

**Benefits for CGI Technologies and Solutions Inc.**  
**Essential Plan**  
**Group Number: 700095**  
**Effective Date: January 1, 2017**

	In-Network		Out-of-Network
	PPO	Premier	
<b>Calendar Year Deductible</b> <i>(Applies to Basic and Major Services)</i>	\$50 per person; \$150 per family	\$50 per person; \$150 per family	\$100 per person; \$300 per family
<b>Calendar Year Maximum</b>	\$1,000 per person	\$1,000 per person	\$1,000 per person
<b>MaxOver™ Carryover</b>	Your plan allows a portion of an enrollee's annual maximum to be carried over to the next year.		

Covered Benefits				
Delta Dental will pay the stated percentage of the plan allowance based on the dentist's participation with Delta Dental.				
Coverage	In-Network		Out-of-Network	Benefit Limitations
	PPO	Premier		
<b>Diagnostic and Preventive Services</b>	100%	100%	80%	
<ul style="list-style-type: none"> <li>Oral exams and cleanings</li> <li>Periodontal cleanings</li> <li>Fluoride applications</li> <li>Bitewing X-rays</li> <li>Full mouth/panelpipse X-rays</li> <li>Sealants</li> </ul>				Twice each in a calendar year. Twice in a calendar year. Twice in a calendar year for enrollees under the age of 19. Two sets in a calendar year. Once in a 5-year period. One application per tooth every 3 years for enrollees under the age of 16 on non-carious, non-restored 1 <sup>st</sup> and 2 <sup>nd</sup> permanent molars.
<b>Basic Services</b>	70%	70%	50%	
<ul style="list-style-type: none"> <li>Amalgam (silver) and composite (white) fillings</li> <li>Stainless steel crowns</li> <li>Simple extractions</li> <li>Endodontic services/root canal therapy</li> <li>Periodontic services</li> <li>Complex oral surgery</li> <li>Space maintainers</li> </ul>				Once per surface in a 24-month period. Primary (baby) teeth for enrollees under the age of 14. Retreatment only after 24 months from initial root canal therapy treatment. Once per quadrant in a 24-36 month period based on services rendered. Surgical extractions and other surgical procedures. Once per quadrant per arch for enrollees under the age of 14.

Covered Benefits				
Delta Dental will pay the stated percentage of the plan allowance based on the dentist's participation with Delta Dental.				
Coverage	In-Network		Out-of-Network	Benefit Limitations
	PPO	Premier		
<b>Major Services</b>	<b>50%</b>	<b>50%</b>	<b>30%</b>	
<ul style="list-style-type: none"> <li>Denture repair and recementation of crowns, bridges and dentures</li> <li>Crowns</li> <li>Prosthodontics, removable and fixed</li> <li>Implants</li> <li>Occlusal guard for Bruxism</li> </ul>				<p>Once in a 12-month period.</p> <p>Once per tooth every 8 years for enrollees age 12 and older.</p> <p>Once every 8 years for enrollees age 16 and older.</p> <p>Once every 5 years for enrollees age 16 and older.</p> <p>Limited to one every 3 years.</p>

#### **COVERAGE IS AVAILABLE FOR**

- Enrollee, spouse or domestic partner.
- Dependent children, only to the end of the month they reach age 26 (the "limiting age").

#### **CHOOSING A DENTIST**

You may select the dentist of your choice. However, to get the full advantage of your Delta Dental coverage, you should choose a dentist who participates in the Delta Dental network(s) covered by your plan.

Delta Dental PPO and Delta Dental Premier dentists have agreed to accept Delta Dental's plan allowance, plus any required coinsurance and deductible (if applicable) as payment in full. In addition, Delta Dental PPO and Delta Dental Premier dentists will submit claims directly to Delta Dental and we will issue the payment to the dentist.

Non-Participating dentists have not agreed to accept Delta Dental's plan allowance as full payment. After Delta Dental pays its portion of the bill, you are responsible for any required coinsurance and deductible (if applicable), as well as the difference between the non-participating dentist's charge and Delta Dental's payment. Payment will be made to you.

Please visit [DeltaDentalVA.com](http://DeltaDentalVA.com) to find a participating dentist in your area.

*The preceding information is a brief description of the services covered under your plan. It is not intended for use as a summary plan description nor is it designed to serve as an Evidence of Coverage. If you have specific questions regarding benefit structure, limitations or exclusions, consult the plan document or call Delta Dental's Benefit Services Department at 888-261-6528.*