

Physical Wellness

All contribution rates deducted from each pay period after-tax unless otherwise noted. OneMain continues to pay the majority of healthcare premium costs; however, you should review your per-pay-period costs. Premiums are deducted from each pay on a pre-tax basis. If you are covering a domestic partner, the value of the healthcare coverage provided to them is treated by the IRS as taxable income and will be imputed in your income, resulting in additional tax withholding. Visit MainStreet for more information on these benefits.

UnitedHealthcare PPO, CDHP and Surest Copay Plan¹

Per Pay Period	PPO Plan	Enhanced CDHP Value Plan	Base CDHP Savings Plan	Surest Copay Plan
Team Member Only	\$116.82	\$67.45	\$52.13	\$36.35
Team Member + Spouse / Domestic Partner	\$260.99	\$151.18	\$120.11	\$89.61
Team Member + Child(ren)	\$209.90	\$121.20	\$95.91	\$66.03
Team Member + Family	\$372.81	\$215.95	\$171.72	\$142.48

1. All contributions are shown with a tobacco-free discount incentive applied. Team Members who are not tobacco free have a tobacco surcharge of \$23.08 per pay period on top of the elected benefit plan contributions.

Kaiser Permanente¹ HMO Plan³

	Per Pay Period
Team Member Only	\$88.44
Team Member + Spouse / Domestic Partner	\$176.88
Team Member + Child(ren)	\$159.18
Team Member + Family	\$247.62

Hawaii Medical Service² HMO Plan

	Per Pay Period
Team Member Only	\$18.82
Team Member + Spouse / Domestic Partner	\$123.96
Team Member + Child(ren)	\$123.96
Team Member + Family	\$185.95

1. Kaiser HMO plan is only available to California residents.

2. HMSA HMO plan is only available to Hawaii residents.

3. All contributions are shown with a tobacco-free discount incentive applied. Team Members who are not tobacco free have a tobacco surcharge of \$23.08 per pay period on top of the elected benefit plan contributions.

MetLife Dental Plan

Per Pay Period	Preventative	Enhanced
Team Member Only	\$7.87	\$18.52
Team Member + Spouse / Domestic Partner	\$16.14	\$35.53
Team Member + Child(ren)	\$17.94	\$40.09
Team Member + Family	\$28.40	\$63.05

EyeMed Vision Plan

	Per Pay Period
Team Member Only	\$2.45
Team Member + Spouse / Domestic Partner	\$4.90
Team Member + Child(ren)	\$5.25
Team Member + Family	\$8.39

Accident

	Per Pay Period
Team Member Only	\$3.95
Team Member + Spouse / Domestic Partner	\$5.92
Team Member + Child(ren)	\$7.53
Team Member + Family	\$9.61

Hospital Indemnity

Per Pay Period	Basic	Enhanced
Team Member Only	\$5.90	\$10.64
Team Member + Spouse / Domestic Partner	\$11.97	\$21.54
Team Member + Child(ren)	\$9.41	\$17.06
Team Member + Family	\$16.19	\$29.30

Critical Illness – \$15,000 Lump-Sum Benefit

Age Group	Team Member Only	Team Member + Spouse	Team Member + Child(ren)	Team Member + Family
24 & under	\$1.66	\$3.25	\$3.88	\$5.47
25 to 29	\$1.73	\$3.60	\$3.95	\$5.82
30 to 34	\$2.42	\$5.05	\$4.71	\$7.27
35 to 39	\$3.46	\$7.27	\$5.75	\$9.55
40 to 44	\$5.19	\$11.08	\$7.48	\$13.29
45 to 49	\$7.82	\$16.75	\$10.04	\$18.97
50 to 54	\$11.35	\$24.44	\$13.57	\$26.65
55 to 59	\$15.72	\$34.68	\$17.93	\$36.90
60 to 64	\$22.64	\$50.54	\$24.85	\$52.75
65 to 69	\$34.20	\$76.36	\$36.42	\$78.58
70 & over	\$52.34	\$115.20	\$54.62	\$117.42

Critical Illness – \$30,000 Lump-Sum Benefit

Age Group	Team Member Only	Team Member + Spouse	Team Member + Child(ren)	Team Member + Family
24 & under	\$3.32	\$6.51	\$7.75	\$10.94
25 to 29	\$3.46	\$7.20	\$7.89	\$11.63
30 to 34	\$4.85	\$10.11	\$9.42	\$14.54
35 to 39	\$6.92	\$14.54	\$11.49	\$19.11
40 to 44	\$10.38	\$22.15	\$14.95	\$26.58
45 to 49	\$15.65	\$33.51	\$20.08	\$37.94
50 to 54	\$22.71	\$48.88	\$27.14	\$53.31
55 to 59	\$31.43	\$69.37	\$35.86	\$73.80
60 to 64	\$45.28	\$101.08	\$49.71	\$105.51
65 to 69	\$68.40	\$152.72	\$72.83	\$157.15
70 & over	\$104.68	\$230.40	\$109.25	\$234.83

Mental Wellness

Mental Wellness benefits provided by OneMain do not have monthly contributions, but may have associated service fees, monthly costs and/or copays.

Financial Wellness

All contribution rates deducted from each pay period after-tax. If you are covering a domestic partner, the value of the healthcare coverage provided to them is treated by the IRS as taxable income and will be imputed in your income, resulting in additional tax withholding. Visit MainStreet for more information on these benefits.

Supplemental Life – Team Member & Spouse

Age Group	Team Member Only Monthly Cost / \$1,000*	Team Member + Spouse Monthly Cost / \$1,000*
34 & under	\$0.036	\$0.036
35 to 39	\$0.043	\$0.043
40 to 44	\$0.074	\$0.074
45 to 49	\$0.128	\$0.128
50 to 54	\$0.207	\$0.207
55 to 59	\$0.348	\$0.348
60 to 64	\$0.568	\$0.568
65 to 69	\$0.983	\$0.983
70 & over	\$1.381	\$1.381

*Monthly contribution rate per \$1,000 of coverage shown. Team member and spouse/domestic partner age reductions apply: 50% at age 70.

Supplemental Life – Dependent

Benefit Amount	Per Pay Period Rate
\$5,000	\$0.51
\$10,000	\$1.02
\$15,000	\$1.52
\$20,000	\$2.03

Voluntary AD&D

	Cost Per \$1,000 Per Month
Team Member Only	\$0.025
Team Member + Family	\$0.039

Social/Family Wellness

All contribution rates deducted from each pay period after-tax unless otherwise noted. If you are covering a domestic partner, the value of the healthcare coverage provided to them is treated by the IRS as taxable income and will be imputed in your income, resulting in additional tax withholding. Visit MainStreet for more information on these benefits.

Voluntary Long-Term Disability (LTD) Buy-Up Coverage

You are covered automatically for a 50% LTD plan at no cost to you. You also have the option to buy up to a 60% LTD plan at \$0.283 per \$100 worth of coverage (monthly rate). This buy up option is subject to Evidence of Insurability and has a 365-day pre-existing condition limitations if you were not previously enrolled in company-provided or buy-up LTD.

Legal

	Per Pay Period
Team Member + Family	\$8.75

Identity Theft

	Per Pay Period
Team Member Only	\$4.38
Team Member + Family	\$7.71