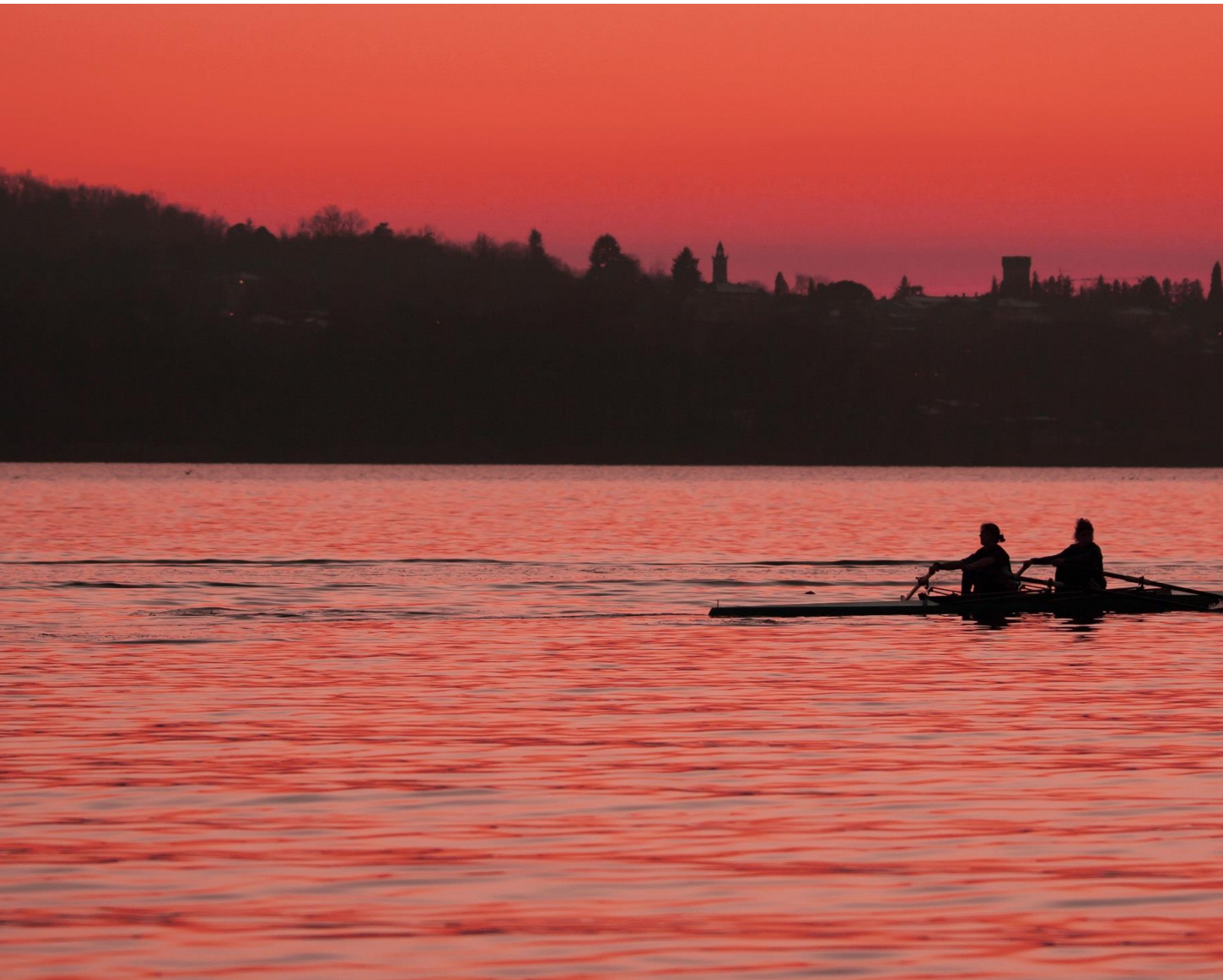




Experience the commitment®

Welcome to the 2018
U.S. Benefits Guide
for U.S. CSG and CGI Federal members



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Welcome to the 2018 U.S. Benefits Guide

CGI's comprehensive benefits program is designed to ensure that you have benefit choices across a wide range of areas, including health care, wealth management, income protection, and a variety of voluntary lifestyle benefits. Each year, open enrollment provides an opportunity for you to carefully consider your options and make smart decisions for you and your family. This guide presents your benefits for the coming year.

The 2018 open enrollment website, www.cgi.com/usbenefits2018 (username: **CGIUS**; ID: **usbenefits2018**), is your source for more detailed information and serves as your gateway into CGI's Open Enrollment Election Tool. Open enrollment begins on **Monday, Nov. 6 and ends at 11:59 p.m. Pacific Time on Friday, Nov. 17**. Benefits elections made during the open enrollment period will become effective Monday, Jan. 1, 2018. Payroll deduction changes will occur in your first paycheck following Jan. 1, 2018.

Please visit www.cgi.com/usbenefits2018 (username: CGIUS; ID: usbenefits2018) or visit the HR Service Center to open a case: CynerGI > My CGI > Shortcuts > HR Service Center if you have questions about your benefits or the open enrollment process. We are committed to responding to your questions to ensure that you have the information you need to make informed benefits choices.

November 6th

Beginning Monday, Nov. 6, you can access the Open Enrollment Election Tool* when you are connected to the CGI network. You can access the tool via www.cgi.com/usbenefits2018 (username: **CGIUS; password: **usbenefits2018**). Members must make elections by 11:59 p.m. Pacific Time on Friday, Nov. 17, 2017.**

*OPEN ENROLLMENT LINK - REMOTE ACCESS INSTRUCTIONS:

Non-Federal Remote Access: Log in to SERA Connect, SERA Full, Unified Access Connect, or Unified Access Lite using your SERA credentials. Then log in to the enrollment tool using your Enterprise Portal credentials.

Federal Remote Access (Non-SCA Members Only): Log in to the CGI Federal VPN using your CGI Federal credentials (typically, `cgifederal\<first initial><last name>`). The enrollment tool is the first option in the list.

You then will be asked for your Enterprise Portal credentials (`<firstname>.<lastname>@cgi.com`) to use the tool. To reset your CGI Enterprise password, use the password management tool on the Enterprise Portal (Home > Tools > Password Management).

Note: You must be connected to the CGI Federal network to access the Enterprise Portal. Members at remote or client sites should visit <https://sslvpn.cgifederal.com> to gain access. If you are unable to access the Federal VPN, please email helpdesk@cgifederal.com. If you are unable to log in to the tool after connecting to the Federal VPN, please call 1-888-571-7211.

CGI 2018 U.S. Benefits Enrollment

Members currently enrolled in one of CGI's medical, dental, or vision plan options who do not log in to the enrollment tool to select new coverage options for 2018 will have their current plan elections automatically rolled over for the 2018 plan year.

This includes current Health Savings Account (HSA) payroll deduction contributions.

Active enrollment for Flexible Spending Accounts (FSA) is required – Members must renew their FSA elections. The Health FSA, the Limited Purpose Health FSA, and the Dependent Care FSA will not automatically roll over for 2018.

Eligible U.S. CGI members who wish to make changes to their benefits elections for 2018 must log in to CGI's Open Enrollment Election Tool between Nov. 6 and Nov. 17 to select 2018 coverage.

Regular full-time and regular part-time CGI members scheduled to work 20 or more hours per week.

Enrollment Checklist

- Review this guide to understand of your benefits.
- Evaluate the benefits needs of you and your family.
- Attend an informational webinar—ask questions.
- Consult with your family.
- Make your decisions and enroll!

What's staying the same in 2018

In 2018, Cigna will continue to serve as CGI's group health care provider, with two medical plan options. Here is an overview of what is staying the same and what is new this year:

- **Same** Select and Essential Cigna group health plans
- **Same** dental carrier (Delta Dental of Virginia) and same dental plans (Select and Essential)
- **Same** Health Savings Account (HSA) vendor, Optum Bank
- **Same** CGI HSA contributions (up to an annual max of \$500 individual/\$1,000 family)
- **Same** vision vendors (UnitedHealthcare and VSP), with the same UHC vision plans (UHC Select and UHC Essential)
- **Same** life, Accidental Death and Dismemberment (AD&D), and disability insurance
- **Same** Healthy Babies maternity program, which supports expectant mothers throughout their pregnancy and shortly after birth

What's new in 2018

- **Increased annual maximum HSA contribution** limit of \$3,450 for single coverage and \$6,900 for family coverage
- **Cigna OneGuide** program to help members make the most of their healthcare choices
- **Applied Behavior Analysis (ABA) Therapy** coverage

What you should know about consumer-driven health plans and health savings accounts

What is a Consumer-Driven Health Plan?

CGI offers a consumer-driven health plan, or CDHP. A CDHP is a health insurance option that features a high-deductible plan coupled with a Health Savings Account (HSA), which allows members to pay out-of-pocket expenses from a tax-advantaged savings account.

What does a high-deductible plan mean?

- Your deductible and out-of-pocket costs may be higher than traditional co-pay insurance plan options, but your premium is generally lower.
- You take responsibility for covering your health care expenses until your calendar year deductible is met. Your insurance is valid and insurance network discounts are effective immediately, even before your deductible is met, but you are responsible for paying the out-of-pocket expenses upfront.
- Preventive in-network services are covered 100 percent.
- Once you meet your annual deductible, future health care costs are paid by the plan for the remainder of the year. In some instances, co-insurance may apply.

What is a Health Savings Account?

- A Health Savings Account, or HSA, is a member-owned bank account with funds used for payment of medical expenses. Employers and employees (CGI members) can contribute to an HSA, and funds remain with the member (even if that member changes employers).
- When you have qualifying medical or prescription drug expenses, including those that apply to your annual deductible, you can choose to pay for them using the money in your HSA. Or, you can save the money for a future need—even into retirement. It's your choice.

How does a Health Savings Account work?

You own the HSA.

- The money deposited into your HSA is yours to keep.
- There is no annual “use it or lose it” rule, as with medical flexible spending accounts.
- If you leave CGI or change health plans, you can take your HSA with you.

You won't pay federal income taxes on:

- Deposits you or others make to your HSA
- Money you spend from your HSA on qualified medical expenses
- Interest earned on the HSA

Prescription Drugs

The federal regulations governing CDHPs do not permit these plans to offer a traditional prescription drug co-payment option. Instead, prescription purchases are treated the same way as other medical expenses, subject to the plan's annual deductible and co-insurance.

HSA Contributions

For 2018, CGI will fund members' HSA with up to \$500 for individual coverage or up to \$1,000 for family coverage. Equal disbursements throughout the 2018 calendar year will be made by CGI into your HSA with Optum Bank.

All contributions and earnings on your HSA contributions are tax-free. You can pay for out-of-pocket medical expenses on a tax-free basis with your HSA.

Prescription Options

If you need a maintenance medication on a regular basis, you can use the mail-order prescription program available through Cigna, or purchase a 90-day supply at a retail pharmacy. Log in to www.mycigna.com to see which option works best for you.

Important items to consider

When deciding which benefits choices are right for you in 2018, remember:

Important Surcharges

Tobacco user surcharge: Tobacco users will be charged an additional \$50 a month for CGI medical plan coverage. You must not have used tobacco products in the last six months to qualify for the non-tobacco user rate. This surcharge applies to members only (not spouses, domestic partners, and/or dependents).

Working spouse surcharge: If your spouse or domestic partner is employed and able to obtain medical plan coverage through his or her employer, you will be charged an additional \$100 a month if you choose to cover him or her under CGI's medical plan.

If your spouse or domestic partner experiences a qualifying life event (loss of job, etc.) during the plan year, this surcharge may be removed and/or reinstated at any time.

Coverage Eligibility

Regular full-time and regular part-time CGI members scheduled to work 20 or more hours per week are eligible to enroll in our U.S. benefits plans. You also may enroll your eligible dependents, including your spouse or domestic partner, dependent child up to age 26, and a handicapped adult-dependent child. Proof of eligibility may be required. You must ensure that any individual you enroll in a CGI plan remains eligible under the plan at all times.

If you do not provide sufficient evidence when and if requested, coverage for a dependent may be terminated—even if he or she actually satisfies the definition of eligibility. Also, any misrepresentations or inaccurate information you provide could result in loss of coverage. If you cover an individual who is not eligible, you may be required to reimburse the plan for any expenses it has incurred by the ineligible individual. Other actions may also be taken. Therefore, it is important to notify CGI immediately when someone you covered as a dependent is no longer eligible.

When a dependent no longer meets eligibility requirements, you must open and complete a case in the HR Service Center within 31 days of the event. Failure to notify CGI in a timely manner may result in the unavailability of COBRA continuation coverage.

Enrolling a Domestic Partner

When you are eligible for CGI benefits, you may add a qualified same- or opposite-sex domestic partner and a domestic partner's child or children to your CGI medical, dental, or vision coverage. You must meet the requirements and return a notarized copy of the CGI Domestic Partner Affidavit, along with the requested supporting documentation and tax certification, every year. Request the form by opening a case on the HR Service Center (CynerGI > MyCGI > HR Service Center) and assigning it to the Benefits – U.S. provider group. You have 31 days after the enrollment deadline to provide the affidavit and documentation. Partner coverage cannot be activated without notarized and verifiable documentation.

IRS regulations require CGI to report the value of benefits for covering a domestic partner as imputed income on your W-2 form. Medical and dental coverage for a domestic partner is paid through normal pre-tax payroll deductions and is reported on your paycheck as imputed income at 100 percent of the cost. The annual imputed income can impact the amount of income tax you must pay. Be sure to review your options carefully because your elections cannot be changed during the year without a change-in-status event.

If your domestic partner qualifies as your tax dependent for health coverage purposes, you can avoid having the value of your domestic partner's health coverage treated as taxable income. To avoid taxation, you must complete and return the Certification of Tax Treatment of Domestic Partner, indicating that your domestic partner qualifies as your federal tax dependent for health coverage purposes. Because the determination of whether a person is a tax dependent for health coverage purposes relies on facts solely within your knowledge, CGI cannot make this determination for you. You will be

required to complete a Certification each year at open enrollment. For any year in which CGI does not receive a Certification from you, CGI will assume that your domestic partner does not qualify as your federal tax dependent for health coverage purposes for that year.

Making Changes During the Year

Consider your benefits elections carefully before making your choices because federal regulations allow changes during the year only in certain circumstances (e.g., within 30 days of the birth of a child, marriage, divorce, etc.).

Medical Plan Options

CGI offers two medical plan options through Cigna that vary in cost and annual deductible. Both plans are HSA-compatible.

Both plan options (1) feature a deductible you must meet before the plan begins to pay benefits, (2) pay higher benefits for in-network services and (3) cover all qualified, in-network preventive care (e.g., annual physicals, immunizations and age-appropriate screenings) at 100 percent, with no co-insurance or deductible requirement. The two plans are:

- **Select Plan/Health Savings Account (Select/HSA):** This option has lower deductible costs and higher payroll premium deduction costs than the Essential plan. CGI contributes tax-free money to eligible HSA holders to help pay health care expenses.
- **Essential Plan/Health Savings Account (Essential/HSA):** This option has higher deductible costs and lower payroll premium deduction costs than the Select plan. CGI contributes tax-free money to eligible HSA holders to help pay health care expenses.

Prescription Drug Plan

Both medical plans include prescription drug benefits through Cigna. HSA-compatible health plans require the cost of the prescription to apply toward the same deductible as all other medical expenses—meaning you pay 100 percent of the negotiated cost of your prescriptions until the annual plan deductible is reached. Once you reach your deductible, co-insurance will begin with the **Select** plan until you reach your out-of-pocket maximum for all drug and medical claims. In the **Essential** plan, once you have reached your deductible, you have also reached your out-of-pocket maximum, and all medical and drug claims will be paid at 100 percent.

Mandatory Generic Prescriptions

In most cases when you take your prescription for a brand name medication to the pharmacy, your prescription will be filled with the generic equivalent. Generic medications contain the same strength and active ingredients as brand name medications, but often cost much less. If you specify you want the brand name drug while at the pharmacy, you will pay more—and the cost difference between the brand and the generic drug **will not apply to your annual deductible or out-of-pocket maximum.**

90-Day Retail Prescriptions

For added convenience, you can purchase a 90-day supply of most maintenance medications at a participating Cigna network retail pharmacy. The 90-retail supply may not apply to all drugs. To find a participating retail pharmacy, go to **Cigna.com/Rx90network**. Certain drugs or categories of drugs will require step therapy, have quantity limits and/or

Your Health Savings Account (HSA)

During the 2018 calendar year, CGI will fund members' HSA up to \$500 for those with individual coverage or \$1,000 for those with family coverage, to help with annual out-of-pocket expenses. Deposits of \$19.24 for single plan or \$38.47 for family plan are made each pay period throughout the calendar year. CGI contributions can be made only if you open and maintain an account at Optum Bank. CGI's biweekly contributions cannot be made retroactively, so be sure your account is open and ready to receive deposits on Jan. 1, 2018.

Optum Bank is a financial institution leader specializing in HSAs and other financial solutions for health care. If you are a continuing participant and already have established an account at Optum Bank, you do not need to take any action.

require prior authorization. Some specialty drugs are always limited to a 30-day supply and certain specialty drugs must be purchased through Cigna's designated specialty pharmacy. If you do not receive your specialty medication in the approved manner you will be responsible for the full cost and it will not apply to your annual deductible or out-of-pocket maximum.

MDLive and Amwell Telemedicine

MDLive and Amwell, telemedicine services, are available 24/7/365, even holidays. These services allow you to speak with a doctor over the phone or through a video consultation for non-emergency medical issues, such as allergies, respiratory tract infections, colds and other ailments. MDLive and Amwell are available only to members enrolled in one of the Cigna domestic medical plans and are not available in Hawaii. Members pay \$42 per consult. You can access MDLive by calling 888-726-3171, via the web at mdlive.com/cgi or get the mobile app from the AppStore or GooglePlay: mdlive.com/getapp. You can access Amwell by calling 855-667-9722, via the web at AmwellforCigna.com, or get the mobile app from the AppStore or GooglePlay:

Healthy Babies Program

This program supports expectant mothers throughout their pregnancy and in the days and weeks following a baby's birth. Member can access live telephonic support 24/7 from a nurse, an audio library of maternity topics, and tools to track the pregnancy week by week. Expectant mothers should call 800-615-2906 to enroll.

2018 Medical Rates

Plans, Monthly Rates and Monthly Surcharges

	Coverage	Monthly Member Rates	Monthly Tobacco Surcharge*	Monthly Working Spouse Surcharge**
CGI SELECT (CIGNA)				
In Network (Ind/Fam) Deductible: \$2k/\$4k OOP Max: \$3k/\$6k	Employee Only	\$90.13	\$50.00	N/A
	Employee + Spouse	\$254.20	\$50.00	\$100.00
Out of Network (Ind/Fam) Deductible: \$4k/\$8k OOP Max: \$8k/\$16k	Employee + Child(ren)	\$194.71	\$50.00	N/A
	Family	\$376.79	\$50.00	\$100.00
CGI ESSENTIAL (CIGNA)				
In Network (Ind/Fam) Deductible: \$3.5k/\$6.850k OOPMax: \$3.5k/\$6.850k	Employee Only	\$54.55	\$50.00	N/A
	Employee + Spouse	\$179.49	\$50.00	\$100.00
Out of Network (Ind/Fam) Deductible: \$7k/\$14k OOP Max: \$7k/\$14k	Employee + Child(ren)	\$130.67	\$50.00	N/A
	Family	\$266.51	\$50.00	\$100.00

Note: Payroll deductions will occur over 26 pay periods in 2018.

* The tobacco surcharge applies to members only (not applicable to spouses and dependents). Members will default to tobacco user rates unless you specify otherwise during open enrollment.

** The working spouse surcharge applies to members who elect to cover a spouse or eligible partner under CGI's medical plan. Members will default to working spouse rates unless you specify otherwise during open enrollment.

Comparing your Medical Plan Options

This table compares the costs and key features of the two medical plan options available to you.

Plan Features	CGI Select Plan		CGI Essential Plan	
	In-Network	Out of Network	In-Network	Out of Network
CGI contribution to HSA in bi-weekly increments of \$19.24 / \$38.47 (plus up to \$175 per year Wellness Incentives can be earned)	\$500 individual / \$1,000 family (annual)		\$500 individual / \$1,000 family (annual)	
CALENDAR YEAR DEDUCTIBLE				
Member-only coverage	\$2,000	\$4,000	\$3,500	\$7,000
Member + dependents	\$4,000	\$8,000	\$6,850	\$14,000
Coinsurance (plan pays after annual deductible is met)	90%*	70%*	100%*	100%*
OUT-OF-POCKET MAXIMUM				
Member-only coverage	\$3,000	\$8,000	\$3,500	\$7,000
Member + dependents	\$6,000	\$16,000	\$6,850	\$14,000
Plan Features	CGI Select Plan		CGI Essential Plan	
	In-Network	Out of Network**	In-Network	Out of Network**
OFFICE SERVICES				
Primary Care Physician	90%*	70%*	100%*	100%*
Specialist	90%*	70%*	100%*	100%*
Preventive Care includes: Annual exams Well baby, child care Annual mammogram Annual pap smear Cholesterol screening PSA screening Flu shots Immunizations	100% No deductible required	70%*	100% No deductible required	100%*
Inpatient and Outpatient Hospital Services	90%*	70%*	100%*	100%*
Emergency Room Services	90%*	90%*	100%*	100%*
Urgent Care Services	90%*	70%*	100%*	100%*
Prescription (Retail for Tier 1, Tier 2, & Tier 3)	90%*	No coverage	100%*	No coverage

Prescription (Mail Order-90 day supply for Tier 1, Tier 2, & Tier 3)	90%*	No coverage	100%*	No coverage
Maternity Services	90%*	70%*	100%*	100%*
Lab & Radiology (In-network preventive testing covered at 100%)	90%*	70%*	100%*	100%*
MENTAL HEALTH & SUBSTANCE ABUSE				
Inpatient	90%*	70%*	100%*	100%*
Outpatient	90%*	70%*	100%*	100%*

*After you meet the annual deductible.

**Out-of-network provider charges exceeding the plan's recognized amount for a service do not apply toward the annual deductible or out-of-pocket maximum, and are the member's responsibility.

TRICARE Supplemental Plan

Only for eligible uniformed service members/retirees

Combined with your TRICARE coverage, the TRICARE Supplement plan is designed to help pay the balance of covered services after TRICARE's payments have been made. To be eligible, you and your eligible family members must be registered in the Defense Enrollment Eligibility Reporting System, commonly referred to as DEERS.

The TRICARE Supplement plan is administered by Selman and Company and is offered on a pre-tax basis to CGI employees through a convenient voluntary payroll deduction. For more information, please visit www.selmanco.com or email memberservices@selmanco.com.

	Coverage	Monthly Member Rates	Washington State Rates
TRICARE SUPPLEMENT 2018 PLAN AND RATES			
TRICARE Supplement	Employee Only	\$67.50	\$44.17
	Employee + Spouse	\$132.50	\$86.17
	Employee + Child(ren)	\$132.50	\$86.17
	Family	\$178.50	\$116.50

Combining the Essential or Select Medical Plans with a compatible HSA for complete benefits

When you enroll in one of CGI's health plan options, you may also open and fund a personal tax-free Health Savings Account (HSA) for future health care expenses. CGI also contributes to this account, **but only once it's established, and only if you use Optum Bank.**

Step 1: Health Savings Account – Once you set up an HSA with Optum Bank (visit cgi.com/usbenefits2018 for the form and group number), CGI will contribute tax-free dollars to that account— up to \$500 per year, or \$19.24 each pay period that you are enrolled in member-only coverage, and up to \$1,000 per year, or \$38.47 per pay period for coverage for the member plus any dependents, provided your account is open and you meet the IRS guidelines to receive HSA funding. You also may contribute your own pre-tax dollars to your HSA through payroll deductions. You use the money in the HSA to cover your qualified medical expenses. Contributions cannot be made retroactively. If you already have an existing HSA at Optum Health Bank from a previous employer, please call Optum at 866-234-8913 to request your account be associated to CGI's group plan #3311716.

Step 2: Out-of-Pocket Expenses – If you use all the money in your HSA, including any contributions you have made to your account, you are responsible for paying for the cost of medical services until you meet the plan's annual deductible. These expenses include office visits, prescriptions, and hospital and lab services.

If your medical provider requests that you pay upfront, ask that the provider first submit the claim to Cigna for adjudication so it can be re-priced at the negotiated discount rate and properly applied toward your deductible.

If you are required to pay at the time of service, you can do so by using your Optum Bank card (if funds are available). Keep all of your receipts and check them against your Explanations of Benefits (EOBs) when they arrive from Cigna to ensure accuracy. If you do not have adequate funds in your HSA to cover out-of-pocket expenses at the time of service, you can later reimburse yourself from your HSA once you have enough money in your account.

Step 3: Deductible and Co-Insurance – Each plan has a deductible that you must meet before insurance payments kick in. The Select plan pays 90 percent co-insurance for in-network services, and you pay the remaining 10 percent for the rest of the calendar year after you meet your annual in-network deductible (\$2,000 per member/\$4,000 for family). The Essential plan pays 100 percent for in-network services after you meet your annual in-network deductible (\$3,500 per member/\$6,850 for family).

Step 4: Out-of-Pocket Maximum – If your out-of-pocket medical expenses reach your plan's out-of-pocket maximum, each plan will pay 100 percent of in-network allowable charges for the rest of the plan year.

Your Health Savings Account (HSA) Offers You a Number of Tax Advantages:

- Contributions to your HSA are tax-free.
- Any interest earnings on your HSA contributions are tax-free.
- You can pay for out-of-pocket medical expenses on a tax-free basis.

Your HSA belongs to you.

All money in the HSA is yours and is fully vested as soon as it is deposited. You are not required to use the money in your account to pay medical expenses as they are incurred; you can allow your balance to grow tax-free year after year. The HSA is yours to keep, even if you leave CGI, *but it must be used for eligible health care expenses to avoid income taxes and penalties.*

And once you turn 65, you can use your HSA funds as additional retirement income, without penalty.

Opening and Using your Health Savings Account (HSA)

Where to Open Your HSA

You may maintain an HSA at any bank that offers such an account. However, Optum Bank is the only bank where CGI has established a direct-deposit arrangement for **your HSA payroll contributions**. If you haven't yet opened an account with Optum, you should do so before the beginning of the new plan year.

To set up an account, visit www.cgi.com/usbenefits2018 and fill out the online form in the left column under Health Savings Accounts. If you prefer to maintain an HSA with another bank, you can set up an account with Optum Bank, receive the CGI contribution and periodically transfer the balance to your other HSA.

HSAs, Flex Spending Accounts (FSA) and Limited Purpose FSAs

Per IRS guidelines, you may participate in either an HSA or a regular health care FSA, but not both. If you contribute to an HSA, you are still eligible to enroll in the Limited Purpose FSA (LPFSA), also known as a “dental and vision only” FSA, which is designed to work alongside an HSA. Review your options and determine the best program for you. If you do not enroll in either of CGI's medical plans, you are still eligible to participate in a regular health care FSA. Regardless of which option you chose, you may still participate in the Dependent Care FSA.

Using the HSA

You pay no federal taxes on HSA contributions or interest earnings if you use the funds for qualified health care expenses, as defined by the IRS (IRS Publication 969). You will pay a tax and penalty if you use the money for other expenses.

CGI's contribution: To receive CGI's bi-weekly contributions, you must establish an HSA with Optum Bank.

Contributions cannot be made retroactively, so it's important to establish your HSA as soon as possible. Contributions are made on a pro-rata basis for each pay period that a member is enrolled in the CGI Select or Essential health plan (\$19.24 per pay period for member coverage; \$38.47 for dependent coverage).

Personal contributions: Just as with any bank account, you are responsible for keeping track of your HSA balance. You can contribute to your account through payroll deductions or by making lump-sum deposits on your own—or both. A spouse or family member also can deposit funds into your account. You can contribute as often as you like, and your contribution levels can be changed during the year (allow one to two pay periods for the change to become effective). Regardless of the sources of the contributions, the 2018 maximum annual HSA contribution limits are as follows:

→ **Member-Only Coverage:** \$3,450 → **Member + Dependents:** \$6,900 → **Age 55+:** an additional \$1,000

	Member Only	Family Coverage
HSA CONTRIBUTION LIMITS FOR 2018		
2018 maximum allowable limit	\$3,450	\$6,900
*2018 limit for age 55+	\$4,450	\$7,900
CGI Contribution to HSA	\$500	\$1,000
**Wellness Incentives paid to HSA	\$175	\$175
Maximum possible CGI contribution	\$675	\$1,175

*Catch up contributions (up to \$1,000) can be made anytime during the year in which the participant turns age 55.

**You can earn 3 incentives that will be communicated throughout the year.

CGI's contributions count toward the annual maximum, so make sure you consider the amounts of the biweekly contributions and any wellness incentives you may earn during the year if you are planning on funding to the annual maximum. For family maximums, you also should consider any HSA funding you may have made or received through your spouse or your spouse's employer.

Your HSA works like a regular checking account with a debit card, and you choose when to use your HSA funds to pay for eligible health care expenses. Because the use of your account is subject to an IRS audit, it's best to keep all of your receipts.

Stopping or Changing Your HSA Contribution

You may stop or change your HSA contribution amount (but not your CDHP medical option) any time during the year by requesting a HSA Change Form through the HR Service Center by visiting [CynerGI > My CGI > HR Service Center](#).

Wellness Incentives

As partners in your health, CGI offers you an opportunity to earn additional company contributions to your HSA for completing specific wellness activities. Wellness promotions will be announced at various times during the year. Your ability to earn all three incentives depends on (1) being enrolled in one of the Cigna medical plan options sponsored by CGI, and (2) being employed during the period of time that a particular incentive program event is earned and paid. Members who are not enrolled in a Cigna medical plan can still earn one of the incentives and receive a taxable payment for it through payroll, given they are employed during the time the incentive is earned and payable.

Note: *The total amount of HSA contributions from all sources cannot exceed IRS annual limits (IRS Code Section 223). CGI's contributions count toward the IRS annual limit, so make sure you consider CGI's biweekly contributions as well as any wellness incentives you may earn during the year. Also take into consideration any HSA funding made by your spouse or your spouse's employer. You will be subject to taxes and penalties if you contribute more than the IRS allowable limit. It is your responsibility not to exceed the annual allowable limit.*

Dental Coverage Options

CGI offers two dental plan options administered by Delta Dental of Virginia. Delta Dental offers the nation's largest dental network, covering nearly 80 percent of dentists nationwide. To determine if a provider is in one of Delta's networks, go to www.deltadentalva.com, or call 888-261-6528.

	Select Dental (Delta Dental)	Essential Dental (Delta Dental)
Coverage	Monthly Member Rate	Monthly Member Rate
Employee Only	\$20.96	\$11.62
Employee + Spouse / Domestic Partner	\$41.92	\$23.24
Employee + Child(ren)	\$46.10	\$25.57
Family	\$67.06	\$37.18

Comparing your Dental Options

This table compares the costs and key features of the two dental plan options available to you.

Plan Features	Delta Dental Select Option		Delta Dental Essential Option	
	In-Network	Out of Network	In-Network	Out of Network
ANNUAL DEDUCTIBLE (BASIC AND MAJOR SERVICES ONLY)				
Member-only coverage	\$50	\$100	\$50	\$100
Member + dependents (limit of 3 per family per calendar year)	\$150	\$300	\$150	\$300
ORTHODONTIC DEDUCTIBLE (ORTHODONTIC SERVICES ONLY)				
Per family member	\$50	\$50	Not Applicable	Not Applicable
CO-INSURANCE LEVELS				
Preventive and Diagnostic Services:				
Oral exams				
Cleanings	100%	90%	100%	80%
Bitewing X-rays				
Sealants				
Periodontal cleaning				
Basic Services:				
Fillings				
Oral surgery	80%	70%	70%	50%
Endodontic/root canal therapy				

Plan Features	Delta Dental Select Option		Delta Dental Essential Option	
	In-Network	Out of Network	In-Network	Out of Network
Major Services:				
Crowns				
Dentures	60%	50%	50%	30%
Bridges				
Dental implants				
Orthodontics:				
Bands	50%	50%	Not Covered	Not covered
Appliances				
BENEFIT MAXIMUMS				
Annual Benefit Maximum				
(per family member per calendar year)	\$1,500	\$1,500	\$1,000	\$1,000
Orthodontic Lifetime				
Maximum (per family member per lifetime)	\$1,500	\$1,500	Not Applicable	Not Applicable
MAXOVER BENEFIT AMOUNT*				
Annual MaxOver Amount				
(per member per benefit period)		\$375*		\$250*
MaxOver Account Limit				
(per member account limit)		\$1,500*		\$1,000*

*MaxOver benefit is paid based on whether enrolled family members have (1) had at least one cleaning per year, (2) had at least one exam per year and (3) paid claims for the year that they were under the MaxOver account limit.

Vision Coverage Options

CGI offers vision plans from UnitedHealthcare (**Select** or **Essential**) and VSP (**Choice**), two nationally recognized vision care providers with large national networks and locations across the U.S. All plans pay greater benefits for in-network care.

To learn more about these vision plans, visit:

→ www.myuhcvision.com, for UnitedHealthcare vision plans | contract #704812

→ www.vsp.com, for the VSP vision plan | group #30022306

	Select Vision (UnitedHealthcare)	Essential Vision (UnitedHealthcare)	Choice Vision (VSP)
Coverage	Monthly Member Rate	Monthly Member Rate	Monthly Member Rate
Employee Only	\$10.93	\$4.94	\$7.09
Employee + Spouse / Domestic Partner	\$15.18	\$9.89	\$14.18
Employee + Child(ren)	\$15.91	\$10.89	\$15.60
Family	\$28.41	\$15.82	\$22.69

Comparing your Vision Plan Options

This table compares the costs and key features of the three vision plan options available to you.

Plan Features	UNITEDHEALTHCARE VISION PLANS				VSP VISION	
	Essential Plan Option		Select Plan Option		Choice Plan Option	
	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network
Eyeglass Lenses	Once per calendar year		Twice per calendar year		Once per calendar year	
Frames	Once per calendar year		Twice per calendar year		Once per calendar year	
Contact Lenses (in lieu of eyeglass lenses or frames)	Once per calendar year		Twice per calendar year		Once per calendar year	
Vision Examination (once per plan year)	\$10 co-pay	Reimbursed up to \$50	\$10 co-pay	Reimbursed up to \$50	\$10 co-pay	Reimbursed up to \$50
PAIR OF EYEGLASS LENSES						
Standard Single Vision	\$10 co-pay	Reimbursed up to \$50	\$10 co-pay	Reimbursed up to \$50	\$10 co-pay	Reimbursed up to \$31
Standard Lined Bifocal	\$10 co-pay	Reimbursed up to \$70	\$10 co-pay	Reimbursed up to \$70	\$10 co-pay	Reimbursed up to \$50
Standard Lined Trifocal	\$10 co-pay	Reimbursed up to \$85	\$10 co-pay	Reimbursed up to \$85	\$10 co-pay	Reimbursed up to \$65

Plan Features	UNITEDHEALTHCARE VISION PLANS				VSP VISION	
	Essential Plan Option		Select Plan Option		Choice Plan Option	
	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network
Standard Lenticular	\$10 co-pay	Reimbursed up to \$100	\$10 co-pay	Reimbursed up to \$100	\$10 co-pay	Reimbursed up to \$100
Frames	\$10 co-pay; \$50 wholesale allowance or \$130 retail	Reimbursed up to \$75	\$10 co-pay; \$50 wholesale allowance or \$130 retail	Reimbursed up to \$75	\$10 co-pay; \$50 wholesale allowance or \$130 retail	Reimbursed up to \$70
CONTACT LENSES (IN LIEU OF EYEGLASS LENSES OR FRAMES)						
Medically necessary	\$10 co-pay	Reimbursed up to \$250	\$10 co-pay	Reimbursed up to \$250	\$10 co-pay	Reimbursed up to \$250
Elective	Covered in full up to \$150	Reimbursed up to \$150	Covered in full up to \$150	Reimbursed up to \$150	Allowance up to \$165	Reimbursed up to \$150
Lasik	15% discount on regular price, 5% off promotional price		15% discount on regular price, 5% off promotional price		15% discount on regular price, 5% off promotional price	

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) allow you to use pre-tax dollars that you set aside from each paycheck to pay for certain eligible expenses.

CGI offers three types of FSAs: health care, dependent care, and health care limited purpose (for dental and vision only), all administered by WageWorks. However, if you enroll in one of CGI's medical plan options (**Select** or **Essential**) and elect to contribute to a Health Savings Account (HSA) or accept CGI's contributions to your HSA, you cannot contribute to the health care FSA, but you can contribute to a Limited Purpose FSA (LPFSA) for dental and vision expenses. A regular health care FSA is available to members who waive CGI's medical plan, members enrolled in TRICARE, and members who are ineligible to fund an HSA (e.g., members enrolled in Medicare). Your pre-tax contributions are made through regular, automatic payroll deductions. The money you put aside is not subject to federal taxes, Federal Insurance Contributions Act (FICA), and most state taxes.

REMINDER: Your participation in a health care, dependent care and/or limited purpose health care FSA does not automatically renew. To participate, you must actively enroll each year. However, elections made to an HSA and Commuter spending account continue year to year unless you opt out.

Note: A health care FSA and limited purpose FSA have an annual maximum of \$2,650.

Each year, you decide how much of your pre-tax salary you want deducted from your paycheck (before taxes are calculated) and deposited into a health care, dependent care, and/or limited purpose FSA. When you have an eligible expense, you pay with (or submit the receipt and are reimbursed with) these pre-tax dollars—so you save money.

If you enroll in one of CGI's medical plans and open an HSA, you can use the HSA for eligible medical and prescription out-of-pocket expenses, plus you can open an LPFSA to cover out-of-pocket expenses for dental and vision.

A Dependent Care FSA is for reimbursing expenses related to caring for a child or a tax-qualified dependent adult (such as a spouse or elderly parent who is physically or mentally incapable of self-care and has the same principal residence as you). This includes expenses incurred so that you may work, such as day care and elder care.

Note: To satisfy the nondiscrimination provisions of the IRS code pertaining to pre-tax dependent care assistance plans, CGI may need to restrict, reduce, or cancel the dependent care elections of certain highly compensated employees (HCEs). If a certain disproportionate number of HCEs participate in the plan, the plan can fail the 55 percent average benefits test. If the plan fails the test, as an HCE, you would be taxed on the entire amount you elected to contribute to the plan. To preserve as much of your tax benefit as possible, your election may have to be reduced to a level that allows the plan to pass testing. For 2018, if you earned more than \$120,000 in 2017 (prior year pay determines HCE status), and if you elect to contribute more than \$4,500 to the plan, your elections may be reduced to allow the plan to pass testing.

“Use It or Lose It” Rule

Federal tax laws require that amounts in a health care, dependent care, and/or limited purpose FSA must be forfeited if they are not used by the end of the calendar year. Therefore, it's important to estimate your expenses carefully every year.

You must incur and pay for eligible expenses by Dec. 31 of each year. You have until March 31 of the following year to submit receipts to request reimbursement of the prior year's eligible expenses. If you leave CGI with a balance in any of your accounts, you will be required to forfeit the balance under the “use it or lose it” rule.

Making Changes During the Year

Because FSAs are funded using pre-tax dollars, federal regulations prohibit you from changing your Health, Dependent Care, and/or Limited Purpose FSA elections unless you experience a change-in-status event (e.g., marriage, divorce, birth or adoption of a child, or loss of coverage under a spouse's plan).

Commuter Benefits Accounts

Internal Revenue Code (Section 132) allows employees to pay for certain commuting expenses on a pre-tax basis. You can elect to fund both a pre-tax transit account (van pool, rail, or bus pass) and a pre-tax parking account, but contributions cannot transfer between the two. You can elect to set aside amounts up to the IRS monthly pre-tax limits, which may change from year to year. The monthly maximums at the time of publishing this guide are \$260 for transit and \$260 for parking. For convenience, you may also elect to contribute after-tax payroll deductions to supplement your account when the actual monthly cost of your transit pass or the cost to park in a parking garage exceed the IRS pre-tax limits. You can order a transit voucher through WageWorks's website each month, or set up a recurring order. You can pay your parking garage by ordering a check or using a debit card loaded with your payroll contributions.

Note: *Commuter contributions continue until you stop them. You are responsible for monitoring your balances.*

WageWorks, CGI's Commuter Accounts vendor, makes it easy to monitor the balances in your accounts online. If you leave CGI, you will forfeit any funds left in your accounts, so it is important to keep track of your deposits and balances.

To enroll in one or both Commuter accounts you first need to register at <https://myspendingaccount.wageworks.com> and use CGI's client registration code: CGI-20943. Once registered, you will make your elections online. Payroll deductions for Commuter benefits occur only once per month, on the 2nd pay of each month.

You can log in to myspendingaccount.wageworks.com to monitor your account. Changes are permitted throughout the year. If you are taking time off or transferring to a work location where you will not need to use this benefit, you can stop your contributions and restart at any time.

Life and Disability Insurance

CGI offers life, accidental death and dismemberment, and disability coverage to help protect your income and your financial peace of mind in the event that something happens to you or a loved one.

CGI provides basic Term Life insurance, basic Accidental Death and Dismemberment (AD&D) insurance, Short-Term Disability (STD) and basic Long-Term Disability (LTD) at no cost to you. You are automatically enrolled in these basic benefits. CGI also offers you the opportunity to "buy-up" supplemental Group Term Life, LTD, and AD&D insurance coverage. You may purchase group term life and AD&D insurance for your spouse, domestic partner, and/or children.

Basic Term Life Insurance

CGI provides group Term Life insurance to members who are eligible for benefits, equal to one times your annual base salary (minimum benefit of \$20,000, maximum benefit of \$750,000). Benefits are payable to the designated beneficiary of the member. Coverage is effective on the date of hire when actively at work, and the premiums are paid by CGI. Members are responsible for the imputed income tax incurred on any life insurance coverage exceeding \$50,000. At age 65 the benefit reduces to 65 percent; at age 70 it reduces to 45 percent.

Supplemental Group Term Life Insurance

Depending on your personal situation, you may decide you want additional life coverage beyond what CGI provides. CGI gives members the opportunity to purchase supplemental coverage. You may elect coverage for yourself, your spouse or domestic partner, and/or eligible dependents. If you elect supplemental coverage, you will pay 100 percent of the cost through payroll deductions

For You. You may elect supplemental life coverage for yourself up to the lesser of five times your annual salary or \$300,000 without providing Evidence of Insurability (EOI), if elected within 31 days of your hire date. If you wish to elect supplemental

coverage at any other time, you must complete an EOI medical questionnaire. Please submit a case in the CGI HR Service Center at CynerGI > MyCGI > HR Service Center. You may elect up to 10 times your annual salary, up to a total of \$1.5 million, but you will be required to provide EOI and are subject to approval from Cigna. This benefit is reduced to 65 percent of the original amount at age 65, and to 45 percent of the original amount at age 70.

For Your Spouse or Domestic Partner. You may elect supplemental term life coverage for your spouse or domestic partner (in units of \$5,000) equal to or less than 50 percent of the value you elect for yourself—up to a total of \$30,000 without providing EOI, if elected within 31 days of your hire date. You may apply for up to a total of \$500,000, but your spouse/DP will be required to provide EOI, subject to Cigna's approval. You must elect supplemental coverage for yourself to obtain coverage for a spouse or domestic partner. Note: To be eligible for domestic partner coverage, an approved domestic partner affidavit is required.

For Your Child(ren). You also may elect supplemental life coverage for your unmarried, dependent children if they are younger than 26. Coverage may be purchased in units of \$5,000 (excluding children younger than 6 months), up to a maximum of \$25,000. The maximum benefit for children younger than 6 months is \$500. One premium will insure all of your eligible dependent children, regardless of the number of children.

If your spouse/DP or child is also a CGI member, they can be insured only once, either as a member or as your dependent, but not both.

Basic Accidental Death and Dismemberment Insurance

CGI provides basic AD&D insurance to members who are eligible, equal to one times your annual base salary (maximum benefit of \$750,000). Basic AD&D insures you for losses due to your death, severe injury or paralysis caused by an accident. Benefits are payable to the member's designated beneficiary. Coverage is effective on the date of hire provided you are actively at work, and the premiums are paid by CGI.

Supplemental Accidental Death and Dismemberment Insurance

For you: You may purchase supplemental group AD&D insurance in multiples of your salary, up to 10 times your base pay (rounded up to the next higher \$1,000), up to \$1.5 million.

For your family. When you purchase supplemental AD&D for yourself, you can also elect family AD&D to cover your spouse (maximum \$500,000 benefit) and any dependent children up to age 26 (maximum \$50,000 benefit). Your spouse and children are covered at a percentage of the amount of coverage that you elect. If you and your spouse have no children, the spouse benefit would be 50% of your coverage amount. If you and your spouse have children, the spouse benefit would be 40% of your coverage amount; and the child benefit would be 10% of your coverage. If you have children, but do not have a spouse, the child benefit would be 15% of your coverage.

Age Reductions for Life Insurance and AD&D Insurance

Basic life insurance and AD&D benefits paid by CGI, and voluntary life insurance and AD&D benefits paid by members, are reduced to 65 percent at age 65 and to 45 percent at age 70.

Disability Benefits

CGI's short- and long-term disability plans provide a level of financial security for you and your family if a serious illness or injury prevents you from working. CGI pays the full cost of your Short-Term Disability (STD) and basic Long-Term Disability (LTD) coverage. No election is necessary; you automatically are enrolled in these plans. You may elect to buy additional LTD coverage through automatic payroll deduction.

Short-Term Disability: Once you've been disabled (as defined by the plan) for 14 consecutive calendar days, the STD plan will pay 100 percent of your base pay for four weeks and 70 percent of your base pay for the following seven weeks of

approved disability. Your STD benefits may be offset by other disability income and workers' compensation benefits in certain areas.

Long-Term Disability: If your disability continues beyond the later of 90 days or the end of your STD benefits, you may qualify for long-term disability. If approved, basic LTD will pay 40 percent of your monthly earnings, and you can “buy up” to 60 percent (the member pays the buy-up premium) to a maximum monthly benefit of \$25,000.

Life and Disability Insurance Premiums

Supplemental Member Life and Spouse Life Insurance Monthly Costs (Member-Paid)

(Rates per \$1,000 in coverage)

Coverage Costs. The cost for supplemental life insurance for you and your spouse or domestic partner depends on the coverage level, your ages, and whether your spouse or domestic partner and/or you are a tobacco user. Coverage for children is at a fixed rate (see table below).

Age	Member Life		Spouse Life	
	Smoker (Rate/\$1,000)	Nonsmoker (Rate/\$1,000)	Smoker (Rate/\$1,000)	Nonsmoker (Rate/\$1,000)
Under 25	\$0.039	\$0.029	\$0.041	\$0.031
25-29	\$0.046	\$0.035	\$0.049	\$0.037
30-34	\$0.062	\$0.046	\$0.066	\$0.049
35-39	\$0.070	\$0.056	\$0.074	\$0.055
40-44	\$0.077	\$0.063	\$0.083	\$0.061
45-49	\$0.116	\$0.092	\$0.124	\$0.092
50-54	\$0.178	\$0.145	\$0.190	\$0.141
55-59	\$0.332	\$0.273	\$0.355	\$0.264
60-64	\$0.510	\$0.418	\$0.546	\$0.405
65-69	\$0.982	\$0.784	\$1.050	\$0.780
70-74	\$1.593	\$1.228	\$1.703	\$1.264
75+	\$1.593	\$1.228	\$1.703	\$1.264

To add supplemental life insurance coverage after your first 31 days of employment, insurance company approval is required and a medical exam may be required. Request the supplemental life insurance application form from the CGI HR Service Center by opening a case: CynerGI > My CGI > HR Service Center.

Supplemental Accidental Death and Dismemberment and Child Life Insurance Monthly Costs (Member-Paid)

(Rates per \$1,000 in coverage)

	Coverage	Rate/\$1,000
Supplemental AD&D and Child Life Rates per \$1,000	Supplemental AD&D – Employee	\$0.018
	Supplemental AD&D – Family	\$0.030
	Child Life	\$0.084

Long-Term Disability “Buy-Up” Coverage Monthly Costs (Member-Paid)

	Coverage	Rate/\$1,000
Long-Term Disability Buy-Up	LTD Buy-up	\$0.227 per \$100 (Covered Monthly Payroll)

To learn more about your life and disability benefits, visit www.cgi.com/usbenefits2018 (username: CGIUS; password: usbenefits2018).

Do you want to purchase Long-Term Disability buy up? To add LTD buy-up coverage after your first 31 days of employment, insurance company approval is required and a medical exam may be required. Request the Cigna LTD buy-up insurance application form from the CGI HR Service Center by opening a case: CynerGI > My CGI > HR Service Center.

Member Benefits beyond Health Insurance

Identify Theft Protection

CGI offers access to identity theft protection through InfoArmor. This program provides protection for one of the fastest-growing crimes today—identity theft. To enroll download the application form by visiting www.cgi.com/usbenefits2018 or request one through the CGI HR Service Center CynerGI > My CGI > HR Service Center.

Backup Care Options

CGI provides members and their families access to Backup Care Options, a program that provides temporary or short-term care for loved ones of any age when regular caregiving arrangements fall through. Sixty hours of backup care are available per year. To learn more, visit www.backup.brighthorizons.com (username: CGIbackup; password: backupcare1) or call 877-BH-CARES (877-242-2737) or 800-557-0847.

Adoption Assistance

CGI offers adoption assistance that provides members with financial reimbursement of up to \$3,000 per year for qualified adoption expenses (e.g., agency and placement fees, travel expenses associated with adoption, court costs and legal fees). Request an application from the US HR Service Center: CynerGI > My CGI > HR Service Center.

Member Assistance Program

Do you need help with or have questions related to family issues, responsibility at work, managing money, personal crisis, or illness? Your Member Assistance Program (MAP) is available for free to you and your family 24 hours a day, seven days a week. It is completely confidential. Visit: <http://workhealthlife.com/CGI>.

529 College Savings Plan

CGI offers a 529 College Savings Plan to allow members to take advantage of state-sponsored plans designed to help you save for college tuition for yourself, your children, your grandchildren, or other close relatives. For a plan overview and enrollment form, visit www.cgi.com/usbenefits2018.

Tuition Assistance

CGI's Tuition Assistance Program reimburses the cost of approved degree programs at accredited colleges and universities, up to \$5,250 per year. Members must apply during the annual tuition assistance enrollment period and be approved by their manager for the subsequent fiscal year.

Learning and Development Programs

CGI offers ongoing learning and development programs for U.S. members. These include certification, on-site training, and customized learning programs, among others. Visit the U.S. Learning and Development page on CynerGI. Partnering with eLearning specialist Skillsoft, CGI also provides on-demand learning through the Skillport platform, which gives members access to business, professional and technical courses, and learning programs aligned with popular certifications and on-the-job support. To access Skillport, visit <https://cgi.skillport.com>.

Pet Insurance

Pet Assure – Pet Assure is a discount plan that offers savings on out-of-pocket pet care expenses. It covers every pet in your household, regardless of age, breed or any pre-existing/hereditary conditions. For a complete list of participating veterinary practices, merchants and other information, visit www.petassure.com. To enroll, please visit www.petassure.com/cgi.

VPI Pet Insurance – From routine office visits to significant medical incidents, VPI Pet Insurance provides protection for your pets when they need it most. Costs vary depending on the breed, age, health condition and size of your pet—all costs are billed directly to the member. Visit www.petinsurance.com/afi/c/cgi to get a price quote and enroll.

Your CGI Financial Benefits

CGI's Share Purchase Plan and 401(k) are valuable parts of your benefits package. These plans can help you build wealth and save for retirement. You may enroll in these benefits at any time throughout the year.

Share Purchase Plan

CGI's Share Purchase Plan (SPP) puts into practice the company's philosophy of intrapreneurship through ownership. This is why all regular members of CGI, both full-time and part-time, are invited to participate starting on their hire date. Through the SPP, you can become an owner by purchasing shares of CGI stock. CGI will match your purchase dollar for dollar, up to the following percentage of your salary:

- **Management:** CGI will match up to 3.5 percent of your salary
- **Non-management:** CGI will match up to 3 percent of your salary

To enroll, visit [CynerGI > My CGI > HR Service Center > HR Shortcuts > Benefits > SPP Enrollment](#)

401(k) Savings Plan

The CGI 401(k) Savings Plan offers you the ability to save for retirement and reduce your federal taxes—as well as most state and local taxes. You can contribute pre-tax dollars and receive a matching contribution from CGI each pay period that you participate in the plan. CGI will match your contribution at 50 percent of the first 4 percent of your salary that you contribute each pay period, up to an annual maximum of \$2,500. You can also make Roth 401(k) contributions, which can be taken out tax-free at retirement. You are eligible to participate on your date of hire. To enroll, visit rps.troweprice.com.

Benefit Contribution Limits

2018 Benefit Contribution Limits*

(Information as available at time of publication)

		Maximum Contribution*	
Health Savings Account (HSA)	Single	\$3,450 per year**	CGI contributes up to \$500 per year
	Family	\$6,900 per year**	CGI contributes up to \$1,000 per year
	Age 55+ catch up add'l amount	\$1,000 per year	
Flex Spending Accounts (FSA)	Health Care FSA	\$2,650 per year	
	Limited Purpose Health Care FSA	\$2,650 per year	For dental and vision only
	Dependent Care FSA	\$5,000 per year	Single or married filing joint tax return
	Dependent Care FSA	\$2,500 per year	Married, filing separate tax returns
Commuter Accounts	Parking	\$260 per month	
	Transit Pass	\$260 per month	
401(k)	Participant contribution	\$18,500 per year	
	Age 50+ catch up add'l amount	\$6,000	
	CGI matching contribution	\$2,500 Max.	50% of 1st 4% of salary contributed is matched by CGI

*Limits are subject to change. CGI may be required to restrict or reduce contributions for some participants to satisfy non-discrimination provisions of the Internal Revenue Code.

**Includes CGI's bi-weekly HSA contributions and any Wellness Incentives earned during the year.

CGI Benefits Contact Information

If you need information on:	Company/Policy, Group or Plan ID	Website	Phone / Email
Accessing CGI CynerGI Portal	CGI member portal	https://my.ent.cginet/	888-706-1590: U.S. help desk
CGI HR Service Center	Self-service and to open a case	CynerGI > My CGI> HR Service Center	
Cigna Medical, Rx Plan, Health Coach	Group #3311716 Hawaii group #2499589	www.mycigna.com To find a 90-day retail pharmacy: Cigna.com/Rx90network	855-411-9713
Cigna Provider Find	Group #3311716	Mycigna.com , mobile app, or www.cigna.com	855-411-9713
Cigna: MDLive	Group #3311716	www.mdlive.com/cgi Get the mobile app from the AppStore or GooglePlay: mdlive.com/getapp .	888-726-3171
Cigna: AmWell	Group #3311716	www.amwellforcigna.com Get the mobile app from the AppStore or GooglePlay	855-667-9722
Cigna International (for Expats only)	#02763A09	www.cignaenvoy.com	800-362-4462
MyCigna Mobile App	MyCigna mobile app	Visit the App Store or Google Play	
Blue Cross/Blue Shield Alabama Medical Plan	Group # 19870	www.alabamablue.com/register	800-292-8868
Alabama Blue Mobile App		Visit the App Store or Google Play	
Tricare Supplemental	Selman Company	www.selmanco.com	800-638-2610, Option 1 memberservices@selmanco.com
Optum Bank HSA	Group #3311716	https://enrollhsa.optumbank.com/hsaAppWeb/WelcomeAction.do?is_partner_post=Y&group_num=3311716	866-234-8913
Delta Dental Plan	Delta Dental of Virginia Group #700095	www.deltadentalva.com	888-261-6528

United Health Care Vision	Policy #704812, Group #ID98	www.myuhcvision.com	800-638-3120
VSP Vision	Group #30022306	www.vsp.com	800-877-7196
FSA Spending Accounts and Commuter Accounts	WageWorks Benefit Services / ID CGI-20943	www.myspendingaccount.wageworks.com	866-871-0773 myspendingaccount@wageworks.com
Cigna Healthy Rewards	Cigna.com/rewards	Password = savings	
Cigna Life/Disability Claims	Short Term Disability Policy # LK100051 Long Term Disability Policy #FLK980084 Life Insurance Policy #FLX980229 AD&D Policy # OK980250	For disability claim forms please open a case through the HR Service Center or email usleaves.crp@cgi.com	800-362-4462
Cigna Assurance Program for Life Insurance Beneficiaries	Cigna FLX980229		800-362-4462
529 College Savings	American Funds Service Company	Virginia 520 Plan Americanfunds.com	800-421-4224 x 529
401(k) Savings Plan	T. Rowe Price/106114	rps.troweprice.com	800-922-9945
401(k) Mobile App	My T. Rowe Price Personal app	visit the App Store or Google Play	
CGI Share Purchase Plan to view your account after enrolling	Computershare/CGI Group, company code = OFA8A6E6	https://www-us.computershare.com/EmployeePortal/	866-959-0505
CGI Share Purchase Plan (enroll)	Log into CynerGI to access the enrollment tool: http://psw.ent.cginet/	Once in CynerGI go to (My CGI > HR Service Center > HR Shortcuts > Benefits > SPP Enrollment).	
Member Assistance Plan (MAP)	Shepell	https://www.workhealthlife.com/CGI	1-866-468-9461

CGI Oxygen	CGI Oxygen Program	www.oxygen.ent.cgi.net	
CGI Member Advantage Program	Discounts on cell phone services,	CynerGI > HR > US > Compensation & Benefits > Benefits member advantage	
CGI Tuition Assistance		CynerGI > US > Compensation & Benefits > Benefits > Additional Optional Benefits	
VPI Pet Insurance	Pet Insurance	www.petinsurance.com/afi/c/cgi	877-PETS-VPI
Pet Assure Discount Plan	Pet Discount Program	www.petassure.com/cgi	888-789-7387
Backup Child Care	Bright Horizons. Username: CGIbackup Password: backupcare1	backup.brighthorizons.com	877-242-2737
ID Theft	Info Armor	MyPrivacyArmor.com www.inforarmor.com	800-789-2720
Will Preparation	Cigna	cignawillcenter.com	

About this Guide

This guide contains a general summary of CGI’s medical, dental, and vision plans, Flexible Spending Accounts, and other U.S. member benefits

It does not constitute a contract, either expressed or implied, or a binding agreement. For more information on our benefits plans and your plan eligibility specifically, refer to the official summary plan description for each plan, or check with your local Human Resources Business Partner.

The summary plan descriptions are on CGI’s CynerGI benefits page, CynerGI > US > Compensation & Benefits > Benefits. If there are discrepancies between the official plan documents and the content in this guide, the official plan documents will govern. CGI reserves the right to amend or terminate the plans mentioned in this guide at any time. Other benefits resources and links are on the CGI CynerGI portal. If you need a paper copy of a document you may also request it through the CGI US HR Service Center.

Required Notices

Women's Health and Cancer Rights Act

Women's Health and Cancer Rights Act Enrollment Notice

CGI's medical plans, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses and complications resulting from a mastectomy, including lymphedema?

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance;
- prostheses; and
- treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: [insert deductibles and coinsurance applicable to these benefits].

If you would like more information on WHCRA benefits, contact your health plan provider: For members enrolled in Cigna call 855-411-9713. If you are enrolled in the BCBS of Alabama plan call 800-292-8868. If you are enrolled in the Cigna International plan for expats call 800-362-4462.

Premium Assistance Under Medicaid and the Children's Health Insurance Program and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of August 10, 2017. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	IOWA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp Phone: 1-888-346-9562
KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
KENTUCKY – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid	NEW YORK – Medicaid
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831

<p>MAINE – Medicaid</p> <p>Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711</p>	<p>NORTH CAROLINA – Medicaid</p> <p>Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100</p>
<p>MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840</p>	<p>NORTH DAKOTA – Medicaid</p> <p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>
<p>MINNESOTA – Medicaid</p> <p>Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739</p>	<p>OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>
<p>MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>	<p>OREGON – Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p>
<p>MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p>	<p>PENNSYLVANIA – Medicaid</p> <p>Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462</p>
<p>NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178</p>	<p>RHODE ISLAND – Medicaid</p> <p>Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347</p>
<p>NEVADA – Medicaid</p> <p>Medicaid Website: https://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900</p>	<p>SOUTH CAROLINA – Medicaid</p> <p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>

SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since August 10, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 12/31/2019)

Additional Information on Your Participation in the Flexible Benefits Plan, Health FSA, and Dependent Care FSA

If you elect to participate in any of the benefits plans offered by CGI, you are generally required to pay for your portion of such benefits on a pre-tax basis through the Flexible Benefits Plan. Further, if you elect to make contributions to a Health Flexible Spending Account (FSA) or a Dependent Care Flexible Spending Account, those contributions are also required to be made on a pre-tax basis through the Flexible Benefits Plan. Read on for more information on the potential effects of making pre-tax contributions under the Flexible Benefits Plan.

Pre-Tax Contributions Under the Flexible Benefits Plan

By paying for your benefits on a pre-tax basis or making contributions to an FSA, you may save on federal income tax and FICA (Social Security) taxes. How much an employee actually saves will depend on which family members are covered, the contributions for coverage, total family income, and tax deductions and exemptions claimed.

There may be state tax savings too. Salary reduction contributions under the Flexible Benefits Plan also lower earned income, which can impact the earned income credit for eligible taxpayers, and other tax credits. Even with all these benefits, there are some additional considerations that may affect your elections.

As noted earlier, paying for your benefits on a pre-tax basis or making contributions to an FSA will reduce your amount of taxable compensation. Accordingly, there could be a decrease in your Social Security benefits and/or other benefits that are based on taxable compensation. However, the tax savings realized through the Flexible Benefits Plan and any FSA may offset reductions in other benefits. Participation in a Flexible Benefits Plan also may affect benefits that are based on taxable income, such as Long-Term Disability and life insurance benefits. CGI's current disability and life benefits are calculated based on pre-tax base compensation, so this is not a factor. Also note that contributions to the Section 401(k) plan will not be affected, as any pre-tax contributions made under the Flexible Benefits Plan are taken into account. Any tax refund is based on your taxable income. A reduction in your taxable income may result in a corresponding decrease in your tax refund.

Health and Dependent Care FSAs

Generally, you will not be taxed on any reimbursements that you receive from your FSAs. However, CGI cannot guarantee that specific tax consequences will flow from your participation in the FSAs. The tax benefits you receive depend on the validity of the claims you submit. For example, to qualify for tax-free treatment on reimbursements from a Health FSA, your medical care expenses must meet the definition of "medical care," as in the Internal Revenue Code. If you are reimbursed for a claim that is later determined to not have been for medical care expenses, then you will be required to repay the amount. To qualify for tax-free treatment on reimbursements from a Dependent Care FSA, your dependent care expenses must be considered eligible expenses in the Internal Revenue Code. If you are reimbursed for a claim that is later determined to qualify, you will be required to repay the amount. Ultimately, it is your responsibility to determine whether any reimbursement under an FSA qualifies for the federal income tax exclusion. Ask the plan administrator if you need further information about which expenses are—and are not—likely to be reimbursable. But remember: The plan administrator does not provide legal advice. If you need such advice, you may wish to consult a tax adviser.

The amount contributed to your FSAs for any plan year shall be used only to reimburse (or make payments) for qualifying expenses during the plan year. Any funds contributed to your FSAs that are not used during the plan year to reimburse (or pay) for expenses may not be carried forward to purchase, or provide reimbursement for, expenses for subsequent plan years. **Unused amounts, if there are any, will be forfeited.**

Note: To satisfy nondiscrimination provisions of the Internal Revenue Code, CGI may need to restrict, reduce or cancel the dependent care elections of certain highly compensated individuals.

Dependent Care Tax Credit and the Dependent Care FSA

Please note, you may not claim any other tax benefit for the amount of your pre-tax salary reductions that are contributed to the Dependent Care FSA. Your expenses in excess of the amount contributed may be eligible for the Dependent Care Tax Credit. This tax credit is a credit against your federal income tax liability under the Internal Revenue Code. It is a nonrefundable tax credit, which means that any portion of the credit that exceeds your federal income tax liability will be of no value to you. The credit is calculated as a percentage of your annual dependent care expenses. In determining what the tax credit would be, you may take into account \$3,000 of such expenses for one dependent, or \$6,000 for two or more dependents. Depending on your adjusted gross income, the percentage could be as much as 35 percent of your qualifying expenses (to a maximum credit amount of

\$1,050 for one dependent or \$2,100 for two or more dependents), to a minimum of 20 percent of such expenses (producing a maximum credit of \$600 for one dependent and \$1,200 for two or more dependents). The maximum 35 percent rate is reduced by 1 percent (but not below 20 percent) for each \$2,000 portion (or any fraction of \$2,000) by which your adjusted gross income exceeds \$15,000. For more information about how the Dependent Care Tax Credit works, see IRS Publication No. 503 (“Child and Dependent Care Expenses”), or consult a tax professional.

For many people, participating in a Dependent Care FSA will produce greater federal tax savings—but there are others for whom the opposite is true. Further, participation in the Dependent Care FSA will reduce your earned income, which may affect your ability to qualify for other federal tax credits. Because the actual determination of the preferable method for treating benefits payments depends on certain factors—such as a person’s tax filing status (e.g., married, single, head of household), number of dependents, earned income, etc.—each participant will have to determine his or her tax position individually to make the decision between taxable and tax-free benefits. Consult **IRS Form 2441** (“Child and Dependent Care Expenses”) or a tax professional to help you with this decision. The plan administrator can provide more information about the Dependent Care FSA or the Dependent Care Tax Credit, but cannot provide legal or tax advice.

Visit www.irs.gov for information and forms: Earned Income Tax Credit, Dependent Care Tax Credit, Publication 503, Publication 502, Affordable Care Act, and Form 2441.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY (HIPAA) NOTICE OF PRIVACY PRACTICES

The CGI Technologies and Solutions Inc. Health Plan reminds enrollees of the availability of the Health Insurance Portability and Accountability (HIPAA) Notice of Privacy Practices. The notice is available to view and download from CynerGI and the U.S. benefits site. Enrollees may request a printed copy by calling Member Services 877-376-3653 or by opening a case on the HR Service Center Portal. To access the notice on the Portal go to: CynerGI > My CGI > Functions > Human Resources > United States > Compensation and Benefits > Benefits > Group Insurance > Useful Links box on right side of page.



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CGI

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