



Employee Benefit Program Summary

2022

Full-time Employees

Welcome!

Orion Associates offers eligible employees these benefits:

- Health Insurance
- Dental Insurance
- Vision Insurance
- Flexible Benefit Plan
- Basic Term Life and AD&D Insurance
- Voluntary Term Life and AD&D Insurance
- Short-term Disability Insurance
- Voluntary Long-term Disability Insurance
- Supplemental Plans
- Employee Assistance Program
- Pet Insurance
- 401(k) Retirement Savings Plan

What You Should Know

- Benefit eligible full-time employees work over 35 hours per week. If you work 20 or more hours per week, you are eligible for the Supplemental Plans.
- Benefits begin on the first of the month following 30 days of employment when your enrollment information is submitted in a timely manner.
- Enrollment, changes, and cancellations for most plans are limited to your initial benefit eligibility period or our annual open enrollment period unless you have a qualifying life event such as marriage, divorce, birth, loss of other coverage, a job status change, or other life events.

**Questions about your benefits?
Please contact your Human Resource Generalist.**



Orion Associates, Inc.

EMPLOYEE BENEFIT PROGRAM 2022

Table of Contents

Health Insurance Contact	4
Dental Plan	5
Vision Plan	6
Flexible Benefit Plan	7
Basic Life Plan	7
Voluntary Life Plan	8
Short-term Disability Plan	9
Voluntary Long-term Disability Plan	9
Employee Assistance Program	9
Supplemental Plans	10
• Short-term Disability Buy-up	
• Accident	
• Medical Bridge	
• Critical Illness	
• Whole Life	
Pet Insurance Plan	17
401(k) Retirement Plan	18

Orion Associates, Inc. reserves the right to change, amend, terminate, or otherwise alter any benefit plan at any time. The benefits described in this document are only summaries.

In case of error and for all claim adjudication, the master contracts will prevail.

Please read your benefit certificates for more detail and information.



HEALTH INSURANCE CONTACT INFORMATION

To learn about health insurance options, please contact:

Gravie
Phone: (800) 501-2920
Email: help@gravie.com
www.gravie.com



DENTAL PLAN

Orion Associates offers a dental plan from Principal Financial Group. You may use any licensed dentist, but benefits are highest when you use a Premier/Principal Plan Dental provider.

Dental Plan Highlights

Dental Plan Service/Feature	PPO Network Benefit	Out of Network Benefit
Network Name	Premier/ Principal Plan Dental	Any licensed dentist <i>You may be balance-billed for costs over allowed amounts.</i>
Maximum Annual Benefit <i>Per calendar year</i>	\$1,500/person	\$1,500/person
Deductible <i>Per calendar year</i>	\$50/person; \$150/family	\$50/person; \$150/family
Preventive & Diagnostic Care Cleanings, Exams, X-rays	100% covered <i>No deductible</i>	100% covered <i>No deductible</i>
Basic Procedures Fillings, Simple oral surgery, Endodontics, Periodontics	80% covered	80% covered
Major Procedures Root Canal Therapy, Complex oral surgery, Crowns, Onlays, Inlays, Bridges, Dentures	50% covered	50% covered
Orthodontia	Not covered	Not covered

Refer to your Certificate for more detail. The Master Contract will be used in case of error and for all claim adjudication.

Dental Plan Contributions

Orion Associates pays a significant portion of your premium for dental coverage, including dependent coverage. These are the contributions:

2022 Coverage Status	Orion Pays <i>Per Month</i>	You Pay <i>Per Paycheck</i>
Employee Only	\$28.31	\$3.54
Employee + Spouse	\$54.39	\$6.80
Employee + Child(ren)	\$56.51	\$7.06
Employee + Spouse + Child(ren)	\$89.78	\$11.22

Your contribution is deducted twice each month, even if there are three pay periods in one month.

Dental Plan Network Providers

Although you may see any dentist you wish, benefits are highest when you see a Premier/Principal Plan Dental provider. To find a provider:

- Visit www.principal.com. Click *Insure*, then *Find a Dentist*.
- Call Customer Service at (800) 986-3343.



VISION PLAN

Orion Associates offers a vision plan from Unum-Starmount. You may use any vision provider, but benefits are highest when you use Unum Vision Care providers.

Vision Plan Highlights

Plan Feature/Service	Network Member Cost	Out-of-Network Reimbursement
Network Name	Unum Vision Care	n/a
Vision Exam <i>Once every 12 months</i>	\$10 Copay	Up to \$35
Frames <i>Once every 12 months</i>	\$120 allowance	Up to \$50
Standard Plastic Lenses	<i>Once every 12 months</i>	<i>Once every 12 months</i>
Single Vision	\$10 Copay	Up to \$25
Bifocal	\$10 Copay	Up to \$40
Trifocal	\$10 Copay	Up to \$50
Standard Progressive	\$70 allowance	Up to \$40
Lens Add-ons*		
Standard scratch coating	\$15 (covered at Walmart)	Not covered
Standard anti-reflective coating	\$45	
Standard Polycarbonate	\$40 (covered under age 19)	
Standard anti-reflective coating	\$45	
Polarized	\$75	
Contact Lenses	<i>Once every 12 months</i>	<i>Once every 12 months</i>
Elective – includes fit & follow-up	\$10 Copay, then \$120 allowance	Up to \$100
Medically Necessary	\$210 allowance	Up to \$210
LASIK Surgery		
From TLC Vision Network	Discounts available.	Not applicable

See the certificate for more details. The Master Contract will be used for all claim processing and in case of error.

*Lens add-on discounts are available from providers labeled Value Added (VA) or Service Plus (SP) at www.UnumVisionCare.com.

Vision Plan Premiums

If you enroll in this plan, you pay 100% of the premium via tax-deductible payroll deductions. Your contributions are as follows:

2022 Coverage Status	You Pay <i>Per Paycheck</i>
Employee	\$3.74
Employee + Spouse	\$7.49
Employee + Child/ren	\$8.40
Employee + Spouse + Child/ren	\$13.11

Your contribution is deducted twice each month, even if there are three pay periods in one month.

Vision Plan Network Providers

To find Unum-Starmount Vision Care providers, contact Unum:



(888) 400-9304

www.UnumVisionCare.com



FLEXIBLE BENEFIT PLAN

Orion Associates offers a flexible benefit plan through Alerus. This plan can help reduce your taxable income so you pay less tax three ways:

- 1. Premiums:** Premiums for the Orion Associates medical, dental/vision plan premiums are deducted from your pay on a pre-tax basis if you participate in those plans.
- 2. Medical Flex Spending Account (FSA):** You may use pre-tax deductions for medical, dental and vision expenses not paid by your or your spouse's insurance plans up to \$2,750, depending upon your election. *NOTICE: If you are enrolled in an HSA Health Plan, this FSA is not available to you.*
- 3. Dependent Care FSA:** You may use pre-tax deductions to help pay dependent care expenses up to \$5,000, or to \$2,500 if married, filing separately.

Using Your Flex Plan

The flex plan year runs from January 1, 2022 through December 31, 2022. Claims incurred during the plan year may be reimbursed to you by Alerus until March 31, 2023.



(800) 433-1685 www.alerusb.com

BASIC LIFE INSURANCE PLAN

Orion Associates provides a basic term life and AD&D plan through Unum for all eligible employees. We pay 100% of the premiums for you. You are automatically enrolled in this plan if you are eligible.

Basic Life and AD&D Plan Highlights

Orion Associates pays the premiums for this coverage.

Unum Plan Feature	Basic Life Plan Benefit
Term Life Insurance Amount	\$10,000 per employee
Accidental Death and Dismemberment (AD&D) Amount	\$10,000 per employee
Benefit Reduction Ages	From the original amount, at age 65, a 25% reduction; at age 70, a 50% reduction
Accelerated Death Benefit	If you have a terminal illness, you may be able to withdraw a portion of your term life amount.
Portability/Conversion Privileges	You may be able to continue this plan through the portability privilege within 60 days of your ineligibility date. You may also be able to convert this plan to another life plan within 31 days of losing this coverage.

Refer to your Certificate for more detail. The Master Contract will be used in case of error and for all claim adjudication.



VOLUNTARY LIFE INSURANCE PLAN

Orion Associates offers a voluntary term life and AD&D plan through Unum for all eligible employees. This plan can help supplement your life insurance protection.

Voluntary Life and AD&D Plan Highlights

You pay the premium through payroll deduction for any voluntary coverage you may purchase. See the chart below for monthly rates.

Unum Plan Feature	Voluntary Life Plan Benefit																																							
Annual Open Enrollment Applications for amounts over guaranteed limits require evidence of insurability.	Current plan members may increase coverage up to these guaranteed limits during annual open enrollment periods: Employees – Up to \$110,000 Spouses – Up to \$25,000																																							
Term Life Insurance Amount	Employees: \$10,000 – \$500,000 maximum Spouses: \$5,000 - \$500,000 maximum Children: \$2,000 - \$10,000 depending upon age																																							
Accidental Death and Dismemberment (AD&D) Amount <i>Some limits apply.</i>	Employees: \$10,000 - \$500,000 maximum Spouses: \$5,000 - \$500,000 maximum Children: \$2,000 - \$10,000 depending upon age																																							
Benefit Reduction Ages	From the original amount, at age 70, a 35% reduction; at age 75, a 55% reduction																																							
Accelerated Death Benefit	If you have a terminal illness, you may be able to withdraw a portion of your term life amount.																																							
Portability/Conversion Privileges	This plan offers a portability privilege within 60 days of your termination or ineligibility date. You may also be able to convert this plan to another life plan within 31 days of losing this coverage.																																							
Your Premiums Shown monthly	<table border="1"> <thead> <tr> <th>Member Age</th> <th>Employee Rate Per \$10,000</th> <th>Spouse Rate Per \$5,000</th> </tr> </thead> <tbody> <tr><td>0 – 29</td><td>\$0.670</td><td>\$0.335</td></tr> <tr><td>30 – 34</td><td>\$0.830</td><td>\$0.415</td></tr> <tr><td>35 – 39</td><td>\$1.290</td><td>\$0.645</td></tr> <tr><td>40 – 44</td><td>\$1.880</td><td>\$0.940</td></tr> <tr><td>45 – 49</td><td>\$2.940</td><td>\$1.470</td></tr> <tr><td>50 – 54</td><td>\$4.810</td><td>\$2.405</td></tr> <tr><td>55 - 59</td><td>\$7.910</td><td>\$3.955</td></tr> <tr><td>60 – 64</td><td>\$12.350</td><td>\$6.175</td></tr> <tr><td>65 – 69</td><td>\$22.990</td><td>\$11.495</td></tr> <tr><td>70 and older</td><td>\$45.010</td><td>\$22.505</td></tr> <tr><td>AD&D Benefit</td><td>\$0.270</td><td>\$0.135</td></tr> <tr> <td>Child Rates</td> <td colspan="2">\$0.40 / \$2,000 all children AD&D: \$0.068 / \$2,000</td> </tr> </tbody> </table>	Member Age	Employee Rate Per \$10,000	Spouse Rate Per \$5,000	0 – 29	\$0.670	\$0.335	30 – 34	\$0.830	\$0.415	35 – 39	\$1.290	\$0.645	40 – 44	\$1.880	\$0.940	45 – 49	\$2.940	\$1.470	50 – 54	\$4.810	\$2.405	55 - 59	\$7.910	\$3.955	60 – 64	\$12.350	\$6.175	65 – 69	\$22.990	\$11.495	70 and older	\$45.010	\$22.505	AD&D Benefit	\$0.270	\$0.135	Child Rates	\$0.40 / \$2,000 all children AD&D: \$0.068 / \$2,000	
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Refer to your Certificate for more detail. The Master Contract will be used in case of error and for all claim adjudication.



(866) 679-3054 www.unum.com/employees



SHORT-TERM DISABILITY PLAN

Orion Associates provides a short-term disability (STD) insurance benefit through Unum for all eligible employees. This plan helps protect your income in the event you can no longer work due to a disability. We pay 100% of the premiums for you.

Short-term Plan Highlights

Orion Associates pays the premiums for this coverage.

Unum Plan Feature	Short-term Disability (STD) Benefit
Benefit Amount	66.6667% of weekly earnings up to \$500/week maximum
Day Benefits Begin	15 th day of a qualifying disability
Benefit Duration	Up to 24 weeks
Pre-existing Condition Limits	None

Refer to your Certificate for more detail. The Master Contract will be used in case of error and for all claim adjudication.



(866) 679-3054 www.unum.com/employees

VOLUNTARY LONG-TERM DISABILITY PLAN

Orion Associates offers a voluntary long-term disability (LTD) insurance benefit through Unum for all eligible employees. This plan can help protect your income after short-term disability benefits end, in the event you can no longer work due to a disability. You pay 100% of the premiums if you enroll.

Long-term Plan Highlights

Unum Plan Feature	Long-term Disability (LTD) Benefit – if you enroll																								
Benefit Amount	60% of monthly earnings up to \$5,000/month maximum																								
Day Benefits Begin	181 st day of a qualifying disability																								
Benefit Duration	Up to age 65																								
Pre-existing Condition Limits	Conditions treated or diagnosed in the three months prior to your plan effective date may not qualify for benefits until you have been insured under this plan for at least 12 months.																								
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EMPLOYEE ASSISTANCE PROGRAM (EAP)

Work-Life Assistance

(800) 854-1446

www.unum.com/employees/services/life-balance

The employee assistance program from Unum and HealthAdvocate provides free and confidential guidance from professional, master's-level consultants.

Find help with personal or work-related concerns, such as:

- Managing relationships
- Dealing with workplace stress
- Finding child or elder care
- Addressing financial issues
- Stress management
- Depression

SUPPLEMENTAL PLANS

Orion Associates offers full and part-time employees supplemental insurance plans through Colonial Life. If you enroll in a supplemental plan, you pay 100% of the premium through payroll deduction. Choose from five plans: Short-term Disability, Accident, Medical Bridge, Critical Care, and Whole Life.

Short-term Disability Plan – A Buy-up Option to your Unum STD Plan

Short Term Disability replaces a portion of your income to help make ends meet if you are totally disabled due to a covered accident or covered sickness that happens outside of work. Have you thought about what you would do if you were unable to work? How would you cover the cost of your daily living expenses? Colonial Life's Short Term Disability Insurance provides a monthly benefit to replace lost income in the event of a covered accident or illness. This coverage helps you to maintain your lifestyle.

- Monthly Benefit Period options
- Choice of Elimination / Waiting Period
- Coverage includes maternity (9-month birth exclusion applies) and partial disability benefits.
- *Full – time employees (30+ Hours) protect up to 40% of your monthly income: \$400 - \$6,500 in \$100 increments*
- *Part – time employees (20-29 Hours) protect up to 60% of your monthly income: \$400 - \$6,500 in \$100 increments*
- Guarantee issue (no underwriting questions) for new hires only
- Benefits are paid directly to you, regardless of any other insurance you may have with other companies.
- PORTABLE: If you change jobs you can take your coverage with you at the same affordable rates.
- WAIVER OF PREMIUM is included if you are still disabled after 90 days.
- OWN OCCUPATION definition of disability and worldwide coverage
- LEVEL PREMIUMS: Rates do not increase as you get older.



Per Pay Period Rates

3 Months		0 Days Accident / 7 Days Sickness Elimination Period								
Monthly Benefit	\$400	\$700	\$1000	\$1200	\$1500	\$1800	\$2000	\$2200	\$2500	\$3000
Age 17-49	3.28	5.74	8.20	9.84	12.30	14.76	16.40	18.04	20.50	24.60
Age 50-69	3.98	6.97	9.95	11.94	14.93	17.91	19.90	21.89	24.88	29.85

6 Months		0 Days Accident / 14 Days Sickness Elimination Period								
Monthly Benefit	\$400	\$700	\$1000	\$1200	\$1500	\$1800	\$2000	\$2200	\$2500	\$3000
Age 17-49	3.14	5.50	7.85	9.42	11.78	14.13	15.70	17.27	19.63	23.55
Age 50-69	4.12	7.21	10.30	12.36	15.45	18.54	20.60	22.66	25.75	30.90

AAA Risk

Rate Example: 30-year old with a 3-month benefit period, 0/7 elimination period and a \$1,500 monthly benefit would cost \$12.30 per pay period.

Example - Pregnancy Benefit Payout (vaginal delivery using the above criteria):
\$1,500 monthly benefit = \$50 per day payment multiplied by 5 weeks = \$1,750 total maternity payment.

Accident Plan

Common injuries like major cuts, fractures or dislocations can result in hundreds of dollars in out-of-pocket medical expenses and time missed from work. Colonial's Accident Care Insurance helps cover unexpected expenses such as co-pays, deductibles, co-insurance and includes benefits for initial care (ambulance, ER, doctor's office visit, etc.), hospitalization, follow-up care plus accidental death & dismemberment benefits. The plan includes:

- On & Off Job Accident Coverage with ability to cover your spouse and dependent children
- Health Screening - annual \$100 benefit
- Guarantee issue
- Worldwide coverage
- You have the ability to cover your spouse and dependent children

Per Pay Period Rates – Plan 2

Name Insured:	\$ 7.84
Employee & Spouse:	\$ 12.48
One-parent Family:	\$ 12.86
Two-parent Family:	\$ 17.51

Example #1:

4 year old fell on the ice and cut his chin, took an ambulance to the hospital where he received stitches. Subsequent to the ER visit, have a doctor's follow-up visit.

Benefit Payments Received:

• Ambulance	\$ 200
• Emergency Room	\$ 125
• Follow-Up Treatment	\$150 (\$50 per visit x 3 visits)
• Stitches	\$ 25
Total Benefit Payment	\$ 500



Example #2:

Bob broke his ankle sliding into second base playing softball. He took an ambulance to the emergency room for treatment and was admitted to the hospital as his injury required surgery. After the surgery, Bob needed to use crutches for three weeks, go to physical therapy for six days and had two doctor’s office follow-up visits to check on his progress.

Benefit Payments Received:

• Ambulance:	\$ 200
• Emergency Room	\$ 125
• Hospital Admission	\$ 1,000
• Surgical ankle fracture	\$ 900
• Appliances (Crutches)	\$ 100
• Physical Therapy	\$ 150 (\$25 x 6)
• Follow-Up Doctor’s Visit	\$ 100 (\$50 x 2)
Total Benefit Payment	\$ 2,575

Medical Bridge 3000/Hospital Confinement Plan

Medical Bridge 3000 provides benefits to help pay for deductible and coinsurance costs, as well as everyday living expenses. Benefits are paid directly to the insured and are compatible with High Deductible Health Plans and Health Savings Accounts (HSAs).

- Guaranteed issue for new hires only
- Provides peace of mind should the unexpected occur
- Provides a lump-sum \$1,500 or \$2,500 benefit for hospital confinement.
- Annual \$50 wellness benefit
- Plan is portable, you can take it with you at the same rates should you change jobs or retire
- Rehabilitation Unit Benefit of \$100 per day for up to 15 days
- You have the ability to cover your spouse and dependent children.

Common Reasons for Hospital Confinement:

- Pregnancies (9-month birth exclusion applies)
- Accidents
- Pneumonia
- Heart related Issues
- Respiratory Issues
- Stroke

Per Pay Period Rates

PLAN 1 \$1,500 Hospital Confinement Benefit with \$50 Annual Wellness Benefit and Rehabilitation Unit Benefit	Employee Only	Employee & Spouse	Employee & Dependent Children	Employee, Spouse & Dependent Children
Employee Age 17-49	8.23	15.13	11.83	18.81
Employee Age 50-59	11.37	21.37	15.18	25.12
Employee Age 60-64	14.84	28.46	18.45	31.41
Employee Age 65-74	18.31	35.92	22.66	38.86
PLAN 2 \$2,500 Hospital Confinement Benefit with \$50 Annual Wellness Benefit and Rehabilitation Unit Benefit	Employee Only	Employee & Spouse	Employee & Dependent Children	Employee, Spouse & Dependent Children
Employee Age 17-49	13.12	24.09	18.70	29.81
Employee Age 50-59	18.14	34.05	24.09	39.89
Employee Age 60-64	23.65	45.32	29.25	50.2
Employee Age 65-74	29.36	57.56	35.90	62.44

Example #1:

Laura enrolled in the Medical Bridge \$2,500 benefit plan and was admitted to the hospital for delivery.

- Laura received a lump sum benefit payment of \$2,500.

Example #2:

Steve enrolled in the Medical Bridge \$1,500 benefit plan and was experiencing chest pains and spent 24 hours in hospital observation.

- Steve received a lump sum benefit payment of \$1,500.

Critical Care Plan

Critical Care insurance provides a lump sum benefit to help with the out-of-pocket medical and non-medical expenses of a critical illness, including cancer. Benefits are paid directly to you in addition to other insurance you may have.

Benefits include:

- Full critical illness coverage for these illnesses:
 - Heart Attack
 - Stroke
 - Major Organ Failure
 - End-stage Renal Failure
 - Coronary Artery Bypass
 - Permanent Paralysis
 - Coma
 - Blindness
- Subsequent diagnosis of the same critical illness
- Diagnosis of cancer
- Cancer treatment and care
- Cancer vaccine benefit
- Health Screening Benefit up to \$100 payable each year

Monthly Rates:

	Issue Age	Named Insured	Employee + Spouse	One-Parent Family	Two-Parent Family
NON-TOBACCO Rates					
\$5,000	16-29	\$6.67	\$10.27	\$6.87	\$10.47
	30-39	\$8.12	\$12.42	\$8.32	\$12.62
	40-49	\$11.37	\$17.32	\$11.57	\$17.52
	50-59	\$16.67	\$25.57	\$16.92	\$25.82
	60-74	\$23.92	\$36.62	\$24.17	\$36.87
\$10,000	16-29	\$8.12	\$12.42	\$8.52	\$12.82
	30-39	\$11.02	\$16.72	\$11.42	\$17.12
	40-49	\$17.52	\$26.52	\$17.92	\$26.92
	50-59	\$28.12	\$43.02	\$28.62	\$43.52
	60-74	\$42.62	\$65.12	\$43.12	\$65.62
\$15,000	16-29	\$9.57	\$14.57	\$10.17	\$15.17
	30-39	\$13.92	\$21.02	\$14.52	\$21.62
	40-49	\$23.67	\$35.72	\$24.27	\$36.32
	50-59	\$39.57	\$60.47	\$40.32	\$61.22
	60-74	\$61.32	\$93.62	\$62.07	\$94.37
\$30,000	16-29	\$13.92	\$21.02	\$15.12	\$22.22
	30-39	\$22.62	\$33.92	\$23.82	\$35.12
	40-49	\$42.12	\$63.32	\$43.32	\$64.52
	50-59	\$73.92	\$112.82	\$75.42	\$114.32
	60-74	\$117.42	\$179.12	\$118.92	\$180.62



TOBACCO Rates					
\$5,000	16-29	\$7.52	\$11.57	\$7.72	\$11.77
	30-39	\$9.72	\$14.82	\$9.92	\$15.02
	40-49	\$15.07	\$22.87	\$15.27	\$23.12
	50-59	\$23.72	\$36.47	\$23.97	\$36.72
	60-74	\$36.07	\$55.37	\$36.32	\$55.62
\$10,000	16-29	\$9.82	\$15.02	\$10.22	\$15.42
	30-39	\$14.22	\$21.52	\$14.62	\$21.92
	40-49	\$24.92	\$37.62	\$25.32	\$38.12
	50-59	\$42.22	\$64.82	\$42.72	\$65.32
	60-74	\$66.92	\$102.62	\$67.42	\$103.12
\$15,000	16-29	\$12.12	\$18.47	\$12.72	\$19.07
	30-39	\$18.72	\$28.22	\$19.32	\$28.82
	40-49	\$34.77	\$52.37	\$35.37	\$53.12
	50-59	\$60.72	\$93.17	\$61.47	\$93.92
	60-74	\$97.77	\$149.87	\$98.52	\$150.62
\$30,000	16-29	\$19.02	\$28.82	\$20.22	\$30.02
	30-39	\$32.22	\$48.32	\$33.42	\$49.52
	40-49	\$64.32	\$96.62	\$65.52	\$98.12
	50-59	\$116.22	\$178.22	\$117.72	\$179.72
	60-74	\$190.32	\$291.62	\$191.82	\$293.12

Whole Life Plan

The Whole Life insurance plan is individually owned, with guaranteed level premiums, guaranteed cash values and a guaranteed death benefit. Coverage is permanent and is guaranteed for the life of the policy (to age 100), provided premiums are paid when due. Coverage for spouses and children may also be added as riders or as individual plans.

Coverage for the Paid-Up at Age 100 Plan can include:

- Death benefit from \$10,000 to \$500,000
- Terminal illness benefit
- Various riders including accidental death, waiver of premium and others
- Riders may have age limits

Annual Rates Per \$1,000 of Coverage – Paid-Up at Age 100 Plan

Issue Age 18-50								
Issue Age	\$10,000 - \$49,999 of Face Amount		\$50,000 - \$150,000 of Face Amount		\$150,001 - \$500,000 of Face Amount		Age 65 Cash Value	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18	7.85	11.75	7.03	11.63	6.24	10.69	367	454
19	7.96	12.21	7.13	11.71	6.33	10.71	365	452
20	8.08	12.69	7.24	11.79	6.43	10.73	363	449
21	8.21	13.19	7.36	11.81	6.55	10.75	361	447
22	8.35	13.70	7.48	11.83	6.68	10.78	359	444
23	8.50	14.23	7.61	11.86	6.82	10.81	357	441
24	8.66	14.78	7.75	11.90	6.98	10.85	354	438
25	8.84	15.30	7.92	11.96	7.16	10.91	352	435
26	9.07	15.65	8.14	12.08	7.36	11.03	349	432
27	9.38	16.00	8.41	12.28	7.59	11.23	346	428



Whole Life Rates *continued*

28	9.75	16.35	8.72	12.54	7.85	11.49	343	424
29	10.15	16.72	9.06	12.87	8.13	11.80	340	420
30	10.56	17.15	9.41	13.25	8.43	12.15	336	416
31	10.97	17.68	9.78	13.68	8.74	12.52	332	412
32	11.38	18.28	10.17	14.16	9.07	12.91	329	407
33	11.80	18.91	10.59	14.69	9.42	13.33	325	402
34	12.23	19.54	11.04	15.27	9.78	13.78	320	397
35	12.69	20.16	11.51	15.90	10.17	14.27	316	391
36	13.19	20.76	12.02	16.57	10.59	14.80	311	385
37	13.74	21.36	12.58	17.27	11.04	15.37	306	379
38	14.35	21.96	13.19	17.99	11.52	15.99	301	373
39	15.02	22.56	13.83	18.74	12.04	16.66	296	366
40	15.72	23.21	14.49	19.53	12.60	17.38	291	359
41	16.44	23.97	15.17	20.39	13.21	18.16	285	352
42	17.18	24.90	15.88	21.35	13.87	19.00	279	344
43	17.95	26.04	16.62	22.42	14.57	19.91	272	336
44	18.76	27.39	17.40	23.59	15.31	20.88	265	327
45	19.61	28.94	18.21	24.83	16.07	21.91	258	318
46	20.53	30.64	19.06	26.14	16.85	22.99	250	308
47	21.54	32.44	19.95	27.52	17.64	24.11	242	298
48	22.66	34.32	20.88	28.96	18.45	25.26	233	286
49	23.89	36.29	21.85	30.45	19.29	26.45	224	275
50	25.21	38.41	22.86	31.97	20.18	27.67	214	262

Issue Age 51-60								
Issue Age	\$10,000 - \$29,999 of Face Amount		\$30,000 - \$150,000 of Face Amount		\$150,001 - \$500,000 of Face Amount		Age 65 Cash Value*	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
51	26.61	40.75	23.92	33.52	21.13	28.92	203	249
52	28.09	43.37	25.03	35.11	22.14	30.21	192	234
53	29.65	46.27	26.19	36.75	23.22	31.54	180	219
54	31.30	49.45	27.41	38.44	24.38	32.92	167	203
55	33.06	52.83	28.70	40.20	25.62	34.36	154	185
56	34.96	56.33	30.08	42.05	26.95	35.88	161	191
57	37.02	59.89	31.56	44.00	28.37	37.51	169	196
58	39.25	63.51	33.15	46.08	29.87	39.25	177	202
59	41.66	67.22	34.87	48.31	31.45	41.10	186	207
60	44.27	71.14	36.76	50.72	33.11	43.03	195	212

* 10th year cash value, if later than age 65



Whole Life Rates *continued*

Issue Age 61-79								
Issue Age	\$10,000 - 14,999 of Face Amount		\$15,000 - \$150,000 of Face Amount		\$150,001 - \$500,000 of Face Amount		10th Year Cash Value	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
61	47.12	75.44	38.84	53.36	34.85	45.02	204	217
62	50.24	80.28	41.12	56.27	36.68	47.06	213	222
63	53.66	85.61	43.60	59.47	38.61	49.16	223	227
64	57.37	91.35	46.27	62.93	40.67	51.33	233	234
65	61.34	97.28	49.10	66.58	42.88	53.60	243	241
66	65.54	103.21	52.07	70.33	45.27	56.01	254	249
67	69.97	109.09	55.19	74.14	47.88	58.59	264	256
68	74.64	114.97	58.47	78.01	50.74	61.38	275	264
69	79.58	120.90	61.92	81.99	53.87	64.41	286	273
70	84.85	127.04	65.58	86.14	57.29	67.71	299	283
71	90.80	134.15	69.60	90.90	61.01	71.32	313	293
72	97.75	142.50	74.29	96.65	65.03	75.28	326	304
73	105.85	152.00	79.80	103.35	69.35	79.63	340	315
74	115.21	162.50	86.14	110.95	73.98	84.41	354	327
75	125.91	173.89	93.33	119.39	78.95	89.64	368	339
76	137.96	186.08	101.37	128.61	84.29	95.34	381	350
77	151.37	198.99	110.26	138.55	90.03	101.53	393	360
78	166.15	212.55	120.00	149.15	96.20	108.23	405	368
79	182.31	226.72	130.59	160.35	102.83	115.46	415	376



(800) 325-4368 www.coloniallife.com

This is only a summary of the supplemental insurance plans.
All claim adjudication and benefits are determined by the Master Contracts/Summary Plan Descriptions.

PET INSURANCE PLAN

Orion Associates offers pet insurance through Nationwide. Choose plans for dogs, cats, birds, and other common pets plus exotics. Premiums may be paid via payroll deduction.

Dogs and Cats

Use any vet. Choose from these plans offering 90% back on vet bills after a \$250 annual deductible:

My Pet ProtectionSM Plan covers expenses for:

- Accidents & Illness
- Behavioral treatments
- Hereditary & Congenital
- Rx therapeutic diets/supplements
- Cancer
- Specialty & ER coverage
- Dental diseases

My Pet ProtectionSM with Wellness Plan covers all of the above, plus these expenses:

- Wellness Exams
- Teeth Cleaning
- Spay or Neuter
- Shots
- Flea and Tick
- More

Both My Pet ProtectionSM plans also include boarding or kennel fees if you are hospitalized; advertising, reward and replacement cost if your pet is lost or stolen; and vet expenses associated with the death of a pet. *Conditions apply.*

Other Animals

Plans for avian and exotic pets are also available.



(877) 738-7874 www.PetsNationwide.com

All plans include **vethelplineSM** offering free 24/7 access to veterinarians by phone, email or online chat. (865) 331-2833

For rates and more information, or to enroll in a plan, contact Nationwide.

- Applications approved between the 1st and the 15th of a month become effective on the 1st of the following month.
- Applications approved from the 16th – end of a month are effective 30 – 45 days later on the 1st of the month.

401(k) SAVINGS PLAN

Orion Associates offers a 401(k) retirement savings plan through Principal Financial. Eligible employees may begin participating in this plan on the first of the month following 30 days of service with us.

Your Contributions

For 2022, you may defer a portion of your compensation to your 401(k) up to IRS limits. These contributions are 100% vested at all times.

Our Contributions for You

After one year of service with us and when you contribute to your 401(k), we make matching contributions of \$0.50 for every dollar you contribute up to 6% of your total annual compensation. Company contributions are fully vested after five years, according to this schedule:

Year One	20% vested
Year Two	40% vested
Year Three	60% vested
Year Four	80% vested
Year Five	100% vested



(800) 986-3343 www.principal.com

This is only a summary. The 401(k) Summary Plan Description (SPD) will prevail in the event of error or discrepancy.