



SUMMARY ANNUAL REPORT

This is a summary of the annual report for the General Contractors Association of Hawaii MEWA (Multiple Employer Welfare Arrangement), Employer Identification Number 81-0970205, Plan No. 501 for July 1, 2024 – June 30, 2025. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor (DOL) as required under the Employee Retirement Income Security Act of 1974 (ERISA).

INSURANCE INFORMATION

The Plan has a contract with Hawaii Medical Service Association to pay claims incurred under the terms of the Plan. The total premiums paid for the plan year ending June 30, 2025 was \$12,709,502.

BASIC FINANCIAL STATEMENT

The value of plan assets, after subtracting liabilities of the plan, was \$17,844 as of June 30, 2025 compared to \$1,974 as of July 1, 2024. During the plan year, the plan experienced an increase in its net assets of \$15,870. The increase includes unrealized appreciation or depreciation in the value of the plan's assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. The plan had total income of \$50,005, including employer contributions of \$50,000, and earnings from investments of \$5.

Plan expenses were \$34,135. The expenses include \$34,135 in administrative expenses and \$0 from benefit payments.

YOUR RIGHTS TO ADDITIONAL INFORMATION

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. An accountant's report,

2. Financial information & information on payments to service providers.
3. Assets held for investment,
4. Fiduciary information, including transactions between the plan and parties-in-interest (that is, persons who have certain relationships with the plan),
5. Transactions in excess of 5 percent of plan assets.

To obtain a copy of the full annual report, or any part thereof, please write or call the Plan Administrator's office, Manageability LLC, 643 Ilalo Street, Suite 204, Honolulu, HI 96813, Phone: (808) 664-0844 ext. 808. The charge to cover copying cost is \$0.30 per page.

You also have the right to receive from the Plan Administrator, on request, and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the Plan Administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for copying these portions of the report because they are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan located at 643 Ilalo Street, Suite 204, Honolulu, HI 96813, and also at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to:

Public Disclosure Room, Room N-1513
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, D.C. 20210

WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA)

Under federal law, group health plans that provide medical and surgical benefits in connection with a mastectomy must provide benefits for certain reconstructive surgery, effective for the first plan year beginning on or after October 21, 1998. In the case of a participant or beneficiary who is receiving benefits under the plan in connection with a

mastectomy and who elects breast reconstructive, federal law requires coverage in a manner determined in consultation with the attending physician and the patient for:

- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce symmetrical appearance; and
- Prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas.

This coverage is subject to a plan's annual deductible and coinsurance provisions.

If you have any questions whether your plan covers mastectomies or reconstructive surgery, please contact your Plan Administrator at (808) 664-0844 ext. 808.

WHERE TO FIND A HIPAA PRIVACY NOTICE FOR OUR GROUP HEALTH PLAN

HIPAA Privacy pertains to the following group health plan benefits sponsored by the Board of Trustees of the GCA of Hawaii (Multiple Employer Welfare Arrangement):

- Hawaii Medical Service Association; and
- Cobra administration

HIPAA Privacy Notices that pertain to the insured medical and dental benefits offered by the Board of Trustees of the General Contractors Association of Hawaii MEWA can be obtained by contacting Hawaii Medical Services Association.