



**SITA**

# **2025 BENEFITS DECISION GUIDE**

**HUMAN RESOURCES – 2025  
PASSPORT TO YOUR BENEFITS**

# WELCOME TO YOUR SITA BENEFITS DECISION GUIDE

This guide is your passport to benefits — it's your ticket to all the details of the SITA Benefits Program.

SITA provides you with competitive and wide-ranging benefits — it's up to you to understand how your SITA flexible benefits work in order to choose the coverage that best fits your needs. After all, you need all the information to get to your destination — benefits that are right for you.



This document is a summary of the SITA Benefits Program, but official Plan documents and insurance contracts are the final authority on Plan provisions. If there is a difference between the material in this guide and the legal documents, the legal documents will be used to resolve any issues. In addition, SITA reserves the right to change or terminate the Plans at any time. If you have any questions regarding the information in this document or your benefits, please contact SITA Human Resources at (678) 808-1117.

# THE BIG PICTURE

The SITA Benefits Program is one of the most comprehensive and competitive programs out there. What does that mean to you? Basically, SITA has worked hard to put together a benefits program that you can feel confident about. The SITA program is flexible, meaning that you and your family have a broad range of benefit options and flexibility in choosing benefits and paying for coverage:

- Medical
- Dental
- Vision
- Life Insurance
- Accidental Death and Dismemberment (AD&D) Insurance
- Spouse & Dependent Life Insurance
- Flexible Spending Accounts
- Health Savings Accounts
- Employee 401(k) Savings Plan
- Paid Time Off
- Short-Term Disability (STD)
- Long-Term Disability (LTD)
- Critical Illness
- Employee Assistance Program (EAP)
- Pre-Paid Legal Plan
- Wellness Program

## NEW EMPLOYEES

Welcome! To take full advantage of your SITA benefits, you must complete your online enrollment at: <https://workforcenow.adp.com> within your first 30 days of employment. Your initial login to complete your enrollment will have a preset login ID. The user format is the first initial of your first name, your entire last name, no spaces or “.” @ sita123. The system will require you to set your password upon registering. Remember to record your new password in a secure place should you need it in the future. Elections made when you joined SITA continue throughout the remainder of that calendar year. Please keep in mind, you may “waive/decline” coverage, but must still access the system to complete the enrollment process.

## ANNUAL OPEN ENROLLMENT

Open Enrollment each year is your opportunity to reconsider your benefit selections and make changes, if necessary. Open Enrollment is typically held in the Fall of each year, and elections become effective the 1st of the following year. Elections made during Open Enrollment are for the entire upcoming calendar year. Again, you may waive coverage – but you must complete the enrollment process to do so.

### IF YOU DON'T SUBMIT YOUR ENROLLMENT TIMELY

If as a new hire you do not submit your enrollment, or waive, within your first 30 days of employment you will receive default benefits under SITA's health and welfare program. Default benefits are coverage for “yourself only” and do not include coverage for any eligible dependents you may have.

During the annual Open Enrollment period, you will receive default coverage for the upcoming calendar year if you do not submit your elections timely. Default coverage will continue your current coverage level election (Waive, Employee only, Employee + 1 or Employee + Family), including your eligible dependents.

The following are the default plan options:

- CIGNA Choice Fund with HSA
- CIGNA Dental Basic PPO
- EyeMed vision care
- Basic Life – 3 times your annual base pay
- Basic Accidental Death & Dismemberment – 3 times your annual base pay
- Basic Long Term Disability – protecting 60% of your base annual pay up to \$20,000 per month

# MAKING CHANGES DURING THE YEAR & YOUR ELIGIBLE DEPENDENTS

## QUALIFYING STATUS CHANGES

Keep in mind that your Medical, Dental, Vision, Flexible Spending Account, Life and AD&D Insurance, and Long-Term Disability elections are effective January 1 through the end of the year. However, if you or your dependents gain or lose eligibility for coverage as a result of a status change, you may make a corresponding change in your coverage. **You cannot make changes during the year unless you experience a qualifying status change.**

**Examples of qualifying status changes include:**

- Marriage, divorce, legal separation, or annulment,
- Birth or adoption (or placement for adoption) of a child,
- Death of a covered spouse or child,
- Loss or gain of eligibility for insurance coverage for you or a covered dependent,

When you experience a qualifying status change, you may be permitted to revise your Medical, Dental, Vision, Flexible Spending Account, Life and AD&D Insurance, or Long-Term Disability elections. **You have 30 days from the qualifying status change to revise your elections.** Any alteration to your elections must be consistent with the type of qualifying status change you experience.

Changes can be made by logging into our ADP portal. Simply go to: <https://workforcenow.adp.com> and log in with your user name and password. Your user name is your first initial in your first (given) name + your entire last name + @sita123. (Please note that the system will use your legal name.) Example: John Smith User name: jsmith@sita123. Your password will be the password you set at your initial registration. If you forgot your password, click on the “Forgot Your Password” link on the sign-in page. Note: Your account will be locked after three failed attempts and you will need to contact HR to have your password reset and your account unlocked.



## HERE'S AN EXAMPLE

Let's say you have a baby. In that case, you may change your Medical Plan coverage from “employee only” or “employee plus one” to “family” coverage, but you cannot drop coverage or change your Medical Plan option.

## YOU AND YOUR ELIGIBLE DEPENDENTS

You are eligible for SITA's benefit program if you are a regular employee working at least 20 hours per week and paid on US payroll. You may cover your dependents under many of SITA's benefit plans. Your eligible dependents include the following:

- Your legal spouse,
- For the Medical, Dental, Vision Plan, Life Insurance, EAP, and MetLife Legal, your domestic partner\* (same sex or opposite sex; see HR for affidavit),
- Your children from birth up to age 26 (including step-children, adopted children and children of your eligible domestic partner who lives with you for the Medical, Dental, Vision Plan, EAP, and MetLife Legal), unless specific state mandates require otherwise,
- Your mentally or physically handicapped child of any age who depends on you for support and maintenance, provided the child was covered by the plan before reaching age 19 (periodic proof of continuing disability may be required). Proof of the child's condition and dependence must be submitted within 30 days after child ceases to qualify above.

## DOMESTIC PARTNER COVERAGE

Please note that there are tax implications if you cover your domestic partner in the following benefit plans:

- Medical
- Dental
- Vision

**\*Note:** COBRA-like continuation coverage is available to domestic partners and their children in the same manner as COBRA coverage is available to spouses and stepchildren.



# YOUR MEDICAL PLAN CHOICES

SITA offers you and your dependents a choice of Medical Plan options. Only you can determine which is your best coverage choice. These pages provide important facts about your options, and a look at how they differ.

## YOUR MEDICAL PLAN OPTIONS

Under SITA's Medical Plan, you have options.

1. Waive Coverage
2. CIGNA's Choice Fund with Health Savings Account (HSA) Plan\*
3. CIGNA's Select Plan
4. CIGNA's Basic Plan
5. Kaiser Permanente HMO Plan \*\*

\* Not available to employees age 65 or greater, or those who will become age 65 in the same calendar year. State approved plan for Hawaii residents, contact HR.

\*\* Available only in Atlanta, Georgia.

## CHOICE FUND WITH HEALTH SAVINGS ACCOUNT (HSA) PLAN

A HSA plan (Health Saving Account) is a plan which is attached to a High Deductible Health Plan (HDHP) that permits both employer and employee contributions to a savings account on a before-tax basis up to a limit that is established annually by the IRS. These accounts earn interest tax free and can accumulate funds to use in future years on eligible health care expenses. At the time the funds are accessed or used, they are also tax free on qualified health care expenses. The HDHP attached to the Health Savings Account is like a traditional health plan in that it has a deductible, coinsurance and an annual out-of-pocket maximum. The HDHP also has a network of physicians and facilities both "in-network" and "out-of-network", and does not require the selection of a Primary Care Physician (PCP), nor does it require referrals to see specialists. To receive the highest level of benefit possible, always try to utilize "in-network" providers as these providers are under contract to offer services at discounted rates to members.

## SELECT PLAN

For those who have other coverage or are over age 65, Cigna Select is very similar to the Cigna Choice Fund just without the Health Savings Account. Members of this plan can choose to set aside up to \$3,200 in a Healthcare Flexible Spending Account. Plan offers both in and out of network benefits.

## BASIC PLAN

This plan offers you comprehensive coverage for anyone regardless of age or other health coverage. The plan offers a plan with co-pays – much like a traditional type health plan with a high deductible in case of a catastrophic occurrence. Members of this plan can choose to set aside up to \$3,200 pre-tax in a Healthcare Flexible Spending Account. No out-of network coverage is available except in the case of an emergency.

## HMO PLAN (GA ONLY)

A type of managed care plan in which you must seek health care services from an in-network provider to receive benefits. If services are received from an out-of-network provider, no benefit is provided. You must select a Primary Care Physician (PCP) within the network to coordinate your medical care, although you may select the same or different PCPs for your spouse and covered dependents. With this plan, you may elect to participate in a Healthcare Flexible Spending Account.



# COMPARING YOUR MEDICAL PLAN OPTIONS

Plan Highlights	Choice Fund with HSA Plan	Select Plan	Basic Plan	Kaiser HMO
<b>Who is Eligible</b>	Employees <age 65 who have no other coverage	Employees >age 65 or those who have other coverage	All active employees	GA residents only
<b>Preventive Care</b>	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
<b>Deductible (Individual/Family)</b>	\$2,500/\$5,000 (non-embedded*)	\$2,500/\$5,000 (non-embedded*)	\$5,000/\$14,700 (embedded **)	\$0
<b>Out-of-Pocket Max (Individual/Family Max - Includes Deductible)</b>	\$6,000/\$12,000 (embedded **)	\$6,000/\$12,000 (embedded **)	\$7,350/\$14,700 (embedded **)	\$6,350/\$12,700
<b>Co-insurance</b>	20% after deductible	20% after deductible	20% after deductible	Plan pays 100% after copays
<ul style="list-style-type: none"> <li>• Office Visits</li> <li>• Convenient Care</li> <li>• Urgent Care</li> <li>• Emergency Room</li> <li>• Major Diagnostic Tests</li> </ul>	20% after deductible	20% after deductible	<ul style="list-style-type: none"> <li>• \$50 copay</li> <li>• \$50 copay</li> <li>• \$100 copay</li> <li>• \$250 copay</li> <li>• \$250 copay</li> </ul>	<ul style="list-style-type: none"> <li>• \$25/\$50 copay</li> <li>• \$40 copay</li> <li>• \$50 copay</li> <li>• \$200 copay</li> <li>• \$75 copay</li> </ul>
<b>Cigna TeleHealth Connection Online or Telephonic Visits</b> MDLIVE - (888) 726-3171 or MDLIVEforCigna.com	20% after deductible	20% after deductible	\$50 copay	N/A
<ul style="list-style-type: none"> <li>• In-Patient Hospital</li> <li>• Out-Patient Hospital</li> </ul>	20% after deductible	20% after deductible	\$500 copay then deductible/coinsurance	<ul style="list-style-type: none"> <li>• \$300 copay</li> <li>• \$150 copay</li> </ul>
<b>Out-of-Network Coverage</b>	Yes	Yes	No	No
<b>Tax-Favored Savings Account Option</b>	Health Savings Account Limited Purpose Flexible Spending Account	Health Care Flexible Spending Account	Health Care Flexible Spending Account	Health Care Flexible Spending Account
<b>SITA Account Funding (Individual/Family)</b>	Yes \$750/\$1000	None	None	None
<b>Wellness Incentives (Per covered adult)</b> <ul style="list-style-type: none"> <li>• Personify Health</li> <li>• Cigna Know Your Numbers</li> </ul>	<ul style="list-style-type: none"> <li>• Up to \$1,000 HSA/\$75 in rewards</li> <li>• Up to \$250 to your HSA</li> </ul>	<ul style="list-style-type: none"> <li>• Up to \$1,075 in rewards</li> <li>• Up to \$50 gift card</li> </ul>	<ul style="list-style-type: none"> <li>• Up to \$1,075 in rewards</li> <li>• Up to \$50 gift card</li> </ul>	<ul style="list-style-type: none"> <li>• Up to \$1,075 in rewards</li> <li>• N/A</li> </ul>
<b>Prescriptions</b> <ul style="list-style-type: none"> <li>• Rx Deductible</li> <li>• Tier 0 (Preventive Generic)</li> <li>• Tier 1 - Generic</li> <li>• Tier 2 - Preferred Brand</li> <li>• Tier 3 - Non-Preferred Brand</li> <li>• Mail Order 90 Day Supply</li> </ul>	<ul style="list-style-type: none"> <li>• Combined with medical plan</li> <li>• Plan pays 100%</li> <li>• 20%/\$15 max</li> <li>• 30%/\$40 max</li> <li>• 40%/\$80 max</li> <li>• 2.5 x retail copay</li> </ul>	<ul style="list-style-type: none"> <li>• Combined with medical plan</li> <li>• Plan pays 100%</li> <li>• 20%/\$15 max</li> <li>• 30%/\$40 max</li> <li>• 40%/\$80 max</li> <li>• 2.5 x retail copay</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> <li>• Plan pays 100%</li> <li>• \$25 copay</li> <li>• \$50 copay</li> <li>• \$100 copay</li> <li>• 2.5 x retail copay</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> <li>• ACA only</li> <li>• \$15 copay</li> <li>• \$30 copay</li> <li>• Not covered</li> <li>• 2 x retail copay</li> </ul>

\*Non-embedded indicates full amount must be met by a combination of family members before plan starts paying.

\*\*Embedded indicates one individual can reach the deductible and/or out-of-pocket maximum.

Choice plan not available to employees age 65 or greater, or those who will become 65 in the same calendar year.

SITA employees residing in Massachusetts are not eligible for the Basic Plan. SITA employees residing in Hawaii will have a state approved plan offering.

The chart above is meant to be a summary of benefits only. For full plan details, refer to the SPDs on The HUB.

# COMPARING YOUR MEDICAL PLAN OPTIONS



## LEARN MORE ABOUT YOUR SITA BENEFITS:

- **The HUB** – From The HUB homepage, click on Working at SITA/My HR policies and benefits/United States.
- **Mobile Apps available (McGriff Journey, Cigna, EyeMed or ADP)** – Download these apps to have your benefits info at your fingertips!
- **Benefits Help Desk** – Monday – Friday 8:00 am – 4:30 pm EST Phone # 888-353-5135 or email [GABenefitsHelp@mcgriff.com](mailto:GABenefitsHelp@mcgriff.com)

## YOUR OPTIONS THROUGH THE MARKETPLACE

Healthcare Reform requires employers to provide all employees eligible for health coverage a notice of New Health Insurance Marketplace Coverage Options.

The company has determined that the medical plans SITA offers are considered “qualified.” However, you do have the option to obtain private health care coverage through the Health Insurance Marketplace. Enrollment in the Health Insurance Marketplace is each fall, with an effective date of January 1st.

Should you need additional information on the Health Insurance Marketplace after reviewing the Notice and FAQ’s, please visit the [HealthCare.gov](https://www.HealthCare.gov) website for more information.

## LIMITED PURPOSE FLEXIBLE SPENDING ACCOUNT (LPFSA)

In addition to the Health Savings Account (HSA) outlined on the following pages, you will have the opportunity to set aside pre-tax dollars into a Limited Purpose FSA. A LPFSA is similar to a general-purpose healthcare FSA (outlined on pages 15 & 16 of this guide), the difference being that there are less eligible expenses. With the LPFSA, you can submit claims for the following:

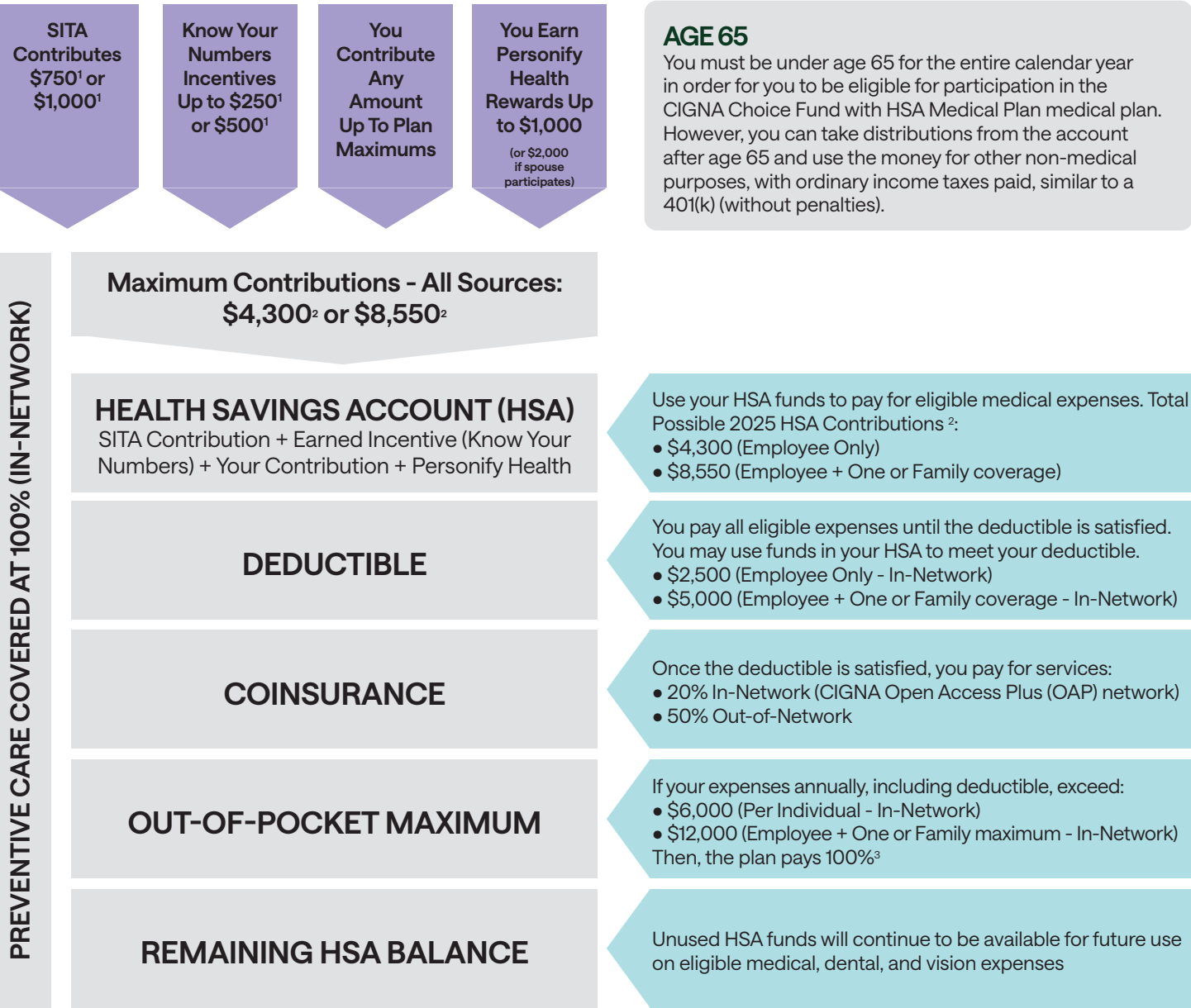
- Dental out-of-pocket expenses
- Vision out-of-pocket expenses
- Medical out-of-pocket, BUT only once you have satisfied your medical deductible

SITA’s administrator, Chard Snyder will issue a debit card to use for dental and vision expenses; \*for medical out-of-pocket, proof that you have satisfied your deductible under the medical plan will be required.

The same IRS rules apply to this account as the general-purpose FSA, expenses must be incurred between January 1, 2025 and March 15, 2026, or lose them! You are not allowed to change your contributions throughout the year unless you have a qualified life event.

# HOW THE CHOICE FUND WITH HSA PLAN WORKS

The CIGNA Choice Fund with HSA Medical Plan encourages healthy living by providing 100% coverage for preventive care when you use CIGNA In-network providers (CIGNA Open Access Plus (OAP)). The plan also gives you more control over how you receive and pay for health care services. Like traditional health plans, the CIGNA Choice Fund medical plan has a deductible, coinsurance and an out-of-pocket maximum to provide financial protection in the event of a serious illness or injury. A distinct advantage when enrolling in this CIGNA medical plan is the ability to set up a health savings account and contribute on a before-tax basis to it each year.



1. Covered adult is either the covered employee and/or a legal spouse or domestic partner.

2. Employees 55 years of age and over can add up to an additional \$1,000 contribution to the HSA maximums for catch-up contributions.

3. Once the annual out-of-pocket maximum is met the plan pays 100% of all remaining eligible expenses during the plan year, including any emergency room visits and prescription medications.

**USE OF FUNDS**

If your domestic partner or domestic partner's dependent children meet the IRS qualifications as a tax dependent, you can legally use your HSA for his/her qualified medical expenses. If not, your domestic partner can establish his or her own HSA with a bank of their choice for expenses that cannot be covered through your health savings account. You should consult a tax advisor about the financial implications.



# MORE ON HEALTH SAVINGS ACCOUNTS

## HEALTH SAVINGS ACCOUNT (HSA)

Any funds that accumulate in your HSA which remain at the end of the plan year - are yours. They are not forfeited like funds contributed to a Flexible Spending Account (FSA) and HSA funds do not expire. HSA funds are even portable, in the event you decide to change jobs, you can take them with you to cover future eligible medical, dental and vision expenses. With all health savings accounts, the convenience of a debit card is offered. You can use the debit card to pay at the point of service or use it at ATMs to withdrawal cash to reimburse yourself for an eligible expense that you paid. Save your receipts – you are responsible for maintaining proof that you used the funds for eligible expenses in the event the IRS asks for documentation. In addition, due to the tax advantages of having a health savings account, the IRS does impose penalties if you do not use the funds on eligible expenses. If you elect to enroll in the CIGNA Choice Fund medical plan with HSA, you can also elect to participate in a Limited Purpose Healthcare Flexible Spending Account (LPFSA). The LPFSA can be used for dental and vision expenses initially and for medical expenses after you meet your deductible.

### IT'S PORTABLE!

Your HSA is yours to keep. If you change jobs, you can take your HSA funds with you. You can even use your HSA dollars when you retire for eligible health care expenses.

## ACCESSING YOUR HSA FUNDS

When you are ready to use the funds in your account, you may access them in the following ways:

- HSA MasterCard debit card – You will receive a MasterCard debit card in your welcome kit from HSA Bank. Once activated, you may use the debit card just as you would a debit card tied to a savings or checking account, as long as you use it to pay eligible expenses. You may make payments by phone, online or in-person with the debit card.
- HSA checkbook – Use the HSA checkbook feature to write checks for eligible medical expenses. You may use checks in-person or for mail-in payments. To use the HSA checkbook, you must request checks and pay a fee of \$7.95 for each order of 50 checks.
- Medical Claim Auto Pay – For ease of use, you may opt-in to have funds for eligible medical expenses automatically deducted from your HSA to pay claims. It is important to note that you may NOT use the Medical Claim Auto Pay feature for pharmacy expenses or for your domestic partner medical expenses per IRS rules. For pharmacy expenses, you would either use your debit card or pay cash and reimburse yourself later. You can enroll or cancel participation in the Medical Claim Auto Pay feature at any time.

Funds MUST be available in your account on the day you pay the claim or pay yourself back. HSA funds may not be used to pay or reimburse domestic partner expenses unless they are also an eligible tax dependent. Reminder - be sure to keep all your receipts in the event you need them to document an expense.

## ELIGIBLE EXPENSES

HSAs are ONLY to be used for eligible health care expenses, such as deductibles and coinsurance for doctor visits, hospitalization and surgery for you and your eligible dependents. You may also use your HSA funds towards prescription medicines, dental care and certain vision expenses.

In general, you may not use your HSA funds to pay health care premiums while you are an active employee. However, there are exceptions for COBRA enrollees, and for those receiving unemployment benefits or who are age 65 and older. You may also use HSA funds for Medicare premiums and long-term care (LTC) premiums, if applicable.

Any HSA funds used for ineligible expenses are subject to income tax and a 20% IRS tax penalty.

\*ATM usage fees may apply.



# WELLNESS PROGRAM

## PERSONIFY HEALTH CHAMPIONS

We have a Personify Health Champion near you! Champions are SITA employee volunteers who have become familiar with Personify Health's Max pedometer and other useful devices such as: the LifeZone (personal website), the HealthZone (Bohemia, Galleria & Dayton), online challenges, and all the health benefits, rewards, and fun that comes with participation. Can you spot one of these Champions?

## WELCOME TO PERSONIFY HEALTH!

Whether you are a marathon runner or someone who today may do very little on a day-to-day basis regarding fitness, we are pleased to introduce the Personify Health program to you. This program is flexible enough where it can be tailored for every person, regardless of your current level of fitness or physical activity. Take a look!

## PROGRAM DETAILS...

- A pedometer, called MAX, which syncs to the online portal.
- Your MAX tracks your activity, which translates to Points, allowing you to reach different reward levels throughout the year.
- Or, Personify Health will also work with your Apple Watch, FitBit, Polar, Nike and other health monitoring devices (see all compatible devices on the online portal).
- The online portal not only captures your activity through your MAX or other fitness tracking device, it also: provides daily interactions and motivation, challenges and competitions with others, is a place to store Biometrics, earn badges, and connect with friends.
- In addition to the online portal, Personify Health has a mobile app with the same functionality as the portal. Search Personify Health in the App Store or Google Play.
- Open to everyone: Choice Fund with HSA members can earn HSA dollars and Select, Basic, Kaiser members, or those who waive medical coverage can redeem RewardsCash for taxable gift cards.
- On site area known as a "HealthZone" at the Galleria, Bohemia, and Dayton offices for you to check in and update information like blood pressure and weight.

## ENROLLMENT IS EASY!

Once you are eligible, a message will be sent to your SITA email address from **no-reply@personifyhealth.com** providing you a link to register for the program. Or visit **join.personifyhealth.com/sita**. Once registration is complete, you may request a MAX pedometer be mailed to your home.

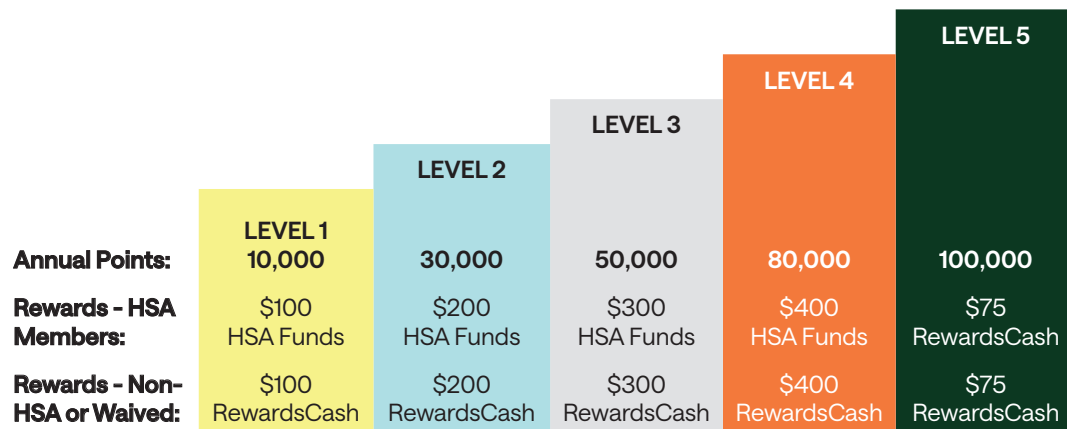
SITA employees and spouses/domestic partners are eligible for Max pedometers and earning



# WELLNESS PROGRAM

## TO GET STARTED, YOU'LL NEED TO....

Those employees and spouses or domestic partners that enroll in the Choice Fund with HSA Medical Plan can earn the most rewards in 2025 - up to \$1,000 each added to their HSA and an additional \$75 in RewardsCash, in addition to the SITA funding on January 1st . For those CIGNA Select/Basic and Kaiser medical plan members, as well as any employee who has waived medical coverage under a SITA medical plan along with their spouse or domestic partner, there are rewards for you as well - up to \$1,075 for 2025. So, what are you waiting for? Get moving!



**YOUR SPOUSE/  
DOMESTIC  
PARTNER**

Not only do SITA employees have the option to participate in the Personify Health program, but SITA spouses/domestic partners can as well!

**Total Per  
Year:**  
  
**\$1,075**

## CIGNA “KNOW YOUR NUMBERS” INCENTIVES

The “Know Your Numbers” incentive is a 3-part initiative. Each component you complete (Biometrics, Health Assessment, and Preventive Care) earns an incentive annually. The incentive is available to be earned once per calendar year per covered adult (i.e. spouse or domestic partner). Unfortunately, dependent children are not eligible to earn incentive rewards, but their medical expenses can be paid using funds in your HSA.

- **Biometrics (\$75)** - You can use the CIGNA Wellness Screening Form to get your Biometric Screening Credit. The form is available on the McGriff Journey website or app and is also available for download at MyCigna.com. Navigate to MyCigna.com > Claims Tab > Forms Center > Wellness Screening & Waivers Page to download the form and take to a lab facility or to your doctor. Then, the form may be sent by Mail, Fax, or Online as directed on the top right of the form itself.
- **Health Assessment (\$75)** - Log in to the secure CIGNA website ([www.mycigna.com](http://www.mycigna.com)), click on “Manage My Health” tab, then select “Take My Health Assessment” link and complete or update your health assessment to earn part two of this incentive. You'll need the information from your Biometrics to complete the Health Assessment. NOTE: Health Assessments are available 01/01/2025 - 12/31/2025.
- **Preventive Care (\$100)** - Not only is preventive care covered under the CIGNA Choice Fund with HSA Medical Plan at 100% (In-network), using preventive services each plan year helps you complete your incentive. Preventive services include: annual physicals, well woman visits, etc. For a complete list of preventive services, visit the **Wellness Tools** tab on [www.mycigna.com](http://www.mycigna.com). By receiving Preventive Care you complete the third component to earn this incentive. NOTE: the incentive is earned when your physician submits the claim as “preventive”. If the claim for your visit is submitted as “diagnostic”, the incentive will not be earned for that visit.

**TRACKING YOUR  
INCENTIVES**

All Know Your Numbers incentives can be tracked through “Incentive Rewards” on [mycigna.com](http://mycigna.com) under the **Wellness Tools** tab.

**NOT IN THE  
CHOICE FUND  
PLAN?**

Cigna Select and Basic plan members can earn a \$50 taxable gift card for preventive care received for each covered adult.

# YOUR PRESCRIPTION DRUG COVERAGE

## MEDICATIONS AVAILABLE AT \$0 COPAY

Certain generic medications used to treat the following chronic conditions will be covered by the CIGNA medical plans at 100%: cardiovascular, asthma, anti-diabetics, blood thinners, bone loss, and cholesterol lowering. To verify if a medication is eligible for the \$0 copay program, please visit CIGNA's website at [www.myCIGNA.com](http://www.myCIGNA.com) or call CIGNA toll-free at (800) 835-3784.

In addition, prescription medication for prenatal vitamins and smoking cessation will be covered by the CIGNA medical plans at 100%.



Your prescription drug coverage depends on the Medical Plan coverage you select. See the Medical Plan comparison chart beginning on page nine for more details.

## HOW THEY WORK

### Basic Plan/Kaiser Plan

When you need to get a prescription filled, present your ID card to a participating network pharmacy. You then pay the appropriate copay amount, depending on whether your prescription is a generic, brand name (preferred) or brand name (non-preferred) medication at the retail (30 day supply) or mail order (90 day supply) pharmacy.

### Choice Fund with Health Savings Account (HSA)/Select Plan

With these plans, you will pay 100% of the cost of your medication until you meet your annual deductible. Once your deductible is met, the plan will pay a portion, or a coinsurance amount (80% generics, 70% brand (preferred) and 60% brand (non-preferred)) and you will be required to pay the remaining coinsurance amount (20% generics, 30% brand (preferred) and 40% brand (non-preferred)) -- up to a maximum dollar amount (Retail: \$15 generics, \$40 brand (preferred) or \$80 brand (non-preferred), or Mail Order: \$40 generics, \$100 brand (preferred) or \$200 brand (non-preferred)).

### Dispense As Written

If you are enrolled in a CIGNA medical plan and have a brand name prescription, that prescription will be automatically filled with a generic equivalent, if available.

Brand medications will still be available for a copay ONLY IF your physician indicates Dispense As Written (DAW). If your physician does not write DAW on the prescription and you still request the brand name medication, it will be available to you - BUT you will be responsible for the cost difference between the brand and the generic equivalent IN ADDITION to the copay.

For example, the cholesterol-lowering medication Lipitor is \$160 for a 30-day brand name supply, while it's generic equivalent, atorvastatin is \$30 for a 30-day generic supply. If the generic is chosen the \$15 copay will apply. If instead the brand name is chosen, the cost would be \$140 (the \$15 copay + \$125 (brand name cost of \$160 minus the \$30 cost for generic)).

Take the time to review the medications you are currently prescribed and discuss "Tier 0" with your physician. There may be a generic equivalent of the brand you are currently taking enabling you to reduce your copay to \$0. If you are required to take a brand name, speak with your physician to ensure that prescriptions submitted to your local pharmacy have DAW indicated. If DAW is not indicated you will pay more.

### Specialty Medications

If you take certain high-cost medications you will be required to obtain pre-authorization and fill through the CIGNA Specialty Pharmacy for home delivery of a 90 day supply. For a complete list of Specialty Medications, call CIGNA member services at 800-244-6224 to determine your prescription coverage tier for any given medication you need to take.



# YOUR DENTAL PLAN CHOICES

SITA offers Dental Plans designed to provide you with coverage for basic care as well as major services and Orthodontia. Under the Dental programs you have two plans to choose from, or you can waive coverage.

	Enhanced Dental PPO	Basic Dental PPO
<b>Annual Deductible</b>	\$50 per person; \$100 per family	\$50 per person; \$100 per family
<b>Preventive/Diagnostic</b> <ul style="list-style-type: none"> <li>• Oral exams</li> <li>• Cleanings</li> </ul> <b>Amounts payable do not apply to the Annual Maximum</b>	100% no deductible (3 per year) 3 per year (max 2 deep cleanings per year)	100% no deductible (2 per year) 2 per year (max 1 deep cleaning per year)
<b>Basic Services</b> <ul style="list-style-type: none"> <li>• Extractions</li> <li>• Root canal</li> <li>• Periodontics</li> </ul>	80% after deductible	75% after deductible
<b>Major Services</b> <ul style="list-style-type: none"> <li>• Bridges</li> <li>• Dentures</li> <li>• Crowns</li> <li>• Inlays</li> </ul> <b>Implants</b>	60% after deductible  Covered	50% after deductible  Not covered
<b>Orthodontia</b>	60% of all covered charges with \$1,500 lifetime maximum	No coverage
<b>Annual Maximum*</b>	\$2,000	\$1,500

All costs illustrated in this booklet are reflected in US dollars.

## DENTAL PPO

- One of the largest networks of providers in the U.S.
- Out-of-network coverage
- Free preventive care for you and your dependents every 6 months
- Low deductibles
- No claims to file if you use an in-network provider
- Deep cleanings are covered under both dental plans

## CHOOSING A DENTIST

With either Dental PPO option, you may use any dentist you wish. You receive discounted rates when you choose a member of CIGNA's Dental PPO network.

You can select a different dentist for yourself and for each covered dependent, if you like. Both Dental plans use the same network of dentists.

## FOR MORE INFORMATION

For more information about your Dental Plan benefits, call CIGNA toll-free at (800) CIGNA24 (800-244-6224) or log on to [www.cigna.com](http://www.cigna.com).



# YOUR VISION PLAN COVERAGE



## ORDERING CONTACTS ONLINE JUST GO EASIER!

Go to [contactsdirect.com](https://contactsdirect.com)

- Select choice of brand product
- Contact lens allowance instantly applies in the shopping cart
- Once purchase is made and prescription is verified, contact lenses are shipped (usually the same day)
- Shipping is free!

## YOUR VISION PLAN COVERAGE

The Vision Plan works like a PPO plan. Each time you need vision care, you decide whether to use an in-network or out-of-network provider. When you use EyeMed's in-network providers, you pay as little as a \$0 copay for eye exams and a \$15 copay for eyeglass lenses. When you use out-of-network providers, the Plan pays a benefit toward the cost of your exam, lenses, and frames.

Covered Services	In-network	Out-of-network
<b>Eye Exams</b> - Once each calendar year for each covered individual	<b>Plan pays 100%</b>	Plan pays \$45 maximum benefit
<b>Lenses</b> - (other than progressive) - One pair once each calendar year for each covered individual	Plan pays 100% after \$15 copay	<u>Plan pays maximum of:</u> \$32 for single vision lenses \$50 for bifocal lenses \$65 for trifocal lenses \$100 for lenticular lenses
<b>Lens Options</b> <ul style="list-style-type: none"><li>• Auto-reflective coating</li><li>• Scratch coating (plastic)</li></ul>	\$0 copay \$0 copay	<u>Plan pays maximum of:</u> \$32 \$11
<b>Frames</b> - One set every two calendar years for each covered individual	Up to \$130 allowance, plus 20% off any balance over \$130	Up to \$130 allowance, plus 20% off any balance over \$130
<b>Contact Lenses</b> - Once each calendar year per covered individual (in lieu of eyeglasses)	Up to a \$130 allowance plus 15% off any balance over \$130	Up to a \$70 allowance
<b>Contact Lens Exam/Fitting</b>	Up to a \$40 copay max	Not covered
<b>Lasik</b>	15% discount off regular price or 5% discount off discounted/sale price	Not covered

Medically necessary contact lenses must be prescribed by a doctor for certain conditions. Your doctor must get prior approval from EyeMed for medically necessary contacts.

## RETAIL CHAIN AFFILIATE PROVIDERS

EyeMed's retail network gives you added convenience and access on evenings and weekends.

EyeMed has the following retail chains in its' network of providers:

- Sears Optical
- LensCrafters
- Target Optical
- Macy's Optical
- Pearle Vision

When you need to see a vision care specialist, call EyeMed at (866) 9EYEMED for a list of participating providers in your area. Or, you can obtain a list at the EyeMed Web site, [www.eyemedvisioncare.com](https://www.eyemedvisioncare.com).

## YOUR COST

When you enroll in a SITA sponsored medical plan, your cost for Vision Plan coverage is paid in full by SITA and enrollment is automatic. If you waive participation in a SITA medical plan, the coverage for you or for your eligible dependents may be elected but at your cost. Rates for 2025 can be found on page 28 of this guide.

# YOUR FLEXIBLE SPENDING ACCOUNT CHOICES

Flexible Spending Accounts are an easy way to save money while paying for health care and/or dependent care expenses. You can set aside before-tax dollars to pay for eligible out-of-pocket expenses during the year in one or both of the SITA Flexible Spending Accounts. The accounts are:

- Healthcare Flexible Spending Account
- Limited Purpose Flexible Spending Account (LPFSA) (outlined on page 9 of this guide)
- Dependent Care Flexible Spending Account

## HOW FLEXIBLE SPENDING ACCOUNTS WORK

- Estimate your eligible health care and/or dependent care expenses for the coming year.
- Enroll in the Health Care and/or Dependent Care Flexible Spending Accounts.
- Before-tax contributions will be deducted from your pay each pay period and credited to your Flexible Spending Account(s).
- During the year, you will be reimbursed from your account(s) for eligible out-of-pocket expenses.

Your contributions reduce your taxable income, lowering the amount of income taxes you pay — and the money you get back in reimbursements is tax-free.

## HOW MUCH YOU CAN CONTRIBUTE

### Healthcare Flexible Spending Account

- Minimum Contribution: \$120 per year
- Maximum Contribution: \$3,200 per year

### Dependent Care Flexible Spending Account

- Minimum Contribution: \$120 per year
- Maximum Contribution: \$5,000 per year
- (\$2,500 if you are married and you and your spouse file separate income tax returns.)

## NOTE: IF YOU TERMINATE YOUR EMPLOYMENT WITH SITA DURING THE YEAR:

- You may submit claims for reimbursement from your Healthcare Flexible Spending Account for eligible expenses **incurred up to your termination date**.
- You may submit claims for reimbursement from your Dependent Care Flexible Spending Account for eligible expenses **incurred during the calendar year**.

## TWO SEPARATE ACCOUNTS

You can contribute to either a Healthcare Flexible Spending Account or a Dependent Care Flexible Spending Account, or to both.

If you contribute to both, they are considered separate accounts. Contributions cannot be transferred between the Healthcare Flexible Spending Account and the Dependent Care Flexible Spending Account.

## HSA ACCOUNT

If you elect to participate in the Choice Fund with HSA medical plan you **cannot** also elect to participate in a Healthcare Flexible Spending Account. However, you may still participate in a Limited Purpose FSA and/or Dependent Care FSA.

# YOUR FLEXIBLE SPENDING ACCOUNT CHOICES, CONTD.

## REMEMBER

To continue participating in the Flexible Spending Accounts, you will need to re-enroll during Open Enrollment each year.

## QUALIFIED DEPENDENTS

Dependents are defined differently under the Flexible Spending Accounts.

- **Under the Healthcare Flexible Spending Account:** Any dependent you claim on your federal income tax return — your legal spouse, your unmarried children, and even a dependent parent.
- **Under the Dependent Care Flexible Spending Account:** Children under age 13, or other individuals whom you claim as a dependent on your federal income tax return — your legal spouse, parent, or child — regardless of age, who live with you and are incapable of caring for themselves. Refer to IRS Publications 502 & 503 for more information regarding qualified dependents.

## ELIGIBLE EXPENSES

Here are some examples of out-of-pocket expenses eligible for reimbursement from a Flexible Spending Account. For a complete list of eligible expenses visit the IRS Web site [www.irs.gov](http://www.irs.gov) and refer to IRS Publication 502 (for health care expenses) or 503 (for dependent care expenses) or call them at (800) TAX-FORM (800 829-3676).

## GRACE PERIOD

Each plan year, you will have an extra 2 1/2 months to spend the balance in your Healthcare Flexible Spending Account. For example, 2025 Healthcare Flexible Spending Account funds can be used on eligible expenses you incur through March 15<sup>th</sup>, 2026.

You will also be able to submit claims until May 15<sup>th</sup> on any eligible expenses incurred through March 15<sup>th</sup> each plan year.

Grace period **does not** apply to Dependent Care FSA.

### HEALTHCARE FLEXIBLE SPENDING ACCOUNT

Eligible expenses not covered under your Medical, Dental, or Vision Plans, including:

- Deductibles, copays, and coinsurance under the Medical, Dental, and Vision Plans
- Expenses that are covered but that exceed Plan limits
- Vision care exams, eyeglasses, contact lenses, and contact lens cleaning supplies
- Eye surgery (including LASIK and PRK)
- Hearing exams, hearing aids, and equipment for the hearing impaired
- Purchase or rental of wheelchairs and other medical supplies
- Orthopedic devices prescribed by a doctor for personal use
- Accupuncture treatments for pain control

### DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

Eligible expenses for dependent care services during the hours you (and your spouse, if you are married) work, including:

- Expenses for a day care center or preschool for your child
- Summer day camp
- Before-school and after-school day care programs
- Babysitting services (during your working hours)
- Household services for the care of an elderly or disabled dependent who lives with you
- Expenses at an adult day care facility for an elderly or disabled dependent who lives with you (but not expenses for overnight or nursing home facilities)

If you are a new employee, the amount you elect to set aside will be prorated over your remaining paychecks from now until the end of the calendar year. To continue participating in the Flexible Spending Accounts each year, you will need to re-enroll annually during Open Enrollment.

## FOR MORE INFORMATION

Contact Chard-Snyder at (866) 353-9725 or visit their website at [www.chard-snyder.com](http://www.chard-snyder.com).



# YOUR LIFE INSURANCE CHOICES

As a SITA employee, you will receive three times your annual base salary (to a maximum of \$1,000,000) in Basic Life Insurance paid in full by SITA. You may not waive/decline this coverage. Your coverage will be based on your annual base salary as of January 1st each year. For new hires, it will be based on your annual base salary at your date of hire.

SITA also offers you the opportunity to purchase Voluntary Employee Life Insurance for you, your spouse and/or your dependent children. Here are some details to consider:

Voluntary Life Insurance Plan			
	Yourself	Your Spouse*	Your Dependent Child or Children**
Maximum Coverage Amount	1, 2, 3, or 4 times annual base salary (\$1,000,000 maximum)	\$10,000 - \$100,000 elected in \$10,000 increments	\$5,000 - \$25,000 elected in \$5,000 increments

\*The amount of spouse life must be less than or equal to the Employee Life Insurance elected.

\*\*Children are insured from live birth to age 25.

**BENEFIT  
REDUCTION  
SCHEDULE**  
  
At 70 years of age - 65%  
of life benefit  
  
At 75 years of age - 50%  
of life benefit  
  
At 80 years of age -  
coverage terminates

## YOURSELF

If you enroll in Voluntary Employee Life Insurance when you are first hired, evidence of insurability will not be required for amounts up to 2 times your annual base salary or \$500,000, whichever is less (guarantee issue). For coverage in excess of the guarantee issue amount you must provide evidence of insurability. If evidence of insurability is required, any coverage above the guarantee issue amount is effective only after you receive approval from the insurance company. NOTE: Any increase in coverage over the guaranteed issue during Open Enrollment is subject to evidence of insurability. If you initially waive coverage in Voluntary Employee Life, any amount you elect in the future during the Open Enrollment period is subject to evidence of insurability.

## YOUR SPOUSE

If you enroll for spouse coverage when you are first hired, evidence of insurability will not be required for amounts up to \$50,000. NOTE: If you initially waive enrollment in Spouse Life any amount you elect in the future during the Open Enrollment period is subject to evidence of insurability.

## YOUR CHILDREN

Coverage for dependent children will not require Evidence of Insurability.

## YOUR COST

If you wish to purchase Voluntary Life and/or dependent coverage, your cost is determined by the amount of coverage elected. Premiums for coverage will be deducted from your pay through regular after-tax payroll deductions.



**BENEFICIARY  
DESIGNATION**  
  
Once a year it's a good  
idea to review the primary  
& contingent beneficiary  
you have on record. To  
update your beneficiary  
designation go to [www.  
workforcenow.adp.com](http://www.workforcenow.adp.com)

# ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) AND DISABILITY PROGRAMS

## ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

Accidental Death and Dismemberment (AD&D) Insurance provides coverage for your death or dismemberment as a result of an accident. Benefits are paid for accidental loss of life, limbs, speech, hearing or eyesight.

As a SITA employee, you will receive three times your annual base salary (to a maximum of \$1,000,000) in Basic AD&D, paid in full by SITA. You may not waive/decline this coverage.

SITA also offers you the opportunity to purchase Voluntary spouse and child AD&D insurance. The maximum amount of coverage for your spouse and/or children is based upon your annual base salary. Additional details are found in the chart below.

Yourself	Your Spouse and Children
Coverage	Coverage
Amount	Amount
3 X Annual Base Salary	3 X Annual Base Salary

Spouse and child AD&D coverage pays benefits according to the following chart.

Spouse	<ul style="list-style-type: none"><li>• 50% of employee coverage amount if no child enrolled</li><li>• 40% of employee coverage amount if child(ren) enrolled</li></ul>
Child	<ul style="list-style-type: none"><li>• 15% of employee coverage amount if no spouse enrolled</li><li>• 10% of employee coverage amount if spouse enrolled</li></ul>

## YOUR COST

If you wish to purchase Voluntary AD&D for your spouse and child, your cost is determined by the election of coverage. Premiums for coverage will be deducted from your pay through regular after-tax payroll deductions.

## SHORT-TERM DISABILITY

When you are unable to perform your job due to an accident or illness and if your absence is greater than 7 (seven) consecutive calendar days, you will need to apply for Short Term Disability and substantiate your absence with medical documentation from your treating physician. SITA provides income protection for up to 25 weeks after a seven consecutive day waiting period has been met. You can apply for Short Term Disability by calling our Managed Disability Administrator, The Standard, at 1-866-756-8116. You must also apply for FMLA leave at this time if you have not already done so.

The chart below depicts the duration and amount of income protection you may receive if you are approved for Short Term Disability.

Year in which you will complete	Maximum period during which you will receive full pay	Maximum period during which you will receive 70% of pay
Less than 2 years of service	8 weeks	17 weeks
2 but less than 5 years of service	12 weeks	13 weeks
5 or more years of service	25 weeks	0 weeks

## YOUR COST

Short-Term Disability coverage is provided for you automatically and is paid in full by SITA. You may not waive/decline this coverage.

**STD BENEFITS**

SITA provides STD benefits for up to 25 weeks (after a seven consecutive calendar day waiting period) if you are unable to perform your job due to an accident or sickness non-work related.

# DISABILITY PROGRAMS, CONTD.

## LONG-TERM DISABILITY

Long-Term Disability (LTD) coverage provides you valuable income protection — if an illness or injury keeps you out of work for an extended period of time, the LTD Plan may take over after your Short-Term Disability coverage ends. LTD coverage can provide you with a portion of your pre-disability income until age 65 if needed, and in some cases, past age 65.

Two LTD options are available:

- **Basic LTD** coverage provides you income protection and benefit payments equal to 60% of your monthly base salary.
- **Optional LTD Buy Up** offers additional income protection equal to 6 2/3% of your monthly base salary. Evidence of Insurability will be required if you elect this benefit after you have previously waived it.

The combined maximum LTD monthly benefit payable is \$20,000. Basic LTD coverage is provided automatically and is paid in full by SITA. You may not waive/decline this coverage. Employees with an annual base salary of less than \$360,000 have the option of selecting Optional LTD Buy Up to increase their total LTD income protection to 66 2/3%.

## BEFORE-TAX OPTION

Under applicable tax laws, any LTD benefits you receive are considered taxable income if SITA pays the premiums for the coverage, or if you pay the premium on a before-tax basis. Because SITA pays the premium for Basic LTD coverage under the Plan, any benefits received will be included in your gross income for federal income tax purposes in the taxable year in which they are received. When you choose Optional LTD Buy Up and pay for the premiums on a before-tax basis through the SITA Benefits Plan, the result is the same — benefits under the Plan are subject to federal income tax when received.

## AFTER-TAX OPTION

SITA also gives you the option to pay premiums for both Basic and Optional LTD Buy Up on an after-tax basis and avoid income taxes on benefits paid under the Plan. If you choose the after-tax option:

- SITA will continue to pay for your Basic LTD coverage, but your allocable premiums will be included in your federal taxable income for the year and reported as gross income on your form W-2 at the end of the year. In addition, SITA will withhold a nominal amount of tax to cover the tax on the premiums.
- Both your Basic and Optional LTD Buy Up must be paid on an after-tax basis through regular payroll deductions (you cannot pay one before-tax and one after-tax).
- If you become disabled during the Plan year, any disability benefits you receive under the Plan will not be included in your gross income for federal income tax purposes.

Please note that the information concerning the taxability of your disability payments is intended as a general guide only, and should not be relied on as tax advice. You should consult your own tax advisor on the advisability of paying for Long-Term Disability coverage on an after-tax basis and the federal, state, and local tax consequences to you of doing so.

## YOUR COST

If you elect Optional LTD Buy Up, premiums will be deducted from your pay through regular payroll deductions.

### LTD BENEFITS

Certain pre-existing conditions may apply. Please refer to the Summary Plan Description posted on The HUB for details.

### PLEASE NOTE:

Whichever option you choose for a Plan year, your choice will be irrevocable following the enrollment period. Also, if you become disabled, any disability benefits will be based on the option in effect (before-tax, after-tax), Basic, and/or Optional LTD Buy Up at the time of disability.

# VOLUNTARY CRITICAL ILLNESS AND EMPLOYEE ASSISTANCE PROGRAM

## VOLUNTARY CRITICAL ILLNESS

The voluntary Critical Illness plan is not medical or life insurance, but a policy intended to protect you from out-of-pocket costs associated with deductibles, co-insurance, or other costs. Benefits are paid directly to you, unless you choose otherwise. The plan includes specific critical illnesses, such as:

- Cancer
- Carcinoma in situ
- End-stage renal failure
- Major organ failure
- Heart attack
- Stroke
- Coma

## ENROLLING IN COVERAGE

You may also choose to enroll your spouse if you enroll yourself in the plan. Children are automatically covered under your enrollment at no cost. In addition, if you decline this benefit when initially eligible and choose to enroll at a later date, your coverage is subject to Evidence of Insurability. See the summary posted on The HUB for full plan details.

## EMPLOYEE ASSISTANCE PROGRAM (EAP)

SITA knows that sometimes life can be stressful. That's why SITA provides the Employee Assistance Program (EAP) through Optum to all employees and their families free of charge. The EAP is a confidential service designed to help you and your family address problems in everyday living that may affect your health, family life, or job performance.

Trained professionals are available to provide short-term counseling and can help you find appropriate outside resources, if necessary. EAP can help you:

- Strengthen relationships
- Improve communication
- Deal with stress, anxiety and depression
- Resolve personal and emotional difficulties
- Address marital and relationship difficulties
- Understand grief and bereavement
- Find solutions for work-related issues
- Work towards life goals
- Cope with isolation and loneliness
- Adapt across cultures
- Identify and cope with culture shock
- Address alcohol and drug misuse
- Access crisis and trauma support

### EAP

- SITA's EAP is available 24 hours a day, 365 days a year.
- In addition to telephonic support, you may also receive referrals to an initial consultation with mediators, financial and/or legal experts.
- All services and counseling sessions are completely confidential.

If you need more specialised or long-term support, your EAP will help you select an appropriate specialist or service. While fees for these additional services are your responsibility, a qualified counselor or consultant will review with you your possible support options and any related costs.

To contact the EAP, call (866) 248-4096 toll-free or log onto [liveandworkwell.com](https://liveandworkwell.com) using access code: SITA.



# PRE-PAID LEGAL INSURANCE

## PRE-PAID LEGAL INSURANCE

Do you know what to do if you get in a car accident and no one claims liability? What about if you have a charge on your credit card that's not yours? With so many financial and legal issues to tend to, things can get confusing. That's why SITA offers Legal Insurance through the MetLife Legal Plans. By paying a small monthly premium, MetLife's services can be yours.

- Simple and complex will preparation,
- Identity theft defense,
- Real estate transfers,
- Driving privilege protection, excluding DWI,
- Consumer disputes,
- Adoption,
- Guardianship,
- Divorce,
- Juvenile court defense,
- IRS audit and/or collection defense,
- Elder care law
- Powers of attorney,
- Tenant rental issues,
- Civil litigation defense,
- Criminal misdemeanor,
- Prenuptial agreement,
- Small claims assistance, and
- Much more

## FOR MORE INFORMATION

To learn more about the pre-paid legal insurance plan, visit MetLife's web site at [www.info.legalplans.com](http://www.info.legalplans.com) or call (800) 821-6400 between 8:00 a.m. and 7:00 p.m. EST time, Monday through Friday, to speak with a customer service representative.

## MCGRIFF JOURNEY APP

SITA is excited to offer the McGriff Journey app for you and your dependents! Easily access your resources where and when you need them. You will have the same experience on mobile or web. You can download McGriff Journey from the App Store or Google Play or access on the web at [mcgriffjourney.strivebenefits.com](http://mcgriffjourney.strivebenefits.com) and will receive an activation email to your SITA email address.

- **All Things Benefits** — Quickly connect to benefits resources, including member-specific plan info, ID cards, benefits guide, SBCs and plan summaries, provider directories, and much more.
- **Financial Management** — Centralized access to ADP, 401(k), HSA/FSA and other financial well-being resources
- **Make Smart Decisions** — Access all the tools you need to fully understand your benefits and make educated decisions.
- **Connect Family** — Invite family members to directly join the app so they can access benefit resources.
- **Wellbeing** — Prioritize your wellbeing through easy to access information, resources and tools to make healthy decisions.



# SICK PAY AND TIME OFF

## VACATION POLICY

At SITA vacation benefits are based on a combination of your length of service and your salary grade. The annual chart provides you with your yearly allotment and corresponding monthly accrual rate. Vacation is accrued monthly. The “days” in this chart refer to 8-hour workdays even if you are normally scheduled on a workday greater than 8 hours.

GRADES	Years of Service											
	1 <sup>st</sup> & 2 <sup>nd</sup>			3 <sup>rd</sup> & 4 <sup>th</sup>			5 <sup>th</sup> - 9 <sup>th</sup>			10 <sup>th</sup> & Up		
	Annual (in days)	Annual (in hours)	Monthly (in days)	Annual (in days)	Annual (in hours)	Monthly (in days)	Annual (in days)	Annual (in hours)	Monthly (in days)	Annual (in days)	Annual (in hours)	Monthly (in days)
1 - 4	10	80	.83	12	96	1.00	15	120	1.25	20	160	1.66
5 - 6	15	120	1.25	17	136	1.42	20	160	1.66	20	160	1.66
7 - 8	20	160	1.66	22	176	1.83	25	200	2.08	25	200	2.08
9 & above	25	200	2.08	27	216	2.25	30	240	2.50	30	240	2.50

In exceptional cases and with the approval of the manager, up to 5 vacation days may be carried into the next calendar year. Carry-over vacation must be used by April 30, or it will be forfeited (please see California and Colorado Vacation policy in the Hub for vacation rules for employees living in these states).

Pay instead of vacation is not permitted. When you leave SITA, you will be paid for any accrued/unused vacation as of your last day worked.

If you have a change in salary grade or tenure crossing the years of service threshold listed above, you will start accruing vacation at the new accrual rate on the first of January of the following year. The new accrual rate will be reflected in People Central on January 1st of the following year.

## SICK PAY POLICY

Sick pay is provided to all employees. There is no sick pay balance or accrual – if you cannot work because of illness, injury, or doctor’s appointment, you must report your absence to your manager and enter it in People Central. If your absence exceeds three (3) consecutive calendar days, you may be required to produce a doctor’s note to your manager.

If your illness meets the definition of a “serious health condition” as defined by the Family and Medical Leave Act (“FMLA”) (see SITA’s Family and Medical Leave policy located on the HUB), you will need to apply for FMLA leave to ensure your job is protected. Please contact HR for specific instructions.

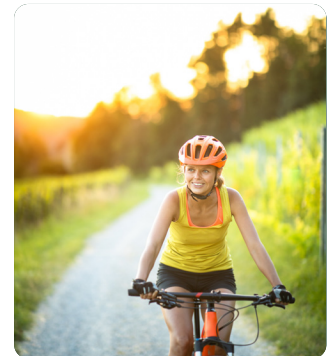
## PERSONAL DAYS POLICY

You must request personal days from your manager via People Central. Personal days will be granted subject to the business’s operating requirements. They may be taken in half-day (½) increments.

You will receive personal days during your first year of service based on the following chart. The “days” in this chart refer to 8-hour workdays.

Hire Date	1/1 - 3/15	3/16 - 5/31	6/1 - 8/15	8/15 - 10/31	11/1 - 12/15
Personal days	5	4	3	2	1

When you reach the first January after your hire date, you will be provided five personal days (40 hours) for use during that calendar year. For example, if you work a 10-hour workday four days a week, you will receive four 10-hour personal days each calendar year.



## VACATION

We all know that time away from work is important. That’s why SITA provides vacation days, five personal days, and company-recognized paid holidays.

# SITA EMPLOYEE 401(K) SAVINGS PLAN

We all set financial goals — like saving for retirement, a new home, or a child’s tuition. But the reality is that many of us do not quite know how we will achieve these objectives. That is where the SITA Employee 401(k) Savings Plan (the Plan) fits in. It offers a way to help you save today so that you have the financial security you need tomorrow.

You’re eligible to join the Plan upon hire. Be on the lookout for an enrollment kit in the mail from T. Rowe Price that can answer your questions and guide you through enrollment.

## HOW MUCH YOU CAN CONTRIBUTE

You choose how much you want to contribute to the Plan. Each pay period, you may contribute up to 100% (Highly Compensated Employees (HCEs) may be limited) of your eligible compensation on a before-tax and/or Roth after-tax basis through automatic payroll deductions, to a total of \$24,000 in 2025. This dollar limit is subject to change each year, according to federal law. Note: If you are subject to the HCE Contribution limit you will be notified.

If you are (or will be) age 50 or older you may be able to contribute an extra \$10,000 in catch-up contributions on a before-tax or Roth after-tax basis annually. These “catch-up” contributions are intended to help participants make up for lost time while preparing for retirement. To be eligible to make catch-up contributions, you will need to contribute the maximum amount allowed by your plan on a before-tax or Roth after-tax basis. (100%\* of your eligible pay or up to the IRS limit - \$24,000 for 2025).

For purposes of calculating your contribution, catch-up contributions and the Company matching contribution, eligible compensation generally includes your wages, overtime, commissions, bonuses, and other compensation for services.

**Auto Enrollment – The Plan has an automatic enrollment feature that will enroll you at 6% before-tax within 30 days\* if you do not make an active election or opt out.**

*\*30-day window starts on date recordkeeper receives your eligibility in their system.*

## SITA PAYS YOU TO SAVE — COMPANY MATCHING CONTRIBUTIONS

SITA even helps you save by making a Company Matching Contribution to your account. The Company contribution “matches” 100% of the first 6% of pay you contribute. You’re eligible to begin receiving the Company match immediately. You become vested in Company matching contributions gradually, with full vesting achieved after three years of service. Note: Catch-up contributions do not qualify for the company match.

\* The contribution limit for highly compensated employees (HCEs) may be limited on eligible pay, subject to annual contribution limits set by the IRS.

## EARNING A RIGHT TO COMPANY MATCHING CONTRIBUTIONS

Being vested means you own, or have a non-forfeitable right to, the value of your account. You are always 100% vested in your own before-tax, Roth after-tax, and rollover contributions, and any related investment earnings. You are vested in the Company matching contributions based on your years of service with SITA as follows:

Years of Credited Service	Vested Percentage
Less than 1	0%
1	25%
2	50%
3	100%

## WHEN YOU CAN MAKE CHANGES

You can make changes to your 401(k) Savings Plan contributions at any time by calling the Plan Account Line at (800) 922-9945 or by logging onto [www.rps.troweprice.com](http://www.rps.troweprice.com). Changes will take effect the next payroll period following receipt of change, or as soon as administratively feasible.

401(K)

- Immediate Company match of 100% on your first 6% of the dollars you save
- Three-year vesting schedule

# 2025 EMPLOYEE CONTRIBUTIONS

Per-Paycheck Contributions	
<b>MEDICAL PLANS</b>	
<b>Choice Fund with HSA Medical Plan</b>	
Employee Only	\$62.55
Employee + One Dependent	\$207.71
Employee + Family	\$281.09
<b>CIGNA Select Plan</b>	
Employee Only	\$56.65
Employee + One Dependent	\$190.01
Employee + Family	\$256.34
<b>CIGNA Basic Plan</b>	
Employee Only	\$53.75
Employee + One Dependent	\$179.13
Employee + Family	\$241.97
<b>Kaiser HMO - GA Only</b>	
Employee Only	\$77.76
Employee + One Dependent	\$283.22
Employee + Family	\$399.45
<b>DENTAL PLANS</b>	
<b>Enhanced Dental PPO</b>	
Employee Only	\$9.18
Employee + One Dependent	\$19.03
Employee + Family	\$24.77
<b>Basic Dental PPO</b>	
Employee Only	\$7.13
Employee + One Dependent	\$14.53
Employee + Family	\$18.83
<b>VISION PLAN</b>	
<b>EyeMed Vision Care (if enrolled in a SITA medical plan)</b>	
Employee Only	SITA pays in full
Employee + One Dependent	SITA pays in full
Employee + Family	SITA pays in full
<b>EyeMed Vision Care (if you waive medical coverage)</b>	
Employee Only	\$3.82
Employee + One Dependent	\$5.56
Employee + Family	\$9.97



# CONTACT INFORMATION

SITA Plan	Contact	Phone number	Web site
General Information or Questions	Benefits Help Desk	(888) 353-5135	<a href="https://sita365.sharepoint.com/sites/thehub/hr/policies">https://sita365.sharepoint.com/sites/thehub/hr/policies</a>
Claims Assistance Program	McGriff Benefits Help Desk	(888) 353-5135	email address: GABenefitsHelp@mcgriff.com
Medical Plan	CIGNA	(800) 244-6224	<a href="http://www.cigna.com">www.cigna.com</a> or <a href="http://www.myCIGNA.com">www.myCIGNA.com</a>
	Kaiser Permanente (GA only)	(800) 611-1811	<a href="http://www.kp.org">www.kp.org</a>
Cigna TeleHealth Connection	MDLIVE	(888) 726-3171	<a href="http://MDLIVEforCigna.com">MDLIVEforCigna.com</a>
Mail Order Prescription Drug Program	CIGNA Tel-Drug	(800) 835-3784	<a href="http://www.teldrug.com">www.teldrug.com</a>
	Kaiser Permanente	(770) 434-2008	<a href="http://www.kp.org">www.kp.org</a>
Health Savings Account	CIGNA/HSA Bank	(800) 244-6224	<a href="http://www.myCIGNA.com">www.myCIGNA.com</a>
Dental Plan	CIGNA	(800) 244-6224	<a href="http://www.cigna.com">www.cigna.com</a> or <a href="http://www.myCIGNA.com">www.myCIGNA.com</a>
Vision Plan	EyeMed	(866) 723-0514	<a href="http://www.eyemedvisioncare.com">www.eyemedvisioncare.com</a>
Wellness	Personify Health	(866) 852-6898	<a href="http://www.personifyhealth.com">www.personifyhealth.com</a>
Flexible Spending Accounts	Chard-Snyder	(800) 982-7715	<a href="http://www.chard-snyder.com">www.chard-snyder.com</a>
Life Insurance Plan Group Coverage & Portability Coverage	The Standard	(800) 378-4668 ext. 6785	<a href="http://www.thestandard.com">www.thestandard.com</a> Beneficiary Designation: <a href="http://www.workforcenow.adp.com">www.workforcenow.adp.com</a>
Employee 401(k) Savings Plan	T. Rowe Price	(800) 922-9945	<a href="http://www.troweprice.com/rps">www.troweprice.com/rps</a>
Critical Illness Plan	The Standard	(800) 634-1743	<a href="http://www.thestandard.com">www.thestandard.com</a>
Employee Assistance Program (EAP)	Optum	(866) 248-4096	<a href="http://www.liveandworkwell.com">www.liveandworkwell.com</a> Log in using access code: SITA
MetLife Legal Plan	MetLife Legal Plans	(800) 821-6400	<a href="https://info.legalplans.com">https://info.legalplans.com</a> Access code: GetLaw
Short Term Disability and Family Medical Leave Act (FMLA)	The Standard	(866) 756-8116	<a href="http://www.thestandard.com">www.thestandard.com</a>
Benefits Enrollment and Life Events Portal	ADP	(855) 547-8508	<a href="https://workforcenow.adp.com">https://workforcenow.adp.com</a>

# ANNUAL NOTICES

## HEALTH PLAN NOTICES\*

The following are legally-required annual notices that SITA must provide to you. Our benefits comply with all of the applicable requirements for the healthcare plans we sponsor. If for any reason you are unable to access these notices, contact Human Resources at (678) 808-1117.

## WOMEN'S HEALTH AND CANCER RIGHTS PROTECTION ACT

The women's health and cancer rights protection act includes protections for individuals who elect breast reconstruction in connection with a mastectomy. The plans meet or exceed these protections, covering all stages of reconstruction of the breast on which the mastectomy was performed, surgery and reconstruction of the breast to produce a symmetrical appearance, prostheses and treatment of physical complications of the mastectomy, including lymphedema.

## NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

The newborns' and mothers' health protection act also includes protections that our plans meet or exceed. Health plans generally, under federal law, may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or the newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or newborn earlier than 48 or 96 hours, as applicable. In any case, plans may not require plan authorization for providers to prescribe a length of stay up to 48 or 96 hours, as applicable.

## MEDICARE PART D

Medicare prescription drug coverage became available in 2006 to everyone with medicare through medicare prescription drug plans and medicare advantage plans that offer prescription drug coverage. All medicare prescription drug plans provide at least a standard level of coverage set by medicare. Some plans may also offer more coverage for a higher monthly premium.

The company has determined that the prescription drug coverage offered by its medical plans for active employees, is, on average for all plan participants, expected to pay out at least as much as the standard medicare prescription drug coverage will pay. This means that the prescription drug coverage offered by the plan is creditable coverage.

## PROTECTING YOUR PRIVACY

We recognize the importance of your privacy. Your health information is kept private and confidential in accordance with the health insurance portability and accountability act (HIPAA). In general, your information is provided only for treatment, payment, administrative purposes, and as required by law. Contact the company's privacy contact or the U.S. Department of health and human services if you believe your Rights to privacy have been violated.

# ANNUAL NOTICES, CONTD.

## MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) OFFER FREE OR LOW-COST HEALTH COVERAGE TO CHILDREN AND FAMILIES

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some states have premium assistance programs that can help pay for coverage. If you or your dependents are already enrolled in medicaid or CHIP, check The HUB to see if your state provides premium assistance.

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, you can contact your state medicaid or CHIP office or dial CHIP 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, you can ask the state if it has a program that might help you pay the premiums for an employer-sponsored plan. Once it is determined that you or your dependents are eligible for premium assistance under medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan-as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity and you must request coverage within 60 days of being determined eligible for premium assistance.

## SUMMARY PLAN DESCRIPTIONS AND SUMMARY ANNUAL REPORTS

You can access summary plan descriptions (SPDs) and summary annual reports (SARs) for the plans you enroll in at any time through The HUB. If you would like a hard copy mailed to you, or if you would like to view the SPD for a plan that you do not participate in, please call Human Resources at (678) 808-1117.

## HEALTHCARE REFORM

Healthcare Reform requires employers to provide all employees eligible for health coverage a notice of New Health Insurance Marketplace Coverage Options.

The company has determined that all medical plans SITA offers are considered "qualified", so your coverage and participation in the SITA medical plans will help you meet the federal requirement for health insurance coverage. Individuals who do not participate in the SITA medical plans need to obtain "qualified" health coverage. One way to obtain private health care coverage is through the Health Insurance Marketplace. . Should you need additional information on the Health Insurance Marketplace after reviewing the Notice and the FAQ's, please visit the [HealthCare.gov](http://HealthCare.gov) website for more information.

## NOTICE REGARDING WELLNESS PROGRAM

Personify Health and Know Your Numbers are voluntary wellness programs available to all employees. These programs are administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others.

If you are unable to participate for medical reasons, you may be entitled to a reasonable accommodations or an alternative standard.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

**\*These are summaries of required notices. Copies of these notices are available on The HUB or Journey app/website. Go to THE HUB/Working at SITA/My HR Policies & Benefits/United States.**



## SITA AT A GLANCE

The air transport industry is the most dynamic and exciting community on earth – and SITA is its heart.

- Our vision is to be the chosen technology partner of the industry, a position we will attain through flawless customer service and a unique portfolio of IT and communications solutions that covers the industry's every need 24/7.
- We are the innovators of the industry. Our experts and developers keep it fuelled with a constant stream of ground-breaking products and solutions. We are the ones who see the potential in the latest technology and put it to work.
- Our customers include airlines, airports, GDSs and governments. We work with around 400 air transport industry members and 2,500 customers in over 200 countries and territories.
- We are open, energetic and committed. We work in collaboration with our partners and customers to ensure we are always delivering the most effective, most efficient solutions.
- We own and operate the world's most extensive communications network. It's the vital asset that keeps the global air transport industry connected.
- We are 100% owned by the air transport industry – a unique status that enables us to understand and respond to its needs better than anyone.
- Our annual IT surveys for airlines, airports and passenger self-service are industry-renowned and the only ones of their kind.
- We sponsor .aero, the top-level internet domain reserved exclusively for aviation.

For further information, please visit [www.sita.aero](http://www.sita.aero)



Follow us on [www.sita.aero/socialhub](http://www.sita.aero/socialhub)



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