GENERAL CONTRACTORS ASSOCIATION OF HAWAII

1065 Ahua Street, Honolulu, HI 96819
(808) 833-1681
www.gcahawaii.org

GCA MEWA HMSA PACKAGES
Single/Two-Party/Family Rates

(EFFECTIVE July 1, 2024 – June 30, 2025)

HMSA PREFERRED PROVIDER PLAN (PPP)

A. Single Coverage (Covers employee only)	
HMSA Medical (762), Drug (972) - per month/per employee	$ 697.14
Vision Plan 0GA Rider - Add per month/per employee	$ 4.50
Dental Plan C48 – Add per month/per employee	$ 36.62

B. Two Party Coverage (Covers employee & one Eligible spouse or dependent)	
HMSA Medical (762), Drug (972) - per month/per employee	$ 1,394.28
Vision Plan 0GA Rider - Add per month/per employee	$ 9.00
Dental Plan C48 - Add per month/per employee	$ 73.24

C. Family Coverage (Covers employee & eligible dependents)	
HMSA Medical (762), Drug (972) - per month/per employee	$ 2,091.42
Vision Plan 0GA Rider - Add per month/per employee	$ 13.50
Dental Plan C48 - Add per month/per employee	$ 109.86

HMSA HEALTH PLAN HAWAII PLUS (HPH+)

A. **Single Coverage (Covers employee only)**	
HMSA Medical (E-V) and Drug (973) - per month/per employee	$ 688.98
Vision Plan 0HA Rider - Add per month/per employee	$ 2.50
Dental Plan C48 - Add per month/per employee	$ 36.62

B. **Two Party Coverage (Covers employee & one Eligible spouse or dependent)**	
HMSA Medical (E-V) and Drug (973) - per month/per employee	$ 1,377.96
Vision Plan 0HA Rider - Add per month/per employee	$ 5.00
Dental Plan C48 - Add per month/per employee	$ 73.24

C. **Family Coverage (Covers employee & eligible dependents)**	
HMSA Medical (E-V) and Drug (973) - per month/per employee	$ 2,066.94
Vision Plan 0HA Rider - Add per month/per employee	$ 7.50
Dental Plan C48 - Add per month/per employee	$ 109.86

If your company is already an EXISTING GCA MEWA participant, there is NO ACTION REQUIRED on your part. If your company is NOT an existing MEWA participant and you would like to participate in the GCA MEWA Group Plan, please visit www.gcamewa.com for additional information.

GCA MEWA MEDICAL PROGRAM

ENROLLMENT APPLICATION

July 1, 2024 – June 30, 2025

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
Web: 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 above:

Number of Employees to be Covered: * ______________

☐ Preferred Provider Plan (PPP) ☐ Health Plan Hawaii Plus (HPH)

☐ Include Vision Plan for all eligible employees

☐ Include Dental Plan for all eligible employees

*** As part of the HMSA agreement with GCA of Hawaii, HMSA requires 100% of all eligible non-union employees 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 MEWA HMSA Plan

☐ Our Company is currently covered by another 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:		