

## 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 # |