



CGI Technologies and Solutions Inc.

Benefits at a Glance

Policy #02763A

Effective Date: January 1, 2015

CGI Technologies and Solutions Inc. is offering Medical, Dental, Vision and Pharmacy benefits to eligible employees through Cigna Global Health Benefits. This comprehensive international healthcare program allows our employees and their families to access quality healthcare anywhere in the world. The following pages provide a general overview of the plan design for our employees on international assignment.

International Medical Plan			
	International (Outside of the U.S.)	U.S In-Network	U.S Out-of-Network
Eligibility	All active, full-time expatriate employees of the employer regularly working a minimum of 20 hours per week. Eligible populations: US expatriates - Non-US Expatriates (Third Country Nationals) and Key Local National Employees in Active Service working Outside the United States		
Lifetime Maximum	Unlimited		
Calendar Year Deductible • Per Individual • Per Family	\$250 \$500	\$250 \$500	\$500 \$1,500
Out of Pocket Maximum (OOP) • Per Individual • Per Family Family members meet only their individual Out-of-Pocket and then their claims will be covered at 100%; if the family Out-of-Pocket has been met prior to their individual Out-of-Pocket being met, their claims will be paid at 100%.	\$1,500 \$3,000	\$1,500 \$3,000	\$3,000 \$9,000
Accumulation	Accumulation of Plan Deductible and Out-of-Pocket Maximums: Deductible and Out-of-Pocket Maximums will cross-accumulate between In-Network, Out-of-network and International. All other plan maximums and service specific maximums (dollar and occurrence) will also cross-accumulate.		
Combined Medical/Pharmacy Out-of-Pocket Maximum	The Out of Pocket (OOP) limits cross apply (Aggregate Family); OOP will exclude deductible payments; exclude copay payments; exclude pharmacy copays; include pharmacy coinsurance payments; exclude Pre-Admission Certification/Continued Stay Review penalties.		
Coinsurance <i>(The percentage of covered expenses the plan pays)</i>	90% after deductible	90% after deductible	70% after deductible
Inpatient Hospital Services • Facility • Physician	90% after deductible 90% after deductible	90% after deductible 90% after deductible	70% after deductible 70% after deductible
Outpatient Facility Services	90% after deductible	90% after deductible	70% after deductible
Hospital Emergency Room (refer to certificate for coverage and exclusions)	100% after deductible	\$200 per visit copay, then 90% after plan deductible	\$200 per visit copay, then 90% after plan deductible (except if not a true emergency, then 70% after plan deductible)
Infertility (Procedures directly related to diagnosis are covered. Treatment, prescription drugs, and/or other method to bypass, i.e. In-vitro, are not covered. Refer to the certificate for additional coverage and exclusions)	90% after deductible	90% after deductible	70% after deductible
Maternity Care Services	90% after deductible	90% after deductible	70% after deductible
Lab & Radiology Facility	90% after deductible	90% after deductible	70% after deductible



International Medical Plan			
	International (Outside of the U.S.)	U.S In-Network	U.S Out of Network
Short Term Rehabilitation (60-day maximum per calendar year for all therapies combined) <i>Includes:</i> Cardiac Rehab, Physical Therapy, Speech Therapy, Occupational Therapy, Pulmonary Rehab and Cognitive Therapy	90% after deductible	90% after deductible	70% after deductible
Prescription Drug Benefit	90% after deductible	Refer to the Prescription Drug Benefits Schedule	Refer to the Prescription Drug Benefits Schedule
TMJ (\$1000 maximum per lifetime)	90% after deductible	90% after deductible	70% after deductible
Physician Services <ul style="list-style-type: none"> Physician's Office Visit Surgery performed in physician's office Allergy testing/treatment 	90% after deductible 90% after deductible 90% after deductible	90% after deductible 90% after deductible 90% after deductible	70% after deductible 70% after deductible 70% after deductible
Mental Illness and Substance Abuse <ul style="list-style-type: none"> Inpatient Outpatient 	90% after deductible 90% after deductible	90% after deductible 90% after deductible	70% after deductible 70% after deductible
Skilled Nursing Facility (120-day maximum per calendar year combined)	90% after deductible	90% after deductible	70% after deductible
Home Health Care (120-day Maximum per calendar year)	90% after deductible	90% after deductible	70% after deductible
Chiropractic Services	90% after deductible (20-day maximum per calendar year)	90% after deductible	70% after deductible (20-day maximum per calendar year)
Hospice	90% after deductible	90% after deductible	70% after deductible
Diabetes Equipment & Supplies (Prescribed and recommended, in writing, by a physician. Equipment included: insulin pumps, blood glucose meters and strips, urine testing strips, insulin, syringes, lancets, alcohol swabs and pharmacological agents for controlling blood sugar)	90% after deductible	90% after deductible	70% after deductible
Hearing <ul style="list-style-type: none"> Exam: One every 24 month period Hardware: Up to \$1,000 per hearing aid unit necessary for each hearing impaired ear every 3 years for a dependent child under age 24 	90% after deductible	90% after deductible	70% after deductible
Delaware Mandated Autism Spectrum Disorders Coverage (Coverage for the screening, diagnosis and treatment of autism spectrum disorder and medications as prescribed by licensed providers)	90% after deductible	90% after deductible	70% after deductible
Family Planning: Women's Services <ul style="list-style-type: none"> Inpatient hospital facility Outpatient hospital facility Surgical services such as tubal ligation are covered (excluding reversals) Includes contraceptive devices as prescribed 	100%	100%	100%
Family Planning: Men's Services <ul style="list-style-type: none"> Inpatient hospital facility Outpatient hospital facility Surgical services such as vasectomy are covered (excluding reversals) 	90% after deductible	90% after deductible	70% after deductible



International Medical Plan			
	International (Out of U.S.)	In-Network U.S.	Out of Network U.S.
Women's Preventive Services <ul style="list-style-type: none"> • Annual well-woman visits • Gestational diabetes screening • HPV DNA testing for women 30 years and older • Sexually-transmitted infection counseling including HIV screening and counseling • Domestic violence screening and counseling 	100%	100%	100%
Breast-feeding equipment and supplies (Limited to one rental of one breast pump per birth as ordered or prescribed by a physician. Includes related supplies and counseling)	100%	100%	100%
Well Child Care	100%	100%	100%
Adult Preventive Care	100%	100%	100%
Immunizations <ul style="list-style-type: none"> • For children birth to age 18 • Includes diphtheria, hepatitis A, hepatitis B, measles, mumps, pertussis, polio, rubella, tetanus, varicella, Haemophilus influenza B 	100%	100%	100%
Travel Immunizations (For employee and dependents immunizations as required for travel)	100%	100%	100%
Papanicolaou Screening Test (One test per calendar year for females)	100%	100%	100%
Prostate Cancer Screening (One test per calendar year for males)	100%	100%	100%
Mammogram <ul style="list-style-type: none"> • Ages 35-39: One baseline exam • Ages 40-49: One exam every one or two years for asymptomatic women, but no sooner than two years after a women's baseline • Age 50 & Over: One exam annually • Any age: Whenever prescribed by a physician 	100%	100%	100%
Lead Poisoning Screening (For children at or around 12 months and high-risk children under age 6)	100%	100%	100%
Colorectal Cancer Screening (Age 50 and older or any high-risk individual)	100%	100%	100%
Dental Care (Accident) (Limited to a continuous course of treatment started within six months of accidental injury to sound natural teeth)	90% after deductible	90% after deductible	70% after deductible
Durable Medical Equipment	90% after deductible	90% after deductible	70% after deductible
External Prosthetic Appliances	90% after deductible	90% after deductible	70% after deductible



Global Wellness Programs	
Pre-Assignment Assistance Program	Cigna Global Health Benefits' pre-assignment assistance is a unique clinical program that offers comprehensive case management, care coordination, inpatient management, evacuation assistance, and online expert second opinions for employees and dependents either in the U.S. or abroad. The tool can be accessed prior to or during assignment through Cigna's secure web portal, www.cignaenvoy.com . Employees that utilize the pre-assignment assistance program are more likely to have a successful assignment.
Health & Well-Being Assessment	The Health and Well-Being Assessment (HA) is a short, online assessment that is core to our wellness solutions and the first step to identifying personal health risks. Those who complete the HA receive a personalized health risk profile report. The HA is medically validated by the World Health Organization.

Pharmacy Management – Purchased Inside the United States Only		
Retail Drugs	Participating Pharmacy	Non-Participating Pharmacy
Generic (30-day supply)	\$10 copay per prescription or refill order	30% coinsurance after plan deductible
Brand (30-day supply)	\$20 copay per prescription or refill order	30% coinsurance after plan deductible
Mail Order Drugs		
Generic (90-day supply)	\$30 copay per prescription or refill order	In-network coverage only
Brand (90-day supply)	\$60 copay per prescription or refill order	In-network coverage only

Vision Care			
	International (Outside the U.S.)	U.S. In-Network	U.S. Out-of-Network
Eye Exams Limited to one exam each 24 month period	90% not subject to deductible	90% not subject to deductible	70% not subject to deductible
Vision Hardware			
Lenses & Frames Not covered	0%	0%	0%



International Dental Care		
Calendar Year Maximum (for Class I, II, III)		\$1,500
Lifetime Maximum (for Class IV)		\$1,500
Calendar Year Deductible		\$0 Individual / \$0 Family
Class I	Preventive Care For diagnostic and preventative services including: <ul style="list-style-type: none"> • Oral Exam - 2 per person, per year • Cleanings - 2 per person, per year • Bitewing X-rays - 2 per person, per year • Fluoride Applications - 1 per person, per year (Up to age 19) • Sealants - 1 per person, per year • Full Mouth X-rays - unlimited • Panoramic X-rays - 1 per person, per 3 years This class does not have a specific maximum	100%
Class II	Basic Restorative For Basic Restorations, Endodontics, Periodontics, Prosthodontics Maintenance, Oral Surgery, Fillings, Root Canal, Periodontal Scaling and Root Planning and repair to Bridgework and Dentures This class does not have a specific maximum	80%
Class III	Major Restorative For Major Restorations, Dentures and Bridgework including Crowns This class does not have a specific maximum	50%
Class IV	Orthodontia (for dependent children under age 19) After a \$50 lifetime deductible	50% after lifetime deductible

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