



Be Well.
Thrive On.™

Benefits 2026

Family-Building
Guide



Be Well.

Thrive On.

It takes a village.

Building a family is no small endeavor, and OneMain is here to support you along the way. From beginning your family-building journey to dependent care, we are committed to providing you with the resources you need to ensure the health and well-being of those most important to you.

This guide provides information at your fingertips without having to access the full benefits guide, including:

- Adding a Dependent
- Fertility Resources
- Maternity Care & Support, including Lactation Support
- Parental Leave, Adoption & FMLA
- Life Insurance
- Family Care Benefits
- Pre-Tax Account (FSA & HSA)



Our full digital benefits guide has greater details and resources for all benefits and may be accessed at work or home at bewell.omf.com. Additional benefit information can be found on [MainStreet](#). If you have questions, contact [HRConnect](#) at hrconnect@omf.com.

This document captures the covered healthcare services and treatment options provided by OneMain and is not a guarantee that services requested will be rendered. Consult with your benefits contact regarding additional requirements and procedures for gaining access to covered services.

Adding a Dependent



Team members regularly scheduled to work at least 30 hours per week along with their qualified dependents may enroll in the medical, prescription drugs (Rx), dental, vision and life plans offered.

Qualified Dependents

Your eligible qualified dependents are:

- Legal spouse
- Domestic partner (same-sex or different-sex)
- Children up to age 26 (medical, Rx, life and AD&D)
- Children up to age 30 (dental and vision)
- Disabled children (no age limit)

If you would like to add coverage for a dependent, [click here](#). Adding a dependent due to a marriage will become effective first of the month following the event.

If you would like to add coverage for a domestic partner, please complete the affidavit located [here](#). If you have questions, contact [HRConnect](#) at hrconnect@omf.com.

For the full list of qualified dependents and the requirements for each plan and carrier, please consult your benefits guide which can be found on [MainStreet](#).

Dependent Eligibility & Verification

When enrolling dependents, verification of eligibility must be provided. If you add new dependents to coverage during enrollment or as a new hire, you will receive an email notification at work and additional documents that would be sent to your home address on file requesting documentation to verify dependent eligibility. The notice will contain detailed instructions on collecting documents such as birth certificates, marriage licenses and tax records.

- **Spouse:** Copy of marriage certificate and most recent tax return.
- **Domestic Partner/Civil Union:** Complete the affidavit on the benefits portal.
- **Biological Child (up to age 26):** Copy of birth certificate/birth announcement or copy of prior year's federal tax return showing dependent claimed on taxes within.
- **Stepchild (up to age 26):** Copy of birth certificate and copy of marriage certificate showing your spouse as the biological parent.
- **Adopted Child (up to age 26):** Copy of papers showing placement of child in your home or copy of final adoption papers.
- **Disabled Child:** Copy of birth certificate or copy of prior year's federal tax return showing dependent claimed on taxes and proof of incapacity must be received within 120 days after the date on which the maximum age (26) is attained. Subsequent evidence of disability or dependency may be required as often as reasonably necessary to verify continued eligibility.

- **Legal Guardian (up to age 26):** Copy of court order proving legal guardianship.

Your dependent will be covered during the verification process. Failure to submit documentation by the deadline will result in the removal of the dependent(s) from coverage at the end of the dependent verification process. If you fail the dependent verification process, you will be responsible for the total cost of premiums plus any care received during the unqualified coverage period.

Please send the required documents to the Dependent Verification Center via:

Fax: 877-9656-9555

Mail: P.O. Box 1401, Lincolnshire, IL 60069-1401

Annual Enrollment

Any changes made to your elections during the annual open enrollment period will be effective the following January. For new team members, coverage and premium payments are effective on the first day of the month following date of hire.

Qualifying Life Events

During the plan year (Jan 1 – Dec 31), team members may experience IRS qualified life events such as birth/adoption or legal guardianship of a minor, gain of new coverage, Medicare coverage, death, marriage/legal separation or divorce, and loss of coverage.

Please note: *If adding a dependent due to a marriage, the effective date is the first of the month following the event. If adding a dependent due to a birth or adoption, the effective date is the date of the birth or date of adoption placement, even if not legally adopted yet.*

When enrolling dependents after a qualified life event, verification of eligibility must be provided and is subject to the dependent verification process.

If you experience a qualified life event, please contact the Benefits Service Center through [HRConnect](#) at hrconnect@omf.com within 31 days of the event (marriage, birth date, adoption placement, etc.) to make coverage changes.

A full list of qualified life events can be found on [MainStreet](#).

Fertility Care Resources



OneMain is committed to supporting team members during your family-building journey with resources through your applicable medical plans.

UnitedHealthcare (UHC) Medical Plan

For those who meet the eligibility criteria, infertility services include a lifetime maximum of two cycles for medical services such as artificial insemination, in-vitro fertilization and embryo transfer and implantation. In Vitro Fertility benefits do not require an infertility diagnosis.

Infertility drugs are covered separately under your Optum Rx pharmacy plan.

While OneMain's coverage is not available for surrogates of a team member or a team member's dependents, team members or dependents have coverage for their own pregnancy if they are a surrogate (or under any other circumstances).

Surest Copay Plan Members

For those who meet the eligibility criteria, infertility services include a lifetime maximum of two cycles for medical services such as artificial insemination, in-vitro fertilization and embryo transfer and implantation. In Vitro Fertility benefits do not require an infertility diagnosis.

Infertility drugs are covered separately under your Optum Rx pharmacy plan.

While OneMain's coverage is not available for surrogates of a team member or a team member's dependents, team members or dependents have coverage for their own pregnancy if they are a surrogate (or under any other circumstances).

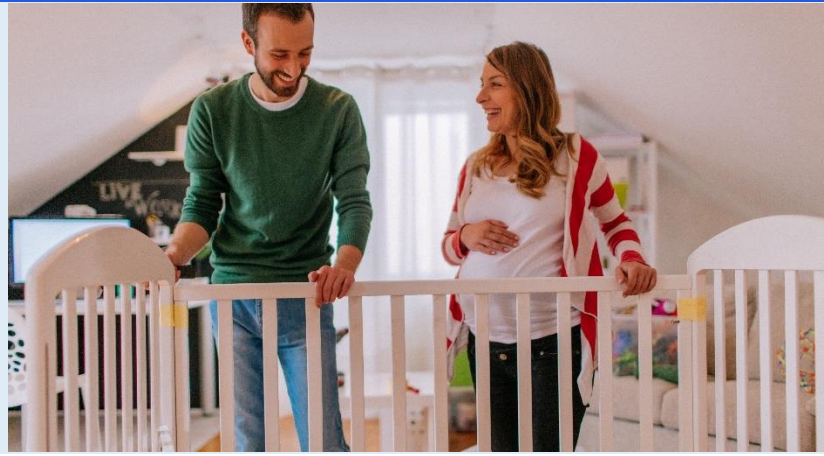
Kaiser Medical Plan Members

If eligibility criteria are met, team members have coverage for services related to artificial insemination. Team members enrolled in a Kaiser plan can [click here](#) for information on the Kaiser Centers for Reproductive Health.

HMSA Medical Plan Members

If eligibility criteria are met, team members have a lifetime maximum of one IVF cycle. IVF services are not covered when a surrogate is used.

Maternity Care Resources



Whether you are thinking about having a baby or have one on the way, OneMain partners with medical carriers to provide support for your maternity journey. Preventive well baby visits during their first year are covered at no cost to team members under their chosen medical plans.

UnitedHealthcare Medical Plan Members

You may call UHC Member Services team at [87 7-370-0823](tel:877-370-0823) or visit myuhc.com to learn about your maternity benefits and resources.

Surest Copay Plan Members

[Click here](#) for resources on maternity benefits or you may call Surest Member Services team at [866-683 - 6440](tel:866-683-6440) (available M-F 6:00am - 9:00pm CST).

Kaiser Medical Plan Members

[Click here](#) for resources on every stage of pregnancy, labor and delivery, as well as supporting your baby's first weeks at home.

HMSA Medical Plan Members

As soon as your pregnancy is confirmed, you can enroll in the HMSA Pregnancy and Postpartum program to be matched with a maternity nurse who can answer any questions and will check-in periodically for additional support.

To enroll, [click here](#) or call [855-329-5461](tel:855-329-5461) (Monday – Friday 8 a.m. – 5 p.m. HST).

Additional Maternity Care Resources



Employee Assistance Program

Regardless of your plan, the Guidance Resources Employee Assistance Program gives you access to 24/7 confidential support for personal, behavioral health, financial, parenting, childcare, or work-related problems, including work/life specialists who can assist with locating lactation support.

To access services, call [888-381-4327](tel:888-381-4327) (or [800-697-0353](tel:800-697-0353) for TDD), visit guidanceresources.com or download the GuidanceNow app and register using the company ID **VX3291S**.

Maven Maternity

Combining an expansive, specialized telehealth network of more than 30 provider types with individual care navigation, Maven supports your path through maternity. Maven's compassionate Care Advocates help members navigate the complexities of your journey: from managing high-risk fertility and maternity patients to ensuring seamless integration with existing benefits, empowering members to advocate for themselves. Learn more at mavenclinic.com.

This benefit is available at no cost to you; however, you must be enrolled in a UnitedHealthcare (UHC) or the Surest Copay medical plan.

Parental Leave & Adoption



Any [parental leaves of absence](#) including maternity, adoption and bonding (for all parents), are set at six weeks at 100% pay after one or more years of service, immediately following the birth or adoption of a child.

In the case of maternity leave, these six weeks are added to the standard six to eight weeks of short-term disability after the team member is no longer considered disabled, totaling a combined period of 12 to 14 weeks.

Upon return from leave, nursing mothers will be provided reasonable break time and a private area to express milk for a period of up to one year (unless state law requires a longer period) following birth. These lactation breaks will be unpaid unless otherwise required by state law.

If you have additional questions related to your parental leave benefit, please contact HR Connect at [800-804-8502](tel:800-804-8502) or email omleaveadministration@omf.com.

Team members can [click here](#) for a checklist of benefits related tasks that need to be reviewed before and after the arrival of your baby.

Time Away From Work Policies (TAFW)

Our [TAFW policies](#) such as sick time, bereavement, parental leave and family leave include the ability to care for domestic partners and their children.

Adoption Reimbursement

If you are full-time and have been employed for more than one year, you may be eligible to receive [reimbursement](#) for adoption-related expenses up to a maximum of \$3,000 per child (\$6,000 annual maximum). See the [Time Away From Work](#) policy for more details on adoption eligibility.

Family & Medical Leave Act (FMLA)

To file a leave request under FMLA, please contact Lincoln Financial [800-423-2765](tel:800-423-2765), Monday -Thursday, 8 a.m. – 8 p.m. EST and Friday, 8 a.m. – 6 p.m. EST, or via [MyLincolnPortal.com](https://mylincolnportal.com) using team member registration code: LF1173ONE.

Please be prepared to provide your personal information, your department at OneMain, the date of your last full day of work, the nature of your leave request (e.g. – childbirth, adoption, etc.), and your physician's contact information (if applicable).

Life Insurance & Supplemental Coverage



Adding dependents may cause you to consider other benefits such as dependent or spousal life coverage for new family members. It's also an opportunity to review and update the beneficiaries of your plan(s).

Refer to your plan documentation on [MainStreet](#) for full coverage details. Individual beneficiary designations must be made for each type of coverage.

Life Insurance

The company automatically enrolls eligible team members in basic group term life insurance equal to one times your base salary with a minimum benefit of \$50,000 and a maximum of \$250,000 at no cost. Your initial beneficiary designation must be made during enrollment. Please have your dependent's information (i.e., Social Security number, date of birth and home address) available at that time.

Supplemental Life Insurance

You may also choose to purchase Supplemental Life and AD&D insurance coverage for yourself and your family. Team members may select supplemental spouse life or dependent life without selecting supplemental team member life coverage.

If you are selecting supplemental coverage, you may be required to complete Evidence of Insurability (EOI) online during enrollment. Once completed and submitted, a medical exam may be required. Carrier decisions are mailed to your home address on file. If approved, your selections and premium will be updated for the next applicable pay period. View the chart on the next page for more details regarding coverage of Supplemental Life Insurance and AD&D policies.

Supplemental Coverage (Team Member-Paid Post-Tax)

Team Member Supplemental Life	• Up to 10X base salary; Maximum of \$3,000,000 • Age Reduction: 50% at age 70 • Subject to EOI above Guarantee Issue
Spouse Supplemental Life	• Increments of \$10,000; Maximum \$250,000 • Age Reduction: 50% at age 70 • Coverage cannot exceed 100% of team member's combined coverage • Subject to EOI above Guarantee Issue (New Members) • Subject to EOI above \$10,000 increments (Current Members)
Dependent (Child) Supplemental Life	• Increments of \$5,000; Maximum: \$20,000 • No EOI Required
Accidental Death & Dismemberment (AD&D)	• Increments of \$10,000; Minimum: \$20,000; Maximum: \$3,000,000 • No EOI required

Individual beneficiary designations must be made for each type of coverage issued for you. If you do not select a beneficiary for each coverage, the beneficiary for one coverage will not be defaulted to another coverage. If no beneficiary is named for each coverage, or if no beneficiary survives you, the Carrier may, at their option, pay your insurance benefits in accordance with the provisions of the policy. It is your responsibility to ensure that your designation remains accurate and reflects your intentions. When a minor is named a life insurance beneficiary to a Trust, and the Trust has not been created, the insurance benefit payout will not be available to them until they turn 18 or 21, depending on which state they reside.

Family Care Benefits with Care.com



Team members have premium access to Care.com, which includes the ability to post jobs, search for and reach out to local caregivers 24/7 to find care for children, adults or pets. You can also search for housekeeping and tutoring services through [Care.com](https://www.care.com).

Care.com Featured Services

- **Backup Care:** Vetted and subsidized adult and childcare, when your regular care is not available, and reimbursement for adult and childcare through your personal network when in-network options are not available.
- **Adult Care:** Care specialists guide you through the intricacies of caring for aging loved ones. Use the Family Care Hub to store and organize important information about your loved one's care.
- **Expert Assistance:** One-on-one assistance from a Care Specialist to help make the process of finding your perfect caregiver easier.
- **On-Demand Tutoring:** Access to on-demand tutors and academic resources for students, grades K-12, plus college, at no cost to you.
- **LifeCare:** Comprehensive resources and 24/7 personalized assistance from Care Specialists to support you with parenting, child and adult care, pet care and education.
- **LifeMart:** Members-only discount program offering nationwide offers and savings on major brands and everyday essentials.

Flexible Spending Accounts (FSA)



Healthcare & Limited Purpose FSAs

A healthcare flexible spending account (FSA) is a benefit for those enrolled in a PPO, Surest, Kaiser, or HMSA medical plan that allows you to set aside your own pre-tax dollars to be reimbursed for health care expenses. Team members not enrolled in any medical coverage through OneMain are also eligible to participate in a healthcare FSA.

For team members enrolled in one of the CDHP plans, you can elect a Limited Purpose FSA which allows you to set aside your own pre-tax dollars to be reimbursed for dental and/or vision expenses.

The **2026 IRS maximums** are \$3,400 for Healthcare FSA and Limited Purpose FSA contributions.

Dependent Day Care FSA

Regardless of whether you enroll in a OneMain medical plan, you can enroll in a Dependent Day Care FSA for the day care and protection of a dependent while you and your spouse are at work. Dependents are defined as children under the age of 13 or a disabled spouse or parent who lives with you full-time whom you claim as a dependent on your taxes.

For child or elder care claims, your spouse must work at least part-time or be actively looking for work to be eligible.

Eligible expenses include accredited day care, day camp or visiting nurse services. This account cannot be used for medical, dental or vision expenses. You may be reimbursed only up to the amount of your day care sub-account balance at the time the request for reimbursement is processed.

The **2026 IRS maximum** is \$7,500 per household for Dependent Care FSA.

FSA Limitations & Tax-Favored Status

If you do not use your FSA account balance within the calendar year, you will lose those funds. You must re-enroll in the FSA accounts each year and have up to the following March to resubmit receipts for reimbursements in the current year.

To qualify for tax-favored status, this benefit may not discriminate in favor of highly compensated team members and other "key employees" with respect to eligibility, contributions or benefits. OneMain performs an annual test to ensure the benefit satisfies these legal requirements. The results of the test are subject to an audit by the IRS. You will be contacted if an adjustment to your annual goal amount is needed.

Health Savings Account (HSA)



Those enrolled in the UnitedHealthcare Enhanced CDHP Value Plan and Base CDHP Savings Plan are eligible to open a health savings account (HSA). An HSA is a vehicle for you to take charge of your healthcare spending with funds that roll over year to year that are yours to keep even if you leave the company.

HSAs are triple-tax advantaged, so you aren't taxed on:

- Contributions to your account
- Interest earned
- Withdrawals used to pay for eligible expenses

HSA Contribution Program

You can increase or decrease your own personal HSA contributions at any time during the year. However, your total contributions must not exceed the IRS annual maximums:

- Employee Only Coverage: **\$4,400**
- All Other Tiers: **\$8,750**
- Catch-Up Contributions (Ages 55+): **additional \$1,000**

Those enrolled in single coverage receive up to a \$500 annual HSA contribution from OneMain, and those enrolled in family coverage receive up to a \$1,000 annual HSA contribution.



Benefits Guide & Support



MainStreet

For complete details, including the summary of benefits and coverage (SBC) for the benefit offerings in this guide, compliance notices and additional resources - be sure to visit the Total Rewards Page on [MainStreet](#) and our [Digital Benefits Guide](#) to learn more about all the benefits OneMain has to offer.

[Go to MainStreet](#)

[Go to the Digital Benefits Guide](#)



Benefits Service Center

If you have questions about the information in this guide, reach out to the Benefits Service Center through [Self-Service Portal](#) via phone at [\(800\) 804-8502](tel:8008048502) or email hrconnect@omf.com

[Contact HRConnect](#)

Be Well.

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Helpful Resources

Family-Building Guide

Find an In-Network Provider

[UnitedHealthcare \(UHC\)](#)

[Surest Copay Plan](#)

[Kaiser: Northern California](#)

[Kaiser: Southern California](#)

[HMSA](#)

Guidance Resources Employee Assistance Program (EAP)

Team members and their dependents can call [888-381-4327](#) (or [800-697-0353](#) for TDD) to access 24/7 confidential support services for personal, behavioral health, financial or work-related problems.

To register, visit [guidanceresources.com](#) or download the GuidanceNow app and use the company ID **VX3291S**.

Nationwide Pet Insurance

Family-building includes pets as well. OneMain offers comprehensive pet insurance through Nationwide.

Access to coverage for veterinary treatments related to accidents and illnesses, including cancer. Policies cover diagnostic tests, X-rays, prescriptions, surgeries, hospitalization and more.

[Click here](#) for more details.

Qualified Life Events Changes

If you experience a [qualified life event](#), contact [HRConnect](#) via email at hrconnect@omf.com within 31 days of the event date so that enrollment and proper documentation can be received.

Smart Choice Accounts: Healthcare, Limited Purpose, & Dependent Day Care FSAs

For additional information, please call [844-364-7657](#) or visit the [OneMain Benefits Center](#).

UnitedHealthcare: Health Savings Account

Group Number **730727**

For additional information, please call [877-370-0823](#) or access your HSA through UHC by setting up your HealthSafe ID.

Lincoln Financial Group: Life and Disability Insurance & Leave Reporting

Group Numbers

- **09-LF1173** (Life & Long-Term Disability)
- **09-LF1173** (Short-Term Disability/Leave)

For additional information, please call [888-481-2430](#).