2021 MEDICAL PLANS AT A GLANCE

This table is an overview of your medical plan options and the coverage available under each plan. For details, see the applicable Summary Plan Description (SPD) or Summary of Benefits and Coverage (SBC) on **https://benefits.sonypictures.com/**.

PLAN FEATURE	SONY CONSUMER CHOICE	SONY PPO	SONY EPO	KAISER HMO (CA ONLY)
Type of plan	PPO	PPO	EPO	HMO
Payroll contribution	Lowest	Highest	Moderate	Moderate
	IN-NETWORK	IN-NETWORK	IN-NETWORK ONLY	IN-NETWORK ONLY
Annual deductible	$1,400 single[1] $2,800 family[1]	$600 individual $1,200 family	$150 individual $300 family	None
Annual out-of-pocket maximum (includes deductibles, copays & prescriptions)	$3,750 single $7,500 family[3]	$4,000 individual $8,000 family	$3,000 individual $6,000 family	$1,500 individual $3,000 family
YOU PAY				
Preventive care	0% (free)	0% (free)	0% (free)	0% (free)
Office Visits (primary care)	20% coinsurance[2]	$25 copay	$20 copay	$20 copay
Office Visits (specialists)	20% coinsurance[2]	$40 copay	$35 copay	$35 copay
Teladoc	$47 copay[4]	$0 (free)	$0 (free)	N/A
Coverage for most services	20% coinsurance[2]	20% coinsurance[2]	10% coinsurance[2]	$20 copay
Emergency room	20% coinsurance[2]	20% coinsurance[2]	10% coinsurance[2]	$150 copay
Inpatient hospital	20% coinsurance[2]	20% coinsurance[2]	10% coinsurance[2]	$250 per admission
Outpatient testing	20% coinsurance[2]	20% coinsurance[2]	10% coinsurance[2]	$50 per procedure
Diagnostic X-ray and laboratory	20% coinsurance[2]	20% coinsurance[2]	10% coinsurance[2]	No charge
Inpatient mental health & substance use	20% coinsurance[2]	20% coinsurance[2]	10% coinsurance[2]	$250 per admission
Outpatient services copay/coinsurance	20% coinsurance[2]	$25 office visit copay	$20 office visit copay	$20 copay
Physical, occupational and speech therapy[5]	20% coinsurance[2] up to 60 visits per year in- and out-of-network combined[5]	20% coinsurance[2] (other outpatient services); $40 copay for doctor visit; up to 60 visits per year in- and out-of-network combined[5]	10% coinsurance[2] (other outpatient services); $35 copay for doctor visit; up to 60 visits per year in- and out-ofnetwork combined[5]	$20 copay
Hearing aids	0% (free)[6]	0% (free)[6]	0% (free)[6]	0% (free)[7]
OUT-OF-NETWORK				
Annual deductible	$2,800 single[1] $5,600 family[1]	$1,200 individual $2,400 family	No Coverage	No Coverage
Your coinsurance after deductible	40%	40%	No Coverage	No Coverage
Annual out-of-pocket limit ***Note:*** *Any amount over maximum allowable charge is not included.*	$7,500 individual $15,000 family	$8,000 individual $16,000 family	No Coverage	No Coverage
Preventive care; you pay:	20% coinsurance	20% coinsurance	No Coverage	No Coverage

1 Consumer Choice Plan annual deductible includes all health care expenses and prescription drug costs, except for certain preventive medications the plan covers at 100%.

2 After deductible.

3 Family out-of-pocket maximum has an embedded per-member out-of-pocket maximum of $6,850 for in-network services.

4 Teladoc fees for 2021 will be waived in accordance with IRS guidance.

5 Limit and deductible do not apply to habilitative treatment for autism and developmental delays.

6 Coverage includes one hearing aid per ear per year; no cost limit.

7 Coverage includes one hearing aid per ear every three years, up to $5,000.

Note: *If you meet the in-network deductible in an Aetna plan, it counts toward the out-of-network deductible, and vice versa. Example: If you're in the PPO and meet the $600 in-network deductible, you've met half of the $1,200 out-of-network deductible.*