approach



Maven's model is rooted in clinical integrity, accountability, and robust evidence. Every member's care journey is guided by evidence-based protocols and overseen by clinical experts to prevent overtreatment and reduce risk. The platform continuously tracks and analyzes outcomes across tens of thousands of member journeys, supported by one of the largest data sets in the industry.

Maven's clinical model has been validated through multiple peer-reviewed studies, demonstrating measurable improvements in success rates, time to pregnancy, miscarriage reduction, and lower multiple birth incidence. This rigor, combining scale, research validation, and continuous quality monitoring, ensures consistent clinical excellence and delivers predictable, proven value for employers.

# How Maven saves employers \$9,600 *per birth*

## Breaking down *fertility* program outcomes and savings levers

| OUTCOME                                                                              | WHY THIS MATTERS                                                                                                                                                                                                                 | HOW MAVEN DRIVES IT                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 30% of fertility members achieve pregnancy without ART                               | Each natural pregnancy avoids \$20K+ in IVF costs per cycle and reduces IVF births (proven to be high-risk)                                                                                                                      | Maven's proactive trying-to-conceive support uses coaching, diagnostics, ovulation tracking tools, & educational content to improve natural conception rates.                                                                                       |
| 25% more likely to undergo IUI with a cycle-based benefit vs. a lifetime max benefit | IUI costs just 5–10% of IVF and is the recommended first-line treatment for unexplained infertility of patients <38 years of age. Traditional benefit designs push members to IVF by not covering both IUI and IVF in one cycle. | Maven's evidence-based cycle design makes it easier for members to choose the care that is right for them. Members can pursue up to 3 rounds of IUI without reducing their benefit (i.e., they still have enough coverage to pursue IVF if needed). |
| 98% singleton pregnancy rate<br><br>2.0 IVF cycles to pregnancy                      | High singleton rates mean fewer multiple (twins, triplets) pregnancies which are proven to be higher risk.<br><br>Fewer cycles per pregnancy signal cycle efficiency and ~\$20K savings per avoided IVF round.                   | Maven's evidence-based cycle design makes it easier for members to choose the care that is right for them. Members can pursue up to 3 rounds of IUI without reducing their benefit (i.e., they still have enough coverage to pursue IVF if needed). |
| 10-15% lower fertility Rx costs                                                      | Fertility meds account for ~30–40% of IVF costs, significantly impacting per-cycle employer and member spend                                                                                                                     | MavenRx provides fertility meds that are 10–15% below PBM rates by eliminating markups and passing all rebates directly to employers at point of sale.                                                                                              |

## Breaking down *maternity* program outcomes and savings levers

| OUTCOME                                                              | WHY THIS MATTERS                                                                                                                           | HOW MAVEN DRIVES IT                                                                                                                                                                                  |
|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Up to 15% lower C-section rates                                      | High-risk pregnancies can lead to unplanned C-sections and NICU admissions which drive the highest cost claims for employers.              | Maven's member-first high-risk maternity programming leads with prevention and accelerates access to the right care before complications turn into a crisis.                                         |
| Up to 27% lower NICU admission rates                                 | C-sections can cost up to \$11K more than a vaginal birth and NICU stays cost \$58K on average.                                            | Maven identifies and engages high-risk members early with real-time insights, driving stronger clinical results through proactive outreach, doula birth planning, and tailored high-risk care teams. |
| 27% of members report benefiting from improved mental health support | Untreated maternal mental health conditions cost over \$14 billion annually in lost productivity, medical expenses, and downstream impact. | Maven's personalized mental health support uses regular screenings and check-ins to detect issues early and ensure timely care.                                                                      |
| Up to 9% reduction in ED visits                                      | Unnecessary ED visits can cost employers and payers up to tens of billions of dollars annually                                             | Maven helps avoid unnecessary ED visits before and after birth through round-the-clock support and educational tools.                                                                                |
| 60% of members breastfeed longer                                     | Longer breastfeeding duration supports maternal health, reduces absenteeism, and promotes higher employee satisfaction and retention.      | Maven provides ongoing, personalized lactation support from experts, empowering them to overcome challenges and build confidence.                                                                    |

# Better Member Experience

## Why this matters

Improved health outcomes are only possible when members are actively engaged with their care solutions. Without access to clinical care, transparent costs, and trusted and personalized information, members may delay care, make uninformed choices, or drop out of treatment entirely. Additionally, 65% of patients said that every time they visited a fertility clinic, they felt like they left with more questions than answers. (Source: Maven Clinic study, 2023). A great member experience increases engagement and improves satisfaction and outcomes for both employees and employers.



## Sample Questions

How do you approach member transparency in regards to fertility treatment costs? Are members provided with an outline of total cost (member and employer share) prior to treatment?

Which features of your program (e.g., trying to conceive support, maternity support, video appointments) are delivered through your platform versus external partners?

Do members have access to a consistent, personalized care team throughout their journey, and is a dedicated advocate or coordinator provided?

What types of virtual care providers are available to members, including those accessible only via partners, and what is the availability of these providers?

Are there any restrictions on how often members can engage with providers, and is there any cost to the member or client for each appointment?

## Maven's approach



At Maven, transparency and personalization are at the core of every member experience. Our platform makes it easy to view treatment plans, understand costs upfront, and access 24/7 support from dedicated Care Advocates and a diverse network of over 30 provider types. What sets Maven apart is a decade of in-house innovation, driven by real-time data, continuous feedback, and dynamic member profiles that adapt to changing needs. The result: higher engagement, better outcomes, and a truly integrated fertility care experience that delivers clinical and financial value. In a crowded space, Maven's commitment to clarity, continuous innovation, and proven clinical and financial results makes us a true partner, not just a platform.



# Product Innovation

## Why this matters

In a fast-evolving healthcare landscape, a modern, tech-enabled platform is essential for delivering scalable, personalized, and efficient care. Employers need solutions that go beyond static point products, offering a flexible, user-friendly platform that supports real-time engagement, intelligent care navigation, and seamless integration across benefits. A truly innovative platform drives higher utilization, better outcomes, and greater ROI by continuously evolving with the needs of both members and employers.



## Sample Questions

How frequently is the platform updated or enhanced based on user feedback?

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How does your platform utilize AI?

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How is data used to personalize the member experience and guide care?

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What digital tools or content are available to support members in real-time?

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Can the platform scale to meet the needs of a growing, diverse employee population?

## Maven's approach



What sets Maven apart is our continuous investment in innovation. Our platform delivers a seamless, personalized experience across the entire family-building journey, with 30+ on-demand provider types, tailored care matching, ovulation tracking, and integrations with tools like Apple Health and Oura. We combine clinical excellence with the ease and accessibility today's employees expect.

This is especially important for younger, digitally native workforces who expect more from their health benefits. Maven is designed to meet those expectations, and evolve with them.

With the largest engineering and clinical teams in the fertility industry: ~150 engineers (1 in 4 employees) and 150+ on-staff clinical and administrative team members. Maven is constantly advancing our platform based on member and client feedback, ensuring we lead the women's and family health category now and into the future.

# The Solution: A Clinically Managed Benefit

By introducing a clinically managed benefit, employers can achieve better outcomes for employees while maximizing every fertility dollar. Through medical oversight and personalized support, leading organizations are turning fertility care into a smarter, more effective investment.



## → What is a clinically managed benefit?

Unlike legacy models designed primarily to administer claims, a clinically managed benefit not only manages claims but also closes the gaps left by traditional benefits by actively guiding members through their care journey with personalized support, care coordination, access to vetted providers, and financial management.

| FEATURE                                          | CLINICALLY MANAGED BENEFIT                                                                                                                                 | TRADITIONAL BENEFIT                                                                                                     |
|--------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| Preconception support and coaching               | Clinically backed preconception program that focuses on whole person data collection and personalized care plans                                           | Covers a fixed dollar amount (e.g., \$15,000–\$25,000)                                                                  |
| Care navigation                                  | High-touch navigation from fertility-trained advocates                                                                                                     | Phone support or self-navigated with minimal or no clinical guidance                                                    |
| Fertility care plans                             | Fully customized based on the users health history, data inputs, and self reported or wearable data                                                        | Typically not included or customized to the user                                                                        |
| Virtual access to experts with provider matching | Access to experts across physical, emotional, and professional needs around the clock, 24/7 - clinically matched based on the members background and needs | Limited to fertility providers who only address a set of issues related to treatment - self-directed provider selection |
| Mental health support                            | Access to 1:1 emotional support through Mental Health Providers, virtual communities, and articles                                                         | Typically limited to articles, no dedicated emotional support or routine screenings                                     |

| FEATURE                                                  | CLINICALLY MANAGED BENEFIT                                                                                                    | TRADITIONAL BENEFIT                                                                                                          |
|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| Pregnancy & postpartum care, including high-risk support | Continued care from the moment a user receives a positive pregnancy test, immediate access to clinical maternity care program | Care is often limited to fertility treatment, with additional services fragmented, leading to drop-off or referral elsewhere |
| Clinical oversight                                       | Continuous oversight by physicians, nurses, and reproductive endocrinologists                                                 | Limited provider interactions; no centralized clinical management                                                            |
| Provider matching                                        | Clinically matched based on diagnosis, patient history, and outcomes data                                                     | Self-directed provider selection, often based on proximity or cost                                                           |
| Treatment guidance                                       | Clinical guidance helps determine appropriateness and timing of treatment                                                     | Typically defined by benefit design, members may pursue treatment prematurely                                                |
| Data sharing & insights                                  | Rich clinical data for employer reporting, trends, and predictive interventions                                               | Limited or no access to accurate cost data, clinical outcomes or population-level insights                                   |
| Examples                                                 | Maven Managed Benefit                                                                                                         | Progyny<br>Carrot Fertility<br>Kindbody                                                                                      |

### ➔ Why is a clinically managed benefit necessary? What is the benefit to employers and employees?

The benefit of a clinically managed benefit for employers lies in its ability to deliver better health outcomes, reduce healthcare costs, and improve employee satisfaction, all in a scalable, measurable way. By offering a clinically managed benefit, employers can ensure that their workforce receives coordinated, high-quality care tailored to specific needs, rather than navigating a fragmented healthcare system on their own. This improves access and reduces inappropriate or unnecessary care, which in turn lowers medical claims costs and absenteeism.

Managed benefits also enhance an employer's ability to support diverse and inclusive family-building journeys, helping to attract and retain top talent while reinforcing the organization's commitment to employee wellbeing.



## ➔ How does a clinically managed benefit work outside of the United States?

While many countries outside the U.S. offer standardized or publicly funded fertility services, employees still face significant, region-specific challenges that create gaps in care. These include long wait times for treatment, fragmented care experiences, especially when navigating both public and private systems for the first time, and a lack of proactive conception support, as public systems often prioritize urgent or medically complex cases. In some regions, legal or regulatory constraints further complicate access to family-building care.

A clinically managed fertility benefit is highly relevant in this global context, not because it replaces public healthcare systems, but because it fills critical care gaps with personalized, high-touch support. Rather than duplicating existing services, the benefit complements them, offering supplemental clinical guidance, expert care navigation, and emotional and educational support that adapts to local systems and regulations.

By addressing universal challenges, like financial barriers, care fragmentation, and the need for earlier intervention, this kind of benefit ensures a more consistent, equitable, and empowering experience for employees around the world.

Maven's Fertility & Family Building program is built with this global adaptability at its core, wrapping around existing services. Frequently extended to international employee populations, it offers personalized, clinically backed support tailored to regional needs, helping members navigate complex systems, make informed decisions, and access high-quality care, regardless of geography.





## From Insight to Action

Choosing the right partner for family building care and reproductive care is no longer just about offering coverage, it's about delivering meaningful support, measurable outcomes, and a trusted experience for your employees. As family-building journeys grow more complex and expectations around employer support evolve, a managed benefit like Maven's ensures your investment translates into real impact: healthier outcomes, lower costs, and a more inclusive, supported workforce.

Maven's Fertility & Family Building and Maternity & Newborn Care programs bring together clinical excellence, 24/7 navigation, vetted provider networks, and support for every path to parenthood. From preconception through postpartum, Maven's model is designed to meet your people where they are, ensuring care is personal, equitable, and continuously managed. With Maven, you gain more than a benefit, you gain a strategic partner committed to elevating the health and wellbeing of your workforce at every stage.

As you evaluate potential vendors, use this guide to ask the right questions, challenge assumptions, and prioritize partners who deliver both value and compassion. Your employees deserve nothing less.

# Worksheet

## Sample RFP Questions

This questionnaire is designed to help HR, benefits, and procurement teams evaluate fertility and family-building vendors across the most critical areas of performance, from benefit design and clinical quality to cost containment and member experience. While not exhaustive, it includes the key questions that will help uncover meaningful differences between vendors and surface must-have capabilities for a high-impact program. Use it as a flexible tool: to structure a formal RFP, guide vendor conversations, or benchmark your current benefits strategy.



### Section 01 Benefits Design & Structure

- 01 Do you offer both carve-out and wraparound models? What's included in each?
- 02 How do you coordinate with our medical and pharmacy plans? Will expenses apply toward deductibles and OOP max?
- 03 Can we remove infertility diagnosis requirements? Is support for adoption or surrogacy included?
- 04 How do you support COBRA, ERISA, and plan documentation?
- 05 How do you handle employees mid-treatment during vendor changes?
- 06 Do you support both dollar-based and cycle-based models? What benchmarks can you share?
- 07 What tools and services do employees receive (e.g., navigation, telehealth)?

### Section 02 Fertility Clinic Network

- 01 How do you evaluate and select clinics in your network?
- 02 Are clinics held accountable for outcomes and safety standards?
- 03 How does your organization handle out of network coverage? Ex. If a member has tissue stored at an out-of-network clinic

### Section 03 Fertility Medication Management

- 01 What % of medical claims costs are not passed through to the provider? What % of Rx claims are not going directly to the price of medication?
- 02 What medication-related support do members receive through your pharmacy network?
- 03 Do members have any choice in pharmacy selection?
- 04 Do you mark up medication costs?
- 05 Do you retain rebates? If so, what is the average retained rebate value per IVF cycle on a dollar and percentage basis?



## Section 04 Navigation & Member Support

- 01 Do members have access to their own care navigators? What is their availability?
- 02 How are navigators trained? What do they specialize in?
- 03 How do you quickly address the most common questions? Are you utilizing AI?

## Section 05 Full Continuum of Care

- 01 Please explain the support you offer through pregnancy and postpartum. What outcomes can you show from this support?
- 02 Do you support the full continuum of reproductive and family health, including preconception, pregnancy, postpartum, return-to-work, and menopause?
- 03 What support is offered beyond fertility treatments?
- 04 What does pregnancy and postpartum support look like?
- 05 For your maternity support programs, what are your benchmarks for improving maternity outcomes (NICU rate reduction, C-section rate reduction)?

## Section 06 Inclusivity & Equitable Access

- 01 What types of family-building paths does your program support?
- 02 How do you ensure LGBTQIA+ inclusivity in care delivery, content, and provider access?
- 03 Are surrogacy and adoption fully integrated into your care model?
- 04 Do Care Advocates have specialized training to support all journeys to parenthood?

## Section 07 Scale, Experience, & Outcomes

- 01 How many members have you supported to date?
- 02 How do you scale to meet the needs of a national or global workforce? How many countries can you support?
- 03 What is your experience with companies in our industry or of similar size?
- 04 How do you ensure a consistent member experience across different locations?
- 05 What infrastructure do you have in place to support clinical quality and operational performance at scale?

## Section 08 Cost Containment & Appropriate Care

- 01 How do you ensure members are guided to the most appropriate path to parenthood based on their personal health and situation?
- 02 What percentage of members begin care with IVF versus lower-intensity treatments?
- 03 How are men and male fertility factors included in your care model?
- 04 Does your solution offer tools like ovulation tracking or biometric data collection?
- 05 How do you guide members through options like timed intercourse or IUI?
- 06 Can you demonstrate cost savings achieved across both fertility and maternity for employers like us?
- 07 Is any part of your revenue model driven by increased treatment volume or service utilization?

## Section 09 Clinical Outcomes

- 01 Can you share your externally-validated outcomes across fertility and maternity?
- 02 What is the average per-member ROI you typically see from your fertility and maternity programs?
- 03 What clinical KPIs do you track and report on?
- 04 How do you ensure adherence to evidence-based treatment protocols?
- 05 Do you report success rates across your network?

## Section 10 Member Experience

- 01 How do you approach member transparency in regards to fertility treatment costs? Are members provided with an outline of total cost (member and employer share) prior to treatment?
- 02 Which features of your program (e.g., trying to conceive support, maternity support, video appointments) are delivered through your platform versus external partners?
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## Section 11 Product Innovation

- 01 How frequently is the platform updated or enhanced based on user feedback?
- 02 How does your platform utilize AI?
- 03 How is data used to personalize the member experience and guide care?
- 04 What digital tools or content are available to support members in real-time?
- 05 Can the platform scale to meet the needs of a growing, diverse employee population?
- 06 How do you approach member transparency in regards to fertility treatment costs? Are members provided with an outline of total cost (member and employer share) prior to treatment?