

Plan Document Audit Form

Group Information

Group Name:	Aurora Cooperative Elevator Company
Group Name in PD:	Helios Manufacturing Inc.
Group Eff Date:	01/01/2025
PD Eff Date:	1/1/2025
TPA:	Blue Cross and Blue Shield of Nebraska
TPA in PD:	N/F
Underwriter:	Pareto Health
Benefit Plan Name:	Aurora Cooperative Elevator Company Health and Welfare Plan Benefit Plan
Benefit Plan Name in PD:	Helios Manufacturing Inc. Health Benefits Plan
Subsidiaries:	N/F
Group Address:	2225 Q Street Aurora, NE 68818

Plan Type

Schedule of Benefits:	HDHP Plan	<input type="checkbox"/> Matches	<input type="checkbox"/> Requires Enrollment	<input checked="" type="checkbox"/> Updated PA
Plan:	Click or tap here to enter text.	<input type="checkbox"/> Matches	<input type="checkbox"/> Requires Enrollment	<input type="checkbox"/> Updated PA
Plan:	Click or tap here to enter text.	<input type="checkbox"/> Matches	<input type="checkbox"/> Requires Enrollment	<input type="checkbox"/> Updated PA
Plan:	Click or tap here to enter text.	<input type="checkbox"/> Matches	<input type="checkbox"/> Requires Enrollment	<input type="checkbox"/> Updated PA
Plan:	Click or tap here to enter text.	<input type="checkbox"/> Matches	<input type="checkbox"/> Requires Enrollment	<input type="checkbox"/> Updated PA

Plan Details

UR Vendor:	<input checked="" type="checkbox"/> Matches	<input type="checkbox"/> Requires Approval	<input type="checkbox"/> Requires Notice	<input type="checkbox"/> Request Handbook	Page # 2
PPO Network:	<input checked="" type="checkbox"/> Matches	<input type="checkbox"/> Requires Approval	<input type="checkbox"/> Requires Notice	<input type="checkbox"/> Request Handbook	Page # 1/5
Retirees:	<input checked="" type="checkbox"/> Matches	<input type="checkbox"/> Requires Approval	<input type="checkbox"/> Requires Notice	<input type="checkbox"/> Request Handbook	Page # 4
BOD, Directors, Officers:	<input checked="" type="checkbox"/> Matches	<input type="checkbox"/> Requires Approval	<input type="checkbox"/> Requires Notice	<input type="checkbox"/> Request Handbook	Page # 4
Min. Hour Requirement:	<input checked="" type="checkbox"/> Matches	<input type="checkbox"/> Requires Approval	<input type="checkbox"/> Requires Notice	<input type="checkbox"/> Request Handbook	Page # 4
Dependent Definitions:	<input type="checkbox"/> Matches	<input type="checkbox"/> Requires Approval	<input type="checkbox"/> Requires Notice	<input checked="" type="checkbox"/> Request Handbook	Page # N/F
Req Adding Dependents:	<input checked="" type="checkbox"/> Matches	<input type="checkbox"/> Requires Approval	<input type="checkbox"/> Requires Notice	<input type="checkbox"/> Request Handbook	Page # 4
Dependent to Age 26:	<input type="checkbox"/> Matches	<input type="checkbox"/> Requires Approval	<input type="checkbox"/> Requires Notice	<input checked="" type="checkbox"/> Request Handbook	Page # N/F
Grandchildren:	<input type="checkbox"/> Matches	<input type="checkbox"/> Requires Approval	<input type="checkbox"/> Requires Notice	<input checked="" type="checkbox"/> Request Handbook	Page # N/F
Termination Provisions:	<input checked="" type="checkbox"/> Matches	<input type="checkbox"/> Requires Approval	<input type="checkbox"/> Requires Notice	<input type="checkbox"/> Request Handbook	Page # 4
Open Enrollment:	<input type="checkbox"/> Matches	<input type="checkbox"/> Requires Approval	<input type="checkbox"/> Requires Notice	<input checked="" type="checkbox"/> Request Handbook	Page # N/F
Leave of Absence:	<input type="checkbox"/> Matches	<input type="checkbox"/> Requires Approval	<input type="checkbox"/> Requires Notice	<input checked="" type="checkbox"/> Request Handbook	Page # N/F
Medically Necessary:	<input type="checkbox"/> Matches	<input type="checkbox"/> Requires Approval	<input type="checkbox"/> Requires Notice	<input checked="" type="checkbox"/> Request Handbook	Page # N/F
E&I:	<input type="checkbox"/> Matches	<input type="checkbox"/> Requires Approval	<input type="checkbox"/> Requires Notice	<input checked="" type="checkbox"/> Request Handbook	Page # N/F
R&C:	<input checked="" type="checkbox"/> Matches	<input type="checkbox"/> Requires Approval	<input type="checkbox"/> Requires Notice	<input type="checkbox"/> Request Handbook	Page # 11
Workers Comp:	<input type="checkbox"/> Matches	<input type="checkbox"/> Requires Approval	<input type="checkbox"/> Requires Notice	<input checked="" type="checkbox"/> Request Handbook	Page # N/F
Transplant:	<input checked="" type="checkbox"/> Matches	<input type="checkbox"/> Requires Approval	<input type="checkbox"/> Requires Notice	<input type="checkbox"/> Request Handbook	Page # 6
ETS Gene Therapy:	<input type="checkbox"/> Matches	<input type="checkbox"/> Requires Approval	<input type="checkbox"/> Requires Notice	<input type="checkbox"/> Request Handbook	Page # N/F
Coordination of Benefits:	<input checked="" type="checkbox"/> Matches	<input type="checkbox"/> Requires Approval	<input type="checkbox"/> Requires Notice	<input type="checkbox"/> Request Handbook	Page # 9
COBRA:	<input checked="" type="checkbox"/> Matches	<input type="checkbox"/> Requires Approval	<input type="checkbox"/> Requires Notice	<input type="checkbox"/> Request Handbook	Page # 4
Subrogation:	<input checked="" type="checkbox"/> Matches	<input type="checkbox"/> Requires Approval	<input type="checkbox"/> Requires Notice	<input type="checkbox"/> Request Handbook	Page # 10
Infertility Not Greater Than	<input type="checkbox"/> Matches	<input type="checkbox"/> Requires Approval	<input type="checkbox"/> Requires Notice	<input type="checkbox"/> Request Handbook	Page #

20k (UMR ONLY):					
Optional Condition of Employment (UMR ONLY):	<input type="checkbox"/> Matches	<input type="checkbox"/> Requires Approval	<input type="checkbox"/> Requires Notice	<input type="checkbox"/> Request Handbook	Page #