



GENERAL CONTRACTORS ASSOCIATION OF HAWAII

1085 AHUA STREET • HONOLULU, HAWAII 96819-4493 • PHONE 808-833-1681 • FAX 808-839-4167

E-MAIL ADDRESS: gca@gcahawaii.org • WEBSITE: www.gcahawaii.org

**PLEASE REVIEW
ATTACHED
PPP BENEFIT CHANGES
Effective 7/01**

June 1, 2007

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 requires 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** was developed so that companies could provide their supervisory personnel, office employees, and other non-union employees with a health and welfare plan that was comparable to the plans covering their unionized employees.

◆ **2007 PLAN CHANGES**

Effective July 1, 2007, the PPP GCA plan will convert to the PPP Community Rated Group (CRG) plan and benefits.

◆ **MEMBERSHIP LIMITED**

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

◆ **ENROLLMENT PERIOD (June 1-27, 2007 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.

GCA Member Medical Plan

Effective July 1, 2007

Page 2 of 4

◆ **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.

The GCA's Medical Plan is set up as a "Basic" Plan with Options. A company must sign up for the Basic Hospital-Surgical-Medical Plan and if it wishes to, it can then choose one or more of the options which are available.

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.**

Attached 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 Marychelle at the GCA Office (#833-1681 ext. 21).

HMSA CRG PREFERRED PROVIDER PLAN (PPP)

(Rates effective July 1, 2007)

- A. **HMSA "Preferred Provider - Plan 643" (Medical Only)**
\$508.60 per month/per employee
(Covers employee & eligible dependents)
- B. **Option #1: "Preferred Provider - Prescription Drug Plan 374 & Vision Plan AI" Rider (optional)**
Add \$126.48 per month/per employee
(Covers employee & eligible dependents)
- C. **Option #2: "Dental Plan 48/51" (optional)**
Add \$47.48 per month/per employee
(Covers employee & eligible dependents)

HMSA CRG HEALTH PLAN HAWAII PLUS (HPH+)

(Rates effective July 1, 2007)

Members have access to the largest HMO network in Hawaii, featuring a wide selection of health centers and hundreds of qualified personal care physicians. In addition to 100 percent coverage for basic hospital services, HPH Plus members and their families also benefit from the freedom to select their own individual health center.

- A. **HMSA "Health Plan Hawaii Plus - Plan Y-I" (Medical Only)**
\$493.34 per month/per employee
(Covers employee & eligible dependents)
- B. **Option #1: Health Plan Hawaii Plus - Prescription Drug Plan 375 & Vision Plan OCK Rider (optional)**
Add \$94.50 per month/per employee
(Covers employee & eligible dependents)
- C. **Option #2: "Dental Plan 48/51" (optional)**
Add \$47.48 per month/per employee
(Covers employee & eligible dependents)

**FOR FURTHER INFORMATION REGARDING ANY OF THE MEDICAL CARE PLANS,
PLEASE CONTACT MR. ROD TAM OF HMSA'S GROUP ADMINISTRATION & MARKETING OFFICE
☎ #948-5505 ☎**

Please review the attached new PPP benefit plan effective 7/01/07 on the right side of the page. The old benefit is listed on the left side of the page for comparison.

