

Plan Document Audit Form

Group Information

Group Name:	Solstice Sleep Products, Inc
Group Name in PD:	Solstice Technologies
Group Eff Date:	01/01/2025
PD Eff Date:	1/1/2025
TPA:	UMR, Inc.
TPA in PD:	N/A
Underwriter:	James Marco
Benefit Plan Name:	Solstice Sleep Products, Inc. Group Benefit Plan
Benefit Plan Name in PD:	Solstice Technologies Employee Health Security Plan
Subsidiaries:	Click or tap here to enter text. Associated Bedding, LLC, Solstice Bedding, LLC, SSP Tennessee, LLC, SSP Tennessee Real Estate, LLC, DBA Jonrison Bedding, SSP SC Real Estate LLC
Group Address:	3720 West Broad Street Columbus, OH 43204

Plan Type

Schedule of Benefits:	HDHP	<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 # 1
PPO Network:	<input checked="" type="checkbox"/> Matches	<input type="checkbox"/> Requires Approval	<input type="checkbox"/> Requires Notice	<input type="checkbox"/> Request Handbook	Page # 1/7
Retirees:	<input checked="" type="checkbox"/> Matches	<input type="checkbox"/> Requires Approval	<input type="checkbox"/> Requires Notice	<input type="checkbox"/> Request Handbook	Page # 6
BOD, Directors, Officers:	<input checked="" type="checkbox"/> Matches	<input type="checkbox"/> Requires Approval	<input type="checkbox"/> Requires Notice	<input type="checkbox"/> Request Handbook	Page # 6
Min. Hour Requirement:	<input checked="" type="checkbox"/> Matches	<input type="checkbox"/> Requires Approval	<input type="checkbox"/> Requires Notice	<input type="checkbox"/> Request Handbook	Page # 1
Dependent Definitions:	<input checked="" type="checkbox"/> Matches	<input type="checkbox"/> Requires Approval	<input type="checkbox"/> Requires Notice	<input type="checkbox"/> Request Handbook	Page # 6
Req Adding Dependents:	<input checked="" type="checkbox"/> Matches	<input type="checkbox"/> Requires Approval	<input type="checkbox"/> Requires Notice	<input type="checkbox"/> Request Handbook	Page # 6
Dependent to Age 26:	<input checked="" type="checkbox"/> Matches	<input type="checkbox"/> Requires Approval	<input type="checkbox"/> Requires Notice	<input type="checkbox"/> Request Handbook	Page # 6
Grandchildren:	<input checked="" type="checkbox"/> Matches	<input type="checkbox"/> Requires Approval	<input type="checkbox"/> Requires Notice	<input type="checkbox"/> Request Handbook	Page # 6
Termination Provisions:	<input checked="" type="checkbox"/> Matches	<input type="checkbox"/> Requires Approval	<input type="checkbox"/> Requires Notice	<input type="checkbox"/> Request Handbook	Page # 6
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 checked="" type="checkbox"/> Matches	<input type="checkbox"/> Requires Approval	<input type="checkbox"/> Requires Notice	<input type="checkbox"/> Request Handbook	Page # 12
E&I:	<input checked="" type="checkbox"/> Matches	<input type="checkbox"/> Requires Approval	<input type="checkbox"/> Requires Notice	<input type="checkbox"/> Request Handbook	Page # 12
R&C:	<input type="checkbox"/> Matches	<input type="checkbox"/> Requires Approval	<input type="checkbox"/> Requires Notice	<input checked="" type="checkbox"/> Request Handbook	Page # N/F
Workers Comp:	<input checked="" type="checkbox"/> Matches	<input type="checkbox"/> Requires Approval	<input type="checkbox"/> Requires Notice	<input type="checkbox"/> Request Handbook	Page # 12
Transplant:	<input checked="" type="checkbox"/> Matches	<input type="checkbox"/> Requires Approval	<input type="checkbox"/> Requires Notice	<input type="checkbox"/> Request Handbook	Page # 3-4
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 # 11
COBRA:	<input checked="" type="checkbox"/> Matches	<input type="checkbox"/> Requires Approval	<input type="checkbox"/> Requires Notice	<input type="checkbox"/> Request Handbook	Page # 6
Subrogation:	<input checked="" type="checkbox"/> Matches	<input type="checkbox"/> Requires Approval	<input type="checkbox"/> Requires Notice	<input type="checkbox"/> Request Handbook	Page # 11

Infertility Not Greater Than 20k (UMR ONLY):	<input type="checkbox"/> Matches	<input type="checkbox"/> Requires Approval	<input type="checkbox"/> Requires Notice	<input type="checkbox"/> Request Handbook	Page #
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 #