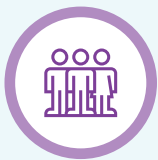




Transgender and gender diverse benefits and resources guide



Policies and plans are insured and/or administered by Aetna Life Insurance Company or its affiliates (Aetna).

This guide describes the benefits available to support transgender and gender diverse community members and their needs, such as gender dysphoria. It includes information on how to access doctors, hospitals and other services, and receive coverage for your health expenses.

Sony Pictures Entertainment (Sony Pictures) offers comprehensive medical plans and programs with inclusive health and well-being benefits. In addition to preventive and basic medical care, your plan covers behavioral health services, medication, hormone therapy and surgery.

Gender dysphoria is the feeling of distress and discomfort when your gender identity doesn't match the gender you were assigned at birth.¹

¹Collins S. **When you don't feel at home with your assigned gender.** WebMD. May 20, 2021. Accessed January 4, 2022.



Your Aetna Health Concierge team

When you seek care, your Aetna Health Concierge team is a great place to start. They're experts in Sony Pictures benefits and are your single point of contact to answer questions, guide you and your dependents to appropriate resources, and help coordinate your care at no cost to you.

Here's what they can do:

- Support the unique health care needs of the transgender and gender diverse communities with specially trained advocates and clinicians
- Help you find experienced providers
- Answer questions about treatment coverage, out-of-pocket costs, claims and more
- Explain what is or isn't covered under your health plan and how it aligns with the **World Professional Association for Transgender Health (WPATH)** guidelines
- Work with providers to get authorizations and coordinate care, from laser hair removal to outpatient or inpatient surgery
- Confirm dates and times for appointments and procedures
- Connect you with a registered nurse for personalized support on your health journey

To speak with an Aetna Health Concierge, call **1-888-385-1053 (TTY: 711)**. Or log in to your member website at **Aetna.com** and send a secure message.

You can also call one of our nurse care managers directly. Call **1-888-385-1053 (TTY: 711)**, select **option 3** and ask to speak with a case manager who specializes in gender reassignment.

Finding the provider who's right for you

It's important to choose a provider who's experienced in transgender and gender diverse health care and who understands your personal health needs. That way, you'll feel comfortable being open and honest with them.

Aetna has partnered with FOLX Health to assist members who seek gender diverse providers. Simply go to the Aetna® provider search tool for Sony Pictures Entertainment members and log in to your member website at Aetna.com. You can enter search terms, such as LGBTQ+, gender identity, transgender and gender confirmation surgery.

For help finding a provider, call your Aetna Health Concierge team at **1-888-385-1053 (TTY: 711)**.



Aetna HealthSM app: Search for providers on the go with the Aetna Health app. Scan the QR code to download.



You can find additional information on the **American Psychiatric Association** website.



What's covered

Sony Pictures plans provide comprehensive health coverage based on the **Standards of Care** published by the World Professional Association for Transgender Health (WPATH). Your plan covers behavioral health services, hormone therapies and more. Below is a quick reference of some covered services, plus links to full coverage details.

Behavioral health

Having coverage that supports your transition is exciting. But we understand how it can all be complicated and the emotional impact it can have on you, your family and friends. Rest assured, your benefits include personalized behavioral health services. Here are some of the programs available to you.

For short-term counseling

Sony Pictures Employee Assistance Program (EAP)

Your Sony Pictures EAP, administered by Spring Health, offers confidential support for you and your dependents with up to eight free therapy sessions with an EAP counselor. Spring Health providers integrate with your medical plan, and you may continue to see your Spring Health therapist after the eighth free session at the in-network therapist rate. Call **240-558-5796** or visit **SonyPictures.SpringHealth.com**.

Sony Pictures also has an on-the-lot counselor in Culver City. You can reach the counselor, Wendy Tally, at **TheLeseConsultingGroup@gmail.com**. Wendy provides counseling, referrals, resources, support, and information on many work-life issues.

Additionally, Sony Pictures has a virtual nurse advocate, Stephanie Vega, who can answer benefits questions, connect you with resources and help with your health care needs. Contact Stephanie at **VegaS@aetna.com**.

Teladoc®

Teladoc offers phone and video consults. Visit **Teladoc.com/Aetna**, call **1-855-TELADOC (1-855-835-2362)** or download the Teladoc app.

For long-term counseling

Behavioral health providers

Find in-network behavioral health providers with the **Aetna® provider search tool** for Sony Pictures members or by logging in to your member website at **Aetna.com**. You can enter search terms, such as LGBTQ+ and gender identity. Many network behavioral health providers offer telehealth options in addition to in-person visits.

If you need help finding the right resource for you, call your Aetna Health Concierge team at **1-888-385-1053 (TTY: 711)**.

What's covered *continued*

Physical health

Medication and hormone therapy

Medication and hormone therapy are covered under your Sony Pictures medical plan, including puberty suppression prescription medications for adolescents. Your doctor may order lab tests to monitor your hormone levels.

Testosterone or estrogen therapies require your doctor to submit a prior authorization and are usually covered under your pharmacy benefit. To learn how other medications used for transgender transition are covered, click the links below.

- **Progestins** include drugs covered under the pharmacy and medical plans. Those covered under the pharmacy plan that may be used for transgender services, such as Depo-Provera®, do not require precertification. Those covered under the medical plan are subject to **Aetna® clinical criteria**.
- **Gonadotropin-releasing hormone analogs and antagonists** include some non-self-injectable drugs, such as Lupron Depot® and Supprelin® LA, which are covered under the medical plan and subject to **Aetna clinical criteria**.

Pre-exposure prophylaxis (PrEP) is also covered under the Sony Pictures pharmacy benefit. PrEP is an HIV prevention method in which people who don't have HIV take HIV medicine to reduce their risk of getting HIV if they're exposed to the virus.

If surgical transition is right for you

Surgical transition is also referred to as gender reassignment surgery, gender affirmation surgery or gender confirmation surgery. Your medical plan includes coverage for transgender surgical procedures, such as:

- Abdominoplasty
- Blepharoplasty
- Bottom surgery, which includes removal of reproductive organs and creation of exterior sexual organs depending on transition from female to male or male to female
- Breast augmentation/lift (breast implants)
- Breast removal (transgender mastectomy)
- Calf implants
- Chemical peels
- Chest binders
- Creation of male chest
- Dermabrasion
- Electrolysis and laser hair removal
- Excision of excessive skin and subcutaneous tissue; infraumbilical panniculectomy for the abdomen
- Face lift
- Facial/body contouring to better match your gender identity
- Facial bone reduction/reconstruction



What's covered *continued*

- Genioplasty and chin augmentation
- Genital tuckers
- Gluteal augmentation (implants/lipofilling)
- Hair cranial prosthesis (wigs)
- Hair grafts and/or hair implants
- Laryngoplasty/vocal cord (voice surgery)
- Lipofilling (breast, body, face)
- Liposuction to reduce fat in waist, hips, thighs, buttocks
- Male chest reconstruction
- Other professionals (that is, voice coach, bodily movement coach)
- Permanent hair removal/electrolysis
- Subcutaneous injection of filling material
- Suction-assisted lipoplasty of the waist
- Pectoral implants
- Revision surgery to address complications, if needed
- Rhinoplasty
- Tracheal shave
- Travel and lodging when services are not available locally
- Treatment covered in case a member decides to reverse procedures
- Voice modification therapy/surgery

Not covered:

- Out-of-country procedures

Reproductive services

If you're starting or continuing on your journey to have a child, Progyny Patient Care Advocates provide emotional and clinical support to make the process easier. Your plan covers fertility preservation, including the in vitro fertilization (IVF) procedure needed to freeze eggs/embryos. It also covers cryopreservation and all related storage fees.

If you're thinking about fertility treatment or want to better understand your coverage options, please call a Progyny Patient Care Advocate at **1-833-404-2011**.





Eligibility

Surgical gender reassignment services are considered medically necessary and are covered for employees, spouses/domestic partners and dependents enrolled in an Aetna® medical plan, as long as you meet the following criteria.

For genital surgery

Benefits are available if you're at least 18 years old and diagnosed as having gender identity disorder (or gender dysphoria). You must also have:

- Signed letter from a qualified mental health professional assessing the transgender/gender diverse individual's readiness for physical treatments; and
- Documentation of marked and sustained gender dysphoria; and
- Other possible causes of apparent gender incongruence have been excluded; and
- Mental and physical health conditions that could negatively impact the outcome of gender-affirming medical treatments are assessed, with risks and benefits discussed; and
- Capacity to consent for the specific physical treatment; and
- Six months of continuous hormone therapy as appropriate to the member's gender goals (12 months for adolescents less than 18 years of age) unless hormone therapy is not desired or medically contraindicated.

For breast/chest surgery

Benefits are available if you're at least 18 years old and diagnosed as having gender identity disorder (or gender dysphoria). You must also have one letter of recommendation for surgery from a mental health professional.

For surgical procedures other than genital and breast/chest surgery

Benefits are available if you're at least 18 years old and diagnosed as having gender identity disorder (or gender dysphoria). **See page 7 for additional criteria.**

Note: For these purposes, a mental health professional is defined as any master's degree-level or above mental health practitioner.





Precertification

Get plan approval when required

Your medical plan will cover certain gender reassignment services, including surgery, only if it has approved the service up front. This approval is called “precertification.” Your plan documents list all the services that require this approval.

Here’s what Aetna® looks for when reviewing a request

First, Aetna checks to see that you’re still a member and makes sure the service is considered medically necessary. They also make sure the service and place requested to perform the service are a reasonable cost.

Coverage decisions are based entirely on appropriateness of care and service and the existence of coverage, using nationally recognized guidelines and resources. Aetna may suggest a different treatment or place of service that is just as effective but costs less.

They also look to see if you qualify for one of their care management programs. If so, an Aetna nurse may contact you.

What you need for your precertification request

For surgical procedures other than genital and breast/chest surgery:

- The surgical procedure(s) for which coverage is being requested
- The date the procedure will be performed
- Information that confirms the surgery is recognized as medically necessary in the most current Standards of Care published by WPATH
- Required letter(s) of recommendation from mental health professionals

How to request precertification

In network	Your network doctor or specialist will take care of this for you. Please give the required mental health professional letters to your doctor at the time of your consultation.
Out of network	If you go outside the network, you must request precertification yourself. Call your Aetna Health Concierge team at 1-888-385-1053 (TTY: 711) to get started. You’ll need to provide certain required information when you submit your request.

Turnaround times

Once Aetna receives the precertification request and required information, standard processing time is 15 days. If information is missing, Aetna will request the additional information within 15 days of receiving the request.





How the plan pays — medical coverage

Here's an overview of how medical services are covered.

Medical coverage					
Plan provisions	Sony Consumer Choice Plan		Sony PPO Plan		Sony EPO Plan
	In network	Out of network*	In network	Out of network*	In network
Plan-year deductible**	\$1,700 individual \$3,400 family	\$3,400 individual \$6,800 family	\$700 individual \$1,400 family	\$1,400 individual \$2,800 family	\$250 individual \$500 family
Annual out-of-pocket maximum**	\$4,000 individual \$8,000 family	\$8,000 individual \$16,000 family	\$4,200 individual \$8,200 family	\$8,400 individual \$16,400 family	\$3,200 individual \$6,400 family
Office visits	80% after deductible	60% after deductible	\$25 copay per doctor's office visit \$40 copay per specialist office visit	60% after deductible	\$20 copay per doctor's office visit \$35 copay per specialist office visit
Surgical procedures	80% after deductible	60% after deductible	80% after deductible	60% after deductible	90% after deductible
Inpatient hospital	80% after deductible	60% after deductible	80% after deductible	60% after deductible	90% after deductible
Laser hair removal	80% after deductible	60% after deductible	\$40 copay per specialist office visit 80% after deductible for services outside an office visit	60% after deductible	\$35 copay per specialist office visit 90% after deductible for services outside an office visit

*If you go out of network, reimbursement is not based on a negotiated amount, but rather on the recognized amount/charge. You may be responsible for the entire difference between what the provider bills and the recognized amount. Also, that additional amount does not count toward your out-of-pocket maximum.

**Medical and prescription drugs are subject to a combined deductible and out-of-pocket maximum under the Consumer Choice Plan.



How the plan pays — prescription coverage

Here's an overview of how prescriptions are covered.

Prescription coverage, administered by CVS Caremark		
	Sony Consumer Choice*/Sony PPO/Sony EPO	
Generic	Retail (30-day supply) You pay:	Mail (90-day supply) You pay:
	\$10 copay	\$20 copay
Preferred	30% coinsurance \$25 minimum \$75 maximum	30% coinsurance \$55 minimum \$125 maximum
Non-preferred	40% coinsurance \$40 minimum \$100 maximum	40% coinsurance \$70 minimum \$150 maximum

*Under the Sony Consumer Choice Plan, you must meet your deductible first before these copays and coinsurance amounts apply.



Staying in network makes sense

Value: The plan includes negotiated discounted rates with network providers. Plus, network doctors and hospitals won't bill you for costs above the plan's recognized or allowed amounts for covered services.

Confidence: You get access to quality care from the Aetna network.

Simplicity: Your network doctor takes care of the paperwork for you, such as getting plan approvals and submitting claims.

How to look up network doctors

If you want to see who's in the network, use the **Aetna provider search tool** for Sony Pictures members. Or log in to your member website at **Aetna.com** to search for transgender and gender diverse affirming/supporting providers. You can enter search terms, such as LGBTQ+, gender identity, transgender surgery and gender confirmation surgery.

Contact your Aetna Health Concierge team for help. Call **1-888-385-1053 (TTY: 711)** or send a secure message through your member website.

Note: Care outside the U.S. is not covered.



How to file a claim

If you use out-of-network providers for your care, you may need to submit your claim to Aetna® or CVS Caremark for reimbursement. Below are instructions to help guide you through the process, as well as the steps for appealing a medical claim decision.

Medical claims

Submit a claim through your secure member website at **Aetna.com** (register and/or log in) and click **Claims > Submit a Claim**. You can also download a form by looking for the **Forms** link under your name at the top of the page. Or you can click **here**. Send the completed claim form along with an itemized bill by mail to

Aetna
PO Box 981106
El Paso, TX 79998-1106

Timeline for appealing a medical claim decision

If you disagree with a claim determination, you may file an appeal.

1. You must request your first appeal (level one) within 180 calendar days after you receive the notice of a claim denial.
2. If you're dissatisfied with the outcome of your level one appeal to Aetna, you may ask for a second review (a level two appeal). You must request a level two appeal no later than 60 days after you receive the level one notice of denial.
3. After you've exhausted the level one and level two appeal processes, you may file a voluntary appeal for external review if your claim meets certain requirements. You must submit a request for external review within four months of the date you receive a final denial notice.

How to appeal a claim decision

You can submit your level one and level two appeals in writing to your Aetna Health Concierge team at the address shown on your ID card. Call the team at **1-888-385-1053 (TTY: 711)** if you need assistance. Your appeal should include:

- The patient's name
- Your employer's name
- A copy of the adverse benefits determination from Aetna
- Your reasons for making the appeal
- Any other documentation or written information to support your request that you'd like to have considered

How to file a claim *continued*

Pharmacy claims

Download a form at **caremark.com/SPE**. Mail the completed form to:

CVS Caremark
P.O. Box 52136
Phoenix, Arizona
85072-2136

We're here to support you every step of the way on your journey.

Call your Aetna Health Concierge team at **1-888-385-1053 (TTY: 711)**. Or log in to your member website at **Aetna.com** and send a secure message.



Providers are independent contractors and are not agents of Aetna®. Provider participation may change without notice. Refer to **Aetna.com** for more information about Aetna plans.

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This guide summarizes provisions of certain Sony Pictures benefits and enrollment rules that are effective January 1, 2026. However, this guide is not intended to be the summary plan description for any of the plans described herein. Please be reminded that the benefits provided by Sony Pictures — including the benefits and enrollment rules described in this booklet — are governed solely by the official plan documents. In the event of any inconsistency between this book and the official plan documents, the terms of the official plan documents as interpreted by the plan administrator, in its sole discretion, will control. Please also be reminded that Sony Pictures reserves the right to amend, modify, or terminate any or all of the provisions of a plan at any time and for any reason or no reason. Any such changes may affect the benefits payable to you and/or your family members. Participation in the plans is not a guarantee of future benefits or continued employment.