

# Maven Wallet for Workday (US)

Welcome to Maven Wallet, an easy to use expense management tool offered by Workday (US) for eligible expenses outlined in this document.

Let's explore what Maven Wallet can do for you. If you have any questions along the way, reach out at mavenwallet@mavenclinic.com.

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# Your Maven Wallet Benefits at a Glance

# **Eligibility**

To be eligible for Maven Wallet benefits you must be:

- Benefits eligible employee
- A spouse/ domestic partner of eligible employee

Expenses are eligible for Maven Wallet coverage if:

- Incurred after the employee date of hire or after January 1, 2022; whichever is later
- Paid for with your personal checking account or credit card.
- NOT already covered by any other employer or government fund; including but not limited to your health insurance, FSA, HSA, or your spouse/ domestic partner's benefits.
- Submitted for reimbursement with an itemized invoice and proof of payment to Maven Wallet within 365 days of your date of service or the date of signed surrogacy agreement
- The eligible employee must submit all expenses for reimbursement, even if they were for a spouse or domestic partner.

# **Covered Programs**

Program Type	Description	Benefit Amount
Fertility (including preservation)	Expenses for egg and sperm freezing, IUI/IVF treatment, preconception wellness for the covered employee and their covered dependent	\$25,000 lifetime maximum benefit per employee that applies to all Workday medical and reimbursement plans for care received on or after January 1, 2022.
Adoption	Expenses for the legal adoption of a child	
Surrogacy	Expenses for a legal arrangement between a third party gestational carrier and the covered employee and their covered dependent	

Reminder for Cigna and SimplePay Health Health plan participants You can claim up to \$25,000 in reimbursements for all Maven Wallet-eligible expenses incurred on/after January 1, 2022 (or your initial date of eligibility, whichever is later). The amount available to you for reimbursement will be reduced by:

- The amount of any Cigna and SimplePay Health fertility benefits paid for care received on/after January 1, 2022. For example, if Cigna paid \$10,000 for fertility care in February 2022, you may only access \$15,000 in Wallet benefits thereafter.
- When activating your Maven Wallet benefit, you will need to present an Explanation of Benefits (EOB) from Cigna and SimplePay Health illustrating your historical fertility spend.

This communication provides information about certain employer sponsored benefits. Receipt of this document does not entitle you to benefits offered by your employer. Every effort has been made to ensure the accuracy of this communication. However, if there are discrepancies between this communication and the official plan documents and policies, the plan documents and policies will always govern. Your employer retains the discretion to interpret the terms or language used in any of its communications according to the provisions contained in the plan documents and policies. Your employer reserves the right to amend or terminate any benefit plan or policy in its sole discretion at any time for any reason.

# The Maven Wallet Experience

We've made it simple to manage payments along your family-building journey so you can focus on what truly matters.

#### **Activating your Wallet**

- 1. Download the Maven Clinic app (from Google Play or the App Store) and enroll or sign in.
- 2. Tap "Maven Wallet" on your homepage or "My Maven Wallet" under the "Me" icon.
- 3. Apply to activate your Wallet. We'll verify your eligibility within one business day.
- 4. Once approved, the covered employee can start managing your family's expenses through Maven Wallet.

#### **Getting reimbursed with your Maven Wallet**

Your Maven Wallet account makes reimbursement for eligible expenses easy.

- See "Fertility & Preservation, Adoption, Surrogacy" for a list of eligible expenses.
- Pay for eligible services using your personal credit or checking account; expenses paid for an HSA or FSA card are not eligible for reimbursement.
  - Please Note: Prepaid services, including fertility treatment packages (e.g., multi-cycle packages, or money-back guarantee packages) cannot be reimbursed until the service you are seeking reimbursement for has been rendered or is complete.
- All Maven Wallet expenses submitted for reimbursement require that you submit
  an itemized invoice and proof of payment to Maven Wallet within 365 days of your
  date of service or the date of signed surrogacy agreement. Please refer to the examples
  listed in the "Resources" section. The itemized invoice must include:
  - Date of service
  - Description of service(s)
  - Service provider's name and contact information
  - A receipt showing your (or your eligible spouse's/domestic partner's) financial responsibility for the service.
  - Any other substantiation required for the particular expense
  - Adoption only: Documentation of legal adoption

- Surrogacy only: Copy of legal surrogacy agreement or a letter from an attorney attesting that there is a signed agreement or that the arrangement is legal despite the absence of a signed agreement. Expenses incurred after the signed agreement must be submitted within 365 days of the date of service.
- Wellness only: U.S. only a letter of medical necessity from your provider
- Once your eligible expense is approved, Maven makes every effort to ensure you
  receive reimbursement in your next 1-3 payroll cycles.
- If your reimbursement is taxable, an appropriate tax withholding will be deducted from your next paycheck.
- If your expense isn't eligible for reimbursement, we'll let you know by email. If you think there's an error, reach out to your Care Advocate for more information.

#### Maven Wallet Coverage with Public & Private Insurance

Maven Wallet does not replace or supersede health care benefits provided to employees as part of a mandatory or voluntary health care program in another country. Wallet members can submit for reimbursement for only the portion of their expenses which are paid out-of-pocket and not eligible for payment from any other insurance or reimbursement program.

#### Coordination of Benefits in the U.S.

For employees in the U.S. When Maven Wallet is used for certain medical expenses covered under the Fertility & Preservation Wallet sections additional rules apply:

- Wallet coverage for these services is only available to employees or spouses/domestic partners enrolled in a health insurance plan that meets the Affordable Care Act's requirement for minimum essential coverage.
- You may submit out-of-pocket copays/coinsurance for reimbursement for services that are covered by both your health insurance and Maven Wallet; the portion of services paid for by your health insurance carrier is not eligible for reimbursement.
- When activating your Wallet, you will be required to confirm if you or your spouse/ domestic partner are on a High Deductible Health Plan (HDHP) that is eligible for a Health Savings Account (HSA).
  - For most plans, Maven Wallet pays 100% of eligible expenses up to the maximum set by your employer.
  - For individuals contributing to a Health Savings Account, Maven Wallet pays
     100% of eligible expenses after the minimum out-of-pocket spend has been

met. This value is set by the IRS and resets before every plan year; for 2025 it is \$1,650 for an individual plan, or \$3,300 for a family plan.

# **Eligible Maven Wallet Expenses**

## Fertility (including Fertility Preservation)

You can use your Maven Wallet to be reimbursed for the eligible fertility expenses listed in the table below.

- If you have insurance or government aid that covers fertility care, use that first. Maven Wallet is here to help with the costs your insurance or government aid doesn't cover.
   This might include:
  - Costs for eligible expenses not covered by insurance (up to lifetime maximums per household)
  - o Deductibles (the amount you need to pay before your insurance kicks in)
    - For individuals contributing to a Health Savings Account, Maven Wallet pays 100% of eligible expenses after the minimum out-of-pocket spend has been met. This value is set by the IRS and resets before every plan year; for 2025 it is \$1,650 for an individual plan, or \$3,300 for a family plan.
  - Co-pays (the fixed amount you pay at the time of service)
  - Coinsurance (the percentage of the cost you share with your insurance)
- If your expenses are not eligible under other coverage, Maven Wallet can cover the full cost of eligible expenses (up to your lifetime maximum).

#### **IMPORTANT:**

- U.S. only any expense with an asterisk (\*) must be accompanied by a letter of medical necessity from your provider
- You must submit any claim for reimbursement within 365 days of incurring an eligible fertility expense
- A medical diagnosis of infertility is not required to receive fertility coverage through this benefit

Some expenses vary on their eligibility/ineligibility by local laws and regulations.
 Employees are responsible for 100% of ineligible expenses.

# Eligible expenses

- Procedures related to initial evaluation and timed intercourse (TI); including but not limited to:
  - Office visit(s)
  - Related blood work
  - o Related ultrasounds
  - Hysterosalpingography (HSG) or Saline Sonogram (SIS)
  - Semen analysis
- Procedures related to intrauterine insemination (IUI); including but not limited to:
  - All of the above, and
  - o Simple or complex sperm wash & prep
  - Insemination
- Procedures related to preservation of eggs, sperm, and/or embryos; including but not limited to:
  - o All of the above, and
  - Anesthesia
  - Assisted hatching
  - Blastocyst culture
  - o Intracytoplasmic sperm injection (ICSI)
  - o Oocyte identification and fertilization
  - o Preparation and cryopreservation of eggs, sperm, and/or embryos
  - o Retrieval
  - Tissue storage (1 year)
- Procedures related to in vitro fertilization (IVF); including but not limited to:
  - o All of the above, and
  - o Embryo thaw
  - o Embryo transfer
  - o INVOcell
- Medications related to egg stimulation, retrieval, and transfer
- Embryology diagnostic and screening tests specified herein: Preimplantation genetic screening (PGS), Preimplantation genetic testing (PGT)
- Surgery to reverse prior surgery that prevented the person operated on from having children (reversal of sterilization)
- Male fertility services including but not limited to: Consultations with a licensed fertility specialist, Male factor evaluation, including but not limited to semen analysis, bloodwork, and ultrasounds
- Treatment for male factor infertility procedures; including but not limited to:
  - o Testicular sperm extraction (TESE)
  - o Percutaneous epididymal sperm aspiration (PESA)
  - o Testicular microdissection
  - o Varicocele

# Eligible expenses

- Acquisition of donor material, including but not limited to:
  - o Embryo/egg/sperm donation agency fees
  - Donor screening costs and compensation
  - o Court costs, legal and attorney's fees
  - Shipping/transport fees
  - Extraction and other medical costs related to the egg/sperm/embryo donation, if not covered by another source
- Non-invasive medical procedures that are intended for fertility related wellness\* (e.g., fertility related massage, acupuncture, sound therapy)
- Ovulation tracking or monitoring devices (the primary purpose of the device must be for ovulation tracking), kits, and services\*
- At-home fertility and pregnancy tests
- Herbal medicine and supplements, fertility supplements, and prenatal vitamins\*
- At home insemination kits\*
- At home sperm and hormone tests\*

#### Ineligible expenses

- Expenses to donate sperm or eggs to any other person with the exception of your spouse or domestic partner
- Medical costs, once you or your spouse or domestic partner have become pregnant
- Egg/sperm/embryo storage longer than 1 year
- Monitoring devices where the primary purpose is not fertility/ovulation tracking (e.g. Apple watch, Oura ring)

#### Adoption

You can use your Maven Wallet to be reimbursed for the eligible adoption expenses listed in the table below if the expenses are for:

- The legal of any child who is under the age of 18 at the time you paid the expense, including:
  - Children adopted domestically or internationally
  - Relatives such as a niece, nephew, grandchild, or cousin
  - The child of your registered domestic partner (if you live in a state that allows a same-sex second parent or co-parent to adopt their partner's child)
- It does include the child of your spouse (i.e., a stepchild).

- You will be required to provide documentation of the legal adoption.
  - Some expenses vary on their eligibility/ineligibility by local laws and regulations.
     Employees are responsible for 100% of ineligible expenses.
- IMPORTANT: You must submit any claim for reimbursement within 365 days of incurring an eligible adoption expense.

#### Eligible expenses

- Agency placement fees
- Court costs and legal fees
- Immigration, immunization, re-adoption, and translation fees
- Reasonable travel and lodging costs for the intended parent(s) and any minor child(ren) associated with the adoption process (including ground and air travel)
- Required education directly related to the adoption
- Pre-adoption counseling directly related and for the principle purpose of the legal adoption of the child
- Home study fees

# Ineligible expenses

- Expenses for the biological parents, such as living, counseling, compensation and medical expenses
- Guardianship or custody costs that are not associated with the legal adoption of the child(ren)
- Fees for temporary foster care
- Voluntary donations or contributions to the adoption agency
- Costs paid using funds from any federal, state, or local program for adoption
- Cost of living expenses and/or personal items such as: rent, utilities, food, over-the- counter supplements, clothing, childcare, car seat, transportation to doctor's appointments, etc.
- Loss of income, including but not limited to, loss of income due to complications of pregnancy such as bed rest for birth mother
- Costs for medical care for the child before the adoption has been finalized
- Expenses related to the adoption of embryos including but not limited to medical fees and legal/agency fees

## **Surrogacy**

You can use your Maven Wallet to be reimbursed for the eligible surrogacy expenses listed in the table below, if:

- The surrogacy arrangement is supported by a legal agreement, whereby a person agrees to become pregnant and deliver a child for a contracted party (an individual or a couple) who is, or will ultimately become the parent(s) of the newborn child or children.
  - This includes a gestational surrogate—someone who carries a pregnancy and gives birth to a child for another person or couple, but has no biological connection to the child.
- The surrogacy arrangement must be a legally recognized agreement between the two parties. You'll be required to provide a copy of the formal, signed surrogacy agreement, or a letter from an attorney attesting that there is a signed agreement or that the arrangement is legal despite the absence of a signed agreement.

#### • IMPORTANT:

- Reimbursement for surrogacy costs is not available in every country. Please contact your Maven Care Advocate to see if you can be reimbursed for surrogacy costs in your country *before* incurring any surrogacy costs.
  - Any surrogacy arrangement or expense incurred in violation of applicable laws in the location where obtained or in the U.S. is ineligible for reimbursement.
- Expenses related to the retrieval of reproductive material (i.e. eggs, sperm) of the covered member for the purposes of being transferred to a gestational carrier are ineligible for reimbursement under the Surrogacy Wallet.
- Expenses are eligible for reimbursement 365 after the signed surrogacy agreement or after the expense was incurred, whichever is later.

#### Eligible expenses

- Court costs, legal and attorney's fees
- Surrogacy agency fees
- Gestational carrier screening costs
- Surrogate/gestational carrier compensation
- Health care expenses for the surrogate mother related to the conception, pregnancy and delivery of the baby pursuant to the surrogacy arrangement
- Fees associated with the adoption of a surrogate child

- Reasonable travel and lodging costs for the intended parents and any minor children associated with the surrogacy process (including ground and air travel)
- Embryo/egg/sperm donation agency fees
- Egg/sperm donor screening costs
- Egg/sperm donor compensation
- Egg/sperm donation shipping and transport fees
- Extraction and other medical costs related to the egg/sperm/embryo donation, if not covered by another source

# Ineligible expenses

- Gifts or personal expenses to a gestational carrier and/or family members
- Gifts or personal expenses to an egg, sperm or embryo donor
- Voluntary donations or contributions to the surrogacy agency
- Cost of living expenses and/or personal items such as: rent, utilities, food, over-the- counter supplements, clothing, transportation to doctor's appointments, etc.
- Loss of income, including but not limited to, loss of income due to complications of pregnancy such as bed rest for surrogacy
- Meals while traveling
- Testing related to the transfer of genetic material for anyone other than the donor; including but not limited to (infectious disease testing, risk assessment, physical exam, psychological evaluation)
- Medical expenses for the covered employee or their dependent(s)

# **Maven Membership Perks**

For U.S. employees, being a Maven member gives you access to discounts and partnerships that work with your Maven Wallet benefits. For more information on these and other discounts that may be available to you, please speak with your dedicated Care Advocate.

#### MavenRx

We've partnered with two leading U.S. fertility pharmacies — Alto Pharmacy and SMP Pharmacy — to offer discounts of up to 30% on key fertility medications for individuals who are not using insurance to pay for fertility medications. In addition to discounts, our pharmacy partners offer next day shipping or same day courier service (in select markets) and real-time support, including on-demand, pharmacist-led unboxing and injection support.

#### **Maven Partner Clinics**

In addition to meeting Maven's stringent quality standards, many of Maven's partner fertility clinics offer 10-20% discounts on the clinic's self-pay rates. Message your Care Advocate to receive a personalized referral list of Maven partner clinics near you. When you arrive at the clinic or make an appointment be sure to let them know you have Maven Green to access these perks.

# **Posterity Health**

Posterity Health provides virtual male fertility care (with reproductive urologists and male fertility trained nurses); plus, a network of in-person reproductive urologists across 20+ states. Maven members receive a 15% discount on Posterity services.

#### **Nodal**

Nodal is a platform that efficiently connects vetted surrogates and intended parents, offering transparency, equity, education, and support for all parties on their journey. That means Nodal saves intended parents time and money by providing them with highly-vetted surrogates, all while giving surrogates the support and resources they need to find their best matches. Maven members receive up to \$500 off the Nodal match fee for members pursuing surrogacy.

# **Important Tax Information**

Your Maven Wallet program offers coverage for benefits that may be taxable to you. Please remember that Maven Clinic does not provide any legal or tax advice or guarantee any particular tax treatment of the benefits provided by your employer through Maven Wallet.

Due to various factors, your withholding may be less than or more than your actual tax liability associated with Maven Wallet reimbursements. You should consult your payroll administrator if you have any questions. You should consult your personal tax advisor if you have questions about your personal tax situation, such as your ability to claim credits or deductions. You are solely responsible for complying with your personal income tax filing and payment obligations.

# **Fertility**

Any fertility reimbursement you receive through Maven Wallet is intended to be treated as excludable from your taxable income so long as you've received a clinical diagnosis of infertility, otherwise these expenses are not considered a qualified medical expense and intended to be subject to standard tax withholding. Expenses submitted on behalf of your domestic partner are intended to be treated as taxable income to you. These reimbursements are intended to be reported on your W-2 as wages that are subject to standard tax withholding.

### **Adoption**

Any adoption reimbursement you receive through Maven Wallet is intended to be treated as taxable income to you. These reimbursements are intended to be reported on your W-2 as wages that are subject to standard tax withholding.

#### Surrogacy

Any surrogacy reimbursement you receive through Maven Wallet is intended to be treated as taxable income to you. These reimbursements are intended to be reported on your W-2 as wages that are subject to standard tax withholding.

# **Exhaustion/Termination of Benefits**

# **Exhausting your benefits**

You can submit expenses for reimbursement until you reach the maximum allowable benefit offered or until you're no longer eligible for Maven Wallet. If your final expenses are more than the remaining balance in your Maven Wallet, you will receive reimbursement up to the maximum Maven Wallet benefit amount outlined in this document. Any expenses incurred after that won't be covered by Maven Wallet.

## If you leave your employer

You can submit eligible expenses for reimbursement if they happened on or before your last day of employment. You have up to 90 days after your last day of employment or when the expense submission timeline elapses, whichever comes first.

# **Continuing coverage (COBRA)**

For U.S. employees, if applicable, you can elect to continue your Maven Wallet coverage for eligible medical expenses outlined under the Fertility sections after your employment ends through the Consolidated Omnibus Budget Reconciliation Act (COBRA). Please contact your HR representative for details on which benefits are eligible for COBRA continuation and how to enroll for continuing access to your Maven Wallet benefit.

# Resources



## Maven Wallet: Invoice and Receipt Assistance

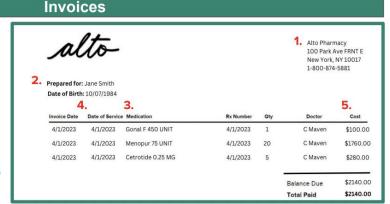
Our team wants to make the reimbursement process as easy as possible for you! In order to process your expenses our team looks for two things, an invoice and a receipt, that has the information we need to get you your reimbursement.

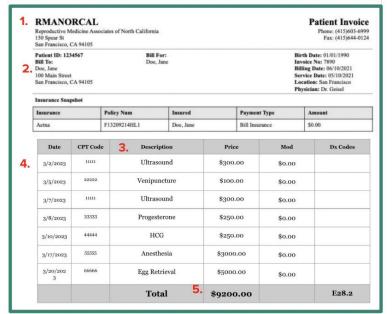
We've included examples of this information below - if you have any questions, please message the Wallet Team!

# An **invoice** needs the following information:

- 1. Name of Service Provider
- Name of Patient/Recipient of Service
- 3. Description of Service(s)
- 4. Date(s) of Service(s)
- Cost of Service(s)

An invoice may have multiple services, like the one below. If you are submitting an invoice like the below, please ensure that you specify the amount that you are submitting this reimbursement for!





# **Helpful Invoice Tips and Tricks**

If you are submitting an invoice for medication or labwork, please ensure that the
medication names prescribed or lab tests performed are clearly displayed on the
invoice. Our team will not be able to submit any invoices that solely show Rx
numbers or "Labwork" on the invoice without additional information.

#### FAQ

## Can I use cash or checks for payment?

If you use cash, please message us when you submit your documents that you have done so. This will help our team as we process your expense! Additionally, the invoice should have a balance of \$0.00.

If you use checks for payment, please provide a credit card statement or screenshot of your bank app that shows the funds being withdrawn from your bank account.

If I am requesting reimbursement for a package (i.e. egg freezing cycle, IVF), what kind of documents do I need to send?

If you are requesting reimbursement for a package, you will need to submit an invoice that confirms the last date that services were provided to you OR a letter from your clinic that confirms that the package has been completed. This helps our team to confirm that this expense is eligible for reimbursement! If the services have not been completed, we won't be able to submit them until they are.



## Maven Wallet: Adoption Expense Assistance

Our team wants to make the reimbursement process as easy as possible for you! In order to process your expenses our team looks for a few documents that have the information we need to get you your reimbursement. We've included examples of this information below - if you have any questions, please message the Wallet Team!

If you are submitting adoption expenses, our team will need to see the following to process your expenses: the first and last page of your adoption court order, an invoice for the expense that you would like to be reimbursed and a receipt showing that you have paid.

#### **Invoices**

An invoice needs the following information:

- Name of Service Provider
- 2. Name of Patient/Recipient of Service
- Description of Service(s)
- Date(s) of Service(s)
- Cost of Service(s)

An invoice may have multiple services, like the one below. If you are submitting an invoice like the below, please ensure that you specify the amount that you are submitting this reimbursement for!





An **adoption court order** should clearly show the following information:

- 1. Name of Adoptive Parents
- Date of Adoption

If you don't have a document like the shown example, don't worry! Message the Maven Wallet team - we can help you to obtain the necessary documents to get reimbursed.



## Maven Wallet: Adoption Expense Assistance

#### Receipts

A receipt needs the following information:

- Cost of Service
- 2. Last four digits of payment method
- 3. Date of Payment

If a receipt from your service provider is not available, a **bank statement** or **screenshot** from your **mobile banking app** would work! Just make sure that your card number is prominently displayed.

Please note that even if your receipt says "Credit Card", "Debit Card" or "Bank", we will not be able to accept it unless it has the last four digits of the payment method used. This allows our team to confirm that the transaction has been processed.



#### FAQ

# What if I've used cash to pay my adoption agency or other provider?

If you use cash, please message us when you submit your documents that you have done so. This will help our team as we process your expense! Additionally, the invoice should have a balance of \$0.00.

If you use checks for payment, please provide a credit card statement or screenshot of your bank app that shows the funds being withdrawn from your bank account.



# Maven Wallet: Surrogacy Expense Assistance

Our team wants to make the reimbursement process as easy as possible for you! In order to process your expenses our team looks for a few documents that have the information we need to get you your reimbursement. We've included examples of this information below - if you have any questions, please message the Wallet Team!

If you are submitting surrogacy expenses, our team will need to see the following to process your expenses: the first and last page of your surrogacy agreement, proof of funding of your escrow account and any applicable invoice for the expense (i.e. invoice from clinic for IVF)

#### Invoices

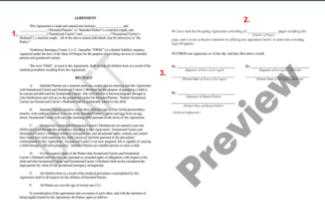
We just need the first page and last page of your surrogacy contract that shows the following details:

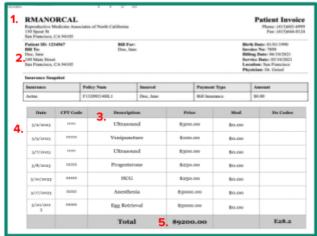
- 1. Intended Parents' Names
- 2. Date of Contract Execution
- Signatures of Intended Parents and Surrogates

An invoice needs the following information:

- 1. Name of Service Provider
- 2. Name of Patient/Recipient of Service
- 3. Description of Service(s)
- 4. Date(s) of Service(s)
- 5. Cost of Service(s)

An invoice may have multiple services, like the one below. If you are submitting an invoice like the below, please ensure that you specify the amount that you are submitting this reimbursement for!





# **Helpful Tips and Tricks**

If your company does require that you have a surrogacy agreement in order to submit expenses, all expenses should be submitted after your surrogacy contract is signed. Any expense that occurred before the contract was signed should be submitted within the required submission period after your contract has been signed.



#### Maven Wallet: Surrogacy Expense Assistance

### **Escrow Account and Receipts**

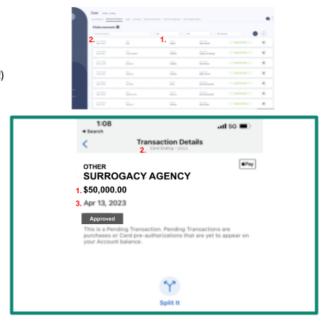
If your expense was paid via an escrow account, our team will need both the receipt from your escrow account and the receipt that shows the funding via an escrow account. If you did not pay via an escrow account, a receipt showing that the transaction has processed would be sufficient!

A **receipt** that shows payment from your escrow account needs the following information:

- 1. Cost of Service
- 2. Date of Payment
- Name of Escrow Agency (we just need to see that this came from an escrow account!)

A **receipt** that shows the funding of your escrow account OR a receipt that was paid via credit card/check/wire needs the following information:

- 1. Cost of Service
- 2. Last four digits of payment method
- 3. Date of Payment



#### **FAQ**

#### What if I've paid for an expense in cash?

If you use cash, please message us when you submit your documents that you have done so. This will help our team as we process your expense! Additionally, the invoice should have a balance of \$0.00.

If you use checks for payment, please provide a credit card statement or screenshot of your bank app that shows the funds being withdrawn from your bank account.

What documents do I need if I'm submitting a surrogacy travel or medical expense? If you are submitting a surrogacy travel expense, we'll also need to see documentation of the travel reason. This documentation just needs to show why you were traveling (i.e. appointment invoice). If you're submitting a surrogacy medical expense, we'll need to see the invoice from the clinic as well.

#### What if I'm submitting a surrogacy expense that is outlined in my contract?

If you are submitting a surrogacy expense that is outlined in your contract (i.e. gestational carrier compensation), we'll need to see the page that outlines this expense in your contract as well. This, along with the screenshot from your escrow account can serve as the invoice for this expense!



#### **Letter of Medical Necessity Form - Maven Member Instructions**

According to the Internal Revenue Code rules, some healthcare related services and products are only eligible for reimbursement from your health reimbursement arrangement (HRA) when your doctor or provider certifies that they are medically necessary. When required by your employer-sponsored Maven Wallet reimbursement program<sup>1</sup>, submit this completed form with your claim submission as additional documentation. **This form should also be completed by the medical practitioner to confirm treatment is necessary for a specific medical condition**. Your provider can also submit a statement on their letterhead, as long as the letter includes all of the information on this form, including the certification of medical necessity. This information is strictly confidential and will be used only for the purposes of processing claims for reimbursement.

#### How to use the template form

Maven has developed this template form to assist you and your healthcare provider in providing the information we need to process your reimbursement claim. Your provider must indicate:

- 1. Your (or your spouse's or dependent's) specific diagnosis or condition as it relates to the service or product
  - a. Note: The diagnosis must be specific. For example, a diagnosis of "elevated levels of triglycerides or cholesterol" is not specific. A diagnosis of "hypercholesterolemia" is specific.
- 2. The specific treatment needed for the condition and description
  - a. Note: The recommended treatment must be named and described by your licensed healthcare provider. A recommended treatment described as "doula care for pregnancy" or "vitamins for general health and wellness" is not enough information. Your provider must specifically name and describe the recommended treatment. For example, an acceptable description of treatment would be "I recommend a doula as necessary to address and support the unique physical and emotional needs of the patient with gestational diabetes during pregnancy, labor and postpartum."
- 3. The start and end dates of treatment as it relates to the service or product
  - Note: Your provider must state a specific treatment period (with clear start and end dates). Lifetime or indefinite lengths of treatment will not be approved. You must submit a new letter of medical necessity at least each plan year — they cannot be approved indefinitely.
- 4. Certification that the treatment is medically necessary
  - a. Note: Your licensed provider must complete, sign and date the form.

#### Important things to remember

Please keep a copy of all submitted documents for your records. Note: If a claim requires a Letter of Medical Necessity, the claim will not be paid until the Letter of Medical Necessity Form and any required supporting documentation is received. This form is subject to review and submitting this form does not guarantee that the expense will be reimbursed.

By submitting this letter of medical necessity, you certify that the expenses you are claiming are a direct result of the medical condition described, and you would not incur the expenses you are claiming if you were not treating this medical condition or diagnosis.

<sup>&</sup>lt;sup>1</sup> Please refer to your employer-specific Program Overview to determine which expenses may be eligible under the program for reimbursementwith a letter of medical necessity by your treating provider.

This communication provides information about certain employer sponsored benefits. Receipt of this document does not entitle you to benefits offered by your employer. Every effort has been made to ensure the accuracy of this communication. However, if there are discrepancies between this communication and the official plan documents and policies, the plan documents and policies will always govern. Your employer retains the discretion to interpret the terms or language used in any of its communications according to the provisions contained in the plan documents and policies. Your employer reserves the right to amend or terminate any benefit plan or policy in its sole discretion at any time for any reason.

# **Letter of Medical Necessity Form**

Under Internal Revenue Code rules<sup>2</sup> some health care services and products are only eligible for reimbursement from your health reimbursement arrangement (HRA) when your doctor or other licensed health care provider certifies that they are medically necessary. Your provider must indicate your (or your qualified dependent's) specific diagnosed medical condition, the specific treatment needed, the length of treatment, and how this treatment will alleviate your medical condition. Maven has developed this letter to assist you and your health care provider in providing the information needed in order to process your reimbursement claim. Your provider can also submit a statement on their letterhead, as long as the letter includes all the required information on this form. Services or products cannot be approved indefinitely. Submitting this form does not guarantee that you will be reimbursed for the expense.

To Be Completed By Maven Member

Patient First and Last Name:
Member Name (if different from above):
Member's Employer:
Certification & Signature
By signing below, I certify that the Medical Necessity and Provider Information and Certification sections were completed by the
aforementioned treating healthcare provider. The expense I am claiming is not for general good health purposes but is the direct
result of the medical condition as described by the healthcare provider. I also understand that this letter of medical necessity does
not guarantee that the expense will be reimbursed under my plan.
Patient Signature
To Be Completed by Licensed Healthcare Provider
Description of Medical Necessity
Patient First and Last Name:
Medical Condition or Diagnosis:
Describe the recommended treatment If recommending supplements equipment, list specific name(s) and itemize). Reimbursements
will be made according to listed items only:
Start Date of Treatment : End date of Treatment :
Describe how the treatment will alleviate the medical condition
Describe now the treatment will alleviate the medical condition
Recommending Provider Information & Certification
Print Name of Licensed Practitioner:
Provider License Number:
Provider Phone Number:
Provider Address:
Certification & Signature
I certify that this service or product is medically necessary to treat the specific medical condition described above
and is not in any way for general health or for cosmetic purposes.
Signature         Date
<sup>2</sup> IRC Sec 213 (d)