



# The *true cost* of a delayed diagnosis

How proactive fertility care reduces  
the total cost per pregnancy

## EXECUTIVE SUMMARY

# The fertility benefit cost problem employers can't ignore

Fertility costs are rising fast, despite employers' best efforts to manage costs while delivering family-building support. And behind every claims report is a more human story: employees navigating months or years of uncertainty, dismissed symptoms, and a system where decisions happen late, with incomplete information and little guidance on what to do next. The financial and human costs of that experience fall on employers.

The biggest driver of rising fertility spend isn't the treatments—it's late and misinformed decision-making. Members who lack early, complete clinical visibility escalate to costly interventions that could have been avoided.

### COST OF DELAY

When fertility barriers go undetected, costs compound fast

## \$35K

per IVF cycle — with total costs reaching \$40K–\$70K per pregnancy as patients require multiple cycles

## 70%

of IVF cycles end in failure — higher spend has not translated into greater efficiency

### THE SYSTEM GAP

Late, misinformed decisions — not the treatments themselves — are the biggest cost driver

## 85%

of infertility cases have an identifiable medical cause — yet most go undetected until after costly interventions begin

## 2 years

average time members spend trying to conceive before seeking treatment, without clinical guidance

For leading employers, fertility benefits have become table stakes. But benefits leaders who look closely know that coverage alone isn't enough—the design of that coverage is what determines whether costs stay manageable. Employers and payers are raising the bar—from simply offering coverage to demanding care that's clinically grounded, guides members to the fastest appropriate path to pregnancy, and produces outcomes they can measure.

Meeting that standard requires moving away from reactive care toward a model built on early clinical visibility, clearer insight into root causes, and guided pathways that move members to the right treatment before unnecessary IVF. This approach is how Maven improves the way care decisions are made—guiding members to the right level of care at the right time, shortening time to pregnancy, and lowering the total cost per pregnancy.

# How traditional fertility care drives unnecessary cost

Traditional fertility care is reactive. Patients spend an average of two years trying to conceive before seeking treatment, despite the fact that 85% of infertility cases have an identifiable medical cause. Without early visibility into what may be impacting fertility, care starts without all of the relevant information. This results in missed signals, delayed action, and a higher likelihood of failed and unnecessary treatment cycles.

Then, when treatment finally does begin, the system often skips steps. When the underlying cause of infertility is unknown, IVF becomes the default before less invasive options are explored. This pattern drives up total cost per pregnancy and exposes employers to avoidable spend.



## A lack of early visibility

Fertility journeys often begin without meaningful clinical investigation, even when underlying conditions like PCOS, male factor infertility, or endometriosis may already be present. What could have been addressed early with targeted care often turns into a longer, more expensive journey.

## Conditions that go unidentified

More than 1 in 4 women report having a reproductive health concern dismissed before receiving a diagnosis. Without clarity on what is preventing pregnancy, care becomes less targeted—leading to failed cycles, repeated interventions, and higher cumulative costs.

## Premature escalation to IVF

When care isn't personalized to a person's needs, treatment often escalates to IVF by default rather than progressing through less invasive, lower-cost options first—including lifestyle adjustments, medication, or IUI. As a result, employers absorb avoidable costs.

# What effective fertility benefit design looks like

Fertility benefits have expanded rapidly, but many still rely on a model that delays diagnosis, escalates too quickly, and drives unnecessary cost. The difference is not whether care is available—it's how that care is structured, sequenced, and delivered. Maven's approach connects diagnostics, continuous data, and clinical care into one guided experience, so members move to the right level of care at the right time.

## TRADITIONAL MODEL

## MAVEN MODEL

## BUSINESS IMPACT

**Trial-and-error care:** Families spend months or years trying to conceive without clear clinical direction

**Early identification of fertility barriers:** Care begins with proactive diagnostics and continuous insight into what's preventing pregnancy

Reduced delays in care and avoidance of unnecessary treatment cycles

**Delayed or fragmented diagnostics:** Testing to identify the root cause of infertility happens late or across disconnected providers, if at all—and it's often centered solely on the woman

**Connected diagnostics and data:** Labs and cycle insights are integrated from the start to inform next steps

Reduced time to pregnancy and reduced spend

**Generic guidance:** Members receive broad advice that does not reflect their health history, and lifestyle-based interventions that could support natural conception are rarely explored

**Condition-led care pathways:** Care plans are built around root causes like PCOS, endometriosis, ovulatory issues, or male factor infertility

More precise treatment decisions with less unnecessary intervention

**Premature or unnecessary escalation to IVF:** High-cost treatment becomes the default, even when lower-intensity options or lifestyle adjustments may be appropriate

**Right-sized treatment:** Care starts with lifestyle adjustments and lower-intensity options when appropriate, with escalation to IVF only when clinically necessary.

Lower total cost per pregnancy and higher chance of conception without assisted reproductive technology (ART)

**Cost per cycle focus:** Spend is focused on the number of treatments, not the full fertility journey

**Total cost per pregnancy focus:** Care is designed to reduce cumulative cost across all cycles and interventions

Better cost control and more predictable spend for employers

**Fertility and maternity are disconnected:** Care resets at pregnancy, with no continuity of data, care teams, or risk management

**Connected fertility-to-maternity care:** Member data, history, and care plans carry forward, enabling continuous guidance and earlier risk identification during pregnancy

Fewer downstream complications and avoidable NICU utilization, with lower total cost per pregnancy

# How Maven advances the fertility care model

Traditional fertility care waits for problems to surface, then responds with one-size-fits-all treatment. Maven takes a different approach—one that leverages a connected experience focused on identifying the root cause of fertility challenges, guiding care based on those findings, and recommending treatment to avoid unnecessary cost.



## Early identification of fertility barriers

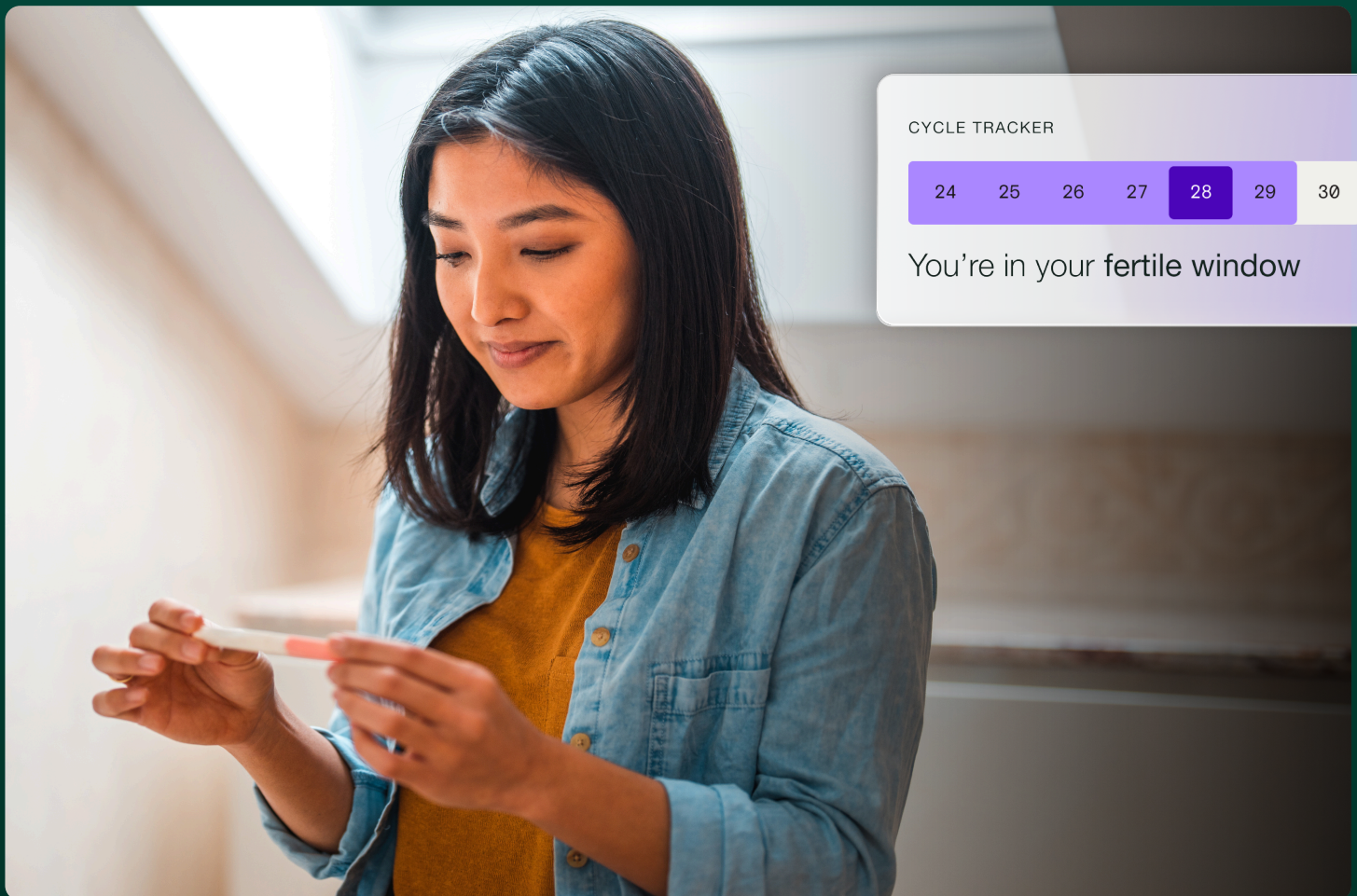
Without a clear understanding of what is preventing pregnancy, fertility care often involves delays, missed conditions, and higher-cost treatment down the road. To address this, **Maven connects diagnostics directly into care navigation**—making testing a starting point that informs next steps, provider matching, and treatment pathway design. Members receive access to lab work and clinical evaluation early in their journey, including assessment of areas often overlooked in traditional care, like hormonal health, ovulation, and male factor fertility. By integrating diagnostics into a single platform, Maven ensures results are not fragmented across providers and immediately informs care decisions.

This approach enables earlier identification of what's medically blocking a pregnancy, reducing delayed diagnosis and allowing members to act on real clinical signals. Instead of progressing through multiple failed attempts without a clear understanding of why, **members move into targeted care sooner**—shortening the time to pregnancy and lowering the likelihood of unnecessary, high-cost treatment.

## Continuous cycle tracking and insights

Fertility is dynamic, yet traditional care relies on limited, point-in-time data. Without continuous insight, key signals—such as irregular menstrual cycles or absent ovulation detection—often go undetected until later stages, contributing to delayed diagnosis and inefficient care. To address this, **Maven integrates with wearable devices**—including Oura's FDA-listed Fertile Window and Cycle Insights—to bring continuous, clinically validated data into the fertility journey. This allows for earlier detection of patterns that a clinician may interpret as possible anovulation or hormonal imbalance—conditions that directly impact the ability to conceive.

What makes these insights more powerful is pairing it with direct access to fertility specialists, ensuring data translates into action. Rather than leaving members to interpret data on their own, **Maven providers review patterns, identify potential barriers, and guide next steps in real time**. This combination of continuous monitoring and clinical support reduces uncertainty, improves decision-making, and enables data-informed care pathways that prevent unnecessary delays and escalation.





## Condition-led care pathways that match the actual problem

Traditional fertility benefits often provide generalized guidance that does not reflect the underlying reason someone is struggling to conceive. Without care that matches the actual problem, treatment becomes iterative and inefficient, increasing the likelihood of failed cycles and premature escalation to IVF.

Maven delivers **structured, condition-based care pathways built around the most common drivers of infertility**, including PCOS, endometriosis, oncofertility, and male factor infertility. These pathways translate diagnostic insights into clear, clinically guided plans—ensuring care matches the member's unique needs rather than a one-size-fits-all approach.

This model ensures members start with the right treatment for their situation—beginning with the simplest, least invasive options like lifestyle changes or IUI, and only moving to IVF when it is clinically the right call.



## Jenna's journey: navigating fertility with PCOS

Jenna is beginning to try to grow her family. She was recently diagnosed with PCOS, but hasn't received much guidance on what that means for her fertility or where to start. After a couple months of trying, she enrolls in Maven and is connected with a fertility coach who takes the time to understand her history, her goals, and what she's already been through.

### ENROLLMENT

#### ● Jenna connects with a Fertility Care Coach

Rather than starting with treatment, her coach takes time to understand Jenna's history, goals, and what she's already been through — building a foundation for personalized care.

### ASSESSMENT

#### ● Lab testing + cycle tracking establish a clear picture

Jenna's results reveal irregular cycle patterns consistent with PCOS. With real data in hand, her care team builds a personalized plan aligned to her goals.

## CONDITION-SPECIFIC PATHWAY

## Jenna enters Maven's PCOS pathway

Targeted interventions — such as lifestyle adjustments, medication, and ongoing monitoring — support ovulation before considering more intensive treatment options.

## CYCLES STABILIZE

## Ovulation is regulated; IVF is not needed

Her care team determines Jenna is a strong candidate for natural conception. Before considering moving to assisted reproductive treatment, they continue monitoring and providing guidance.

## OUTCOME

## Jenna becomes pregnant naturally within a few months

By addressing the root cause of her infertility early, Jenna saves months of uncertainty and avoids IVF — a more expensive and invasive path.



## EMPLOYER IMPACT

## A lower total cost per pregnancy — and a smarter use of fertility benefits

Earlier diagnosis reduces months of uncertainty and failed cycles. Conditioned care and appropriate sequencing, such as lifestyle and lower-intensity options before IVF, prevents premature escalation to costly treatment.

# The impact of early diagnosis and intervention

A more proactive, structured fertility model does more than improve care—it directly addresses the cost and utilization challenges organizations face today. By identifying fertility barriers earlier and sequencing care appropriately, Maven drives measurable impact across four key areas.



Lower total cost per pregnancy

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Faster time to pregnancy

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More efficient utilization

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Stronger member experience

## ● Lower total cost per pregnancy

IVF can cost up to \$35,000 per cycle, with total costs reaching \$40,000–\$75,000 per pregnancy due to repeat attempts. Early diagnostics and condition-led care help ensure **patients move to the right level of treatment at the right time**—starting with lower-cost, lower-intensity options and escalating only when clinically appropriate. By resolving underlying conditions first, employers avoid paying for repeated, high-cost interventions—generating meaningful cost avoidance at scale.



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## ● Faster time to pregnancy

Identifying fertility barriers sooner reduces delays before treatment begins, which can otherwise extend to two years. **Personalizing treatment to the root cause** improves the likelihood of success at each step, reducing failed cycles. Members reach pregnancy faster, lowering both direct treatment costs and the indirect workforce impact—including lost productivity and absenteeism.

## ● More efficient utilization

Condition-led pathways for conditions such as PCOS and endometriosis ensure members receive care that reflects what is actually preventing pregnancy, reducing waste in high-cost treatments. **Avoidable IVF cycles and repeat interventions decrease** when care is personalized and clinically guided. Employers gain more predictable, controlled utilization across the fertility journey.

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## ● Stronger member experience

Integrated diagnostics and continuous insights reduce uncertainty and confusion, giving members clear answers sooner. With this information at their fingertips, supported by expert care, **members can follow a defined care plan rather than navigating fragmented or conflicting guidance.** With data-informed next steps, members stay engaged and move through care more effectively—with higher confidence in their care decisions.

## Maven's Fertility and Family Building: driving reduced costs and quicker, clinically guided paths to pregnancy

Fertility benefits should do more than provide access to care—they should make care more efficient, targeted, and cost-effective. Maven's Fertility and Family Building program delivers on that promise by combining early, integrated diagnostics and condition-led care pathways into one connected fertility system. By identifying fertility barriers sooner and guiding treatment based on the members unique needs, Maven helps employers reduce rates of costly treatment, shorten time to pregnancy, and lower the total cost per pregnancy.

For employers and payers under pressure to control costs while improving outcomes, the opportunity is clear: move from a reactive model to one built on early intervention and care that starts with the right treatment, not the most intensive one.

**Contact us to see how Maven can help your organization deliver better fertility outcomes—  
at a lower cost.**

