

Welcome to the 2024 U.S. Benefits Guide

for members on assignment in the U.S. for IGDC

Table of contents

Welcome to the 2024 U.S. Benefits Guide	4
2024 U.S. Open Enrollment Checklist	5
What’s changing in 2024	6
Enrollment and eligibility	7
How to enroll	7
Open enrollment	7
New hire enrollment	7
Coverage eligibility	8
Special enrollment qualified life events (QLE)	8
Important surcharges	8
Tobacco user surcharge	8
Working spouse surcharge	8
Enrolling a domestic partner	9
Medical plan	10
What does a high-deductible plan mean?	10
Digital ID card	10
Getting the most out of your medical plan	11
Prescription drug plan	11
Preventive medication program	11
Mandatory generic prescriptions	11
90-Day retail prescriptions	11
MDLIVE telemedicine	11
Cigna healthy pregnancies, healthy babies program	12
Comparing your medical plan options	13
Health Savings Account (HSA)	16
Health savings account Eligibility	16
Establish health savings account	17
CGI’s contribution	17
CGI well-being incentive contributions	17
Personal contributions	17
Stopping or changing your HSA contribution	17
Dental plan options	18

Vision plan options	19
Flexible spending accounts	20
Health care FSA	20
Limited purpose health FSA (LPPFSA)	20
Dependent care FSA	21
Use it or lose it” rule	21
Making changes during the year	21
Commuter benefit accounts	21
Your CGI ownership and wealth benefits	22
Share Purchase Plan	22
Additional member benefits	23
Adoption assistance	23
Auto & home insurance	23
Bright Horizons: Back-up care and enhanced family supports	23
Identify theft protection	23
Learning & development programs	23
Parental/ adoption leave	24
Pet insurance	24
Pet benefit solutions	24
Nationwide pet insurance	24
PNC WorkPlace banking	24
Rethink Care benefits	24
Tuition Assistance	24
Benefit contribution limits	25
CGI benefits contact information	26
About this guide	28
Required notice	28
Women’s Health and Cancer Rights Act	28
Special enrollment rights under HIPAA	29
Notice of health information privacy practices (HIPAA)	29
Premium assistance under Medicaid and the Children’s Health Insurance Program (CHIP)	29

Welcome to the 2024 U.S. Benefits Guide

CGI recognizes that our members have differing benefit needs. CGI's comprehensive benefit programs are 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 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.

- Understand what's changing for 2024 and what actions you need to take
- Review your plan options and decide which benefits are right for you
- Model the cost of your benefits on [ALEX](#)
- Get better acquainted with online health and wellness tools and what they can do for you
- Discover easy ways to save on health care costs and take advantage of tax-savings programs



2024 Open Enrollment is
October 30, through November
14, 2023

If you have questions about your benefits or the open enrollment process, please visit the U.S. Benefits Portal or visit the [HR Service Center](#) to open a case. We are committed to responding to your questions to ensure that you have the information you need to make informed benefits choices.

2024 U.S. Open Enrollment Checklist

Beginning **Monday, October 30**, you can access the Open Enrollment Election Tool* when you are connected to the CGI network. You can access the tool via the [U.S. Benefits Portal](#). Members must make elections by 11:59 p.m. PT on Tuesday, November 14, 2023.

Benefits elections made during the open enrollment period will become effective January 1, 2024. Payroll deduction changes will occur in your first paycheck following January 1, 2024 (second pay for FSA election).

Active enrollment for Flexible Spending Accounts (FSA) is required – Members must renew their FSA elections. The Health Care FSA, the Limited Purpose FSA and the Dependent Care FSA will not automatically roll over for 2024.

Enrollment Checklist

- Review the information on the [U.S. Benefits Portal](#)
- Model the cost of your benefits on [ALEX](#)
- Attend an informational webinar—ask questions.
- Consult with your family.
- Make your decisions and enroll!

*Open enrollment link - remote access instructions:

Non-Federal Remote Access: Log into Unified Access Connect, Unified Access Lite, Unified Access RNAS or Cisco RNAS using your remote access (2FA) credentials. Then log into the [enrollment tool](#) using your Enterprise Portal credentials.

Federal Remote Access (Non-SCA Members Only):

Log in to the CGI Federal VPN (<https://sslvpn.cgifederal.com>) using your CGI Federal credentials (typically, <first initial><last name>) and your CGI Federal Microsoft MFA. Select the enrollment tool from the list. You then will be asked for your Enterprise Portal credentials (<firstname>.<lastname>) to use the tool.



U.S. Benefits Portal

<https://www.cgi.com/us/en-us/cgi-usbenefits2024>

Username: **CGIUS**

Password: **usbenefits2024**

Note: 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.

What's changing in 2024

Cigna Preferred Preventive Drug

We are switching to Cigna's preferred preventive drug list which will cover additional drugs. The updated list is comparable to CGI's current custom list. As new products come on the market and/or when brand name formulary changes happen, it will automatically align with Cigna's drug list updates.

Lyra (Member Assistance Program - MAP)

Lyra will be the new MAP provider. Take the first step on the path to feeling your best with Lyra, your mental health benefit. No matter what you're going through—coping with stress, managing anxiety or depression, navigating relationship issues, or whatever else life brings—personalized mental health care from Lyra can help.

Lyra will custom-match you with a mental health coach or therapist who meets your needs. You and your dependents each have access to 8 confidential mental health coaching or therapy sessions per year—all at no cost to you.

If you or your dependents use up your free sessions, you can continue seeing your Lyra provider if you are enrolled in the CGI health plan. If your treatment needs include the use of medications, you can also meet with a Lyra provider for medication management support. Both continued care and medication management sessions are billed through your health plan and subject to in-network outpatient mental health cost-sharing, as defined under your health plan.

You also have unlimited access to a library of self-care resources including videos, meditations, soundscapes, and breathing exercises to help you strengthen your relationships, stress less, and sleep.

Omada (Diabetes Prevention Program)

Cigna has partnered with Omada - diabetes prevention program that helps you live healthier – all at no cost to you. Omada is a virtual-first program that will provide 1:1 personal support from your health coach, a smart scale and app to track your progress, you'll have the tools you need to lose weight and reduce the risk of developing diabetes and related chronic diseases.

If you or your covered adult dependents are enrolled in the CGI's medical plan offered through Cigna, are at risk for type 2 diabetes or heart disease, and are accepted into the program, you'll receive a weight loss program with smart scale and personal health coach.

Perkspot (Employee Discount)

PerkSpot is a robust employee discount program that provides you with FREE access to an exclusive one stop shop for online discounts at your favorite national and local merchants.

Through this program, you and your family can get fantastic travel deals, entertainment tickets, great gifts, fitness items and practical everyday necessities—all online at specially negotiated discounted prices. It's an easy way to stretch your paycheck! Plus, it offers you these advantages:

- Shop 24/7, 365 days a year from work, home, or on your mobile device
- Enjoy thousands of new and updated discounts daily
- Create your own "Favorites" list
- Search for discounts in your neighborhood
- No membership fee
- And more!

Enrollment and eligibility

Before you enroll, consider any life changes in the past year, or upcoming changes, that may affect your health or financial wellbeing. Review your benefits options carefully and make sure to take advantage of savings opportunities available to you.

Remember, the choices you make will remain in place throughout the plan year and you won't be able to make changes until next year's Open Enrollment, unless you have a Qualified Life Events. (see below)

How to enroll

Open enrollment

Beginning **Monday, October 30**, you can access the Open Enrollment Election Tool* when you are connected to the CGI network. You can access the tool via the [U.S. Benefits Portal](#) (username: **CGIUS**; password: **usbenefits2024**). Members must make elections by 11:59 p.m. PT on Tuesday, November 14, 2023.

Benefits elections made during the open enrollment period will become effective January 1, 2024. Payroll deduction changes will occur in your first paycheck following January 1, 2024.

*For members who were hired after October 21, please see the New Hire Enrollment section below.



New hire enrollment

Upon being hired by CGI, you become eligible for benefits as of your first day of employment. As a new hire, you will enroll in benefits through the **CGI Onboarding Tool**. This tool provides you with a "Task List" that includes benefits enrollment tasks. In most cases, there is a separate task to enroll in each benefit.

To access your benefit enrollment tasks, simply click the "Task List" in the upper bar in CGI Onboarding and all of your tasks will populate. Your benefit enrollment forms, must be submitted before your **31st day of employment**. If the benefit enrollment tasks for health benefits are not returned within the 31-day period you will not be able to elect health benefits until the next enrollment period (effective the 1st day of the following calendar year) or if you experience a life event.

Please know that once submitted, your elections will be retroactive to your date of hire and you will be back charged premiums accordingly. Please note, on Day One, you'll be invited to participate in **W2CGI: Your Benefits Orientation**, which is a video tutorial where you'll be provided an overview of what CGI offers and how to enroll.

US Benefits Portal

<https://www.cgi.com/us/en-us/cgi-usbenefits2024>

- Username: **CGIUS**
- Password: **usbenefits2024**

You can find more information at: ALEX <https://gonow.myalex.com/cgi>

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. benefit plans. You also may enroll your eligible dependents, including your spouse or domestic partner, a 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/she 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. 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 promptly may result in the unavailability of COBRA continuation coverage.

Special enrollment qualified life events (QLE)

Experiencing a significant life change may allow you to change your health plan outside of the open enrollment period. **You must make the change election within 31 days of the qualifying life event** (e.g., within 31 days of the birth of a child, marriage, divorce, etc.).

Qualifying life events include (but are not necessarily limited to):

- Having or adopting a baby
- Getting married
- Change in employment status
- Dependent turning 26
- Getting divorced
- Death of someone who shares your health plan

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).

If you are a tobacco or nicotine user there are alternatives to avoid the surcharge. Free and confidential smoking cessation services are available to you through Cigna's program with Cigna at any time of the year. If you complete a smoking cessation program, you can have the monthly smoker surcharge removed retroactively to the beginning of the plan year.

You must open and complete a case in the [HR Service Center](#) to show a proof of completion and remove the tobacco surcharge.

You will see these deductions taken on every pay using code Tobacco SC under the before tax deductions section.

Working spouse surcharge

If your spouse or domestic partner is employed and able to obtain ACA compliant medical plan coverage through his or her employer that is not CGI, 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 a job, etc.) during the plan year, this surcharge may be removed and/or reinstated at any time.

You will see these deductions taken on every pay using code "WK SP SC" under the before tax deductions section.

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. Thereafter, you need to submit yearly tax certification. Failure to do so, you will be taxed on the domestic partner coverage. Request the form by opening a case on the [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. Domestic 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 taxable 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 taxable income at 100 percent of the cost. The annual taxable 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 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.

Medical plan

CGI offers two medical plan options through Cigna that vary in cost and annual deductible. Both plan options are High Deductible Health Plan (HDHP) with Health Savings Account (HSA).

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 plan options are:

Select Option

This option has lower deductible costs and higher payroll premium deduction costs than the Essential plan option. CGI contributes tax-free money to eligible HSA holders to help pay health care expenses.

Essential Option

This option has higher deductible costs and lower payroll premium deduction costs than the Select plan option. CGI contributes tax-free money to eligible HSA holders to help pay health care expenses.

If you have medical coverage elsewhere (e.g., through your spouse's employer-sponsored plan), consider whether it would be more practical to cover your dependents under that plan.

If you decide to enroll in both CGI's plan and your spouse's employer plan, benefits will be coordinated between the plans to eliminate duplicate payments.

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 immediately, even before your deductible is met.
- Once you meet your annual deductible, future health care costs covered by the plan are paid for by the plan for the remainder of the year. In some instances, co-insurance may apply.

Digital ID card

Cigna is transitioning to digital ID card. If you make enrollment changes to your medical options, you will not receive a new physical card. Many members already access their ID cards through **myCigna.com**® and the **myCigna® App**. Both the website and app offer convenient, timely access to ID cards, as well as many other features to help access your plan coverage information more easily, and more conveniently available when needed.

Getting the most out of your medical plan

Prescription drug plan

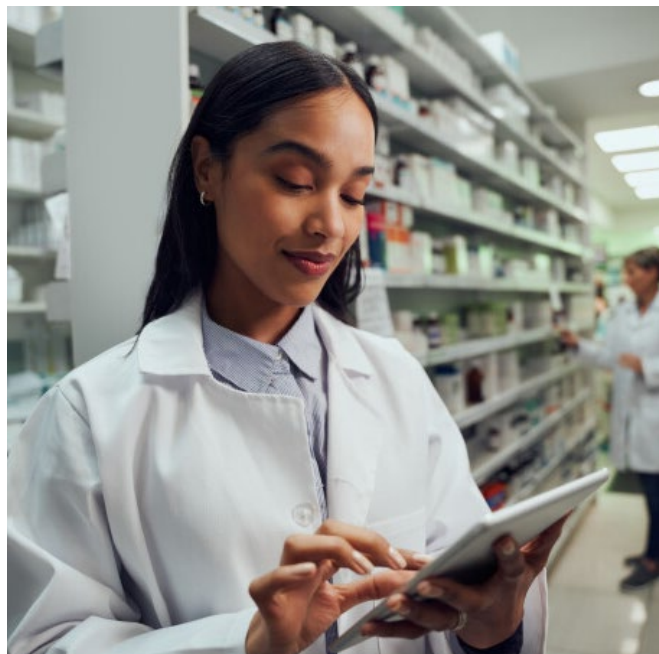
Both medical plan options include prescription drug benefits through Cigna. HSA-compatible health plans require the cost of the prescription to apply toward the same deductible as all other medical expenses—meaning you pay 100 percent of the negotiated cost of your prescriptions until the annual plan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

Preventive medication program

Both Select and Essential medical plan options include preventive maintenance medications coverage. For long-term maintenance medications such as diabetes, hypertension, asthma, depression and cholesterol, you pay nothing if you and your doctor choose certain maintenance drugs. You can find the list of covered drugs under the [Benefits Portal](#).

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 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 telemedicine

MDLIVE telemedicine services are available 24/7/365, even holidays. This service allows 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 is available only to members enrolled in one of the Cigna domestic medical plans and are not available

in Hawaii. You can access MDLIVE by calling 888-726-3171, via the web at mdlive.com/cgi or through the mobile app from the App Store or Google Play: MDLIVE for Cigna.

Cigna healthy pregnancies, healthy babies program

Earn up to \$150. 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. Members will receive \$150 if they enroll in the first trimester and \$75 if they enroll in the second trimester. Expectant mothers should call 800-615-2906 to enroll.

Comparing your medical plan options

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

Plan Highlights	SELECT OPTION		ESSENTIAL OPTION	
	In-Network	Out-of-Network	In-Network	Out-of-Network
CGI contributes to HSA in biweekly increments	\$500 individual / \$1,000 family (annual)		\$500 individual / \$1,000 family (annual)	
Plan Coinsurance	Plan pays 90%	Plan pays 70%	Plan pays 100%	Plan pays 100%
Plan Deductible	Individual: \$2,000 Family: \$4,000	Individual: \$4,000 Family: \$8,000	Individual: \$3,500 Family: \$6,850	Individual: \$7,000 Family: \$14,000
Plan Out-of-Pocket Maximum	Individual: \$3,000 Family: \$6,000	Individual: \$8,000 Family: \$16,000	Individual: \$3,500 Family: \$6,850	Individual: \$7,000 Family: \$14,000
Note: Services where plan deductible applies are noted with a caret (^). Plan deductible always applies before benefit copays/deductibles.				
Physician Services - Office Visits				
Primary Care Physician (PCP) S	Plan pays 90% ^	Plan pays 70% ^	Plan pays 100% ^	Plan pays 100% ^
Specialty Care Physician	Plan pays 90% ^	Plan pays 70% ^	Plan pays 100% ^	Plan pays 100% ^
Surgery Performed in Physician's Office	Plan pays 90% ^	Plan pays 70%	Plan pays 100% ^	Plan pays 100% ^
Preventive Care				
Preventive Care	Covered in full	Plan pays 70% ^	Covered in full	Plan pays 100% ^
Includes coverage of additional services, such as urinalysis, EKG, and other laboratory tests, supplementing the standard Preventive Care benefit when billed as part of office visit.				
Immunizations	Covered in full	Plan pays 70% ^	Covered in full	Plan pays 100% ^
Mammogram, PAP, and PSA Tests	Covered in full	Plan pays 70% ^	Covered in full	Plan pays 100% ^
Coverage includes the associated Preventive Outpatient Professional Services. Diagnostic-related services are covered at the same level of benefits as other x-ray and lab services, based on Place of Service.				
Hospital Care				
Inpatient Hospital Facility Services	Plan pays 90% ^	Plan pays 70% ^	Plan pays 100% ^	Plan pays 100% ^

	SELECT OPTION		ESSENTIAL OPTION	
Plan Highlights	In-Network	Out-of-Network	In-Network	Out-of-Network
Inpatient Hospital Physician's Visit/Consultation	Plan pays 90% ^	Plan pays 70% ^	Plan pays 100% ^	Plan pays 100% ^
Inpatient Professional Services	Plan pays 90% ^	Plan pays 70% ^	Plan pays 100% ^	Plan pays 100% ^
Outpatient Care				
Outpatient Facility Services	Plan pays 90% ^	Plan pays 70% ^	Plan pays 100% ^	Plan pays 100% ^
Outpatient Professional Services	Plan pays 90% ^	Plan pays 70% ^	Plan pays 100% ^	Plan pays 100% ^
Emergency Services (Includes Professional, X-ray and/or Lab services performed at the Emergency Room and billed by the facility as part of the visit)				
Emergency Room	Plan pays 90% ^	Plan pays 90% ^	Plan pays 100% ^	Plan pays 100% ^
Urgent Care Facility	Plan pays 90% ^	Plan pays 90% ^	Plan pays 100% ^	Plan pays 100% ^
Ambulance	Plan pays 90% ^	Plan pays 90% ^	Plan pays 100% ^	Plan pays 100% ^
Ambulance services used as non-emergency transportation (e.g., transportation from hospital back home) generally are not covered.				
Maternity				
Initial Visit to Confirm Pregnancy	Plan pays 90% ^	Plan pays 70% ^	Plan pays 100% ^	Plan pays 100% ^
All Subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges	Plan pays 90% ^	Plan pays 70% ^	Plan pays 100% ^	Plan pays 100% ^
Delivery - Facility (Inpatient Hospital, Birthing Center)	Plan pays 90% ^	Plan pays 70% ^	Plan pays 100% ^	Plan pays 100% ^
Inpatient Mental Health	Plan pays 90% ^	Plan pays 70% ^	Plan pays 100% ^	Plan pays 100% ^
Outpatient Mental Health – Physician's Office	Plan pays 90% ^	Plan pays 70% ^	Plan pays 100% ^	Plan pays 100% ^
Outpatient Mental Health - MDLIVE Behavioral Services	Plan pays 90% ^	Not Covered	Plan pays 100% ^	Plan pays 100% ^
Inpatient Substance Use Disorder	Plan pays 90% ^	Plan pays 70% ^	Plan pays 100% ^	Plan pays 100% ^

Plan Highlights	SELECT OPTION		ESSENTIAL OPTION	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Outpatient Substance Use Disorder – Physician’s Office	Plan pays 90% ^	Plan pays 70% ^	Plan pays 100% ^	Plan pays 100% ^
Outpatient Substance Use Disorder - MDLIVE Behavioral Services	Plan pays 90% ^	Not Covered	Plan pays 100% ^	Plan pays 100% ^

Pharmacy Cost Share and Supply – In-Network Only		
Cigna Pharmacy Cost Share	Retail (per 33-day supply):	Retail and Home Delivery (per 90-day supply):
Retail – up to 90-day supply (except Specialty up to 30-day supply)	Generic: You pay 10% Preferred Brand: You pay 10%	Generic: You pay 10% Preferred Brand: You pay 10%
Home Delivery – up to 90-day supply (except Specialty up to 30-day supply)	Non-Preferred Brand: You pay 10%	Non-Preferred Brand: You pay 10%

Bi-weekly payroll deductions		
	SELECT OPTION	ESSENTIAL OPTION
Member only	\$55.38	\$33.52
Member & Spouse	\$156.18	\$110.28
Member & Child(ren)	\$119.63	\$80.28
Family	\$231.50	\$163.74
Surcharges		
Monthly Working Spouse Surcharge**	\$100**	\$100**
Monthly Tobacco Surcharge*	\$50*	\$50*

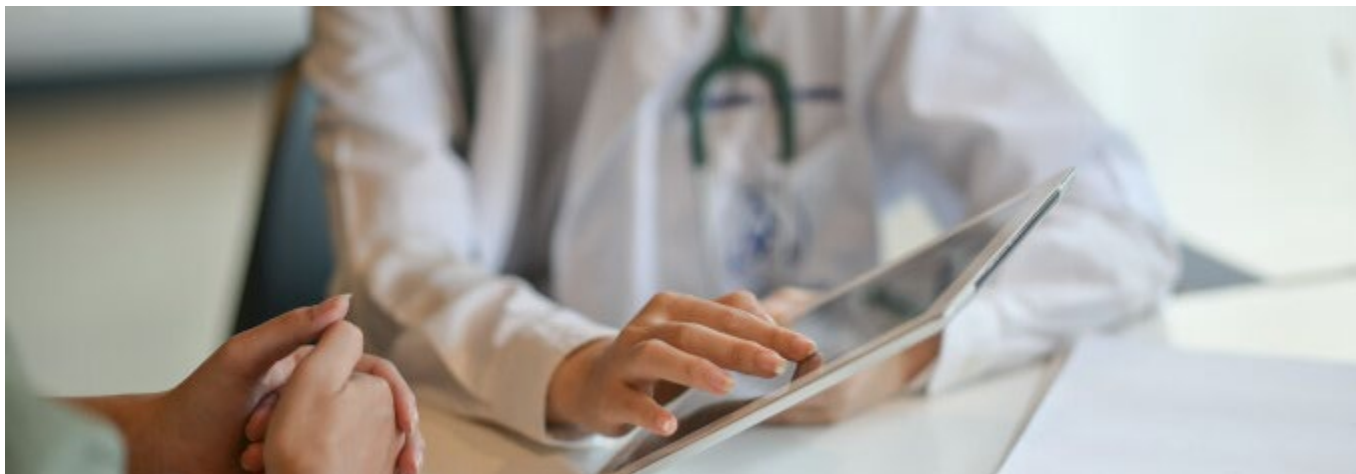
Note: In 2024, payroll deductions will occur over 26 pay periods.

* 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.

Health Savings Account (HSA)

A Health Savings Account (HSA) is a valuable way to save pre-tax dollars and pay for eligible health care expenses.



When you enroll in one of CGI's health plan options, you may be eligible to an H.S.A. if you meet IRS rules of eligibility. You can contribute your own money to your HSA, and CGI will contribute \$500 for member only and \$1,000 for all other coverage levels if you are eligible and have an open account associated with CGI by the first pay of the year.

The HSA offers the following advantages:

- Funds can be used to pay for eligible health care expenses.
- Triple-tax advantages:
 1. Contributions are tax-free
 2. Funds used for eligible healthcare expense are tax-free
 3. You can invest your funds once you reach a minimum balance of \$2,000, and any investment earnings are tax-free
- You and CGI can contribute to your account
- You can adjust your contribution at any time throughout the year, including reducing your contribution to \$0 while keeping CGI's contribution.

The funds roll over year after year, and they remain yours to keep even if you leave CGI.

Health savings account Eligibility

If you have a qualifying high-deductible health plan (HDHP) on the first day of any month, you may be eligible to contribute to an HSA if:

- You are not covered by any other non-HDHP health plan, such as a spouse's plan, that provides any benefits covered by your HDHP plan.
- You are not enrolled in Medicare.
- You do not receive health benefits under TRICARE.
- You have not received Veterans Administration (VA) benefits within the past three months.
- You cannot be claimed as dependent on another person's tax return.
- You are not enrolled in a general purpose health care flexible spending arrangement (FSA).

If your circumstances change and you are no longer eligible to contribute to an HSA, you can keep the account as long as you like and use it to pay for qualified medical expenses income-tax-free. Other IRS restrictions and exceptions may also apply.

Establish health savings account

Complete the [Optum Financial online enrollment form](#) to open your HSA account under CGI's group. If you already have an Optum Financial account through a previous employer, ensure it is linked to [CGI's group number 3311716](#) by calling Optum at 866 234-8913. Once you open your HSA account with Optum Financial, CGI will contribute tax-free dollars to that account, as long as 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.

CGI's contribution

CGI makes a \$500 contribution for members with you only coverage and a \$1,000 contribution for members in family coverage, which is any coverage other than you only coverage. The contributions are made on a biweekly basis. **To receive CGI's biweekly contributions, you must establish an HSA with Optum Financial.** 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.

CGI well-being incentive contributions

As partners in your health, CGI offers you an opportunity to earn additional company contributions to your HSA for completing specific well-being activities. Well-being promotions will be announced at various times during the year. Your ability to earn these incentives depends on (1) being enrolled in one of CGI's CDHP medical plan options, and (2) you must be an active member during the payout of each incentive earned. 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.

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 2024 maximum annual HSA contribution limits, see table below:

HSA Contribution Limits for 2024	Member Only	Family Coverage
Maximum allowable limit*	\$4,150	\$8,300
CGI Contribution to HSA	\$500	\$1,000
Well-being Incentives paid to HSA**	\$400	\$400
Member maximum possible contribution***	\$3,250	\$6,900

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

**You can earn additional contributions to your HSA for completing specific well-being incentives. Additional information regarding these incentives and the timelines associated with them will be communicated throughout the year.

***If you earn the full \$400 of well-being incentives

Stopping or changing your HSA contribution

You may change or stop the amount of your HSA deductions at any time of the year by opening a case in the HR Service Center and confirming what you want your new biweekly amount to be. You may also opt to stop your contributions but continue to receive the CGI contribution as long as your HSA remains active and you are still enrolled in the CGI health plan.

Dental plan 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, visit DeltaDentalVA.com, or call 888-261-6528.

The table below compares the costs and key features of the two dental plan options:

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, Cleaning, Bitewing X-rays, Sealants	100%	90%	100%	80%
Basic Services: Fillings, Oral surgery, Endodontic/root canal	80%	70%	70%	50%
Major Services: Crowns, Dentures, Bridges, Dental implants	60%	50%	50%	30%
Orthodontics: Band, Appliances	50%	50%	Not Covered	Not covered
Benefit Maximums				
Annual Benefit Maximum (per family member per calendar year)	\$2,500	\$2,500	\$1,500	\$1,500
Orthodontic Lifetime Maximum (per family member per lifetime)	\$2,500	\$2,500	Not covered	Not covered
Dental bi-weekly payroll deduction rate				
	Select Dental (Delta Dental)		Essential Dental (Delta Dental)	
Employee Only	\$9.67		\$5.36	
Employee + Spouse	\$19.35		\$10.73	
Employee + Child(ren)	\$21.28		\$11.80	
Family	\$30.95		\$17.16	

Note: In 2024, payroll deductions will occur over 26 pay periods.

Vision plan options

CGI offers two vision coverage options from United Healthcare (Select or Essential), a nationally recognized vision care provider with large national networks and locations across the U.S. Both plan options pay greater benefits for in-network care.

To learn more about these vision options, visit: myuhcvision.com, for United Healthcare vision plans | contract #704812.

	UHC Select Option		UHC Essential Option	
Plan Features	In-Network	Out of Network	In-Network	Out of Network
Eyeglass Lenses	Twice per calendar year		Once per calendar year	
Frames	Twice per calendar year		Once per calendar year	
Contact Lenses (in lieu of eyeglass lenses or frames)	Twice per calendar year		Once per calendar year	
Vision Examination (Once per plan year)	\$10 co-pay	Up to \$50	\$10 co-pay	Up to \$50
Standard Single Vision	\$10 co-pay	Up to \$50	\$10 co-pay	Up to \$50
Standard Lined Bifocal	\$10 co-pay	Up to \$70	\$10 co-pay	Up to \$70
Standard Lined Trifocal	\$10 co-pay	Up to \$85	\$10 co-pay	Up to \$85
Standard Lenticular	\$10 co-pay	Up to \$100	\$10 co-pay	Up to \$100
Medically necessary	\$10 co-pay	Up to \$250	\$10 co-pay	Up to \$250
Frames	allowance of \$150	Up to \$75	allowance of \$150	Up to \$75
Lasik	Discount		Discount	

Vision bi-weekly payroll deduction rate		
	Select Vision Option	Essential Vision Option
Employee Only	\$5.65	\$2.55
Employee + Spouse	\$7.85	\$5.11
Employee + Child(ren)	\$8.22	\$5.63
Family	\$14.69	\$8.18

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 several Flexible Spending Accounts, administered by HealthEquity/WageWorks, to help you pay for health care and dependent care expenses with pre-tax dollars. If you enroll in one of CGI's medical plan options (Select or Essential) and elect to contribute to a Health Savings Account (HSA) you cannot contribute to the Health FSA, but you can contribute to a Limited Purpose Health FSA for dental and vision expenses.

TAKE ACTION! Your annual FSA election will not automatically renew from year to year. You must actively elect FSA during open enrollment each year. If you do not re-enroll, your FSA contributions will be cancelled for the following year. 2024 HCFSAs and LPFSAs contribution limit is \$3,200.

Health care FSA

The annual maximum contribution limit for the Health Care FSA is \$3,200. Contributions to the account, made through payroll deductions, can be used for eligible out-of-pocket expenses such as copays and

deductibles for medical, dental, vision and prescription costs. New enrollees will receive a debit card from HealthEquity loaded with your full election. If you are already enrolled in the Health Care FSA, you should continue to use your current debit card for the 2024 plan year. Any unused amount will be forfeited.

A general purpose health care FSA is available to members who waive CGI's H.S.A., are enrolled in Tricare or Medicare.

Limited purpose health FSA (LPFSA)

If you enroll in an HSA, you can use the HSA for eligible medical and prescription out-of-pocket expenses, plus you can open a Limited Purpose Health FSA to cover out-of-pocket expenses for dental and vision. You can use pre-tax dollars to pay for [dental and vision expenses](#). New enrollees will receive a debit card from HealthEquity loaded with your full election. If you are already enrolled in the Limited Health Care FSA, you should continue to use your current debit card.

Dependent care FSA

The Dependent Care FSA can be used for eligible dependent care expenses such as day care centers for child or elder care, after school care or day camp (up to age 13), or home care for the elderly or disabled. You can contribute up to \$5,000 per household per year to this account. To use the account, you must pay the provider first and then submit to HealthEquity for reimbursement. You will not receive a debit card for use with this FSA.

Remember: Unlike the Health Care FSA, when you submit for reimbursement for dependent care expenses, you may only receive the amount that has already been saved through your payroll contributions.

Note: To satisfy the non-discrimination 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 2024, if you earned more than \$135,000 in 2022 (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 HealthCare, Dependent Care and/or Limited Purpose Health 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 December 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 Health FSA elections unless you experience a qualifying life event.

Commuter benefit 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 (vanpool, 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 \$315 for transit and \$315 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 exceeds the IRS pre-tax limits. You can order a transit voucher through HealthEquity/WageWorks’ 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.

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 with WageWorks, then 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 HealthEquity/WageWorks 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.

Your CGI ownership and wealth 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 each pay period:

- **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, access the [SPP Enrollment tool](#) using your CGI User ID and password.

Additional member benefits

Adoption assistance

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

Auto & home insurance

As a CGI member, you have access to auto and home insurance through Farmers Insurance. This program provides you with special savings, outstanding customer service and a full suite of products to meet your diverse insurance needs. In addition to auto and homeowner's insurance, Farmers offers a variety of discounts on other policies including: condo/renters, personal excess liability, boat, motorcycle, RV and personal property. CGI discount code is EV4 or call at 1-800-438-6381.

Bright Horizons: Back-up care and enhanced family supports

Back-up Care: CGI provides members and their families' access to Back-up 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 back-up care are available per year. To learn more, visit [Bright Horizons](#) (username: CGIbackup; password: backupcare1) or call 877-BH-CARES (877-242-2737) or 800-557-0847.

Enhanced Family Supports: Bright Horizons Enhanced Family Supports offers free premium access to Sittercity, a fantastic solution for finding babysitters, virtual sitting, pet care providers, and housekeepers. The program also includes discounts on a local, high-touch nanny placement service for full-time childcare. Plus, access elder caregiving resources, learning pods, discounts on academic support, tutoring, and test prep services, and special privileges for full-time child care,

such as preferred enrollment at Bright Horizons centers. To learn more, visit [Bright Horizons Benefits](#).

Identify theft protection

CGI offers access to identity theft protection through Allstate. This program provides protection for one of the fastest-growing crimes today—identity theft.

To enroll, go to Employee Self Service-> Payroll (N.Am.) > Voluntary Deductions. To add family members, you must call Allstate Identity Protection to add them AFTER enrollment has been completed by calling 1-800 789- 2720. To learn more, visit [Allstate Identity Protection](#).

Learning & development programs

CGI offers ongoing learning and development programs for U.S. members. These include certification, virtual learning events, and customized learning programs, among others. Visit the [U.S. Learning & Development](#) site for more information. Partnering with eLearning specialist Skillsoft, CGI also provides on-demand learning through the CGI Academia 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 CGI Academia, visit [U.S. Learning & Development > CGI Academia](#).



Parental/ adoption leave

CGI offers parental and adoption leave to help adjust to a new member of the family. CGI provides four weeks (20 business days) of pay to non-birth parents, upon the birth of a new child or adoption of a child. To access this leave, open a case via the [HR Service Center](#).

Pet insurance

Pet benefit solutions

Pet Benefit Solutions offers members multiple discounts, such as prescription savings and veterinary discounts. The plan covers every pet in your household, regardless of age, breed or any pre-existing/hereditary conditions. To enroll or for a complete list of participating veterinary practices, merchants and other information, please visit [Pet Benefit Solutions](#). You will be charged through payroll deductions.

Nationwide pet insurance

From routine office visits to significant medical incidents, Nationwide Pet Insurance protects 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 [Nationwide Pet Insurance](#) to get a price quote and enroll. You will not be charged by payroll deductions.

PNC WorkPlace banking

PNC offers a unique bank-at-work program that can help make your financial life easier. Members can earn certain offers and rewards on select banking products and services when you open and use a qualifying checking product. You also gain access to the insight and experience of PNC financial specialists. Visit [PNC WorkPlace Banking](#) to learn more.

Rethink Care benefits

CGI makes available, Rethink Benefits, to members caring for a child with learning, social, or behavioral challenges or developmental disability. This free benefit gives families 24/7 access to tools and resources to help understand, teach, and communicate better to your child with special needs. To learn more and enroll, visit [Rethink Benefits](#) or call 800-714-9285.

Tuition Assistance

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

Benefit contribution limits

(Information as available at time of publication)

		Maximum Contribution*	
Health Savings Account (HSA)	Single	\$4,150 per year**	CGI contributes up to \$500 per year
	Family	\$8,300 per year**	CGI contributes up to \$1,000 per year
	Age 55+ catch up add'l amount	Add additional \$1,000 per year	
Flex Spending Accounts (FSA)	Health FSA	\$3,200 per year	
	Limited Purpose Health FSA	\$3,200 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	\$315 per month	
	Transit Pass	\$315 per month	

*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 biweekly HSA contributions and any Well-being Incentives earned during the year.

CGI benefits contact information

If you need information on:	Company/Policy, Group or Plan ID	Website/Mobile App	Phone / Email
U.S. Benefits	CGI U.S. Benefits Portal	https://www.cgi.com/us/en-us/cgi-usbenefits2024 Username CGIUS Password usbenefits2024	
Accessing CGI Intranet	CGI member portal	https://intranet.ent.cgi.com	1-866-267-2255 U.S. help desk
CGI HR Service Center	Self-service and to open a case	HR Service Center	
Cigna Medical, Rx Plan, Health Coach	Group #3311716 Hawaii group #2499589	myCigna.com To find a 90-day retail pharmacy visit Cigna.com/Rx90network Mobile app myCigna	1-855-411-9713
Cigna Provider Find	Group #3311716	Cigna.com Mobile app myCigna	1-855-411-9713
Cigna: MDLIVE	Group #3311716	MDLIVEforCigna.com Mobile app MDLIVE for Cigna	1-888-726-3171
Cigna Healthy Pregnancy, Healthy Babies	Group #3311716	myCigna.com Mobile app Cigna Healthy Pregnancy	1-800-615-2906
Optum Financial HSA	Group #3311716	optumbank.com Mobile app Optum Bank	1-866-234-8913
Delta Dental Plan	Delta Dental of Virginia Group #700095	www.deltadentalva.com Mobile app Delta Dental Mobile	1-888-261-6528
United HealthCare Vision	Policy #704812 Group #ID98	myuhcvision.com	1-800-638-3120

If you need information on:	Company/Policy, Group or Plan ID	Website/Mobile App	Phone / Email
Flexible Spending Accounts and Commuter Accounts	HealthEquity/Wage Works	healthequity.com/WageWorks Mobile app EZ Receipts	1-855-692-2959
Cigna Healthy Rewards	Cigna	Cigna.com/rewards Password savings	
Auto & Home Insurance	Farmers Insurance	myautohome.farmers.com CGI discount code: E4V	1-800-438-6381
CGI Share Purchase Plan to view your account after enrolling	Shareworks by Morgan Stanley; Solium Capital ULC	Shareworks - Login (solium.com)	1- -877-380-7793
CGI Share Purchase Plan (enroll)	CGI Intranet	SPP Enrollment Tool	1-866-959-0505
Member Assistance Plan (MAP)	Lyra Health	cgi.lyrahealth.com Mobile app Lyra Health	1-877-377-7230
Rethink Benefits	Rethink Benefits	https://connect.rethinkcare.com/sponsor/cgi Mobile app Rethink Benefits	1-800-714-9285
CGI Oxygen	CGI Oxygen Program	oxygen.ent.cginet	
PerkSpot	member discount program Access code: CGIPerks	cgi.perkspot.com	866-606-6057
CGI Member Advantage Program	Discounts on cell phone services	https://intranet.ent.cgi.com/browse/cio/global/Pages/US-IS-IT.aspx	
CGI Tuition Assistance		Tuition Assistance Program	
Nationwide Pet Insurance	Pet Insurance	bestpetinsuranceever.com Mobile app VitusVet Pet Medical Records	1-800-672-9259
Pet Benefit Solutions – charged via payroll deductions	Pet Benefits	petbenefits.com Mobile app Pet Assure	1-888-913-7387

If you need information on:	Company/Policy, Group or Plan ID	Website/Mobile App	Phone / Email
Bright Horizons Back-Up Care	Bright Horizons Username CGIbackup Password backupcare1	backup.brighthorizons.com Mobile app Back-Up Care	1-877-242-2737
Enhanced Family Supports	Bright Horizons	clients.brighthorizons.com/cgi	1-877-242-2737
ID Theft	Allstate	myaip.com Mobile app Allstate Identity Protection	1-800-789-2720

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 benefit 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 can be found in the [U.S. Benefits Portal](#). 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 CGI Intranet. If you need a paper copy of a document you may also request it through the [HR Service Center](#).

Required notice

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: The Select plan pays 90 percent 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).

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.

Special enrollment rights under HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 provides the following special enrollment rights. If you do not enroll for medical coverage for yourself and your dependents (including your spouse) because of other health insurance coverage and your other coverage subsequently ends, you may be able to enroll yourself or your dependents in this plan. You must request enrollment within 30 days after your other coverage ends. You will need to provide proof that your other coverage has ended. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents as long as you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

If you, your spouse or your eligible dependent child loses coverage under Medicaid or a state Children's Health Insurance program (S-CHIP) or becomes eligible for state-provided premium assistance, the affected individual(s) have 60 days from the date of the event to elect to be covered under CGI's plans. Contact the Member Services at 877-376-3653 or by opening a case on the [HR Service Center](#).

Notice of health information privacy practices (HIPAA)

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 the [U.S. Benefits Portal](#). Enrollees may request a printed copy by calling Member Services 877-376-3653 or by opening a case on the [HR Service Center](#).

Premium assistance under Medicaid 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, 2022. 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@MyAKHIPP.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/	Healthy Indiana Plan for low-income adults 19-64
Phone 1-855-MyARHIPP (855-692-7447)	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.p df 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
MAINE – Medicaid	NORTH CAROLINA – Medicaid
Website http://www.maine.gov/dhhs/of/public-assistance/index.html Phone 1-800-442-6003 TTY Maine relay 711	Website https://dma.ncdhhs.gov/ Phone 919-855-4100
MASSACHUSETTS – Medicaid and CHIP	NORTH DAKOTA – Medicaid
Website http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone 1-800-862-4840	Website http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone 1-844-854-4825
MINNESOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website http://mn.gov/dhs/people-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone 1-800-657-3739	Website http://www.insureoklahoma.org Phone 1-888-365-3742
MISSOURI – Medicaid	OREGON – Medicaid

Website http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone 573-751-2005	Website http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone 1-800-699-9075
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To see if any other states have added a premium assistance program since August 10, 2018, or for more information on special enrollment rights, contact either:

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

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

