

# How leading employers design women's and family health benefits to **drive outcomes**



Your framework for evaluating women's and family health benefits vendors



# How to put this guide to work

## For the time-pressed executive:

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Read the five insights to understand what to watch for	04
Review red flags to identify deal-breakers	13

## For the thorough evaluator:

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Start with the 5 Insights to understand industry challenges	04
Work through all 10 Questions with each vendor	09
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# Introduction

## The purpose of this guide

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The women's and family health benefits market has become crowded with bold claims: Every vendor claims to be "comprehensive." Every platform promises the "largest network." Every solution guarantees "better outcomes."

We're giving you the systematic framework to evaluate ANY vendor—including Maven. Because when you ask the right questions, the right choice becomes obvious.

**This guide exists to help you cut through the noise.**

## How this guide was created

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This buyer's guide was created by Maven Clinic to help benefits leaders make informed decisions about women's and family health benefits providers based on independent third-party research completed in Q4 2025 comparing multiple women's and family health benefits vendors.

We believe transparency benefits everyone—including our competitors. When buyers ask better questions, the entire market improves.

Maven Clinic is the fully managed healthcare platform that employees actually use, delivering unlimited access to specialists, financial benefit administration, and proven clinical ROI through healthcare claims avoidance across women's and family health.

**Learn more at [mavenclinic.com](https://mavenclinic.com)**

# The Insights

For years, employers have been sold the same story: you can't have low costs and great care. But those trade-offs are expensive. Employers aren't choosing anymore—they're rethinking how care is delivered and seeing meaningfully better results.



## INSIGHT #1

### Women's and family health benefits control costs—when the **model is built correctly.**

Leading employers evaluate total healthcare costs, not just sticker price. By integrating clinical management and utilization oversight, they reduce preventable complications, avoid unnecessary treatments, and control downstream claims.

Employers save an average of **\$9,600 per birth** with Maven.

#### What actually drives value:

##### Clinical programming that delivers results (not just educational content)

- Maven lowers cost of care by 15% compared to other vendors in the market
- Maven helps 30% of fertility members achieve pregnancy without treatment (IVF/IUI)
- Early intervention prevents costly complications

##### Specialized providers available 24/7 (not Monday-Friday 9-5 generalists)

- 600+ specialized providers
- Always-available support across time zones
- Clinical expertise in fertility, maternity, parenting, menopause

##### Dedicated Care Advocates for every member

- Personal relationship throughout the journey
- Coordination across all care needs and journeys

##### Comprehensive coverage

- Both partners covered (not just the employee)
- Family members up to age 26
- Whole person care that supports journeys from starting a family through menopause

#### The bottom line:

A managed clinical model can deliver up to \$5,000 savings per member through preventing unnecessary treatments and reducing complications—not just processing payments.

## INSIGHT #2

## Without the right technology, even good care models fail.

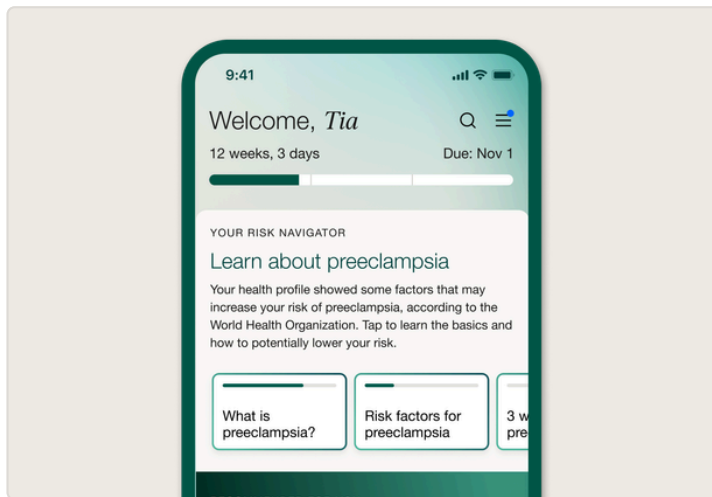
High-performing employers choose care models that use technology to extend clinical reach, enable earlier intervention, and improve outcomes at scale.

Maven's model is supported by **40+ peer-reviewed studies**, with independent Milliman validation and NCQA accreditation—demonstrating measurable clinical and financial impact.

**Maternity example:** Predictive risk stratification identifies complications weeks earlier than traditional care



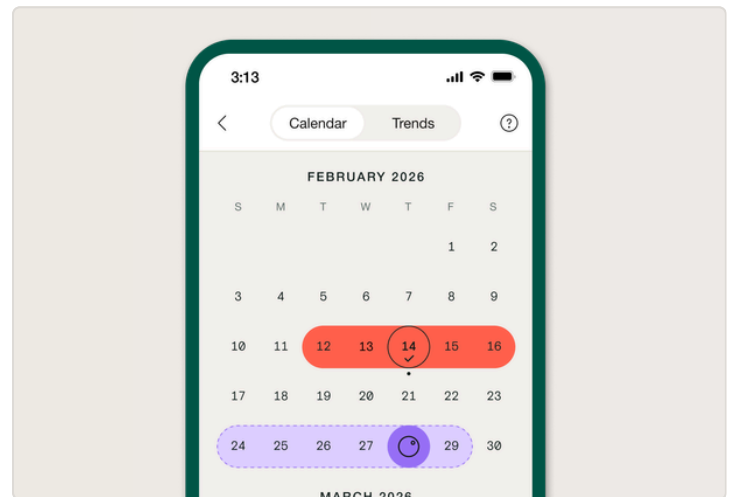
- Condition-specific interventions drive evidence-based action
- NICU care management reduces costly stays and readmissions
- Technology increases uptake of proven interventions (like low-dose aspirin for preeclampsia prevention)
- **Result:** Measurable reduction in C-sections, NICU admissions, and readmissions



**Fertility example:** Native Cycle Tracker combined with at-home semen analysis



- Engages both partners earlier in the journey
- Turns fertility data into expert-guided action
- Helps members conceive faster and avoid unnecessary high-cost treatments
- Clinical team provides interpretation and personalized guidance



### The bottom line:

Every technology advancement Maven launches is built to improve measurable clinical outcomes—not just increase app opens or satisfaction scores.



### INSIGHT #3

Fertility outcomes are deeply intertwined with a company's **broader approach** to women's healthcare.

Fertility outcomes improve when care, incentives, and downstream maternity risk are managed as one system. That includes a performance-managed clinic network to ensure quality, negotiated rates, direct health plan integration for seamless claims billing, and clinical protocols that deliver measurable results.

**30%** of Fertility members achieve pregnancy without IUI/IVF.

## INSIGHT #4

## Switching early to the right family benefits vendor yields **compounding results.**

Employers that act early capture gains in outcomes and cost control sooner. Maven can be implemented in as little as 4 weeks with a seamless transition of care for members in active treatment.

**80%+** of Maven Fertility members are from clients who have transitioned from another fertility benefit vendor due to surprise costs and poor experiences.

### Maven's approach:

Implementation in as few as 4 weeks or on your timeline



Full-service includes



- Care team staffing
- Clinical protocol setup
- Integration with existing benefits
- Member transition support
- Not just a payment card

### What about members mid-journey?

Transition of care process



- Dedicated support for active members
- Clinical handoff from previous provider
- No interruption in treatment
- Personal Care Advocate assigned immediately

High-touch member support



- Pre-launch communication strategy
- Multi-channel enrollment campaign
- Live Q&A sessions
- Personal onboarding for active cases
- Ongoing check-ins during transition

### The bottom line:

Speed matters. Clinical integrity and continuity of care do too. Maven delivers all three—resulting in measurable outcomes, a superior member experience, and a transition that's seamless, not disruptive.

## INSIGHT #5

To achieve **global impact**, you can't just copy and paste the same model.

True global parity requires local clinical context, compliance, and continuity of care. Maven delivers this across 175+ countries and 35+ languages—with access to local providers, region-specific compliance, and culturally appropriate clinical protocols.

**67%** of clients with international employees have launched Maven globally.

### What most vendors offer:

- Debit cards that work internationally
- App translation
- General provider directories
- U.S.-hours support with language lines

### What Maven offers:

#### Local clinical expertise

- Understanding of cultural context
- Knowledge of local healthcare systems
- Familiarity with regional standards of care

#### True 24/7 global support

- Care Advocates working across all time zones
- Available on nights and weekends
- Live translation services available
- Not just translated app content

#### Compliance & regulatory expertise

- Understanding of local laws and regulations
- Country-specific benefit design
- Regional reporting requirements
- Privacy and data requirements by jurisdiction



### The bottom line:

Payment rails and app translation are table stakes. True global parity means local clinical and regulatory expertise—and Maven delivers that in 175+ countries.

# How to evaluate core capabilities

Leading employers don't choose between cost, quality, and scale. They select benefits designed to scale clinical care and reduce total costs.



## 👁️ Clinical model & oversight

What percentage of your fertility members achieve pregnancy without IVF or other advanced treatments?

### RED FLAGS

- ⊗ "We don't track that metric"
- ⊗ "Our members have access to whatever treatment they choose"
- ⊗ "We focus on member satisfaction, not clinical outcomes"

### GOOD ANSWERS

- ✔️ Specific percentage (Maven: ~30%)
- ✔️ Discussion of how clinical team guides members
- ✔️ Examples of early intervention strategies

#### Why this matters:

This reveals whether the vendor provides true clinical guidance or just processes treatment payments.

Do you offer performance guarantees tied to clinical outcomes?

### RED FLAGS

- ⊗ "We guarantee member satisfaction"
- ⊗ "We can't control clinical outcomes"
- ⊗ No outcomes reporting at all

### GOOD ANSWERS

- ✔️ Specific performance metrics (Maven: up to 35% FAR)
- ✔️ Willingness to tie pricing to outcomes
- ✔️ Regular outcomes reporting

#### Why this matters:

Vendors confident in their clinical model will stand behind results.

### What does your clinical oversight model look like?

#### RED FLAGS

⊗ "Members work directly with providers"

⊗ No mention of clinical review

⊗ "We don't interfere with clinical decisions"

#### GOOD ANSWERS

✓ Clinical team actively involved in care planning

✓ Evidence-based protocols and guidelines

✓ Quality assurance processes

#### Why this matters:

This reveals whether there's actual clinical management or just payment processing.

## Network quality & provider expertise

### How many of your providers specialize in fertility/maternity/menopause vs. general women's health?

#### RED FLAGS

⊗ Only total provider count mentioned

⊗ "All our providers are board-certified"

⊗ Vague language about "expertise"

#### GOOD ANSWERS

✓ Specific numbers by specialty area

✓ Discussion of credentialing process

✓ Examples of subspecialty expertise

#### Why this matters:

This question cuts through "network size" marketing to reveal actual clinical expertise.

## Care navigation & member support

### Do members have dedicated Care Advocates or shared support?

#### RED FLAGS

⊗ "Members can book with any available coordinator"

⊗ "Our team is cross-trained"

⊗ Focus on "fast response times" not continuity

#### GOOD ANSWERS

✓ 1:1 dedicated relationships

✓ Discussion of how care advocates follow members throughout journey

✓ Examples of proactive outreach

#### Why this matters:

Continuity of care dramatically improves outcomes and member experience.

## What are your virtual care hours and provider availability?

### RED FLAGS

### GOOD ANSWERS

⊗ M-F 9-5 or limited hours	✓ 24/7 availability
⊗ "Members can leave messages"	✓ Large provider team (Maven: 600+) and broad weekly appointment availability
⊗ Small provider staff (<100)	✓ Same-day or next-day appointments standard

### Why this matters:

Healthcare needs don't stop at 5 PM or on weekends.

## 🛡️ Comprehensive coverage

Walk me through what's covered—for whom, and through which life stages.

### RED FLAGS

### GOOD ANSWERS

⊗ Employee-only coverage	✓ Both partners covered
⊗ Disconnected, fragmented member experience across disparate products and services	✓ Family members to age 26 covered
⊗ Gaps between fertility and maternity	✓ Seamless fertility → maternity → parenting → menopause

### Why this matters:

"Comprehensive" means different things to different vendors.

## 🌐 Global Capabilities

How do you support global employees? Walk me through a scenario.

### RED FLAGS

- ⊗ Just describes payment card or reimbursement
- ⊗ All support from U.S.-based team during U.S. hours
- ⊗ Generic provider directory

### GOOD ANSWERS

- ✓ Local clinicians in that country/region
- ✓ Care Advocate familiar with local system
- ✓ Available during local business hours
- ✓ Understanding of local regulations

#### Scenario to use:

"I have an employee in Singapore who needs fertility support. Walk me through exactly how that would work."

## 💰 Total cost of ownership

What's your total cost structure? Are there any fees that surprise customers?

### RED FLAGS

- ⊗ Unwilling to discuss treatment costs
- ⊗ "Competitive rates" without specifics
- ⊗ Separate fees for different services

### GOOD ANSWERS

- ✓ Transparent pricing structure
- ✓ Negotiated provider rates disclosed
- ✓ All fees clearly explained
- ✓ No markup on treatments

#### Why this matters:

Vendors hide costs in treatment markups, claims processing, and "administrative fees."

# Red flags: When to walk away

Some warning signs to watch out for when choosing a vendor.



## ⊗ They won't provide outcomes data

### WHAT YOU HEAR

"We measure member satisfaction, not clinical outcomes"

"That's proprietary information"

"Every member's journey is different"

### Why it matters:

If they can't measure outcomes, they can't manage care.

### What to do:

Ask for specific metrics: fertility success rates, C-section rates, NICU admission rates, percentage achieving pregnancy without treatment. If they deflect, walk away.

## ⊗ Vague about costs or fees

### WHAT YOU HEAR

"Competitive market rates"

"We'll work within your budget"

Won't disclose treatment markups

### Why it matters:

Hidden fees and treatment markups are how vendors hide true costs.

### What to do:

Demand full pricing disclosure: platform fees, treatment markups, claims processing fees, administrative fees.

## ⊗ "Global" means payment card + app translation

### WHAT YOU HEAR

Emphasis on international payment rails

App translated into X languages

U.S.-based support team

### Why it matters:

Payment cards don't equal clinical care.

### What to do:

Ask about local clinical staff, time zone coverage, and local compliance expertise. If they can't provide specifics by country/region, they're just processing payments internationally.

## ⊗ Won't provide relevant customer references or demos

### WHAT YOU HEAR

Only generic references

Can't provide similar  
company size

"We'll send you case studies"

#### Why it matters:

If they won't connect you with similar customers or demo the member experience, there's usually a reason.

#### What to do:

Insist on 2-3 references from companies similar in size, industry, and geography who implemented within the last year.

## ⊗ The team can't answer clinical questions

### WHAT YOU HEAR

"I'll have to get back to you on that"

Deflection to marketing materials

Can't explain clinical model

#### Why it matters:

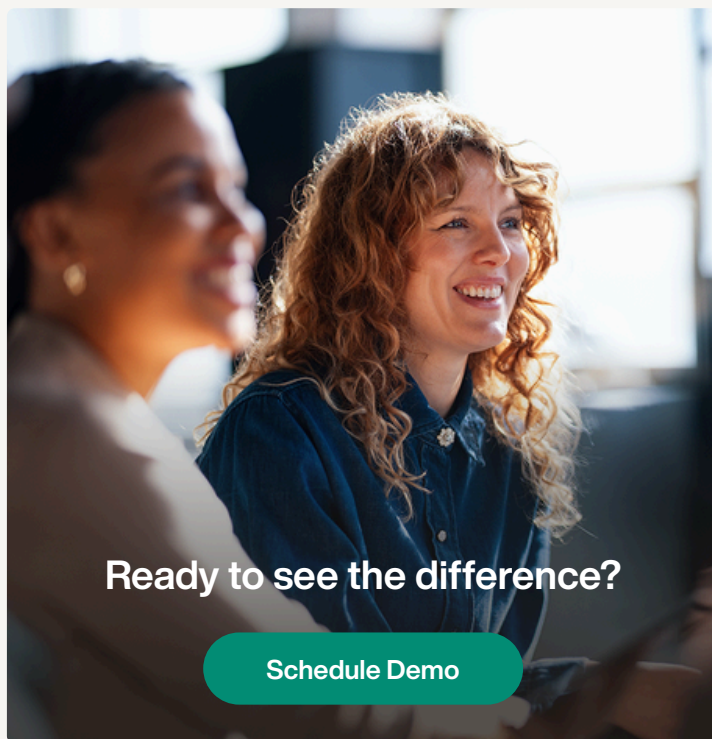
If the sales team doesn't understand the clinical model, it probably doesn't exist.

#### What to do:

Request a demo with clinical leadership, not just sales. If they can't articulate how clinical care works, walk away.

## Next steps: Making your decision

You now have everything you need to evaluate women's and family health benefits vendors objectively.



1.

### Start your evaluation

Use this guide to systematically evaluate vendors.

2.

### Apply it to your current vendor

Use the 10 Questions and Red Flags to assess whether your current vendor is actually delivering on their promises—or if it's time to switch.

3.

### See Maven's difference yourself

Schedule a demo where we'll walk through your specific situation. We'll show you exactly how Maven addresses each insight and delivers clinical outcomes.

## About this guide

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