



## **GCA MEWA HMSA PACKAGES AND PRICING (rev. June 12, 2016)** (EFFECTIVE July 1, 2016)

### **HMSA PREFERRED PROVIDER PLAN (PPP)**

#### **HMSA Medical (862), Drug (777)**

**\$1,201.30** per month/per employee (Covers employee & eligible dependents)

- A. **Option #1: Vision Plan DU Rider** (WILL APPLY TO ALL EMPLOYEES)  
Add **\$12.30** per month/per employee  
(Covers employee & eligible dependents)
- B. **Option #2: "Dental Plan V48"** (WILL APPLY TO ALL EMPLOYEES)  
Add **\$81.04** per month/per employee  
(Covers employee & eligible dependents)

### **HMSA HEALTH PLAN HAWAII PLUS (HPH+)**

#### **HMSA Medical (Y-B) and Drug (778)**

**\$1,242.76** per month/per employee (Covers employee & eligible dependents)

- A. **Option #1: Vision Plan DV Rider** (WILL APPLY TO ALL EMPLOYEES)  
Add **\$8.00** per month/per employee  
(Covers employee & eligible dependents)
- B. **Option #2: "Dental Plan V48"** (WILL APPLY TO ALL EMPLOYEES)  
Add **\$81.04** per month/per employee  
(Covers employee & eligible dependents)

*Note that CompMED is no longer being offered as an option under the GCA MEWA Plan.*

**Go to [www.gcamewa.com](http://www.gcamewa.com) for more information**

# GCA MEWA MEDICAL PROGRAM

ENROLLMENT APPLICATION (rev. June 12, 2016)

**June 2016**

**FOR QUALIFIED GCA MEMBER COMPANIES ONLY**

To expedite your enrollment, please complete all sections and send to:

Group Plan Administrators, Inc.  
222 S. Vineyard Street, PH4, Honolulu, HI 96813  
Tel: (808) 523-9411 Fax: (808) 533-6789  
Email: [administrator@gcamewa.com](mailto:administrator@gcamewa.com)  
Web: [www.gcamewa.com](http://www.gcamewa.com)

Application is hereby made to the **GCA MEWA** to enroll eligible employees of our Company and their dependents under the **GCA MEWA**, with coverage to include the following options as checked off below:

Please  desired plan(s):

- HMSA Preferred Provider Plan (PPP): Medical (862), Drug (777)  
\$1,201.30 per month/per employee
- HMSA Health Plan Hawaii Plus (HPH+): Medical (Y-B), Drug (778)  
\$1,242.76 per month/per employee

Please  desired Rider(s) for **ALL Employees** (multiple Riders allowed):

- Vision Care Rider (DU) \$12.30 (PPP) per month/per employee or  
Vision Care Rider (DV) \$8.00 (HPH+) per month/per employee
- Dental Care Rider (V48) \$81.04 per month/per employee

Number of Employees to be Covered: \* \_\_\_\_\_

**\* As part of the HMSA agreement with GCA of Hawaii, HMSA requires 100% of all eligible employees (non-unionized employees working at least 20 hours/week) to be enrolled in one of the plans listed above. Company Representative signature below certifies that Company meets this HMSA requirement.**

Please  ONE of the following:

- Our Company is currently covered by the existing GCA/HMSA Plan
- Our Company is currently covered by a non-GCA/HMSA Plan (Group # \_\_\_\_\_)
- Our Company is NOT currently covered by an HMSA Plan

State of HI Unemployment Insurance ID #: \_\_\_\_\_ Federal Employer ID #: \_\_\_\_\_

Company:		
Mailing Address:		
Email:	Tel:	Fax:
Name of Authorized Company Representative:		
Title of the Above Representative:		
Signature of Authorized Company Representative:		