Maven Wallet for Exemplar Luxury Group

2026

Welcome!

Welcome to Maven Wallet!
Through Maven Wallet, Exemplar Luxury Group offers:

- **USD 10,000 lifetime maximum** for Fertility and Preservation expenses per household
- **USD 5,000 per event maximum with a maximum of 2 events** for Adoption and Surrogacy expenses per household

Specific eligible expenses are outlined in this document.
If you have any questions during your Maven journey, reach out at mavenwallet@mavenclinic.com .

Eligibility

Eligible Maven Wallet expenses outlined in this document can be incurred by:

- The benefits-eligible employee
- The spouse or tax-dependent partner of the eligible employee

****Important:** Only one person in a household can be the Wallet holder. This person will be responsible for submitting receipts on behalf of all eligible household members.

Expenses are eligible for reimbursement if:

- Incurred after meeting the applicable Exemplar Luxury Group eligibility criteria or January 1, 2022, whichever is later
- Paid for with your personal checking account, debit card, or credit card
- NOT already covered by any other employer-sponsored or public program, including but not limited to health coverage or benefits provided to your spouse/partner
- Submitted within 90 days from the date of service
    - For adoption, expenses must be submitted within 90 days from the date of the finalized adoption
    - For surrogacy, expenses must be submitted within 90 days from the date of signed surrogacy agreement or the date of service, whichever is later

****Important:** Expenses are considered eligible only when obtained lawfully in the local jurisdiction where services are rendered. Employees are responsible for 100% of the cost of ineligible expenses.

For U.S. employees:

For medical expenses related to Fertility and Preservation, you should use available medical insurance coverage or government medical coverage first. Maven will help reimburse remaining eligible costs, including:

- **Co-pays:** the fixed fee you pay at the time of service
- **Coinsurance:** the percentage you owe after insurance pays its share
- **Deductibles:** the amount you pay before your insurance starts covering costs
    - **Most Plans:** Maven Wallet covers 100% of eligible expenses, up to the limit set by your employer.
    - **If you're on a high-deductible health plan (HDHP) with a Health Savings Account (HSA):** Maven Wallet starts covering 100% of eligible expenses after you meet a specific deductible amount **set by the IRS.** This may be different than your health insurance deductible.
        - For 2026, the amounts are:
            - $1,700 for an individual plan
            - $3,400 for a family plan
        - These amounts reset each plan year on January 1

How to get reimbursed

Step 1: Sign up for Maven

Download the Maven Clinic app (from Google Play or the App Store) and create an account.

Step 2: Activate your Wallet

Navigate to "My Maven Wallet" from the main menu. Apply to activate your Wallet. We'll verify your eligibility within one business day.

Step 3: Get reimbursed

Submit your invoice and proof of payment in the Maven app. Some expenses may require additional documentation. For details, see the eligible expenses section.

Reimbursements are made through **payroll** for Fertility, Preservation, Adoption, and Surrogacy expenses. Once your expense is approved, expect reimbursement in your next 1-3 payroll cycles.

If your expense isn't eligible for reimbursement, we'll let you know by email. If you think there's an error, message the Maven Wallet team in your app.

Preservation

Special notes for Preservation

- Pre-payment of future services -- like multi-cycle or money-back guarantee packages -- can only be reimbursed after the entire service package is complete provided that you otherwise remain eligible for benefits.
- A medical diagnosis of infertility is not required to receive reimbursement

Eligible expenses

- Procedures related to initial evaluation; including but not limited to:
  - Office visits (virtual or in person)
  - Ultrasounds
  - Blood work
  - Hysterosalpingography (HSG) or Saline Sonogram (SIS)
  - Semen analysis
- Procedures related to egg freezing; including but not limited to:
  - Cycle management and monitoring
  - Related office visits
  - In-cycle blood work
  - Related ultrasounds
  - Anesthesia
  - Retrieval
  - Oocyte identification
  - Preparation and cryopreservation of eggs
- Preparation and cryopreservation of sperm
- Medication related to the listed fertility procedures
- Tissue storage (1 year)

Ineligible expenses

- Medical costs, once you or your partner have become pregnant
- Egg/sperm storage longer than 1 year

Fertility

Special notes for Fertility

- Pre-payment of future services -- like multi-cycle or money-back guarantee packages -- can only be reimbursed after the entire service package is complete provided that you otherwise remain eligible for benefits.
- A medical diagnosis of infertility is not required to receive reimbursement
- **For U.S. employees only:** Any expense with an asterisk (*) must be accompanied by a letter of medical necessity from your provider

Eligible expenses

- Procedures related to initial evaluation; including but not limited to:
  - Office visits (virtual or in person)
  - Ultrasounds
  - Blood work
  - Hysterosalpingography (HSG) or Saline Sonogram (SIS)
  - Semen analysis
- Procedures related to timed intercourse; including but not limited to:
  - Cycle management and monitoring
  - Related office visits
  - In-cycle blood work
  - Related ultrasounds
- Procedures related to intrauterine insemination (IUI); including but not limited to:
  - Cycle management and monitoring
  - Related office visits
  - In-cycle blood work
  - Related ultrasounds
  - Simple or complex sperm wash & prep
  - Insemination
- Procedures related to in vitro fertilization (IVF); including but not limited to:
  - Related office visits
  - In-cycle blood work
  - Related ultrasounds
  - Simple or complex sperm wash & prep
  - Anesthesia
  - Retrieval
  - Assisted hatching
  - Blastocyst culture
  - Embryo biopsy and culture in lab
  - Intracytoplasmic sperm injection (ICSI)
  - Oocyte thaw
  - Oocyte identification and fertilization
  - INVOcell
  - Embryo transfer
  - Embryo thaw
  - Preparation of embryo for transfer

- Embryology diagnostic and screening tests specified herein: Preimplantation genetic screening (PGS), Preimplantation genetic testing (PGT)
- Procedures related to egg freezing; including but not limited to:
    - Cycle management and monitoring
    - Related office visits
    - In-cycle blood work
    - Related ultrasounds
    - Anesthesia
    - Retrieval
    - Oocyte identification
    - Preparation and cryopreservation of eggs
- Preparation and cryopreservation of sperm
- Preparation and cryopreservation of embryo(s)
- Medication related to the listed fertility procedures
- Tissue storage (1 year)
- 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:
    - Testicular sperm extraction (TESE)
    - Percutaneous epididymal sperm aspiration (PESA)
    - Testicular microdissection
    - Varicocele
- Non-invasive medical procedures that are intended for fertility related wellness* (e.g., fertility related massage, acupuncture, sound therapy)
- At-home fertility and pregnancy tests
- Ovulation tracking or monitoring devices (the primary purpose of the device must be for ovulation tracking), kits, and services*
- At home sperm and hormone tests*
- At home insemination kits*
- Herbal medicine and supplements, fertility supplements, and prenatal vitamins*

Ineligible expenses

- Medical costs, once you or your 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)

Adoption

Special notes for Adoption

- You may submit eligible expenses as soon as the adoption is finalized
- Eligible expenses apply to the adoption of any child under 18 at the time of the expense, including:
  - Children adopted domestically or internationally
  - Relatives such as a niece, nephew, grandchild, or cousin
  - The child of your registered domestic partner (Where local laws permit, a second parent or co-parent adoption by a partner)
- You will be required to provide documentation of the finalized adoption

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
- Meals while traveling

Surrogacy

Special notes for Surrogacy

- A surrogacy arrangement involves a legal agreement where an individual agrees to carry and birth a child on behalf of another person or couple, who will be the child's legal parent(s). This includes gestational surrogates, who have no genetic link to the child.
- Legal documentation is required, such as a signed agreement or a letter from an attorney confirming validity of the surrogacy arrangement.

Eligible expenses

- Court costs, legal and attorney's fees
- Surrogacy agency fees
- Surrogate/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)

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

Taxation

The following is a **guide** on how your Maven benefit is taxed. You are solely responsible for complying with your personal income tax filing and payment obligations.
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. The amount of tax withheld may be more or less than your actual tax liability, depending on your personal tax situation.

- For questions about your pay statements or W2, reach out to your payroll team
- For questions about your personal tax situation, including your ability to claim credits or deductions, reach out to a tax advisor

US Taxation

Expense Type	Tax Treatment
Fertility	Considered taxable income and subject to standard tax withholding
Preservation	Considered taxable income and subject to standard tax withholding
Adoption	Excludable from income tax in accordance with IRS rules for maximum excludable amounts per adopted child and modified adjusted gross income caps on exclusions. Please review the IRS rules at Instructions for Form 8839 (2024) | Internal Revenue Service and follow the instructions therein. Adoption reimbursements are intended to be reported on your W-2 in box 12 with code T, subject to payroll tax withholding but not income tax withholding
Surrogacy	Considered taxable income and subject to standard tax withholding

What this means for you:
Any taxable reimbursement you receive is like a bonus. Your employer should report it on your W2 as wages subject to standard tax withholding. Due to various factors, your withholding may be less than or more than your actual tax liability associated with Maven Wallet reimbursements.

Other important information

If you leave your employer

Your eligibility ends on your last day of employment. You can still submit claims for eligible services that took place on or before your last day, as long as the submission is within 90 days from your last day of employment or when the expense submission timeline elapses, whichever comes first.

Continuing coverage (COBRA)

U.S. employees can elect to continue Maven Wallet coverage for eligible medical expenses outlined in the Fertility and Preservation section[s] after their employment ends through COBRA. Please contact your HR representative for details.

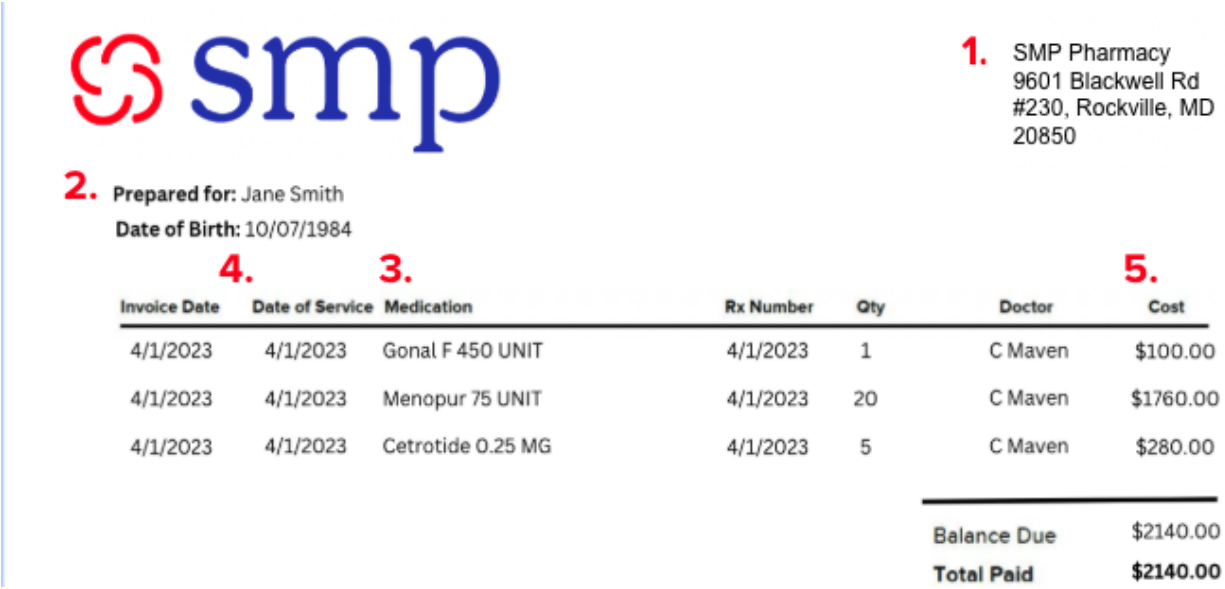
Resources

Invoice and receipt assistance

In order to process your reimbursement request, our team needs documentation that includes:

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)

This is usually found in an invoice and/or receipt.
Examples:



smp

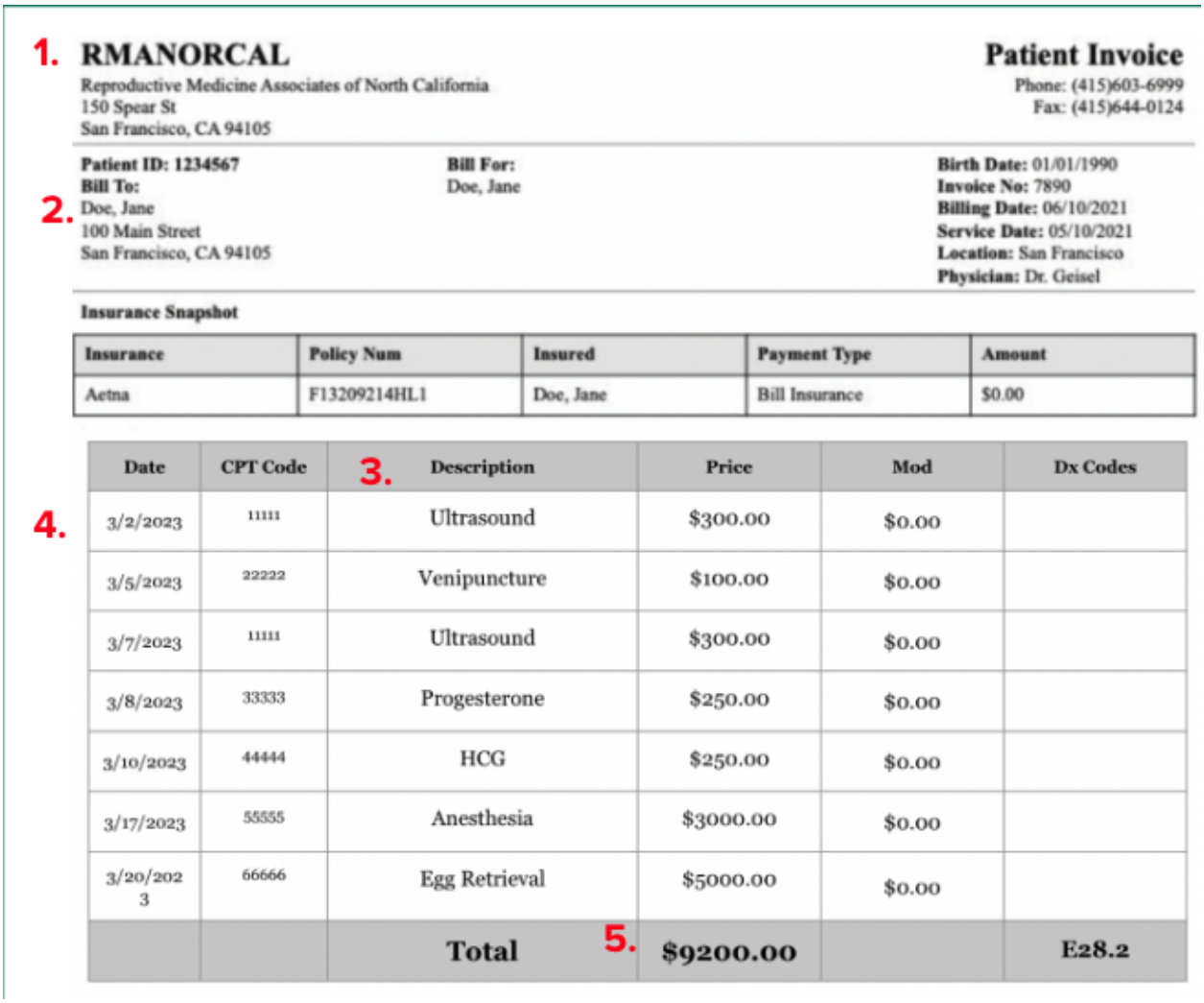
1. SMP Pharmacy
9601 Blackwell Rd
#230, Rockville, MD
20850

2. **Prepared for:** Jane Smith
Date of Birth: 10/07/1984

4. 3. 5.

Invoice Date	Date of Service	Medication	Rx Number	Qty	Doctor	Cost
4/1/2023	4/1/2023	Gonal F 450 UNIT	4/1/2023	1	C Maven	$100.00
4/1/2023	4/1/2023	Menopur 75 UNIT	4/1/2023	20	C Maven	$1760.00
4/1/2023	4/1/2023	Cetrotide 0.25 MG	4/1/2023	5	C Maven	$280.00

Balance Due	$2140.00
Total Paid	**$2140.00**



1. **RMANORCAL**
Reproductive Medicine Associates of North California
150 Spear St
San Francisco, CA 94105

Patient Invoice
Phone: (415)603-6999
Fax: (415)644-0124

Patient ID: 1234567
Bill To:
2. Doe, Jane
100 Main Street
San Francisco, CA 94105

Bill For:
Doe, Jane

Birth Date: 01/01/1990
Invoice No: 7890
Billing Date: 06/10/2021
Service Date: 05/10/2021
Location: San Francisco
Physician: Dr. Geisel

Insurance Snapshot

Insurance	Policy Num	Insured	Payment Type	Amount
Aetna	F13209214HL1	Doe, Jane	Bill Insurance	$0.00

4.

Date	CPT Code	3. Description	Price	Mod	Dx Codes
3/2/2023	11111	Ultrasound	$300.00	$0.00	
3/5/2023	22222	Venipuncture	$100.00	$0.00	
3/7/2023	11111	Ultrasound	$300.00	$0.00	
3/8/2023	33333	Progesterone	$250.00	$0.00	
3/10/2023	44444	HCG	$250.00	$0.00	
3/17/2023	55555	Anesthesia	$3000.00	$0.00	
3/20/2023	66666	Egg Retrieval	$5000.00	$0.00	
		Total 5.	**$9200.00**		**E28.2**

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

FAQ

1. **Can I use cash or checks for payment?**
    - Yes. If you use cash, please message us when you submit your documents to let us know. The invoice should have a balance of $0.00. If you use checks, please provide a credit card statement or screenshot of your bank app that shows the funds being withdrawn from your bank account.
2. **If I am requesting reimbursement for a package, what kind of documents do I need to submit?**
    - 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. We are not able to reimburse packages until all the included services have been completed.

Adoption

Invoice and receipt assistance for Adoption

In order to process your Adoption reimbursement request, our team needs:

1. **The first and last page of your adoption court order if required**
2. **An invoice** for the expense
3. **A receipt** showing that you have paid

Example court order:

If required, your adoption court order should clearly show:

1. Name of adoptive parents
2. Date of adoption

DECA
Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Email: _____
Self-Represented

DISTRICT COURT
CLARK COUNTY, NEVADA

In the Matter of the Petition of
_____ and
_____
(*adoptive parents' names*)
For adoption of a minor child.

CASE NO.: _____
DEPT: _____
HEARING DATE: _____
HEARING TIME: _____

2.

DECREE OF ADOPTION

This Court, having reviewed the Petition for Adoption filed by the Petitioners, (*first petitioner's name*) _____ and (*second petitioner's name*) _____, and the matter coming on regularly to be heard before this Court on the date and time above, and the Petitioners appearing personally, and it appearing to the satisfaction of the Court that all required consents to adoption have been filed with this Court and the Court having considered said documents, and the Court having further examined all documents executed and filed herein, and finding them in all respects proper, and the Court having (☒ *check one*)

1.

☐ waived the requirement for a child welfare services investigation;
☐ reviewed the child welfare services investigation;

and having examined the Petitioners under oath, from which examination the Court finds that all of the allegations of said Petition are true; if there are two Petitioners, they are married; the Petitioners have been residents of Clark County for at least six months; the Petitioners are more than ten years older than the minor child(ren); the Petitioners are financially able to provide for

© 2016 Family Law Self-Help Center Decree of Adoption
Page 1 of 3

Surrogacy

Invoice and receipt assistance for Surrogacy

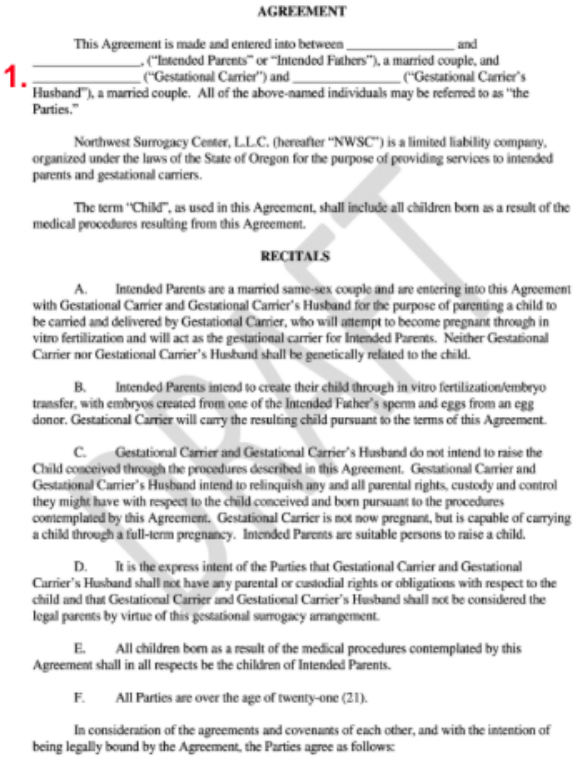
In order to process your Surrogacy reimbursement request, our team needs:

1. **The first and last page of your surrogacy agreement**
2. **Proof of funding** of your escrow account if applicable. If you did not pay via an escrow account, a receipt showing that the transaction has processed is sufficient
3. Any applicable **invoice** for the expense

Example surrogacy agreement:

Your surrogacy agreement should clearly show:

1. Intended parents' names
2. Date of contract execution
3. Signatures of intended parents and surrogates



AGREEMENT

This Agreement is made and entered into between _____ and _____, ("Intended Parents" or "Intended Fathers"), a married couple, and _____ ("Gestational Carrier") and _____ ("Gestational Carrier's Husband"), a married couple. All of the above-named individuals may be referred to as "the Parties."

Northwest Surrogacy Center, L.L.C. (hereafter "NWSC") is a limited liability company, organized under the laws of the State of Oregon for the purpose of providing services to intended parents and gestational carriers.

The term "Child", as used in this Agreement, shall include all children born as a result of the medical procedures resulting from this Agreement.

RECITALS

A. Intended Parents are a married same-sex couple and are entering into this Agreement with Gestational Carrier and Gestational Carrier's Husband for the purpose of parenting a child to be carried and delivered by Gestational Carrier, who will attempt to become pregnant through in vitro fertilization and will act as the gestational carrier for Intended Parents. Neither Gestational Carrier nor Gestational Carrier's Husband shall be genetically related to the child.

B. Intended Parents intend to create their child through in vitro fertilization/embryo transfer, with embryos created from one of the Intended Father's sperm and eggs from an egg donor. Gestational Carrier will carry the resulting child pursuant to the terms of this Agreement.

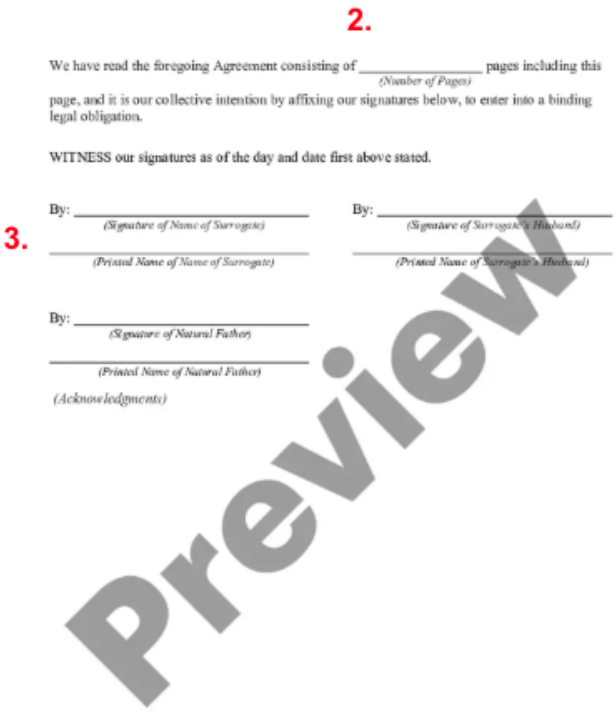
C. Gestational Carrier and Gestational Carrier's Husband do not intend to raise the Child conceived through the procedures described in this Agreement. Gestational Carrier and Gestational Carrier's Husband intend to relinquish any and all parental rights, custody and control they might have with respect to the child conceived and born pursuant to the procedures contemplated by this Agreement. Gestational Carrier is not now pregnant, but is capable of carrying a child through a full-term pregnancy. Intended Parents are suitable persons to raise a child.

D. It is the express intent of the Parties that Gestational Carrier and Gestational Carrier's Husband shall not have any parental or custodial rights or obligations with respect to the child and that Gestational Carrier and Gestational Carrier's Husband shall not be considered the legal parents by virtue of this gestational surrogacy arrangement.

E. All children born as a result of the medical procedures contemplated by this Agreement shall in all respects be the children of Intended Parents.

F. All Parties are over the age of twenty-one (21).

In consideration of the agreements and covenants of each other, and with the intention of being legally bound by the Agreement, the Parties agree as follows:



We have read the foregoing Agreement consisting of _____ pages including this page, and it is our collective intention by affixing our signatures below, to enter into a binding legal obligation.

WITNESS our signatures as of the day and date first above stated.

By: _____ (Signature of Name of Surrogate)

_____ (Printed Name of Name of Surrogate)

By: _____ (Signature of Surrogate's Husband)

_____ (Printed Name of Surrogate's Husband)

By: _____ (Signature of Natural Father)

_____ (Printed Name of Natural Father)

(Acknowledgments)

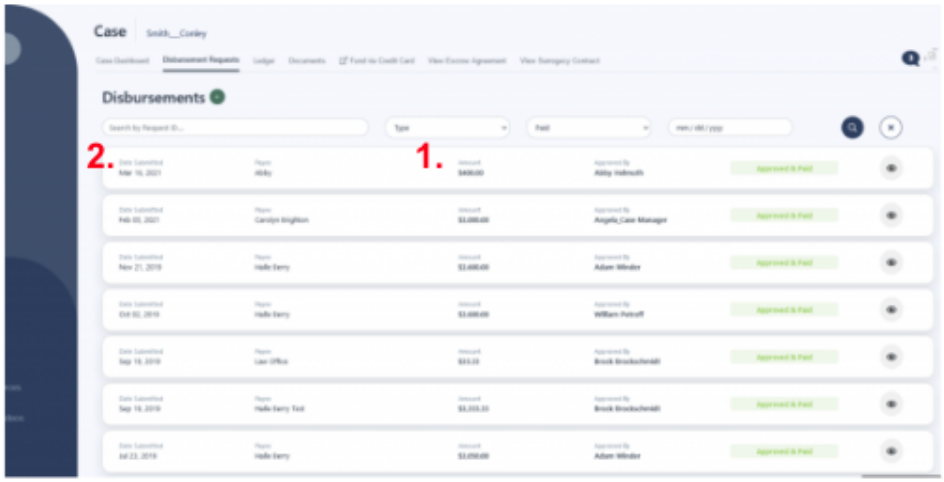
Example proof of funding from escrow account:

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.

The receipt that shows payment from your escrow account should clearly show:

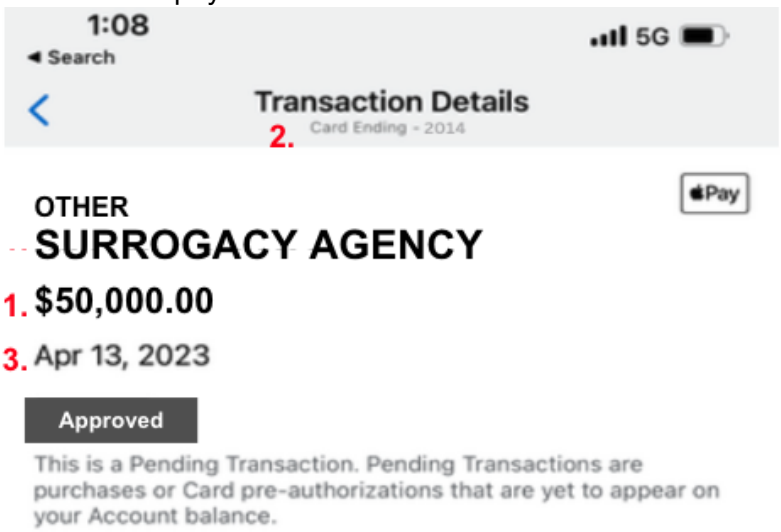
1. Cost of service
2. Date of payment
3. Name of escrow agency

3. SeedTrust Escrow



The receipt that shows the funding of your escrow account or that the transaction has processed should clearly show:

1. Cost of service
2. Last four digits of payment method
3. Date of payment



***Helpful tip:** If your company requires that you have a surrogacy agreement in order to submit expenses, all expenses should be submitted after your agreement is signed. Any expense that occurred before signing should be submitted within the required submission period after your agreement has been signed.

FAQ

1. **What documents do I need if I'm submitting a surrogacy travel or medical expense?**
    - If you're submitting a surrogacy travel expense, we'll also need documentation that shows the reason for your travel

    - If you're submitting a surrogacy medical expense, we'll also need to see the invoice from the clinic.
2. **What if I'm submitting a surrogacy expense that is outlined in my agreement?**
    - If you are submitting a surrogacy expense that is outlined in your contract, we'll need to see the page that outlines this expense in your agreement. This, along with the screenshot from your escrow account, can serve as the invoice for this expense.

Currency exchange

Eligible employees who are not normally paid in U.S. dollars will be reimbursed up to the local currency equivalent of the maximum reimbursement amount available, in accordance with the currency exchange rate as determined by Maven.

If you incur an eligible expense in a different currency than the local currency in which you are normally paid, the amount of the expense will be converted to the local currency in which you are normally paid, in accordance with the currency exchange rate as determined by Maven. Currency exchange rates are calculated on a blended average of the daily exchange rate over 12 months and rates will be recalculated annually. If there's a country that isn't on the list, please reach out to mavenwallet@mavenclinic.com and we'll be able to calculate the 12-month average exchange rate for your expenses.

To view the amount of your expense or Wallet maximum in local currency, you can use the currency conversions listed below. To use the table to calculate your Maven Wallet maximum, locate your local currency and multiply the maximum by the rate provided. (i.e., EU: $100 USD x 0.942 = €94.20 Euros). To use the table to calculate how spend in your local currency will impact the USD maximum in your Maven App, locate your local currency and divide the expense amount by the exchange rate provided. (i.e. EU: €100/.942 = $106.16 USD)

Initial Currency Exchange Rates		
Country	Local Currency	2026 Exchange Rate: USD to Local
United States	USD	1
American Samoa	USD	1.00
Andorra	EUR	0.94
Antarctica	USD	1.00
Argentina	ARS	1185.10
Armenia	AMD	388.00
Australia	AUD	1.56
Austria	EUR	0.94
Belgium	EUR	0.94
Bermuda	BMD	1.00
Bhutan	INR	86.38
Bouvet Island	NOK	10.48
Brazil	BRL	5.69
British Indian Ocean Territory	USD	1.00
Bulgaria	EUR	0.94
Canada	CAD	1.41

Initial Currency Exchange Rates		
Country	Local Currency	2026 Exchange Rate: USD to Local
Chile	CLP	962.71
China	CNY	7.21
Christmas Island	AUD	1.56
Cocos (Keeling) Islands	AUD	1.56
Colombia	COP	4150.93
Cook Islands	NZD	1.73
Costa Rica	CRC	501.29
Cyprus	EUR	0.94
Czechia	CZK	21.66
Denmark	DKK	6.70
Ecuador	USD	1.00
Egypt	EGP	49.68
Estonia	EUR	0.94
Faroe Islands	DKK	6.70
Finland	EUR	0.94
France	EUR	0.94
French Guiana	EUR	0.94
French Southern Territories	EUR	0.94
Germany	EUR	0.94
Ghana	GHS	12.90
Greece	EUR	0.94
Greenland	DKK	6.70
Guadeloupe	EUR	0.94
Guam	USD	1.00
Guernsey	GBP	0.76
Heard Island and McDonald Islands	AUD	1.56
Holy See (Vatican City State)	EUR	0.94
Hong Kong	HKD	7.79
Hungary	HUF	360.05
India	INR	86.38
Indonesia	IDR	16359.19
Ireland	EUR	0.94
Isle of Man	GBP	0.76
Israel	ILS	3.51

Initial Currency Exchange Rates		
Country	Local Currency	2026 Exchange Rate: USD to Local
Italy	EUR	0.94
Japan	JPY	149.63
Jersey	GBP	0.76
Jordan	JOD	0.71
Kenya	KES	128.99
Kiribati	AUD	1.56
Korea, Republic of	KRW	1426.39
Kyrgyzstan	KGS	87.06
Latvia	EUR	0.94
Liechtenstein	CHF	0.85
Lithuania	EUR	0.94
Luxembourg	EUR	0.94
Malaysia	MYR	4.33
Malta	EUR	0.94
Marshall Islands	USD	1.00
Martinique	EUR	0.94
Mayotte	EUR	0.94
Mexico	MXN	19.57
Micronesia, Federated States of	USD	1.00
Monaco	EUR	0.94
Montenegro	EUR	0.94
Morocco	MAD	9.46
Nauru	AUD	1.56
Netherlands	EUR	0.94
New Zealand	NZD	1.73
Nicaragua	NIO	36.60
Nigeria	NGN	1527.50
Niue	NZD	1.73
Norfolk Island	AUD	1.56
Northern Mariana Islands	USD	1.00
Norway	NOK	10.48
Palau	USD	1.00
Palestine, State of	JOD	0.71
Peru	PEN	3.61
Philippines	PHP	57.48

Initial Currency Exchange Rates		
Country	Local Currency	2026 Exchange Rate: USD to Local
Pitcairn	NZD	1.73
Poland	PLN	3.81
Portugal	EUR	0.94
Puerto Rico	USD	1.00
Romania	RON	4.51
Russian Federation	RUB	89.09
Réunion	EUR	0.94
Saint Barthélemy	EUR	0.94
Saint Helena, Ascension and Tristan da Cunha	GBP	0.76
Saint Martin (French part)	EUR	0.94
Saint Pierre and Miquelon	EUR	0.94
San Marino	EUR	0.94
Singapore	SGD	1.32
Slovakia	EUR	0.94
Slovenia	EUR	0.94
South Africa	ZAR	18.06
South Georgia and the South Sandwich Islands	GBP	0.76
Spain	EUR	0.94
Svalbard and Jan Mayen	NOK	10.48
Sweden	SEK	9.99
Switzerland	CHF	0.85
Taiwan, Province of China	TWD	31.09
Thailand	THB	33.29
Timor-Leste	IDR	16359.19
Tokelau	NZD	1.73
Turkey	TRY	38.64
Turks and Caicos Islands	USD	1.00
Tuvalu	AUD	1.56
Ukraine	UAH	41.57
United Arab Emirates	AED	3.67
United Kingdom	GBP	0.76
United States Minor Outlying Islands	USD	1.00

Initial Currency Exchange Rates		
Country	Local Currency	2026 Exchange Rate: USD to Local
Uruguay	UYU	41.48
Viet Nam	VND	25897.00
Virgin Islands, British	USD	1.00
Virgin Islands, U.S.	USD	1.00
Western Sahara	MAD	9.46
Zambia	ZMW	25.53
Åland Islands	EUR	0.94

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[1], 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
    - Note: The diagnosis must be specific.
2. The specific treatment needed for the condition and description
    - Note: The recommended treatment must be named and described by your licensed healthcare provider. Your provider must specifically name and describe the recommended treatment.
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
    - 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.

Letter of Medical Necessity Form

Under Internal Revenue Code rules[2] 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 the 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_____

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_____

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[1] Please refer to your employer-specific Program Overview to determine which expenses may be eligible under the program for reimbursement with a letter of medical necessity by your treating provider.

[2] IRC Sec 213 (d)