June 3, 2014

GCA's MEDICAL PROGRAM

COMPANY EXECUTIVES, SUPERVISORY PERSONNEL, OFFICE EMPLOYEES and OTHER NON-UNION PERSONNEL

** GCA MEMBERS **

Note: These Plans meet the requirements of the State of Hawaii Law that require you to make a hospital, surgical, and medical care plan available to your employees.

◆ BACKGROUND
The GCA's Medical Plans for Non-Bargaining Unit Employees were developed so that companies could provide their supervisory personnel, office employees, and other non-union employees with health and welfare plans that are comparable to the plans covering their unionized employees.

◆ MEMBERSHIP LIMITED
Participation in the plan is limited to GCA Member Companies. No minimum number of employees is required.

◆ ENROLLMENT PERIOD (June 1-30, 2014 only)
1. Current GCA Members can enroll ONLY during the enrollment period.
2. New members can enroll at the time they join, regardless of the time of year.
3. The Dental or Drug/Vision Riders can be enrolled in or cancelled ONLY during the enrollment period.

◆ SIGN-UP PROCEDURE
Only if your company is not currently covered under GCA’s plan, fill out and sign the attached “Application Form” and send it back to the GCA.

If your Company is presently covered by a non-GCA HMSA Plan, HMSA will merely switch you over to our Plan. A sufficient number of brochures will be sent to you for use in announcing the new program to your personnel. If you prefer, an HMSA Service Representative will come to your Company to explain the new benefits and answer any questions you may have regarding the Plan. New HMSA identification cards will also be prepared for distribution to those who will be covered.

If your Company is not currently covered by an HMSA Plan, an HMSA Service Representative will call you to explain their procedures, secure enrollment cards, and whatever else is necessary to process enrollment.

Rates effective July 1, 2014
The GCA offers three “basic” medical plans:
- Preferred Provider Plan
- HPH Plus
- CompMED

Your company must decide whether to offer one, two or all three basic plans. For all medical plan offered, your company must decide whether it also wishes to offer one or both of the following two options:

Option 1: Prescription drug and vision
Option 2: Dental

Any option you choose will automatically apply to all of your employees who are covered under the "Basic" Plan. In other words, if a total of 10 or more of your employees are covered under the "Basic" Plan, you cannot cover only 6 or 7 of them under the option arrangement. It has to be on an all or nothing basis.

Listed below are the different plans offered by GCA. The cost of the basic coverage, as well as optional riders, is listed. Your company must enroll all of your non-bargaining unit employees in one or more of the GCA plans offered.

GCA Members that are currently participating in the Association’s health care plan and will not be making any changes need not re-apply.

FOR MORE INFORMATION
If you would like more information, or if you have any questions, please call Mary at the GCA Office (#833-1681 ext. 21).

HMSA PREFERRED PROVIDER PLAN (PPP)
(Rates effective July 1, 2014)

A. HMSA “Preferred Provider - Plan 834” (Medical Only)
   $900.44 per month/per employee
   (Covers employee & eligible dependents)

B. Option #1: “Preferred Provider - Prescription Drug Plan 649 & Vision Plan DU Rider” (optional)
   Add $155.14 per month/per employee (Drug Plan)
   (Covers employee & eligible dependents)
   Add $12.22 per month/per employee (Vision Plan)
   (Covers employee & eligible dependents)

C. Option #2: “Dental Plan V48/ L51” (optional)
   Add $80.96 per month/per employee
   (Covers employee & eligible dependents)
HMSA COMMPMED  
(Rates effective July 1, 2014)

A. **HMSA “Compmed - Plan 846” (Medical Only)**

   $867.58 per month/per employee  
   (Covers employee & eligible dependents)

B. **Option #1: “Preferred Provider - Prescription Drug Plan 649 & Vision Plan DU Rider” (optional)**

   Add $155.14 per month/per employee (Drug Plan)  
   (Covers employee & eligible dependents)

   Add $12.22 per month/per employee (Vision Plan)  
   (Covers employee & eligible dependents)

C. **Option #2: Dental Plan V48/L51” (optional)**

   Add $80.96 per month/per employee  
   (Covers employee & eligible dependents)

HMSA HEALTH PLAN HAWAII PLUS (HPH+)
(Rates effective July 1, 2014)

Members have access to the largest HMO network in Hawaii, featuring a wide selection of health centers and hundreds of qualified personal care physicians.

A. **HMSA “Health Plan Hawaii Plus - Plan (X-L)” (Medical Only)**

   $867.32 per month/per employee  
   (Covers employee & eligible dependents)


   Add $132.52 per month/per employee (Drug Plan)  
   (Covers employee & eligible dependents)

   Add $7.86 per month/per employee (Vision Plan)  
   (Covers employee & eligible dependents)

C. **Option #2: Dental Plan V48/L51” (optional)**

   Add $80.96 per month/per employee  
   (Covers employee & eligible dependents)

FOR FURTHER INFORMATION REGARDING ANY OF THE MEDICAL CARE PLANS, PLEASE CONTACT MR. NORMAN NONAKA OF HMSA’S GROUP ADMINISTRATION & MARKETING OFFICE
☎️ #948-5607

HMSA.2014-2015 -GCA Members Renewal Rate
GCA’s MEDICAL PROGRAM
HMSA Enrollment Application
June 2014
GCA MEMBER COMPANIES ONLY

GCA Members that are currently participating in the Association’s health care plan and will not be making any changes need not re-apply.

To expedite your enrollment, please complete all sections and send to:
GENERAL CONTRACTORS ASSOCIATION OF HAWAII
Attn: Marychelle Cespedes
Email: Marychelle@gcahawaii.org
Fax: 839-4167

1. Application is hereby made to the HAWAII MEDICAL SERVICE ASSOCIATION to enroll eligible employees of our Company and their eligible dependents under the GCA HMSA PROGRAM, with coverage to include the following options as checked off below:

Please ☑️ desired plan(s):
☐ HMSA Preferred Provider Plan (PPP)
☐ HMSA Health CompMed
☐ HMSA Health Plan Hawaii - Plus (HPH+)

Please ☑️ desired Rider(s):
☐ Drug & Vision Care Rider
☐ Dental Care Rider

Approximate number of persons to be covered: ______

2. Our Company _____ IS NOT currently covered by an HMSA Plan
   _____ IS currently covered by an HMSA Plan (Group # __________)

3. Your Company's State of Hawaii Unemployment Insurance Identification Number: __________________________

4. Your Company’s Federal Identification Number: ________________________________

COMPANY NAME: ____________________________________________________________
MAILING ADDRESS: __________________________________________________________
________________________________________________________
NAME OF AUTHORIZED COMPANY REPRESENTATIVE: _____________________________
TITLE OF THE ABOVE REPRESENTATIVE: _________________________________________
PHONE: __________________ FAX: __________________ EMAIL: _______________________

NOTE: Enrollment in this health plan is strictly a benefit to GCA members. Your coverage under this program will be discontinued should membership in the GCA be cancelled or terminated at anytime.