TOKIO MARINE HCC

Plan Document Audit Form

Group Information _____

Group Name:	Aurora Cooperative Elevator Company
Group Name in PD:	Aurora Dynamics
Group Eff Date:	01/01/2025
PD Eff Date:	1/1/2026
TPA:	Blue Cross and Blue Shield of Nebraska
TPA in PD:	N/A
Underwriter:	Pareto Health
Benefit Plan Name:	Aurora Cooperative Elevator Company Health and Welfare Plan Benefit Plan
Benefit Plan Name in PD:	Aurora Dynamics Employee Health & Wellness Plan
Subsidiaries:	N/A
Group Address:	2225 Q Street Aurora, NE 68818

Plan Type _____

Schedule of Benefits:	HDHP Plan	☐ Matches	☐ Requires Enrollment	☒ Updated PA
Plan:	Click or tap here to enter text.	☐ Matches	☐ Requires Enrollment	☐ Updated PA
Plan:	Click or tap here to enter text.	☐ Matches	☐ Requires Enrollment	☐ Updated PA
Plan:	Click or tap here to enter text.	☐ Matches	☐ Requires Enrollment	☐ Updated PA
Plan:	Click or tap here to enter text.	☐ Matches	☐ Requires Enrollment	☐ Updated PA

Plan Details_____

UR Vendor:	☒ Matches	☐ Requires Approval	☐ Requires Notice	☐ Request Handbook	Page # 1
PPO Network:	☒ Matches	☐ Requires Approval	☐ Requires Notice	☐ Request Handbook	Page # 1/5
Retirees:	☒ Matches	☐ Requires Approval	☐ Requires Notice	☐ Request Handbook	Page # 4
BOD, Directors, Officers:	☒ Matches	☐ Requires Approval	☐ Requires Notice	☐ Request Handbook	Page # 4
Min. Hour Requirement:	☒ Matches	☐ Requires Approval	☐ Requires Notice	☐ Request Handbook	Page # 1
Dependent Definitions:	☒ Matches	☐ Requires Approval	☐ Requires Notice	☐ Request Handbook	Page # 9
Req Adding Dependents:	☒ Matches	☐ Requires Approval	☐ Requires Notice	☐ Request Handbook	Page # 8
Dependent to Age 26:	☒ Matches	☐ Requires Approval	☐ Requires Notice	☐ Request Handbook	Page # 8
Grandchildren:	☒ Matches	☐ Requires Approval	☐ Requires Notice	☐ Request Handbook	Page # 9
Termination Provisions:	☒ Matches	☐ Requires Approval	☐ Requires Notice	☐ Request Handbook	Page # 4
Open Enrollment:	☐ Matches	☐ Requires Approval	☐ Requires Notice	☒ Request Handbook	Page # N/F
Leave of Absence:	☐ Matches	☐ Requires Approval	☐ Requires Notice	☒ Request Handbook	Page # N.F
Medically Necessary:	☒ Matches	☐ Requires Approval	☐ Requires Notice	☐ Request Handbook	Page # 8
E&I:	☒ Matches	☐ Requires Approval	☐ Requires Notice	☐ Request Handbook	Page # 8
R&C:	☒ Matches	☐ Requires Approval	☐ Requires Notice	☐ Request Handbook	Page # 8
Workers Comp:	☒ Matches	☐ Requires Approval	☐ Requires Notice	☐ Request Handbook	Page # 9
Transplant:	☐ Matches	☒ Requires Approval	☐ Requires Notice	☐ Request Handbook	Page # 5
ETS Gene Therapy:	☐ Matches	☐ Requires Approval	☐ Requires Notice	☐ Request Handbook	Page # N/F
Coordination of Benefits:	☐ Matches	☒ Requires Approval	☐ Requires Notice	☐ Request Handbook	Page # 7
COBRA:	☒ Matches	☐ Requires Approval	☐ Requires Notice	☐ Request Handbook	Page # 4
Subrogation:	☐ Matches	☐ Requires Approval	☐ Requires Notice	☒ Request Handbook	Page # N/F

Infertility Not Greater Tha 20k (UMR ONLY):	☒ Matches	☐ Requires Approval	☐ Requires Notice	☐ Request Handbook	Page # 9
Optional Condition of Employment (UMR ONLY):	☐ Matches	☐ Requires Approval	☐ Requires Notice	☐ Request Handbook	Page #