

**APPENDIX A**

**EMPLOYMENT BOARD  
POSTING**

**HOMEMAKERS UPSTATE GROUP, INC.  
HEALTH AND WELFARE BENEFITS PLAN**

<b>BENEFIT PROGRAM**</b>	<b>ELIGIBLE CLASS**</b>	<b>COVERAGE EFFECTIVE DATE**</b>	<b>FUNDING**</b>	<b>CONTRIBUTIONS**</b>	<b>INSURER/CLAIMS ADMINISTRATOR**</b>
<b>Group Life &amp; AD&amp;D</b>  Policy Number: 406992 001 Benefit Year: Calendar Year	As provided in the Benefit Booklet.  Employees having at least 30 hours of service a week.	As provided in the Benefit Booklet  1 <sup>st</sup> day of the month following 30 days of service	Fully-Insured	Elective Benefit  Participant contributions are required and are paid with After Tax Employee Contributions.	First Unum Life Insurance Company 666 Third Avenue Suite 301 New York, New York, 10017
<b>Dental - Solstice</b>  Benefit Booklet Benefit Year: Calendar Year	As provided in the Benefit Booklet.  Employees having at least 30 hours of service a week.	As provided in the Benefit Booklet.  1 <sup>st</sup> day of the month following 30 days of service	Fully-Insured	Elective Benefit  Participant contributions are required and are paid with Before Tax Employee Contributions.	Solstice Health Insurance Company PO BOX 19199 Plantation, FL 33318 877.760.2247
<b>Vision - Solstice</b>  Benefit Booklet Benefit Year: Calendar Year	As provided in the Benefit Booklet.  Employees having at least 30 hours of service a week.	As provided in the Benefit Booklet.  1 <sup>st</sup> day of the month following 30 days of service	Fully-Insured	Elective Benefit  Participant contributions are required and are paid with Before Tax Employee Contributions.	Solstice Health Insurance Company PO BOX 19199 Plantation, FL 33318 877.760.2247

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<b>Medical</b> <b>BlueCross BlueShield of Western New York</b> <b>PPO 8000 Minimum Value</b> Group: 00418134 Class: 0001 Plan: 0T09 Product: PPO7Y000 Benefit Year: Calendar Year	As provided in the Benefit Booklet.  Employees having at least 30 hours of service a week.	As provided in the Benefit Booklet.  First day following 30 days from the date of hire.	Fully-Insured	Elective Benefit  Participant contributions are required and are paid with Before Tax Employee Contributions	BlueCross BlueShield of Western New York PO Box 80 Buffalo, NY 14240-0080 (800) 544-2583
<b>Medical</b> <b>BlueCross BlueShield of Western New York</b> <b>PPO 250D</b> Group: 00418134 Class: 0001 Plan: 0T10 Product: PPO6Y000 Benefit Year: Calendar Year	As provided in the Benefit Booklet.  Employees having at least 30 hours of service a week.	As provided in the Benefit Booklet.  First day following 390 days from the date of hire.	Fully-Insured	Elective Benefit  Participant contributions are required and are paid with Before Tax Employee Contributions	BlueCross BlueShield of Western New York PO Box 80 Buffalo, NY 14240-0080 (800) 544-2583
<b>Medical</b> <b>BlueCross BlueShield of Western New York</b> <b>POS 126</b> Group: 00418134 Class: 0001 Plan: 0004 Product: CPO1Y000,CPO1YM00 Benefit Year: Calendar Year	As provided in the Benefit Booklet.  Employees having at least 30 hours of service a week.	As provided in the Benefit Booklet.  First day following 30 days from the date of hire.	Fully-Insured	Elective Benefit  Participant contributions are required and are paid with Before Tax Employee Contributions	BlueCross BlueShield of Western New York PO Box 80 Buffalo, NY 14240-0080 (800) 544-2583

<b>BENEFIT PROGRAM**</b>	<b>ELIGIBLE CLASS**</b>	<b>COVERAGE EFFECTIVE DATE**</b>	<b>FUNDING**</b>	<b>CONTRIBUTIONS**</b>	<b>INSURER/CLAIMS ADMINISTRATOR**</b>
<b>Medical</b> <b>BlueCross BlueShield of Western New York</b> <b>POS 250D SELECT</b> Group: 00418134 Class: 0001 Plan: 0010 Product: 2501Y000,2501YM00 Benefit Year: Calendar Year	As provided in the Benefit Booklet.  Employees having at least 30 hours of service a week.	As provided in the Benefit Booklet.  First day following 30 days from the date of hire.	Fully-Insured	Elective Benefit  Participant contributions are required and are paid with Before Tax Employee Contributions	BlueCross BlueShield of Western New York PO Box 80 Buffalo, NY 14240-0080 (800) 544-2583
<b>Health Equity</b>  <b>Health Saving Account Summary Plan Description</b> Benefit Year: Lifetime	As provided in the Summary Plan Description  Employees having at least 30 hours of service a week.	As provided in the Summary Plan Description.  First day following 30 days from the date of hire.	Self-Insured	Elective Benefit  Participant contributions are required and are paid with Before Tax Employee Contributions	HealthEquity, Inc. 15 W. Scenic Pointe Drive, Suite 400 Draper, UT 84020 Phone (877)774-2123
<b>Health Equity</b>  <b>Flexible Benefits Plan Summary Plan Description</b> Benefit Year: Calendar Year	As provided in the Summary Plan Description  Employees having at least 30 hours of service a week.	As provided in the Summary Plan Description.  First day following 30 days from the date of hire.	Self-Insured	Elective Benefit  Participant contributions are required and are paid with Before Tax Employee Contributions	HealthEquity, Inc. 15 W. Scenic Pointe Drive, Suite 400 Draper, UT 84020 Phone (877)774-2123
**If the information provided in this table conflicts with information in the Benefit Program Documents incorporated by reference into this Appendix, the documents incorporated by reference will govern.					