### SONY PICTURES ENTERTAINMENT 2020 BENEFITS GUIDE

## BENEFFIS VOYAGE Learn more about the benefits

of independence.

### EMPLOYEE PREMIUMS ON AETNA PLANS DROP! Page 15

### NEW CLINICS PROVIDE HEALTH CARE IN MINUTES!

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### **GREAT NEW** BENEFITS THAT FOCUS ON YOUR FAMILY!

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### WELCOME TO SONY PICTURES' OPEN ENROLLMENT FOR 2020

As an **independent studio**, we are not only perfectly positioned to license our amazing content to every platform in the world, we have the scale to specifically tailor our benefit offerings to the needs of our phenomenal employees and their families. This coming year we will maintain all of the comprehensive benefit plans and programs we offer to support you, while **adding several new** *family-focused benefits* in specific areas that you care deeply about.



The exciting news is that over the last few years, Sony Pictures, and each of you, have taken important steps to control the escalating cost of our benefits in many areas, and for 2020 we have important updates as a result of this progress to share with you as follows:

- Aetna Medical Plan employee premiums will <u>decrease by 5%</u>! This is possible because our Aetna plan participants have been taking care of themselves by seeking preventive care and using in-network doctors significantly helping us to control our Aetna plan costs. This participant proactivity, along with our "One-Sony" negotiations with Aetna in 2020, made this unprecedented premium decrease possible. (Note: The deductible for the Sony Consumer Choice Plan is increasing slightly to \$1,400 single/\$2,800 family due to regulatory changes.)
- Kaiser HMO employee premiums will increase by only 3%. We are proud to offer the Kaiser HMO to our California employees, as we know some of you are deeply committed to Kaiser's HMO network and care-delivery model. Although they still provide a cost-effective option for quality care, Kaiser has consistently raised our plan costs over the last few years resulting in higher employee premiums. Again in 2020, Kaiser will raise our plan costs by 12.5%. For 2020, however, we have decided to absorb most of these additional costs and offer a schedule that will only increase our participants' premiums by 3%. (Note: To help offset the rising costs, the Emergency Room copay is increasing from \$75 to \$150.)
- Supplemental life insurance employee premiums will decrease. In 2020, we have negotiated lower employee premiums for life and accidental death and dismemberment (AD&D) coverage by moving from Cigna to Securian. With this change, you may also elect or increase your coverage by one level during open enrollment without providing evidence of insurability, as long as you stay under the guaranteed issue of 5x your annual salary or \$1 million, whichever is less.
- Dental and Vision employee premiums will stay the same. Last year we extended our coverage under both of these plans to enhance the value of the benefits. We will continue to offer these enhancements, with no employee premium increase in 2020.

Some other great plan changes for 2020 include:

- No Aetna Teladoc copays. We're removing copays for Teladoc for Sony PPO and EPO plan participants. (For Sony Consumer Choice Plan participants, once you meet the deductible, you will not have to pay copays.)
- Free MinuteClinic visits for Aetna Plans. We're eliminating the cost share for covered services at CVS MinuteClinics for Sony PPO and EPO plan participants, making these visits free. (For Sony Consumer Choice Plan participants, once you meet the deductible, these services will be free.)

Our new family-focused benefit plans include:

- Milk Stork. Free breast milk shipping for nursing moms traveling on company business
- Rethink. A comprehensive program to support employees with children with developmental disabilities
- Bright Horizons' Elder Care Program. Provides help in caring for aging parents
- Hyatt Legal Parent Plus. Offers legal services to employees' parents and in-laws for issues like living wills, end-of-life planning and more

At Sony Pictures, we deeply value everything you do every day to make our Company successful. In return, we strive to design benefit plans and programs that support you and your loved ones where it matters most. Here's to a very healthy and happy 2020!

Stacy Green Executive Vice President, Chief People Officer



Enroll online at Sony Pictures Benefits Center: https://BenefitsCenter.spe.sony.com.

Get answers to your questions from a Sony Pictures Benefits Center Representative: **1-833-9-SONY-01** 

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A copy of the updated Summary Plan Description (SPD) for your Sony Pictures Entertainment Health and Welfare Benefits Plan ("Plan") is posted on **www.KENKOatSPE.com**. This important document explains the terms and conditions of your Plan, including eligibility, coverage amounts and exclusions. Please share this with your family members who are also covered under this Plan. If you want a paper version of the SPD, please request one by emailing **PO\_EmployeeDirect@ spe.sony.com**. There is no additional charge for it.

#### **ABOUT THIS GUIDE**

This is a summary of certain Sony Pictures benefits. Not all employees are eligible for all the benefits described in this guide. When you log in to the Sony Pictures Benefits Center website, you'll see only the benefits available to you.











## BRING ALONG Your family

Find out which of your dependents you can enroll in Sony Pictures benefits.

### LIGHTS! CAMERA! ACTION!

During your enrollment period, you can enroll in or make changes to your current benefits, and enroll in a Flexible Spending Account (FSA) or Health Savings Account (HSA). If you don't take action, your current benefits will carry over to 2020 (except FSA and HSA contribution amounts). If you want an FSA or HSA, you must actively enroll.

### **ENROLLMENT**

**NEW EMPLOYEES** — Your Sony Pictures benefits coverage is effective on your first day of employment; however, you have 31 days from your date of hire to enroll in benefits. No matter when you enroll within that 31-day window, your benefits will be effective retroactively to your date of hire.

**You have 31 days to enroll in health benefits.** If you do nothing, Sony Pictures automatically enrolls you — but none of your dependents — in the Sony Consumer Choice medical plan, vision coverage, prescription drug coverage, Basic Life and Accidental Death and Dismemberment (AD&D), and Basic Long-Term Disability. You won't receive dental coverage.

You're locked into your benefit choices until the next open enrollment unless you experience a qualifying change in status or life event.

#### YOU HAVE 45 DAYS TO ENROLL IN THE 401(K)

You have 45 days from your date of hire to enroll in or waive Sony USA 401(k) Plan. You'll get a packet of information from T. Rowe Price, Sony's 401(k) administrator, with details about the plan.

If you don't act within 45 days, you'll be defaulted into the plan with a 6% contribution rate. Contributions will automatically increase 1% annually on the enrollment anniversary date until you reach a contribution rate of 10%.

Find out more at www.rps.troweprice.com, or call 1-877-766-9728.

**CURRENT EMPLOYEES** — If you don't enroll during open enrollment, your current benefits will carry over to 2020, except for FSA and HSA contribution amounts. If you want to contribute to an FSA or HSA in 2020, you must enroll during open enrollment.

### FAMILY STATUS CHANGE — MAKING BENEFIT CHANGES DURING THE YEAR

You may make changes during the year if you have a change in status or qualifying life event. These events may include:

- · Marriage or the declaration of a domestic partnership
- Legal separation, divorce or termination of a domestic partnership
- Birth, adoption or getting legal custody of a child
- Death of a dependent or loss of legal custody
- A dependent's loss of eligibility
- Losing other coverage

If you experience one of these events, you must submit your benefits-change request to Sony Pictures Benefits Center within 31 days of the event date to make changes to your coverage. Any change in your benefits must be consistent with your status change.

### ENROLLMENT CHECKLIST

- Review your current benefits, access the enrollment materials at www.KENKOatSPE.com.
- Check to see if your doctor is in the Aetna network using Aetna's Custom Docfind at www.aetna.com.
- "Ask EMMA" at https:// BenefitsCenter.spe.sony.com, Sony Pictures' online Benefits Advisor, to help you understand which plan is right for you.
- Review the Summary of Benefits Coverage (SBC) at www.KENKOatSPE.com for a summary of each plan.
- Enroll in or waive coverage through Sony Pictures Benefits Center at https:// BenefitsCenter.spe.sony.com or call 1-833-9-SONY-01.

After you enroll, please print or save your confirmation page. Notify the Sony Pictures Benefits Center immediately if you see a discrepancy between the benefits you elected and withholding from your pay.

If you miss this enrollment window, you must wait until the next open enrollment to make changes. See your plan's Summary Plan Description (SPD) on **www.KENKOatSPE.com** for a full list of qualifying life events and change in status rules.



### WHO'S ELIGIBLE

Generally, you're eligible for the benefits described in this guide if you're:

- Classified by Sony Pictures as a regular full-time, non-union employee working in the United States; and
- Regularly scheduled to work at least 20 hours per week over a five-day work week.

#### **ELIGIBLE DEPENDENTS**

When enrolling dependents for coverage, you must provide each dependent's Social Security number. This is required by the Affordable Care Act so Sony Pictures can properly report your coverage.

Dependents are eligible if they're your:

- · Legally married spouse or domestic partner,
- Children up to 26 years old who meet the program's definition of an eligible dependent, regardless of full-time student status, through the end of the month in which they turn 26, or
- Children of any age who became physically or mentally disabled by age 26 and who depend on you for financial support (validation of disability required).

**Note:** Eligible children are your biological children, stepchildren, legally adopted children, foster children or children of your legally married spouse or your domestic partner, provided that for stepchildren or children of a domestic partner you furnish more than half their support. You may enroll your domestic partner's children only if your domestic partner is enrolled.



#### PROOF OF DEPENDENT ELIGIBILITY

You must provide proof of eligibility when enrolling a dependent for the first time. Sony Pictures Benefits Center will request copies of appropriate documentation to verify your dependent's eligibility.

#### DOMESTIC PARTNER

You and your domestic partner must meet these requirements to be eligible for coverage:



You're not legally married and are registered domestic partners, or entered into a lawful civil union in the state where you live; or



You must meet and attest to all these requirements and complete an affidavit of spousal equivalency (which can be found on www.KENKOatSPE.com):

- Your domestic partner and you are each other's sole domestic partner, and are emotionally committed to each other for mutual care and support, and intend to remain so indefinitely; and
- You've lived together in the same home for a full six months and intend to remain so indefinitely; and
- You're jointly responsible for each other's financial welfare and basic living expenses (you're financially interdependent); and
- You're both at least age 18 and mentally competent to consent to a contract under the laws of the state in which you live; and
- You're not related by blood closer than would bar marriage under applicable law in effect where you live; and
- You're not legally married to each other and aren't legally married to or separated from anyone else.

### **DID YOU KNOW?**

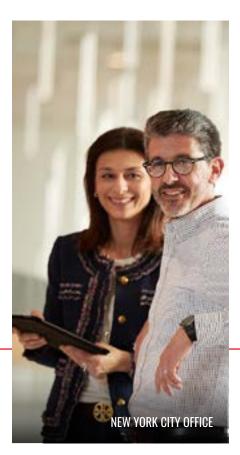
#### TAX IMPLICATIONS OF COVERING DOMESTIC PARTNERS

If you enroll your domestic partner or their eligible dependents in Sony Pictures benefits, the IRS requires that you pay federal income tax on the fair-market value of their coverage. This cost is in addition to the employee contribution you must make for their coverage as determined by Sony Pictures.

See your medical plan SPD on **www.KENKOatSPE.com** for details about domestic partner coverage.







## DISCOVER THE RIGHT MEDICAL PLAN

JUMANJI: WELCOME TO THE JUNGLE

The right plan can help you be who you are — and who you want to be.

### **IMPORTANT DEFINITIONS**

These terms will help you as you read through this guide.

| Deductible                         | This is the amount you have to pay out-of-pocket before the plan starts to pay.  |
|------------------------------------|--|
| Coinsurance                        | Once you meet the deductible, this is the percentage the plan will pay. If the coinsurance is 80%, you'll pay 20% of the cost of care.   |
| Сорау                              | This is a flat amount you pay when you receive care. For example, if your plan has a copay for doctor visits, you pay just that amount and the plan pays the rest. In some medical plans, some kinds of care require copays and other kinds of care require coinsurance.   |
| Annual<br>out-of-pocket<br>maximum | This is the most you'll pay in a plan year. Once you reach this, the plan will cover 100% of your qualified medical care for the rest of the plan year. You won't have to pay any more costs once you meet the out-of-pocket maximum, as long as you stay in-network. This includes the deductible, coinsurance, copays and prescription drug costs. |
| Employee<br>premiums               | The amount taken out of your paycheck to pay for health insurance.   |

### WHEN YOUR DOCTOR'S NOT ON OUR NETWORK

Health care providers are either in-network or out-of-network. It sounds like a small difference but going out-of-network could throw off your whole health care budget.

In-network doctors partner with Aetna to offer discounted rates to Aetna members like you. You get the discounted rate and your doctor submits your claim to Aetna. What you pay out of pocket for covered expenses counts toward your deductible and out-of-pocket maximum. And, when you stay in-network, you keep health care costs down for you and Sony Pictures, which helps keep everybody's rates down.

Out-of-network doctors don't offer these discounts so you spend more out of pocket — sometimes a lot more. Plus, out-of-network doctors don't file claims for you; you pay up front then file claims yourself.

To be a savvy health care consumer, here are some important reminders:

- Even if a doctor, clinic, lab or hospital "accepts" your insurance, it doesn't mean they're in the Aetna network.
- Don't assume that because your doctor is in-network, the hospital (or lab, imaging center, pharmacy, etc.) is, too.
- Check to see if your doctor is in-network using Aetna's Docfind at **www.aetna.com**.

#### DID YOU KNOW? reasonable and customary



If you go to an out-of-network provider, they can charge pretty much whatever they want because they haven't negotiated rates with Aetna.

The Sony Aetna plans will only pay what's "reasonable and customary" — the amount Aetna determines is the normal charge for specific health-related care and procedures within a geographic region.

If what your out-of-network provider bills you is higher than Aetna's reasonable and customary rate, you'll be responsible for paying the difference between Aetna's approved rate and the provider's fee.

### **NEW!** AETNA MINUTECLINIC: YOUR FREE HEALTH CARE SHORT FEATURE

When you need quality care but can't see your regular doctor, visit your local MinuteClinic at select CVS pharmacies.

They have extended hours, even on nights and weekends. (Note that not all minute clinics are open 24/7 even if the CVS pharmacy stays open.) You never need an appointment, and they can treat adults and children 18 months and older. We're also excited to announce that covered MinuteClinic services are free under Sony Pictures' Aetna plans.<sup>1</sup>

MinuteClinic nurse practitioners can:

- Diagnose and treat illnesses, injuries and skin conditions
- Provide vaccinations and physicals
- Screen for and monitor chronic conditions

Find your closest location at **minuteclinic.com/locations**. You can view wait times and hold your place in line at **minuteclinic.com** or on the CVS pharmacy app.



Sony Pictures provides four medical plan options to meet the needs of you and your family:

Aetna <u>Sony C</u>onsumer Choice

Aetna Sony PPO

Aetna Sony EPO

Kaiser HMO (Southern California only)

1 If you're enrolled in the Sony Consumer Choice Plan, you must pay the full amount of the non-preventive appointment until you meet the plan's deductible.

### SONY CONSUMER CHOICE PLAN WITH HEALTH SAVINGS ACCOUNT

### THE SONY CONSUMER CHOICE PLAN IS A PREFERRED-PROVIDER PLAN (PPO) THAT INCLUDES A HEALTH SAVINGS ACCOUNT (HSA).

You may visit any doctor or specialist you choose, in- or out-of-network. You'll have lower monthly premiums than with any of the other plans offered, but you'll also have a higher annual deductible. Many of your prescription drugs are subject to your medical plan deductible so you'll pay 100% of the cost for medications until you reach your combined medical-prescription deductible; however, the plan does cover many preventive drugs at 100%.

The Sony Consumer Choice Plan works in conjunction with an HSA. Review the plan comparison chart on page 14 for more information.

#### HOW THE DEDUCTIBLE WORKS

The family deductible works different from the standard PPO plan. "Family coverage" is any coverage with more than only you (i.e., employee + children or spouse/partner).

You must meet the family deductible before the plan starts paying any benefits. Remember, until you meet the deductible, you pay 100% of the cost of most health care and prescription drugs.

Once you meet the family in-network deductible, the plan's coinsurance kicks in; you'll pay 20% for all covered in-network medical services and most prescription drugs until you reach the out-of-pocket maximum. Once you hit that, the plan will pay 100% of covered care for the rest of the plan year.

Prescription drugs will be paid at the rates shown on page 16.



#### EXAMPLE 1

Barbara has medical coverage for herself, her spouse and their two children.

They haven't met the \$2,800 in-network family deductible. As a result, the family will pay 100% of care and prescriptions until they meet the \$2,800 deductible.

| Participant | Covered expenses |
|-------------|------------------|
| Barbara     | \$1,350          |
| Spouse      | \$100            |
| Child 1     | \$250            |
| Child 2     | \$50             |
| TOTAL       | \$1,750          |

#### EXAMPLE 2

Barbara's family has met the \$2,800 deductible, so the plan pays 80% of covered care and prescription drugs for the family. This is called coinsurance.

The family also has reached the \$7,500 family in-network out-of-pocket maximum (annual deductible + coinsurance + prescriptions). As a result, the plan will pay 100% of covered in-network care and prescription drugs for the rest of the plan year.

| Participant | Covered expenses |
|-------------|------------------|
| Barbara     | \$1,500          |
| Spouse      | \$4,500          |
| Child 1     | \$1,000          |
| Child 2     | \$500            |
| TOTAL       | \$7,500          |

#### HSA

If you enroll in the Sony Consumer Choice Plan, you may enroll in an HSA, which is a tax-deferred account for paying qualified health care expenses. Unused funds roll over year to year. Unlike an FSA, there is no "use it or lose it" penalty.

The HSA is a lot like a regular bank account, but interest your HSA earns is tax-free. If you leave the company, you can take the HSA with you because the account belongs to you. The HSA is not a Sony Pictures-sponsored benefit; it's an account you own.

2020 will be made in

January so you'll be

early in the year. As a

funding amount the

first calendar quarter

#### Contributions

Sony Pictures contributes tax-free money to your account; you can contribute with deductions from your paycheck. Your contributions are taken out of your paycheck before federal taxes are calculated on your income, so you pay less income tax, too.

The 2020 maximum HSA contribution is \$3,550 for individual coverage, and \$7,100 for family coverage. This includes the Sony Pictures contribution. You can change your contributions during the year and make after-tax contributions, too.

If you're 55 or older, you can make an additional \$1,000 "catch-up" contribution each year — also free from federal taxes (state taxes may apply).

2020 HSA Annual Contribution Limits

| HSA Type   | Sony Pictures'<br>Contribution | Contribution<br>Limit | Amount You<br>May Contribute |
|------------|--------------------------------|-----------------------|------------------------------|
| Individual | \$500                          | \$3,550               | \$3,050                      |
| Family     | \$1,000                        | \$7,100               | \$6,100                      |

#### Qualifying for an HSA

When you enroll in the Sony Consumer Choice Plan, your HSA is automatically opened for you; however, it's your responsibility to ensure you're eligible for the account.

To be eligible, you:

- Must be covered under the Sony Consumer Choice Plan
- Have no other health coverage (except what the IRS allows)
- Aren't enrolled in Medicare
- Aren't claimed as a dependent on someone else's tax return
- Or your spouse don't have a general purpose Health Care FSA or Health Reimbursement Account (HRA); however, you can enroll in a Limited Purpose Health Care FSA (see page 25).

If you're Medicare eligible or approaching Medicare eligibility, email **kenko@spe.sony.com**.

### SETTING UP Your HSA

You must set up your HSA before you incur qualified medical expenses you want to pay with HSA funds. The HSA "establishment date" is important because you can't use the funds to pay medical expenses you incurred before that date.

For example, if you go to the doctor January 5, but don't open your account until January 30, you can't pay those January 5 expenses with HSA funds.

PayFlex will automatically open your account when you enroll in the Sony Consumer Choice Plan. They'll notify you if they need more information for verification purposes.

Make sure your legal name matches your Social Security card and your Sony Pictures file. If it doesn't, there may be a delay in establishing your HSA.

You can only use your HSA funds on health care for yourself and for your federal tax dependents.

Review the IRS rules on HSAs for more details: **www.irs.gov** (Publication 969).



### **SONY PPO PLAN**

This plan allows you to visit any health care provider you want, but pays more when you use in-network providers. The PPO Plan's network is the same as the Consumer Choice Plan.

The plan covers in-network preventive care at 100%. For in-network office visits, you pay a copayment. For other care, you pay 100% of all expenses until you meet the deductible before the plan starts paying, except for in-network office visits, which are subject to a copayment, and in-network preventive care. If you cover dependents on your plan, each person must meet the individual deductible until the family deductible is met. You may meet the family deductible by any combination of covered medical expenses you and your covered family members incur.

### **SONY EPO PLAN**

The EPO is an in-network-only PPO with a modest deductible. You may visit any doctor in the Aetna Select EPO network without a referral. You don't have to choose a primary care physician (PCP), but having a PCP results in a higher level of care continuity.

This plan covers in-network preventive care and certain preventive drugs at 100%. For in-network office visits, you pay a copayment. For other care, you pay 100% of all expenses until you reach the deductible.

**Note:** This network is slightly different from the Aetna network for the Sony Consumer Choice and PPO plans, so make sure you refer to the EPO network when checking to see if a provider is in the network.

#### HOW THE DEDUCTIBLE WORKS IN THE PPO/EPO PLAN (EXAMPLES ARE IN-NETWORK)

#### EXAMPLE 1

Robert and his family are in the Sony PPO Plan. He's met the \$600 individual deductible, so his plan will begin paying 80% coinsurance for his care; however, the \$1,200 family deductible hasn't been met, so his spouse and child will continue to pay Aetna's full negotiated rate for services until the family deductible is met.

| Participant | <b>Covered expenses</b> |
|-------------|-------------------------|
| Robert      | \$600                   |
| Spouse      | \$100                   |
| Child       | \$200                   |
| Total       | \$900                   |
|             |                         |

#### EXAMPLE 2

Robert's family has met the deductible so the plan will pay 80% coinsurance for the whole family until they meet the out-of-pocket maximum. Once they meet that, the plan will pay 100% of covered services for the rest of the plan year.

| Participant | Covered expenses |
|-------------|------------------|
| Robert      | \$500            |
| Spouse      | \$200            |
| Child       | \$500            |
| Total       | \$1,200          |

#### **MEDICAL PLANS**

### WOMEN'S HEALTH BENEFITS (AETNA)

#### **INCLUSIVE FERTILITY BENEFIT – PROGYNY**

Sony Pictures partners with Progyny to offer comprehensive fertility benefits to support every path to parenthood, including single parents, LGBTQ+ individuals and couples, and those who want to preserve their fertility.

#### Comprehensive coverage

Progyny's Smart Cycle coverage includes IUI, IVF, egg freezing, surrogacy and adoption counseling, and more.

#### Fertility specialists

Progyny connects you to leading fertility specialists who provide the most advanced, effective fertility treatment. There's no precertification or treatment hurdles; you can find the course of treatment that's best for you.

#### Personalized support

The journey to becoming a parent can be physically, emotionally and financially challenging. Progyny includes unlimited guidance and support throughout your fertility journey from a dedicated patient-care advocate (PCA).

#### Eligibility

You must be enrolled in a Sony Pictures medical plan with Aetna.

#### Learn more

For more information, or if you're currently using other fertility services and want to find out about transition of care, visit **progyny.com/for-employees** or call **1-833-404-2011**.





#### **AETNA'S WOMEN'S HEALTH PREVENTION AND EDUCATION**

The Aetna Women's Health Program offers many resources and preventive services — including 3D mammograms — to help you stay healthy, including:

- Breast Health Education Center
- · Confidential genetic testing for breast and ovarian cancers
- Aetna Maternity Management Maternity support

Visit www.aetna.com to learn more.

### KAISER HMO PLAN (AVAILABLE IN CALIFORNIA ONLY)

You must use health care providers and facilities in the Kaiser network only. You choose a primary care physician (PCP) who will refer you to specialists if necessary. Most services require a copay, and there is no deductible to meet.

For more information, review the "2020 Medical Plans at a Glance" table on page 14.

### **2020 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 **www.KENKOatSPE.com**.

| CHOICEType of planPPOPPOPayroll contributionLowestHighestIN-NETWORKIN-NETWORKIN-NETWOQAnnual deductible\$1,400 single1\$600 indivistion \$2,800 family1Annual out-of-pocket maximum<br>(includes deductibles, copays &<br>prescriptions)\$3,750 single<br>\$7,500 family3\$4,000 ind<br>\$8,000 family3Preventive care0% (free)0% (free)0% (free)Office Visits (primary care)20% coinsurance2\$25 copayOffice Visits (specialists)20% coinsurance2\$40 copay4Coverage for most services20% coinsurance220% coinsuInpatient hospital20% coinsurance220% coinsuDiagnostic X-ray and laboratory20% coinsurance220% coinsuInpatient facility per-admission<br>copay/coinsurance20% coinsurance220% coinsuOutpatient facility per-admission<br>copay/coinsurance20% coinsurance2\$25 office vistaAnnual deductible\$2,800 single1<br>\$5,600 family1\$1,200 inditistion<br>\$2,400 family1   | dual \$150 individual None  |  |  |
|---|---|--|--|
| IN-NETWORKIN-NETWOAnnual deductible\$1,400 single1\$600 indivisesAnnual out-of-pocket maximum<br>(includes deductibles, copays &<br>prescriptions)\$3,750 single<br>\$7,500 family3\$4,000 indivisesPreventive care0% (free)0% (free)Office Visits (primary care)20% coinsurance2\$25 copayOffice Visits (specialists)20% coinsurance2\$40 copayTeladoc\$40 copay4\$0 (free)Coverage for most services20% coinsurance220% coinsurance2Inpatient hospital20% coinsurance220% coinsurance2Diagnostic X-ray and laboratory20% coinsurance220% coinsurance2Outpatient mental health &<br>substance use20% coinsurance220% coinsurance2Outpatient facility per-admission<br>copay/coinsurance20% coinsurance220% coinsurance2Annual deductible\$2,800 single1\$1,200 indivisesAnnual deductible\$2,800 single1\$1,200 indivises  | RK IN-NETWORK ONLY IN-NETWORK ONLY<br>dual \$150 individual None          |  |  |
| Annual deductible\$1,400 single1<br>\$2,800 family1\$600 indivision<br>\$1,200 family1Annual out-of-pocket maximum<br>(includes deductibles, copays &<br>   | dual \$150 individual None  |  |  |
| Annual deductible\$2,800 family1\$1,200 famAnnual out-of-pocket maximum<br>(includes deductibles, copays &<br>prescriptions)\$3,750 single<br>\$7,500 family3\$4,000 ind<br>\$8,000 famPreventive care0% (free)0% (free)0% (free)Office Visits (primary care)20% coinsurance2\$25 copayOffice Visits (specialists)20% coinsurance2\$40 copay4Teladoc\$40 copay4\$0 (free)Coverage for most services20% coinsurance220% coinsuInpatient hospital20% coinsurance220% coinsuDiagnostic X-ray and laboratory20% coinsurance220% coinsuInpatient mental health &<br>substance use20% coinsurance220% coinsuOutpatient facility per-admission<br>copay/coinsurance20% coinsurance2\$25 office yAnnual deductible\$2,800 single1\$1,200 indiAnnual deductible\$2,800 single1\$1,200 indi   | None  |  |  |
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| Office Visits (primary care)20% coinsurance2\$25 copayOffice Visits (specialists)20% coinsurance2\$40 copayTeladoc\$40 copay4\$0 (free)Coverage for most services20% coinsurance220% coinsuEmergency room20% coinsurance220% coinsuInpatient hospital20% coinsurance220% coinsuOutpatient testing20% coinsurance220% coinsuDiagnostic X-ray and laboratory20% coinsurance220% coinsuOutpatient facility per-admission<br>copay/coinsurance20% coinsurance220% coinsuManual deductible\$2,800 single1\$1,200 indi  |   |  |  |
| Office Visits (primary care)20% coinsurance2\$25 copayOffice Visits (specialists)20% coinsurance2\$40 copayTeladoc\$40 copay4\$0 (free)Coverage for most services20% coinsurance220% coinsuEmergency room20% coinsurance220% coinsuInpatient hospital20% coinsurance220% coinsuOutpatient testing20% coinsurance220% coinsuDiagnostic X-ray and laboratory20% coinsurance220% coinsuOutpatient facility per-admission<br>copay/coinsurance20% coinsurance220% coinsuManual deductible\$2,800 single1\$1,200 indi  | YOU PAY   |  |  |
| Office Visits (specialists)       20% coinsurance <sup>2</sup> \$40 copay         Teladoc       \$40 copay <sup>4</sup> \$0 (free)         Coverage for most services       20% coinsurance <sup>2</sup> 20% coinsurance         Emergency room       20% coinsurance <sup>2</sup> 20% coinsurance         Inpatient hospital       20% coinsurance <sup>2</sup> 20% coinsurance         Outpatient testing       20% coinsurance <sup>2</sup> 20% coinsurance         Diagnostic X-ray and laboratory       20% coinsurance <sup>2</sup> 20% coinsurance         Inpatient mental health &<br>substance use       20% coinsurance <sup>2</sup> 20% coinsurance         Outpatient facility per-admission<br>copay/coinsurance       20% coinsurance <sup>2</sup> 20% coinsurance         \$2,800 single <sup>1</sup> \$1,200 indition  | 0% (free) 0% (free)   |  |  |
| Teladoc       \$40 copay <sup>4</sup> \$0 (free)         Coverage for most services       20% coinsurance <sup>2</sup> 20% coinsurance         Emergency room       20% coinsurance <sup>2</sup> 20% coinsurance         Inpatient hospital       20% coinsurance <sup>2</sup> 20% coinsurance         Outpatient testing       20% coinsurance <sup>2</sup> 20% coinsurance         Diagnostic X-ray and laboratory       20% coinsurance <sup>2</sup> 20% coinsurance         Inpatient mental health & substance use       20% coinsurance <sup>2</sup> 20% coinsurance         Outpatient facility per-admission copay/coinsurance       20% coinsurance <sup>2</sup> \$25 office weight of the substance use         Annual deductible       \$2,800 single <sup>1</sup> \$1,200 indition  | \$20 copay \$20 copay   |  |  |
| Coverage for most services       20% coinsurance <sup>2</sup> 20% coinsurance <sup>2</sup> Emergency room       20% coinsurance <sup>2</sup> 20% coinsurance <sup>2</sup> Inpatient hospital       20% coinsurance <sup>2</sup> 20% coinsurance <sup>2</sup> Outpatient testing       20% coinsurance <sup>2</sup> 20% coinsurance <sup>2</sup> Diagnostic X-ray and laboratory       20% coinsurance <sup>2</sup> 20% coinsurance <sup>2</sup> Inpatient mental health & substance use       20% coinsurance <sup>2</sup> 20% coinsurance <sup>2</sup> Outpatient facility per-admission copay/coinsurance       20% coinsurance <sup>2</sup> 20% coinsurance <sup>2</sup> Annual doductible       \$2,800 single <sup>1</sup> \$1,200 inditional  | \$35 copay \$35 copay   |  |  |
| Emergency room       20% coinsurance <sup>2</sup> 20% coinsurance <sup>2</sup> Inpatient hospital       20% coinsurance <sup>2</sup> 20% coinsurance <sup>2</sup> Outpatient testing       20% coinsurance <sup>2</sup> 20% coinsurance <sup>2</sup> Diagnostic X-ray and laboratory       20% coinsurance <sup>2</sup> 20% coinsurance <sup>2</sup> Inpatient mental health & substance use       20% coinsurance <sup>2</sup> 20% coinsurance <sup>2</sup> Outpatient facility per-admission copay/coinsurance       20% coinsurance <sup>2</sup> \$25 office with the substance use         Annual deductible       \$2,800 single <sup>1</sup> \$1,200 inditional states  | \$0 (free) N/A  |  |  |
| Inpatient hospital       20% coinsurance <sup>2</sup> 20% coinsurance <sup>2</sup> Outpatient testing       20% coinsurance <sup>2</sup> 20% coinsurance <sup>2</sup> Diagnostic X-ray and laboratory       20% coinsurance <sup>2</sup> 20% coinsurance <sup>2</sup> Inpatient mental health &<br>substance use       20% coinsurance <sup>2</sup> 20% coinsurance <sup>2</sup> Outpatient facility per-admission<br>copay/coinsurance       20% coinsurance <sup>2</sup> \$25 office with the<br>substance         Annual deductible       \$2,800 single <sup>1</sup> \$1,200 inditional   | rance <sup>2</sup> 10% coinsurance <sup>2</sup> \$20 copay                |  |  |
| Outpatient testing       20% coinsurance <sup>2</sup> 20% coinsurance <sup>2</sup> Diagnostic X-ray and laboratory       20% coinsurance <sup>2</sup> 20% coinsurance <sup>2</sup> Inpatient mental health & substance use       20% coinsurance <sup>2</sup> 20% coinsurance <sup>2</sup> Outpatient facility per-admission copay/coinsurance       20% coinsurance <sup>2</sup> \$25 office with the substance use         Annual deductible       \$2,800 single <sup>1</sup> \$1,200 inditioned   | rance <sup>2</sup> 10% coinsurance <sup>2</sup> \$150 copay               |  |  |
| Diagnostic X-ray and laboratory       20% coinsurance <sup>2</sup> 20% coinsurance <sup>2</sup> Inpatient mental health & substance use       20% coinsurance <sup>2</sup> 20% coinsurance <sup>2</sup> Outpatient facility per-admission copay/coinsurance       20% coinsurance <sup>2</sup> \$25 office with the substance         Annual deductible       \$2,800 single <sup>1</sup> \$1,200 inditioned with the substance withe substance withe substance with the substa  | rance <sup>2</sup> 10% coinsurance <sup>2</sup> \$250 per admission       |  |  |
| Inpatient mental health & substance use       20% coinsurance <sup>2</sup> 20% coinsurance         Outpatient facility per-admission copay/coinsurance       20% coinsurance <sup>2</sup> \$25 office with the substance with the substan                          | rance <sup>2</sup> 10% coinsurance <sup>2</sup> \$50 per procedure        |  |  |
| substance use     20% coinsurance <sup>2</sup> 20% coinsurance <sup>2</sup> Outpatient facility per-admission copay/coinsurance     20% coinsurance <sup>2</sup> \$25 office with the second | rance <sup>2</sup> 10% coinsurance <sup>2</sup> No charge                 |  |  |
| copay/coinsurance     20% coinsurance <sup>2</sup> \$25 office v       Appual deductible     \$2,800 single <sup>1</sup> \$1,200 indi   | rance <sup>2</sup> 10% coinsurance <sup>2</sup> \$250 per admission       |  |  |
|   | isit copay \$20 office visit copay \$20 copay                             |  |  |
|   | OUT-OF-NETWORK  |  |  |
|   | OUT-OF-NETWORK  |  |  |
| Your coinsurance after deductible 40% 40%   | vidual No Coverage No Coverage  |  |  |
| Annual out-of-pocket limit\$7,500 individual\$8,000 indNote: Any amount over maximum<br>allowable charge is not included.\$15,000 family\$16,000 fa   | vidual No Coverage No Coverage  |  |  |
| Preventive care; you pay: 20% coinsurance 20% coinsu  | vidual No Coverage No Coverage No Coverage vidual 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 The cost for the Sony Consumer Choice Plan Teladoc behavioral health service is \$160 for the first consultation with a psychiatrist and \$90 for all subsequent consultations with a psychiatrist. Consultations with a master's level therapist are \$80 each. Dermatology consultations are \$75 each. Once you meet the deductible, Teladoc services are free.

**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.

### YOUR COST FOR 2020 MEDICAL COVERAGE

Below is a breakdown of your cost per month for each plan. How much you pay is based on the benefits you choose, your base salary when you're hired (and each September 1 after that), and who you cover under your plan.

Sony Pictures shares the cost of most of your benefits with you as part of our commitment to offering you the protection you need. Your payroll deductions are generally taken out of your pay on a pre-tax basis, which means you pay less income tax. Consult your tax advisor for details.



**Five stars!** For the Aetna plans, 2020 rates are 5% less than in 2019.

| MEDICAL PLAN EMPLOYEE CONTRIBUTION RATES (includes prescription drug coverage) |                   |                          |                           |                        |
|--|-------------------|--------------------------|---------------------------|------------------------|
| BASE SALARY  | Under<br>\$60,000 | \$60,000 to<br>\$199,999 | \$200,000 to<br>\$299,999 | \$300,000<br>and above |
|  |                   | EMPLOYEE MONTHLY CO      | ST                        |                        |
|  | S                 | ONY CONSUMER CHOICE      | PPO                       |                        |
| Employee only  | \$61              | \$61                     | \$61                      | \$61                   |
| Employee + spouse/partner  | \$149             | \$175                    | \$218                     | \$288                  |
| Employee + child(ren)  | \$119             | \$141                    | \$172                     | \$223                  |
| Employee + family  | \$210             | \$248                    | \$309                     | \$404                  |
|  |                   | SONY PPO                 |                           |                        |
| Employee only  | \$219             | \$260                    | \$302                     | \$355                  |
| Employee + spouse/partner  | \$440             | \$523                    | \$615                     | \$743                  |
| Employee + child(ren)  | \$352             | \$405                    | \$484                     | \$551                  |
| Employee + family  | \$605             | \$720                    | \$848                     | \$1,019                |
|  |                   | SONY EPO                 |                           |                        |
| Employee only  | \$120             | \$135                    | \$159                     | \$173                  |
| Employee + spouse/partner  | \$242             | \$279                    | \$328                     | \$371                  |
| Employee + child(ren)  | \$195             | \$219                    | \$262                     | \$299                  |
| Employee + family  | \$353             | \$399                    | \$480                     | \$494                  |
| KAISER HMO (CA ONLY)   |                   |                          |                           |                        |
| Employee only  | \$106             | \$114                    | \$144                     | \$158                  |
| Employee + spouse/partner  | \$237             | \$276                    | \$319                     | \$353                  |
| Employee + child(ren)  | \$202             | \$230                    | \$273                     | \$345                  |
| Employee + family  | \$320             | \$363                    | \$434                     | \$448                  |
|  |                   |                          |                           |                        |

## THE GOOD PRESCRIPTION COVERAGE

THE GOOD DOCTOR

Prescription drug coverage is included with our medical plans.

All Sony Pictures medical plans:

- Offer prescription drug coverage The benefit depends on the plan you choose and type of drug prescribed
- Cover the full cost of certain contraceptives, tobacco-cessation medications and other preventive drugs as required by
  the Affordable Care Act (ACA)

|               | SONY CONSUMER CHOICE /<br>SONY PPO / SONY EPO    |  | KAISER HMO (CALIFORNIA ONLY) |                         |
|---------------|--|--|------------------------------|-------------------------|
|               | RETAIL<br>(30-DAY SUPPLY)                        | MAIL<br>(90-DAY SUPPLY)                          | RETAIL<br>(30-DAY SUPPLY)    | MAIL<br>(90-DAY SUPPLY) |
|               |  | YOU PAY  |                              |                         |
| Generic       | \$10 сорау                                       | \$20 copay                                       | \$10 copay                   | \$20 copay              |
| Preferred     | 30% coinsurance<br>\$25 minimum<br>\$75 maximum  | 30% coinsurance<br>\$55 minimum<br>\$125 maximum | \$20 copay                   | \$40 copay              |
| Non-Preferred | 40% coinsurance<br>\$40 minimum<br>\$100 maximum | 40% coinsurance<br>\$70 minimum<br>\$150 maximum | \$20 copay                   | \$40 copay              |

**PRESCRIPTION DRUGS** 

### **EXPRESS SCRIPTS**

You'll receive a separate ID card from Express Scripts.

#### YOUR COST FOR PRESCRIPTIONS

If you buy a brand name drug (preferred or non-preferred) when a generic is available, you'll pay the coinsurance plus the difference in cost between the brand name and generic drugs, unless your prescription doesn't allow a generic substitution.

#### MAINTENANCE MEDICATIONS

If you take a maintenance medication to manage a chronic condition, you may fill it three times at a retail pharmacy. On the fourth refill, you must use the mail order service or pay the full cost of your prescription. You also can fill 90-day supplies of your maintenance medication at a CVS pharmacy if you prefer getting your prescriptions at a retail pharmacy.

#### SONY CONSUMER CHOICE PLAN AND PRESCRIPTIONS

For most prescriptions, you'll pay 100% of the cost of a prescription until you reach the plan's deductible; however, some medications that help you avoid or manage certain illnesses and conditions may be covered at 100%, including those used for prevention or treatment. Conditions that may be covered include:

- Asthma
- Cholesterol
- Diabetes
- High blood pressure
- Heart disease
- Side effects of cancer treatment

For a complete list of covered preventive prescriptions covered at 100%, go to **www.KENKOatSPE.com**.





### HELPFUL PRESCRIPTION TERMS

**BRAND NAME:** A drug marketed under a trademark-protected name, like Lipitor or Prozac.

#### **COMPOUND MEDICATION:**

Medications that are combined, mixed or altered by a licensed pharmacist. The FDA doesn't verify the quality, safety or effectiveness of compound medications; they're not covered under Sony Pictures' plans.

**GENERIC DRUG:** This is equivalent to the brand name drug in dosage, safety, strength, quality, performance and intended use. By law, the amount of active ingredient in a generic drug must be identical to the brand name product.

**NON-PREFERRED DRUGS:** These are medications for which you'll pay more under the plan.

**PREFERRED DRUGS:** These are generic and brand name medications for which you'll pay less under the plan.

## EXTRAS FROM AETNA

THE ANGRY BIRDS MOVIE 2™

You won't find a bigger slingshot, but you will discover other great features.



You can:

- Download and print Aetna forms
- View or print your electronic ID card
- Connect with Aetna Member Services via secure email
- Access the Healthwise Knowledgebase — A to Z health topics in English and Spanish
- Compare the cost of medical procedures at facilities around the country

### **TELADOC**

With Sony Pictures' telemedicine program, you can call a doctor 24/7 for diagnosis and treatment of minor conditions. And it'll probably cost you less than the price of an office visit copay, depending on your plan.

If you're in the Sony PPO or Sony EPO plan, you'll never pay a fee or copay when you visit a Teladoc doctor (see page 14 for details). So, you can visit for free.

With Teladoc, you can get:

- Short-term prescriptions.
- Skin conditions diagnosed by sending a photo.
- Care for a loved one, even if they're not on your plan. Register them on your Teladoc account, then initiate a consultation via three-way call.

And, Teladoc offers behavioral health counseling seven days a week for you and your covered dependents. Therapists provide help with anxiety/stress management, relationships, depression, PTSD and many other issues. It's confidential and convenient.

Call Teladoc at 1-855-Teladoc (1-855-835-2362).

### TALK TO A REGISTERED NURSE — 24/7

As an Aetna member, you'll have round-the-clock access to a registered nurse with the Informed Health Line at **1-800-556-1555**.

### YOUR PERSONAL HEALTH RECORD (PHR)

Your Personal Health Record (PHR) provides a single, secure place to record and store your health information. Each time Aetna processes a new medical claim like a doctor visit or a lab result — it's automatically added to your record. Access your PHR through the Aetna member website.

### AETNA TOOLS & RESOURCES

To find an Aetna-network doctor<sup>1</sup> or to find out if yours is in the Aetna network — check out Sony's custom provider search tool:

- 1. Visit www.aetna.com/ dsepublic/#/sony
- 2. Choose the search method: ZIP code, doctor name, specialty, hospital affiliation or provider's gender
- When prompted for your plan type, choose the network/plan you're interested in:
  - Sony Consumer Choice Plan
  - Sony PPO
  - Sony EPO

#### BENEFITS AT YOUR FINGERTIPS

#### **AETNA HEALTH APP**

- Find a doctor, specialist or facility
- Get estimates for out-of-pocket
   medical expenses
- View claims, coverage and benefits
- View your ID card

#### **TELADOC APP**

- Talk to a doctor 24/7
- Get a prescription if you need it
- Rash diagnosis
- Behavioral health
- Caregiver access
- No copay<sup>2</sup>

**Reminder:** Beginning in 2020, you can access Teladoc services for free if you're enrolled in Aetna coverage!<sup>2</sup>

Register on the Teladoc portal now so you're ready to go when you need it most: **member.teladoc.com/aetna**, **1-855-835-2362**.

### **NEW JERSEY RESIDENTS: ID CARD CHANGE**

The state now requires a new format for your medical ID cards. You'll get new ID cards in the mail even if you don't enroll in a different plan.

### WILL I GET AN AETNA ID CARD IN THE MAIL? Enrolling in an Aetna In for the forther for the second a replacement of the second a

| plan for the first time | Yes | If you need a replacement ID card, log in |
|-------------------------|-----|---|
|                         |     | to the Aetna member website to access     |
| Adding a dependent      | Yes | your electronic ID card or call Aetna to  |
| Dropping a dependent    | No  | request a card.                           |

1 Providers may not show up in the provider search, based on the way they are registered or if they're part of a provider group. If you can't find your doctor, call Aetna.

2 Consumer Choice Plan participants will still pay the associated copays for Teladoc services until the in-network deductible is met. Post-deductible, covered Teladoc services are free.

### AETNA CONCIERGE Program

The Aetna Concierge program delivers easy access to health resource consultants. It can provide you with information and guidance when you need it.

The program can help with billing, provider, plan design and coverage questions. A concierge can give you the information you need to help you make informed choices as you navigate the health care system.

You can reach Sony Pictures' team of concierges at **1-888-385-1053**.

### ASK EMMA, AND Other tools



EMMA is Sony Pictures' online virtual assistant. She can help you get the most from your benefits.

EMMA asks you questions to make sure you get — and understand the benefits information you need. Her plan recommendations are based on your answers. The information you share with EMMA is confidential; it's used only to help you find the health plan that best fits your needs.

Try out EMMA as your benefits advisor in the Sony Pictures Benefits Center: https://BenefitsCenter. spe.sony.com.

#### AETNA PLAN SELECTION AND COST ESTIMATOR

Use Aetna's Plan Selection and Cost Estimator tools to estimate your out-of-pocket health care costs, compare plan offerings and determine which plan best meets your needs and those of your family.

Log in at **www.aetna.com**.

## PROTECT YOUR SMILE

A DOG'S WAY HOME

For strong healthy teeth, get your canines regularly checked and cleaned.

There are two dental plan options to choose from: the High Plan and Standard Plan.

The High and Standard plans use the Delta Dental PPO and Premier networks. You'll receive benefits for services with any dentist, but Delta Dental's PPO network provides you with the deepest discounts on your dental costs. If you can, it's best to find Delta Dental PPO dentists and specialists to minimize your out-of-pocket costs and maximize your benefits.

With the High Plan, you'll pay more out of each paycheck but less when you need care. The Standard Plan is a less generous plan, but your per-paycheck contributions are less. Only the High Plan covers orthodontia, so if you need that benefit, the High Plan is for you.

Like your medical plan, dental coverage also includes preventive care benefits at 100%. Take advantage of this and schedule regular checkups with your dentist. For more information about the plans, or to view the provider directory, visit **www.deltadentalins.com/sony**, or call **1-800-471-7059**.

#### YOUR COST FOR 2020 DENTAL COVERAGE

| COVERAGE LEVEL            | SONY HIGH PLAN | SONY STANDARD PLAN |
|---------------------------|----------------|--------------------|
|                           | IN-NETWORK     | IN-NETWORK         |
| Employee only             | \$23           | \$9                |
| Employee + Spouse/Partner | \$50           | \$19               |
| Employee + child(ren)     | \$54           | \$21               |
| Employee + family         | \$83           | \$32               |



#### SONY DENTAL PLANS AT A GLANCE

| PLAN FEATURE   | SONY HIGH PLAN                                | SONY STANDARD PLAN                            |
|--|---|---|
|  | IN-NETWORK                                    | IN-NETWORK                                    |
| Annual deductible  | \$50 per person<br>\$150 per family           | \$25 per person<br>\$50 per family            |
| Annual maximum benefit <sup>1</sup>  | \$3,000 (includes orthodontia)                | \$1,500                                       |
|  | YOU PAY                                       |   |
| Preventive and diagnostic services <sup>1</sup><br>(exams, routine cleanings, <sup>3</sup> X-rays, etc.) | 0% (free) <sup>2</sup> (3 cleanings per year) | 0% (free) <sup>2</sup> (3 cleanings per year) |
| Basic restorative services (fillings, extractions, root canals, periodontal <sup>3</sup> )               | 10% after deductible                          | 20% after deductible                          |
| Major restorative services (crowns, bridges, dentures, implants)   | 15% after deductible                          | 40% after deductible                          |
| Orthodontia (for adults and dependent children)  | 50% after deductible                          | Not covered                                   |
|  | OUT-OF-NETWORK                                | OUT-OF-NETWORK                                |
| Preventive   | 0% (free)                                     | 0% (free)                                     |
| Basic  | 20%   | 20%   |
| Major  | 50%   | 50%   |
| Orthodontia  | 50%   | Not covered                                   |

1 Preventive and diagnostic services don't count toward the annual maximum.

2 You don't need to meet the deductible for preventive and diagnostic services to be covered at 100%.

3 Two periodontal cleanings are covered in addition to three covered routine cleanings.

## BE 20/20 IN 2020

When your vision is sharp, it's easier to stay out of trouble.

VSP provides the vision plan. You and your family are covered for eye exams, lenses and frames once per calendar year.

If you use an in-network provider, your plan covers your eye exam and glasses (frame and lenses) or contact lenses. You may also be eligible for discounts on additional products or services you buy during the same visit or even later in the same year.

If you use an out-of-network provider, your plan may or may not cover the full cost of your exam, and your glasses or contact lens allowance will vary by selection.

You'll find a list of certified network optometrists and ophthalmologists at **www.vsp.com**.

There are no changes to the vision rates for 2020.

#### YOUR COST FOR 2020 VISION COVERAGE

| COVERAGE LEVEL            | STANDARD PLAN |  |
|---------------------------|---------------|--|
| Employee only             | \$6           |  |
| Employee + Spouse/Partner | \$9.75        |  |
| Employee + Child(ren)     | \$9.75        |  |
| Employee + Family         | \$16          |  |

#### SONY VISION PLAN AT A GLANCE (IN-NETWORK BENEFITS<sup>1</sup>)

| PLAN FEATURE                     | DESCRIPTION  | YOUR COPAY         | FREQUENCY                 |  |
|----------------------------------|--|--------------------|---------------------------|--|
| WellVision exam                  | <ul> <li>Focuses on your eyes and<br/>overall wellness</li> </ul>  | No сорау           |                           |  |
| Prescription glasses             |  | \$10               | See frames & lenses below |  |
| FRAMES & LENSES                  |  |                    |                           |  |
| Frames                           | <ul> <li>\$200 allowance on a wide<br/>selection of frames</li> </ul>  |                    |                           |  |
|                                  | <ul> <li>\$220 allowance on featured<br/>frame brands</li> </ul>   | No сорау           | Every calendar year       |  |
|                                  | <ul> <li>20% savings on the amount<br/>over your allowance</li> </ul>  | Combined with exam |                           |  |
|                                  | Or, \$110 allowance at Costco Optical<br>or Walmart  |                    |                           |  |
| Lenses <sup>2</sup>              | <ul> <li>Single vision, lined bifocal and<br/>lined trifocal lenses</li> </ul>   |                    | E                         |  |
|                                  | <ul> <li>Polycarbonate lenses for<br/>dependent children</li> </ul>  |                    | Every calendar year       |  |
| Contacts<br>(instead of glasses) | <ul> <li>\$200 allowance for contacts<br/>and contact lens exam</li> </ul>   |                    |                           |  |
| (                                | (fitting and evaluation)   |                    | Every calendar year       |  |
|                                  | <ul> <li>15% off contact lens exam<br/>(fitting and evaluation)</li> </ul>   |                    |                           |  |
| Extra savings                    | Glasses and sunglasses   |                    |                           |  |
|                                  | <ul> <li>30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same WellVision exam.</li> </ul> |                    |                           |  |
|                                  | Or, 20% savings from any VSP provider within 12 months of your last WellVision exam.   |                    |                           |  |
|                                  | Laser vision correction (LASIK)  |                    |                           |  |
|                                  | Average 15% off the regular price.   |                    |                           |  |
|                                  | <ul> <li>Or, 5% off the promotional price; discounts only available from contracted facilities.</li> </ul>   |                    |                           |  |

#### **COMPUTER VISION CARE (EMPLOYEE ONLY)**

| PLAN FEATURE         | DESCRIPTION  | YOUR COPAY           | FREQUENCY           |
|----------------------|--|----------------------|---------------------|
| Computer Vision Exam | Evaluates your needs related to<br>computer use                      | \$0 for exam         | Every calendar year |
|                      | <ul> <li>\$90 allowance on a wide<br/>selection of frames</li> </ul> |                      |                     |
| Frames               | \$110 allowance on featured \$10 for glasses                         |                      | Every calendar year |
|                      | 20% savings on the amount<br>over your allowance                     |                      |                     |
| Lenses               | Single vision, lined bifocal, lined trifocal and occupational lenses | Combined with frames | Every calendar year |

1 Out-of-network benefits are available; contact VSP for details.

2 Lens enhancements include UV protection and standard/premium/custom progressive lenses.

## YOUR Spending Safety Net

You don't need spider sense to save tax-free money for health and dependent care expenses.

### **USE IT OR LOSE IT**

You have until December 31, 2020, to use your FSA funds. Make sure to plan your contributions carefully because you'll lose any unused funds.

Flexible Spending Accounts (FSAs) allow you to set aside money on a pre-tax basis to pay eligible health care and dependent day care expenses. You must choose a contribution amount during the enrollment period to participate in an FSA; the amount you contributed last year doesn't automatically carry over. We offer three types of FSAs:1

PIDER-MAN™: FAR FROM HOME

- Health Care FSA
- Limited Purpose FSA
- Dependent Care FSA

You determine how much to contribute to each account. Your contributions are deducted from your paycheck on a before-tax basis (subject to IRS). FSAs and the HSA are administered by PayFlex.

1 At the time of printing this guide, the IRS had not announced the 2020 FSA limits. The amounts shown in this guide are the 2019 limits.

#### FLEXIBLE SPENDING ACCOUNTS

### HEALTH CARE FSA (GENERAL PURPOSE)

#### ANNUAL CONTRIBUTION: UP TO \$2,700 EACH YEAR

You may use funds to pay medical and dental plan deductibles, copayments and coinsurance; prescription drugs; vision care expenses, including contacts; orthodontics; medical equipment; and more.

### LIMITED PURPOSE HEALTH CARE FSA

#### ANNUAL CONTRIBUTION: UP TO \$2,700 EACH YEAR

The IRS doesn't allow individuals with HSAs to also have a general purpose Health Care FSA.

If you're enrolled in the Sony Consumer Choice Plan, Sony Pictures offers a Limited Purpose Health Care FSA. You can use it to pay only dental and vision expenses until you meet your medical plan's deductible. Once you do, you can use this FSA for qualified medical expenses, too.

For a complete list of qualified Health Care FSA expenses, see IRS Publication 502, **www.irs.gov**.

### **DEPENDENT CARE FSA**

#### ANNUAL CONTRIBUTION: UP TO \$5,000<sup>1</sup> EACH YEAR

If you pay for dependent care, you may enroll in the Dependent Care FSA to pay qualified dependent day care and elder care expenses.

Qualified caregivers include:

- Licensed child care centers
- Nursery schools and preschools
- In-home care (au pair/ nanny) and babysitting
- Elder/senior day care

Qualified dependents include:

- Your children age 12 and younger
- A spouse or dependent of any age who lives with you, relies on you and is physically or mentally unable to care for herself/himself, and is listed as a dependent on your federal income tax return



Consult your tax advisor on whether you should enroll in the Dependent Care FSA or take advantage of the federal dependent care tax credit.





1 Highly compensated employees (those who earned more than \$120,000 in 2019) will be limited to \$2,800 annual contribution. **NOTE:** The IRS did not announce the 2020 limits before this guide was printed.

#### FLEXIBLE SPENDING ACCOUNTS

### HSA VS. FSA

### ELIGIBLE EXPENSES FOR FSA AND HSA

Here are some of the eligible health care expenses the IRS allows you to pay from these tax-favored health care accounts:

- Expenses that count toward the deductible
- Dental care, including braces
- Hearing aids
- Contact lenses and LASIK surgery
- Prescription drugs
- Copays and coinsurance
- Wheelchairs

Check Aetna Navigator at **www.aetna.com** for more information. There's even a tool to help you organize medical expenses and HSA withdrawals online.

See IRS Publication 502 for a complete list of qualified health care expenses you can pay with HSA and FSA funds, **www.irs.gov**.

#### PAYFLEX ADMINISTERS FSAs AND HSA

You can access your accounts on the PayFlex self-service website. You can set up payment specifications, file claim submissions and see your debit card transactions. You can sign into the website through Aetna Navigator, **www.aetna.com**, or at **www.payflex.com**.

You may use HSA and FSA funds to pay qualified medical expenses for yourself, your spouse and eligible dependents without tax penalty. If you use the funds for non-qualified expenses, penalties may apply.

More information about how and when to submit claims is available at **www.aetna.com**. You can have FSA and HSA reimbursements deposited directly into your regular bank account.

#### HSA VS. FSA - WHAT'S THE DIFFERENCE?

The HSA offers more opportunities for tax savings (subject to IRS rules). Plus, the account is yours to keep if you leave the plan or Sony Pictures. Here's how an HSA compares with a general purpose Health Care FSA.

| PLAN FEATURE                           | HSA                                  | FSA                                  |
|--|--------------------------------------|--------------------------------------|
| Sony Consumer<br>Choice Plan required? | Yes                                  | No                                   |
| Use it or lose it?                     | No                                   | Yes                                  |
| Take it with you?                      | Yes                                  | No                                   |
| Are contributions taxed?               | No<br>(except for certain<br>states) | No<br>(except for certain<br>states) |
| ls earned interest taxed?              | No                                   | Does not earn interest               |
| Are qualified withdrawals taxed?       | No                                   | No                                   |
| Who can contribute?                    | You and Sony Pictures                | You                                  |
| Contribution limit?                    | \$3,550 individual<br>\$7,100 family | \$2,700                              |



LONG-TERM DISABILITY

## BETTER THAN A STUNT DOUBLE

**CHARLIE'S ANGELS** 

Whether your life is comedy or action, Long-Term Disability (LTD) coverage plays an important role.

Sony Pictures provides you with basic LTD coverage, administered by Lincoln Financial Group.

LTD pays benefits if an illness or injury prevents you from working for an extended period.

You're automatically enrolled in basic coverage. It pays 60% of your monthly base pay up to \$400,000, for a maximum benefit of \$20,000 (after 180 days of disability).

You're taxed on the premium Sony Pictures pays for you; however, the LTD benefit, should you ever need it, won't be taxed.

You may buy optional coverage, which increases the amount you'd receive to 70% of your monthly base pay. The combined (company-paid and optional coverage) maximum benefit is \$20,000. OPTIONAL LTD EMPLOYEE CONTRIBUTION RATES (LINCOLN FINANCIAL)

| AGE          | ADDITIONAL EMPLOYEE LTD MONTHLY<br>COST (PER \$100 OF COVERAGE) |
|--------------|---|
| Under 25     | \$0.029   |
| 25-29        | \$0.033   |
| 30-34        | \$0.037   |
| 35-39        | \$0.063   |
| 40-44        | \$0.083   |
| 45-49        | \$0.137   |
| 50-54        | \$0.212   |
| 55-59        | \$0.253   |
| 60-64        | \$0.253   |
| 65-69        | \$0.270   |
| 70 and older | \$0.362   |

Your optional LTD premium is taxed.

## EVERY MOMENT MATTERS

When life's not a sitcom, we've got your back.

Financial health is just as important as physical health. We all have concerns about how loved ones would get by if something happened to us. Sony Pictures offers you the opportunity to replace concern with solid financial planning to protect your loved ones.

Life insurance provides your beneficiary with a benefit in the event of your death.

Accidental Death and Dismemberment (AD&D) insurance provides an additional benefit if you suffer a serious injury in an accident, or in the event of your death.

### **LEAVES OF ABSENCE**

Sony Pictures provides many types of leaves of absence that allow you to take time off when you need it.

ONE DAY AT A TIME

Some of these leaves are required by federal and state law. Other leaves, such as a Personal Leave, are offered at the discretion of Sony Pictures.

For information about all the types of leave Sony Pictures offers, please see the Leave of Absence policies in the Employee Handbook. Contact Sony Pictures Leave Administration at **1-800-530-6506** to report a leave.

### **BASIC LIFE AND AD&D INSURANCE**

Sony Pictures provides eligible employees with basic life<sup>1</sup> and AD&D insurance of 1x annual base salary up to a maximum of \$1 million at no cost to you. Coverage is provided by Securian Financial.

#### IMPUTED INCOME

If you have company-provided employee life insurance coverage of more than \$50,000, the IRS requires that the fair-market value of the premium above \$50,000 be treated as taxable income.

The imputed income amount is shown on your paystub and on your year-end W-2 form. Talk to your tax advisor for more information.

<sup>1</sup> Executive life insurance provided by MetLife; different limits may apply.

### SUPPLEMENTAL LIFE AND AD&D INSURANCE

You may buy additional life and AD&D insurance coverage beyond the basic benefit.

Supplemental life insurance coverage:

- **Employee** 1-5x annual base salary up to a maximum of \$1 million. Age reductions apply.<sup>1</sup>
- Spouse/partner<sup>2</sup> \$10,000, \$25,000, \$50,000, \$100,000 or \$250,000
- **Child** \$10,000 or \$20,000

Supplemental AD&D insurance coverage:

- **Employee** 1-8x annual base salary up to a maximum of \$1.5 million.
- Family Spouse/partner, up to a maximum of \$750,000; child maximum of \$100,000:
  - Spouse/partner (with children): 40%<sup>3</sup>
  - Spouse/partner (no children): 50%<sup>3</sup>
  - Each child (with spouse/partner): 10%<sup>3</sup>
  - Each child (no spouse/partner): 25%<sup>3</sup>

### CHOOSING YOUR BENEFICIARIES

Choosing who will receive your survivor benefits for life ( insurance, AD&D and 401(k) is an important decision.

You're required to name your beneficiaries when you enroll. After your first enrollment, you should periodically review your beneficiary elections to make sure their information is up to date. You may change beneficiaries at any time.

#### **EVIDENCE OF INSURABILITY (EOI)**

EOI — proof that you are healthy — is sometimes required for higher levels of supplemental coverage.

**NEW! CURRENT EMPLOYEES** – Securian will allow you to enroll in or increase your supplemental life insurance once during open enrollment without submitting EOI as long as your increase is under the guaranteed issue limit of 5x your salary or \$1 million, whichever is less. You can enroll your spouse or increase their coverage up to the guaranteed issue of \$50,000 during open enrollment.

#### SUPPLEMENTAL LIFE INSURANCE: EMPLOYEE CONTRIBUTION Rates per \$1,000/month (Rates increase with age)

| AGE                        | EMPLOYEE   | SPOUSE/PARTNER |  |
|----------------------------|--|----------------|--|
| Under 25                   | \$0.029  | \$0.050        |  |
| 25-29                      | \$0.035  | \$0.060        |  |
| 30-34                      | \$0.046  | \$0.080        |  |
| 35-39                      | \$0.053  | \$0.090        |  |
| 40-44                      | \$0.058  | \$0.100        |  |
| 45-49                      | \$0.087  | \$0.150        |  |
| 50-54                      | \$0.133  | \$0.230        |  |
| 55-59                      | \$0.250  | \$0.430        |  |
| 60-64                      | \$0.382  | \$0.660        |  |
| 65-69                      | \$0.734  | \$1.270        |  |
| 70 and older               | \$1.190  | \$2.060        |  |
| Supplemental<br>Child Life | \$10,000 coverage: \$0.200 per month<br>\$20,000 coverage: \$0.400 per month |                |  |

#### SUPPLEMENTAL AD&D: EMPLOYEE CONTRIBUTION Rates per \$1,000/month

| Employee only       | \$0.011 |
|---------------------|---------|
| Employee and family | \$0.023 |

### **BUSINESS TRAVEL ACCIDENT PLAN (CIGNA)**

Sony Pictures provides you with Business Travel Accident (BTA) insurance when you travel on company business at least 100 miles away from your home. In the event of your death, the plan pays your beneficiary 3x your annual base salary to a maximum benefit of \$1 million. It also provides coverage if you're injured in a covered accident.

- 1 At age 65, supplemental employee life and supplemental AD&D coverage decreases to 65% of the amount in effect before age 65.
- 2 If your spouse/partner/child is eligible for coverage as an employee, they cannot be covered as a dependent. A child may be covered by only one parent if both parents are Sony Pictures employees. Children are eligible from live birth to age 26.
- 3 Supplemental spouse/partner and child AD&D coverage is a percentage of the employee's supplemental AD&D amount.

# A BEFTER ENT PLAN

**BREAKING BAD** 

Stash your cash in our 401(k) Plan.

Visit www.rps.trowprice.com to manage your account, or call the Sony Savings Plans Service Center at 1-877-SONY-SAVE (1-877-766-9728)

7 a.m. to 10 p.m. Eastern time, Monday – Friday, for help.

1 Eligible pay includes base salary, overtime and bonus, and are eligible for company-matching contributions. In 2019, the IRS limits the amount of pay you can contribute to the plan to \$19,000 in pre-tax and/ or Roth contributions. Combined employee pre-tax, Roth and aftertax contributions under the plan may not be more than 50% of eligible compensation or the plan's annual deferral limit (\$42,625), whichever is lower. In addition, the employer matching contributions may not be more the plan's annual limit (\$12,375). If you're age 50 or older, you can contribute \$6,000 in pre-tax and/ or Roth catch-up contributions in addition to the \$42,625. These limits may change annually. If you reach any limits, your contributions to the plan will stop and excess contributions will be returned to you.

### SONY USA 401(K) PLAN

Everyone strives for a comfortable retirement. The Sony USA 401(k) Plan is the ideal way to achieve retirement dreams by investing money now so you can enjoy the benefits later. The plan offers several great features, including:

- The opportunity to save a significant portion of your income up to 50% of your eligible pay<sup>1</sup> pre-tax, after-tax and/or Roth dollars (combined), up to the annual IRS limits. You may make a carryover election, which allows you to make after-tax contributions after you reach the IRS pre-tax limit. You can also elect to automatically increase your contributions each year.
- Free money Sony Pictures will immediately match 100% of the first 3% of your eligible pay, then 50% of the next 3% you contribute. Pre-tax, after-tax and Roth dollars are eligible for match; however catch-up contributions are not.
- The opportunity to make catch-up contributions. If you're 50 or older in 2020, you may make catch-up contributions of up to \$6,000.
- A range of investment options to choose from, including a series of 10 target retirement date funds, 12 core funds and a self-directed brokerage account.
- For information about the funds, go to www.rps.troweprice.com or call 1-877-SONY-SAVE (1-877-766-9728). If you don't select an investment option or are auto-enrolled, any contributions will be invested in the Sony Target Date Fund closest to your estimated retirement age (generally at age 65).
- You can change your contribution percentage, automatic increases or investment elections at any time. You also may designate or update your beneficiary at any time.

## FIND YOUR BALANCE

COBRA KAI

Discover these meaningful benefits.

### FOR YOU

#### **EMPLOYEE ASSISTANCE PROGRAM (EAP)**

To help manage competing demands and stress of today's fast-paced world, Sony Pictures partners with ComPsych Corporation to bring all employees and their dependents GuidanceResources. It's your one stop for expert information on the issues that matter most to you.

EAP provides:

- Eight visits per issue per year for counseling, addiction, stress, etc.
- Timely articles, HelpSheets, tutorials, streaming videos and self-assessments
- "Ask the Expert" personal responses to your questions
- Searches for child care, elder care, attorney and financial planner

Call **1-855-327-7669** (**1-855-EAP-SONY**) or click **www.guidanceresources.com**, web ID: EAPSONY to access services, 24/7. The information shared with GuidanceResources counselors (and outside resources) is confidential.

### FOR YOU

#### **ON-THE-LOT AETNA NURSE ADVOCATE**

When you need health care advice, contact our Aetna Nurse Advocate. Think of her as your personal benefits advisor — ready to answer your questions or connect you to the appropriate resources. She's also a professional nurse so she can help you navigate the health care maze.

Contact MaeDel at 310-244-6636, or email, MartinM7@aetna.com.

#### **NEW! ON-THE-LOT EMPLOYEE ASSISTANCE COUNSELING**

Sony Pictures has an on-the-lot employee assistance counselor in Culver City. In addition to counseling, you can get referrals, resources, support and information on many work-life issues.

Wendy Talley is available 9 a.m. – 2 p.m., Tuesday and Wednesday in Morita 1202. Email **wtalley@compsych-us.com**.

#### **ON-THE-LOT NUTRITIONIST**

Whether you need to turn your lifestyle around or just want some motivation to make healthier choices, getting advice from a registered dietitian is a good place to start. You can meet with a registered dietitian free of charge.

You can get information about how proper nutrition can help medical diagnoses, weight management, proper meal planning and more.

Email **Medgate\_Medical@spe.sony.com**, or call **310-244-5560** to make an appointment. Located at Robert Young 1000.

#### **ON-THE-LOT PHYSICAL THERAPY**

A licensed physical therapist is available three times a week. Email **Medgate\_Medical@spe.sony.com** or call **310-244-5560** to make an appointment. Located at Robert Young 1000.

#### CIGNA MEDICAL BENEFITS ABROAD (MBA)

Sony Pictures offers a benefit of up to \$200,000 per calendar year if you have an accident or illness while you're traveling on company business outside your home country or the country in which you live. www.cignaenvoy.com or call **1-800-441-2668** (Policy Number 02428A).

#### INTERNATIONAL SOS

Provides medical and travel assistance, and security services to those traveling internationally on company business. For more information, contact International SOS at **1-800-523-6523** (US) or **www.internationalsos.com** (Member Number 11BCPA000212).

### FOR YOUR FAMILY

#### **BEST DOCTORS**

Best Doctors offers three important services to help you and your family members make medical decisions with confidence:

- In-Depth Medical Review It's like getting a second opinion, only better. Through a patented process called InterConsultation, Best Doctors reviews your medical records and creates a comprehensive report, either confirming what you've been told or recommending a change.
- Ask the Expert Discuss your concerns and get answers to basic questions about a diagnosis, treatment options or a health condition. They will also help you determine what questions to ask your doctor.
- Find a Doctor If you need to find an in-network specialist in your area, Best Doctors can help. They have a database of more than 53,000 medical experts in more than 450 specialties worldwide.

Go to https://members. bestdoctors.com or call 1-866-904-0910.

Best Doctors is available to all eligible employees and their dependents enrolled in Sony Pictures' benefit plans. It's 100% confidential and provided at no cost to you.

#### **NEW! RETHINK**

We're proud to introduce Rethink, a comprehensive program that supports our employees who have loved ones with developmental disabilities. It's a web-based, mobile-friendly program created by some of the nation's leaders in developmental disabilities. Sony Pictures offers this benefit at no cost to you.

Caretakers of loved ones with special needs suffer higher rates of depression and anxiety than usual. That's why it's time to "rethink" how we care for and support employees in this role.

Rethink focuses only on families who have members with special needs so its services are specialized beyond what health plans and EAPs typically offer, including:

- Up to 14 hours of telephonic clinical consultation available 24/7
- Strategies and tips on issues from problem behaviors to working with the child's school
- Video-based training for parents

You can download the Rethink Benefits app for free. Use it to schedule consultations, message a learning-andbehavior expert, watch training videos and webinars, and download worksheets, flashcards and other resources. Search "Rethink Benefits" in the App Store or Google Play.

To enroll, visit http://spe.rethinkbenefits.com (enrollment code: spe), or call 1-800-714-9285.

#### **NEW! MILK STORK**

Milk Stork provides traveling mothers everything they need to ship their breast milk home quickly and safely. Sony Pictures will cover the cost of shipping milk for mothers traveling on business. To enroll, go to **www.milkstork.com/sonypictures**.

#### **BACK-UP CARE**

Bright Horizons provides many options for child and elder care. Sony Pictures pays for this benefit, so there's no charge to you and your family; however, you're responsible for paying caregivers and tutors.

You can get back-up care when your regular child or adult/elder care arrangements break down, and when:

- A regular caregiver is unavailable or in need of respite.
- A child is mildly ill and cannot attend school or child care.
- School/child care programs are closed for vacation, in-service days or holidays.
- An adult/elder relative is unexpectedly ill or recovering from medical treatment.

Support your family with up to 10 days a year of back-up child or elder care at subsidized rates. Center-based care is \$15 per child or \$25 per family; in-home care is \$6 per hour.

In addition to back-up care services, you can take advantage of these support services:

- Finding nannies, sitters, elder care resources and pet sitters through a free database. You also have preferred enrollment access and discounts for select non-Bright Horizon center-based child care.
- Getting discounted tutoring resources for SATs/ACTs, standardized tests, Common Core subjects and general help for your student.

#### **NEW! ELDER CARE**

Get the caregiving guidance you need with a personal touch. Introducing Bright Horizons Elder Care, an expansion of your Bright Horizons.

Access Bright Horizons to:

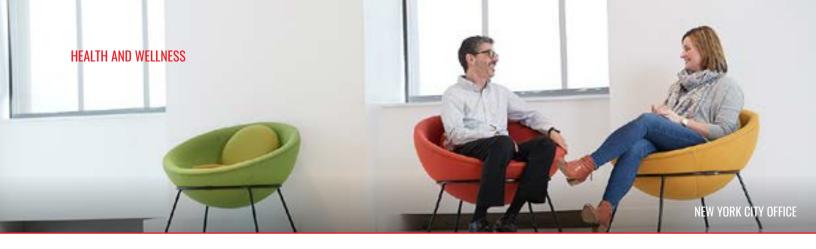
- Navigate the care journey for your loved one
- Work with an experienced Care Coach
- Coordinate care online
- Schedule on-site care assessments
- Access legal help, financial guidance and verified referrals

For more information on these Bright Horizon services, visit www.careadvantage.com/sonypictures (username: SPE; password: Backup) and click the Additional Family Support Tab, or call **1-877-BH-CARES**.

#### ADOPTION AND SURROGACY ASSISTANCE

Sony Pictures recognizes there are many ways to have a child. The adoption and surrogacy assistance program will reimburse eligible employees up to \$10,000 per adopted child or surrogacy. Reimbursable expenses include state-licensed adoption agency fees, legal costs and medical expenses.

For more information, see the Sony Pictures Employee Handbook or contact Progyny at **progyny.com/ for-employees**, or **1-833-404-2011**.



### FOR YOUR FINANCIAL WELLNESS

#### EDASSIST

If you've thought about going back to school to feel better equipped to perform your job, Sony Pictures wants to help.

We've established a tuition reimbursement program. If you're eligible, Sony Pictures will reimburse you for certain tuition costs and course-related expenses after you successfully complete approved courses.

Tuition costs are reimbursed up to \$5,250 per calendar year for undergraduate courses, extension courses and certification programs; up to \$9,000 per calendar year for graduate level courses.Tuition reimbursement may have tax implications. You should talk to your tax advisor.

EdAssist is Sony Pictures' tuition reimbursement administrator. You can reach EdAssist at **spe.edassist.com** or at **1-855-853-5017**.

#### INFOARMOR

ID and credit theft are becoming more common every day, with devastating effects. To help protect you, Sony Pictures offers InfoArmor at no cost to you (you may buy coverage for your family). InfoArmor's \$1 million ID theft insurance can help you get your life back in order if your identity is stolen.

You'll be automatically enrolled in this coverage so your identity, finances and privacy are protected. Sony Pictures doesn't provide your personal information to InfoArmor for this coverage.

You also may enroll in InfoArmor's enhanced ID protection called PrivacyArmor.<sup>1</sup> It's a monitoring service that alerts you at the first sign of fraudulent or suspicious activity, including credit score changes, accounts opened in your name, compromised credentials, financial transactions and more. InfoArmor will monitor your:

- Identify and credit
- Financial transactions
- Social media representation
- More

Plus, there's Wallet Protection in which you can store important documents in a secure, online vault. If your wallet gets lost or is stolen, the contents can be quickly replaced.

Sony Pictures also pays for this coverage but you must choose it as a new hire or during open enrollment. For more information on InfoArmor, go to www.myprivacyarmor.com or 1-800-789-2720.

#### **COMMUTER BENEFITS**

Sony Pictures encourages employees to take advantage of public transportation whenever possible. Commuter Benefits allow you to pay for certain work-related transportation expenses on a pre-tax basis.

**Parking:** Pay for eligible work-related parking expenses, including:

- The cost of parking at or near your worksite.
- The cost of parking at a location from which you commute to work, either by mass transit or a qualifying commercial or non-commercial vehicle or carpool.

**Transit:** Buy passes or vouchers to cover the cost of mass transit to and from work. Eligible expenses include subway, train, bus and vanpool costs.

The IRS sets the monthly reimbursement rates, which are adjusted periodically for inflation. Visit **www.irs.gov** for more information or go to **www.payflex.com**.

<sup>1</sup> If you enroll in the additional PrivacyArmor benefit, you consent to have Sony Pictures provide InfoArmor with certain personal information, including your address, Social Security number and date of birth, which InfoArmor requires to provide the monitoring service. You'll be able to review the amenities offered through PrivacyArmor and provide additional personal information to InfoArmor to customize your monitoring service.

#### HYATT LEGAL

Legal matters — planned and unplanned — are part of life. Enrolling in the Hyatt Legal Plan gives you the financial and emotional peace of mind to know you'll be covered for expected and unexpected legal events.

The Hyatt Legal Plan provides you, your spouse and dependents with fully covered legal services from a network of experienced attorneys.

Services include:

- · Estate planning, wills, powers of attorney and trusts
- Sale and purchase of a primary home, including refinancing
- Tenant or landlord issues when you're the tenant
- Traffic offenses (except DUIs)
- Consumer protection
- Immigration assistance
- Defense in civil lawsuits

There are no annual limits on covered services. Complex legal services are available at an additional cost. Certain services may be excluded.

#### Coverage for you and your family

Hyatt Legal Program monthly contribution: \$16.50

#### New! Parents Plus – Coverage for your parents

Through Hyatt Legal you may buy up to a plan that provides your parents and parents-in-law access to legal help, from estate planning to elder care matters and identity theft issues.

Hyatt Legal Program buy-up monthly contribution: \$22.50

Once you're enrolled, go to **www.members.legalplans.com** or download the Hyatt Legal mobile app. You can also call Hyatt Legal Plans at **1-800-821-6400**, 8 a.m. to 8 p.m. Eastern time, Monday – Friday.

Enrollment is for the entire year. You can change your election during the next open enrollment.

#### **EMPLOYEE STOCK PURCHASE PLAN (ESPP)**

Through the Employee Stock Purchase Plan (ESPP), you can buy Sony American Depositary Receipt (ADR) common stock through convenient after-tax payroll deductions.

Sony ADR stock is traded on the New York Stock Exchange (ticker symbol SNE) in U.S. dollars.

For more information, call the plan administrator, Computershare, at **1-800-621-3777**, or go to **www.Computershare.com**. You can find the enrollment forms on mySPE.

### FOR YOUR PET

#### **INSIDE RX PETS**

Sony Pictures partners with Inside Rx Pets, a prescription savings program, at no cost or obligation for you.

If you're a pet parent, you can get discounts on brand name and generic human medications prescribed for pets.

Inside Rx Pets provides you with:

- 15% average savings on the cost of brand medications
- Easy access to 40,000 participating retail pharmacies nationwide

You can download your savings card and find participating pharmacies at https://insiderxpets.com.

#### PET INSURANCE

My Pet Protection and My Pet Protection with Wellness from Nationwide help you provide your pets with the best care possible. Both plans reimburse 90% on vet bills including accidents, illnesses and hereditary conditions.<sup>1</sup>

My Pet Protection suite of pet insurance includes plans specifically designed for employees and gives you superior protection. It features:

- 90% back on vet bills<sup>1</sup>
- One set price, regardless of the pet's age
- A wellness plan option that includes spay/neuter,<sup>2</sup> preventive dental cleaning and more

For more information or to get a free quote, call **1-877-738-7874** and mention "bSwift Specials" to get your preferred pricing.

- Some exclusions may apply. Certain coverages may be subject to pre-existing exclusion.
   See policy documents for a complete list of exclusions.
- 2 Spay/neuter coverage is available only with My Pet Protection with Wellness.

### LEGAL NOTICES

#### SUMMARY OF BENEFITS AND COVERAGE

The health benefits available to you represent a significant component of your Sony Pictures Total Rewards package, in addition to your compensation, and provides important protection for you and your family in the case of illness or injury. Your Sony Pictures plan offers a series of health coverage options. Choosing a health coverage option is an important decision.

To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC) to help you compare your options. The SBC is available on Sony Pictures Benefits Center at https://BenefitsCenter. spe.sony.com under the Forms and Documents section and at www.KENKOatSPE.com. You can also request a paper copy, free of charge, by contacting a Sony Pictures Benefits Center Representative at 1-888-9-SONY-01. If you have dependents in your household who are enrolled in the Sony Pictures plan, please share this information with them. Be aware that any SBC provided to you will be deemed to have been provided to your dependents unless the plan is advised of a different address.

#### MEDICARE PART D PRESCRIPTION DRUG COVERAGE

#### Important Notice for Medicare-Eligible Employees and Covered Dependents

Sony Pictures Entertainment (Sony Pictures) is required to provide the notice that follows to all Medicare-eligible plan participants. The purpose of the notice is to provide you with a statement of assurance that while you are enrolled in Sony EPO, Sony PPO, Sony Consumer Choice or Kaiser HMO, the prescription drug coverage you have under any of these Sony Pictures medical plans is "Creditable Coverage." This means that, on average, your Sony Pictures coverage is at least as good as the standard Medicare prescription drug coverage. (For more information on Creditable Coverage, you can refer to the "Creditable Coverage" section of the notice below.)

Medicare prescription drug coverage is optional, and you may find that you have all the coverage you need with Sony Pictures. If you decide in a subsequent year that you want to enroll in a Medicare prescription drug plan, this notice will serve as confirmation to Medicare that you had Creditable Coverage in the interim. As a result, you will not have to pay a late penalty on your Medicare prescription drug plan monthly premium if you decide to enroll during a subsequent annual enrollment window. Note, however, that if you opt out (choose the "No Coverage" option) with Sony Pictures, you do not have Creditable Coverage and may be subject to a future premium penalty if you subsequently enroll in a Medicare prescription drug plan. The notice that follows explains the effect of having Creditable and non-Creditable Coverage.

#### IMPORTANT NOTICE FROM SONY PICTURES ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Sony Pictures and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare prescription drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important facts you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare.

You can get this coverage if you join a Medicare prescription drug plan or join a Medicare Advantage plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare 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.

2. Sony Pictures determined that the prescription drug coverage offered by Sony Pictures is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered Creditable Coverage.

Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare prescription drug plan.

### WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

You can join a Medicare prescription drug plan when you first become eligible for Medicare and each year from October 15 through December 7. However, if you lose creditable prescription drug coverage through no fault of your own, you will be eligible for a two-month Special Enrollment Period (SEP) to join a Medicare drug plan.

#### WHAT HAPPENS TO YOUR CURRENT COVERAGE IF YOU DECIDE TO JOIN A MEDICARE DRUG PLAN?

If you decide to join a Medicare prescription drug plan, your current Sony Pictures coverage is not affected.

If you decide to join a Medicare prescription drug plan and drop your Sony Pictures prescription drug and medical coverage, be aware that you and your dependents may not be able to get this coverage back. Please remember that your Sony Pictures prescription drug coverage is bundled with your medical plan option. Therefore, there is no separate employee contribution for prescription drug coverage. If you want to keep your Sony Pictures coverage and you want to avoid duplicate premiums, you should NOT enroll in Medicare prescription drug coverage for 2020.

Please contact us for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.

#### WHEN WILL YOU PAY A HIGHER PREMIUM (PENALTY) TO JOIN A MEDICARE DRUG PLAN?

You should know that if you drop or lose your coverage with Sony Pictures and don't join a Medicare prescription drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare prescription drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without Creditable Coverage, your premium may consistently be at least 19% higher than the base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

#### FOR MORE INFORMATION ABOUT THIS NOTICE OR YOUR CURRENT PRESCRIPTION DRUG COVERAGE

If you have questions, call a Sony Pictures Benefits Center representative toll-free at **1-833-9-SONY-01**.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare prescription drug plan, and if this coverage through Sony Pictures changes. You also may request a copy of this notice at any time from a Sony Pictures Benefits Center representative toll-free at **1-833-9-SONY-01**.

#### FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance
   Assistance Program (see the inside back
   cover of your copy of the "Medicare
   & You" handbook for the telephone
   number) for personalized help

 Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the Web at **www.socialsecurity.gov**, or call **1-800-772-1213** (TTY **1-800-325-0778**).

#### REMEMBER: KEEP THIS CREDITABLE COVERAGE NOTICE.

If you decide to join one of the Medicare prescription drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained Creditable Coverage and whether or not you are required to pay a higher premium (a penalty).

Date: October 1, 2019 Name of Sender: Sony Pictures Entertainment Contact Office: People & Organization - Total Rewards Address: 10202 West Washington Boulevard, Culver City, CA 90232 Phone Number: **1-310-244-4000** 

#### NOTIFICATION OF YOUR RIGHTS TO PLAN MODIFICATION, TERMINATION, AND INTERPRETATION

Sony Pictures reserves the right in its sole and absolute discretion to amend, modify, or terminate any or all employee benefit plans at any time and for any reason. This means that Sony Pictures may decide to change the design of the prescription drug benefit so that it no longer constitutes Creditable Coverage. If this happens, we will notify you of the change and of your options at that time.

In addition, Sony Pictures reserves the sole and absolute discretionary right to interpret and apply the terms of the medical plan and to render final and binding decisions about the plan and its coverage. In the event of a conflict between this notice and the terms of the plan, the terms of the plan will govern in all cases.

Act of 1985 ["COBRA"] – requiring that most employers sponsoring group health

plans offer employees and their families the opportunity for a temporary extension of health coverage (called "Continuation Coverage") at group rates in certain instances where coverage under the plan would otherwise end (called "qualifying events"). For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the plan administrator.

#### SPECIAL ENROLLMENT PERIODS

If you decline enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this Plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage).

However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after you or your dependents' coverage ends under Medicaid or a state health insurance program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or obtain more information, contact a Sony Pictures Benefits Center representative toll-free at 1-833-9-SONY-01. Individuals who have questions about HIPAA may contact The Centers for Medicare & Medicaid Services (CMS) toll-free at 1-877-267-2323. The CMS website also provides answers to your questions about the provisions of HIPAA, which can be found at the following Internet address: http://www.cms.hhs. gov/HIPAAGenInfo/. Individuals may also contact CMS directly, by mail, at:

The Centers for Medicare & Medicaid Services, 7500 Security Boulevard Baltimore, MD 21244

#### HIPAA PRIVACY STATEMENT

Sony Pictures maintains the privacy and security of your personal health information in compliance with HIPAA. All policies regarding the HIPAA Privacy and Security regulations may be found in Sony Pictures' HIPAA Privacy Notice which describes our legal duties and privacy practices relating to how medical information about you may be used and/or distributed. You can get a copy of the Privacy Notice, for no charge, on Sony Pictures Benefits Center or on www.KENKOatSPE. com. You can request a paper copy at no charge by calling 1-310-244-7062.

#### PATIENT PROTECTION NOTICE

The Kaiser Permanente HMO generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Kaiser Permanente will designate one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Kaiser at **1-800-464-4000**.

For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from Kaiser or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Kaiser at 1-800-464-4000.

#### WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 ("WHCRA")

Your health care plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomyrelated services, including all stages of reconstruction and surgery to achieve symmetry between breasts, prostheses, and complications resulting from a mastectomy (including lymphedema). These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Call your health care provider at

**1-888-385-1053**, Aetna or Kaiser at **1-800-464-4000**, for more information.

#### NEWBORNS' AND MOTHERS' Health protection act of 1996

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours for any 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 her newborn earlier than the 48 hours (or 96 hours as applicable). In any case, plans and issuers may not under Federal law require that the provider obtain authorization from the plan or issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

#### SONY PICTURES GROUP BENEFIT PLAN ANNUAL SUMMARY REPORT

The 2018 Summary Annual Reports (SARs) summarize the financial information for Sony Pictures' Benefits Plans as required by the Employee Retirement Income Security Act (ERISA) of 1974, as amended. To view the reports, go to SPE>KENKO>Benefits. If you are unable to access the SAR document, please contact People & Organization (P&O) at **1-310-244-4748**. You can also contact P&O by email and **SPE\_ People&Organization@spe.sony.com**.

#### PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

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

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

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

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

If you live in one of the states on the following page, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2019. Contact your State for more information on eligibility. To see if any other states have added a premium assistance program since January 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of LaborEmployee Benefits Security www.dol.gov/agencies/ebsa 1-866-444-EBSA (3272) U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services www.cms.hhs.gov 1-877-267-2323, Menu Option 4, Ext. 61565

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of October 1, 2019. Contact your state for more information on eligibility.

Website: http://www.mass.gov/eohhs/gov/

MASSACHUSETTS – Medicaid and CHIP

ALABAMA - Medicaid Website: http://myalhipp.com/ Phone: 1-855-692-5447 ALASKA – Medicaid The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/ Pages/medicaid/default.aspx **ARKANSAS – Medicaid** Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (1-855-692-7447) COLORADO - Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+) Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943, State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/ child-health-plan-plus CHP+ Customer Service: 1-800-359-1991, State Relay 711 FLORIDA – Medicaid Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268 **GEORGIA – Medicaid** Website: https://medicaid.georgia.gov/healthinsurance-premium-payment-program-hipp Phone: 1-678-564-1162 ext 2131 **INDIANA – Medicaid** Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone: 1-800-403-0864 IOWA – Medicaid Website: http://dhs.iowa.gov/Hawki Phone: 1-800-257-8563 KANSAS – Medicaid Website: http://www.kdheks.gov/hcf/ Phone::1-785-296-3512 **KENTUCKY** – Medicaid Website: https://chfs.kv.gov Phone: 1-800-635-2570 LOUISIANA – Medicaid Website: http://dhh.louisiana.gov/index.cfm/ subhome/1/n/331 Phone: 1-888-695-2447 MAINE - Medicaid Website: http://www.maine.gov/dhhs/ofi/publicassistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711

departments/masshealth/ Phone: 1-800-862-4840 MINNESOTA – Medicaid Website: https://mn.gov/dhs/people-we-serve/ seniors/health-care/health-care-programs/ programs-and-services/other-insurance.jsp Phone: : 1-800-657-3739 MISSOURI – Medicaid Website: http://www.dss.mo.gov/mhd/ participants/pages/hipp.htm Phone: 1-573-751-2005 MONTANA - Medicaid Website: http://dphhs.mt.gov/ MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 NEBRASKA – Medicaid Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 1-402-473-7000 Omaha: 1-402-595-1178 NEVADA – Medicaid Website: https://dhcfp.nv.gov Phone: 1-800-992-0900 **NEW HAMPSHIRE – Medicaid** Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 1-603-271-5218 HIPP program: 1-800-852-3345, ext 5218 **NEW JERSEY – Medicaid and CHIP** Medicaid Website: http://www.state.nj.us/ humanservices/ dmahs/clients/medicaid/ Medicaid Phone: 1-609-631-2392 CHIP Website http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 NEW YORK - Medicaid Website: https://www.health.ny.gov/health\_care/ medicaid/ Phone: 1-800-541-2831 NORTH CAROLINA - Medicaid Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100 NORTH DAKOTA - Medicaid Website: http://www.nd.gov/dhs/services/ medicalserv/medicaid/ Phone: 1-844-854-4825 **OKLAHOMA – Medicaid and CHIP** Website: http://www.insureoklahoma.org Phone: 1-888-365-3742 **OREGON – Medicaid** Website: http://healthcare.oregon.gov/Pages/ index.aspx http://www.oregonhealthcare.gov/index-es.html

Phone: 1-800-699-9075

**PENNSYLVANIA – Medicaid** Website: http://www.dhs.pa.gov/ provider/medicalassistance/ healthinsurancepremiumpaymenthippprogram/ index.htm Phone: 1-800-699-9075 **RHODE ISLAND – Medicaid** Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 1-401-462-0311 (Direct RIte Share Line) SOUTH CAROLINA - Medicaid Website: https://www.scdhhs.gov Phone: 1-888-549-0820 SOUTH DAKOTA - Medicaid Website: http://dss.sd.gov Phone: 1-888-828-0059 TEXAS – Medicaid Website: http://gethipptexas.com/ Phone: 1-800-440-0493 UTAH - Medicaid and CHIP Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669 VERMONT-Medicaid Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427 VIRGINIA – Medicaid and CHIP Medicaid Website: http://www.coverva.org/ programs\_premium\_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs\_ premium\_assistance.cfm CHIP Phone: 1-855-242-8282 WASHINGTON - Medicaid Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022 ext. 15473 WEST VIRGINIA – Medicaid Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447) WISCONSIN – Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/ publications/p1/p10095.pdf Phone: 1-800-362-3002 WYOMING - Medicaid Website: https://wyequalitycare.acs-inc.com/ medicaid/ Phone: 1-307-777-7531

### **QUICK REFERENCE GUIDE**

#### **BEING HEALTHY AT HOME AND AWAY**

#### **BENEFITS BUDGETING TOOL**

Aetna's Plan Selection and Cost Estimator tools can help you estimate your out-of-pocket health care costs.

#### **PREVENTIVE CARE**

Our medical and dental plans provide preventive care at no cost to you.

www.aetna.com – Sony Consumer Choice, PPO, EPO www.kp.org – Kaiser HMO www.deltadentalins.com/sony – Delta Dental plans

#### SUPPORT FOR WOMEN'S HEALTH

Aetna's Women's Health Program provides resources and preventive services like Breast Health Education Center, maternity support and more.

🖵 www.aetna.com

#### **ON-THE-LOT NUTRITIONIST**

Meet with a registered dietitian free of charge.

#### Medgate\_Medical@spe.sony.com

/ 1-310-244-5560

#### **ON-THE-LOT PHYSICAL THERAPY**

A licensed physical therapist is conveniently available three times a week, by appointment only.

- Medgate\_Medical@spe.sony.com
- 2 1-310-244-5560

#### **EMPLOYEE ASSISTANCE PROGRAM (EAP)**

Confidential counseling, consultations and referrals.

### NEW! ON-THE-LOT EMPLOYEE ASSISTANCE COUNSELOR

Sony Pictures has an on-the-lot counselor in Culver City who offers employees clinical counseling and access to confidential referrals, resources, support and information on a variety of work-life solutions.

wtalley@compsych-us.com

#### **CONVENIENT CARE**

#### **NEW! HEALTH CARE WHEN YOU NEED IT**

MinuteClinics are open extended hours — even nights and weekends — in select CVS pharmacies to provide many health care services — and there's an app for that.

Free visits for Aetna EPO and PPO, and for the Consumer Choice Plan after deductible.

🖵 minuteclinic.com

#### HEALTH CARE ADVICE AND SUPPORT

#### **ONLINE ADVICE 24/7**

With the Informed Health Line, you can talk to trained nurses 24/7 about medical conditions, treatment options and other health concerns.

/ 1-800-556-1555

#### **AETNA NURSE ADVOCATE**

When you need health care guidance, our Nurse Advocate can help.

#### MartinM7@aetna.com

2 310-244-6636

### FLEXIBLE SPENDING ACCOUNTS

#### SET ASIDE \$\$ FOR HEALTH CARE

With a Health Care Flexible Spending Account, you can set aside pre-tax dollars to spend on health care.

www.payflex.com

#### VIRTUAL DOCTOR

With Teladoc, you can talk to board-certified doctor 24/7 over your phone or computer for diagnosis and treatment of minor conditions. Teladoc is free for Aetna EPO and PPO, and for the Consumer Choice Plan after the deductible. Services include behavioral health and dermatology.

1-855-TELADOC (1-855-835-2362)

#### SECOND OPINIONS, MEDICAL REVIEWS, HELP FINDING A DOCTOR

Best Doctors offers all three services — it's confidential and no cost to you.

- https://members.bestdoctors.com
- 1-866-904-0910

#### YOUR MEDICAL 'PERSONAL ASSISTANT'

The Aetna Concierge Program can help with billing, provider, plan design and coverage questions.

/ 1-888-385-1053

#### DEPENDENT CARE FSA

Set aside up to \$5,000 of your pre-tax income to pay for dependent care.

www.payflex.com

#### **PLANNING FOR A FAMILY**

#### FERTILITY BENEFITS

Fertility treatment and egg freezing through Progyny.

#### www.progyny.com

1-833-404-2011

#### ADOPTION REIMBURSEMENT

Up to \$10,000 reimbursement per child.

**www.progyny.com** *2* 1-833-404-2011

#### SURROGACY REIMBURSEMENT

Up to \$10,000 reimbursement per surrogacy.

#### 🖵 www.progyny.com

/ 1-833-404-2011

#### SUPPORT FOR KIDS, BIG AND SMALL

#### **PARENTAL LEAVE**

Six weeks paid parental leave for eligible employees.

#### www.mylibertyconnection.com

/ 1-800-530-6506

#### NURSING SUPPORT

Breast pumps and lactation counseling support from Aetna and Kaiser plans.

#### **EMPLOYEE ASSISTANCE PROGRAM (EAP)**

Confidential counseling, consultations and referrals.

*www.guidanceresources.com* (Web ID: EAP SONY)
 *∂* 1-855-327-7669

#### **BASSINET RENTAL DISCOUNT**

SNOO – Smart Sleeper bassinet for newborns. 10% off rental.

- https://snoo.rentals/sony (enter code: SONYEMPLOYEE)
- / 1-855-424-6323

#### **RETURNING TO WORK AND BEYOND**

Wellness/Lactation Rooms available for nursing moms. Go to mySPE to find locations.

#### **NEW! BREAST MILK SHIPPING**

Milk Stork ships your breast milk home when you travel for business.

www.milkstork.com/sonypictures

### **NEW!** SUPPORT FOR PARENTS OF CHILDREN WITH EMOTIONAL/BEHAVIORAL NEEDS

Rethink offers web-based, mobile-friendly support and information.

parentsupport.rethinkbenefits.com (code: Sony)

#### **AETNA MATERNITY MANAGEMENT**

Aetna Maternity Management Program is with you every step of your way.

🖵 www.aetna.com

J-800-cradle1 (1-800-272-3531)

#### **EXPECTANT MOTHER'S PARKING**

Available in Culver City parking structures and the Thalberg parking lot. If you need an accommodation, reach out to your Business Partner. Quarterly Maternity/Parental Leave of Absence information sessions — check mySPE for details.

#### **BRIGHT HORIZONS FAMILY SUPPORT**

- Find sitters, nannies, housekeepers and more
- Discounted tutoring for SAT/ACT, standardized tests and general help

#### BACK-UP CARE

Up to 10 days a year of child care at subsidized rates of \$6/hour for in-home care or \$15-\$25 for center-based care.

☐ www.careadvantage.com (Username SPE; password Backup)
✓ 1-877-BH-CARES (1-877-242-2737)

#### VACCINATIONS

Protect your dependents — and yourself. Most age-appropriate vaccines are considered preventive care and available at no cost to you.

🖵 www.aetna.com

#### **ORTHODONTIC CARE**

Straight teeth result in healthier gums — and that's good for your overall health.

- www.deltadentalins.com/sony
- / 1-800-471-7059

#### LIFE INSURANCE

Financial protection for your loved ones in the event of your death.

- 🖵 www.lifebenefits.com
- / 1-866-293-6047

#### EXECUTIVE LIFE INSURANCE THROUGH METLIFE

🖉 1-800-756-0124

#### **CARING FOR A PARENT**

#### **CAREGIVER LEAVE**

Six weeks paid caregiver leave for eligible employees.

#### www.mylibertyconnection.com

🤌 1-800-530-6505

#### **BACK-UP CARE**

Up to 10 days a year of elder care at subsidized rates of \$6/hour.

- www.careadvantage.com (Username SPE; password Backup)
- / 1-877-BH-CARES (1-877-242-2737)

#### **NEW! LEGAL HELP FOR YOUR PARENTS**

Add your parents and parents-in-law to Sony Pictures' Hyatt Legal Plan.

- 🖵 www.legalplans.com
- 1-800-821-6400

#### EAP

Companion services, home health care, safety monitoring and caregiver support.

- 💂 www.guidanceresources.com (Web ID: EAP SONY)
- 2 1-855-327-7669

#### **EMOTIONAL HEALTH**

#### EAP

Free confidential counseling for stress, depression, anger, grief and more.

- www.guidanceresources.com (Web ID: EAP SONY)
- 🖉 1-855-327-7669

#### **TRAVEL AND COMMUTING BENEFITS**

#### **TRAVEL PROTECTION**

Sony Pictures' travel accident insurance pays benefits in the event of your death while you're traveling for business.

🖵 www.cignaenvoy.com

#### MEDICAL BENEFITS OVERSEAS

Cigna Medical Benefits Abroad (MBA) protects you if you have an accident or illness while traveling abroad on business.

🖵 www.cignaenvoy.com

🖉 1-800-441-2668

#### MANAGING FINANCES, PLANNING FOR THE FUTURE

#### RETIREMENT

Sony's USA 401(k) Plan can help you save and invest money now for your retirement.

#### www.rps.trowprice.com

2 1-877-SONY-SAVE (1-877-766-9728)

#### **TUITION REIMBURSEMENT**

Sony Pictures reimburses eligible employees for certain tuition-related costs through EdAssist.

#### https://spe.edassist.com

2 1-855-853-5017

#### **HEALTH SAVINGS ACCOUNT (HSA)**

Available with the Sony Consumer Choice medical plan; you can use the tax-free money to pay health care expenses.

www.payflex.com

1-888-678-8242

#### SONY'S LEGAL SERVICES PLAN

Estate planning, wills, trusts, refinancing your home and more.

#### 🖵 www.legalplans.com

2 1-800-821-6400

#### **CARING FOR YOUR FUR BABIES**

#### **INSIDERX PETS PROGRAM**

Save on human prescriptions for your pets.

https://insiderxpets.com/?source=sony

#### EMERGENCY HELP ABROAD

International SOS provides medical, travel and security services.

- 📮 www.internationalsos.com
- 1-800-523-6523

#### SAVE ON COMMUTING COSTS

Pay for commuting expenses — transit, carpool or parking — with pre-tax payroll deductions from your paycheck.

www.payflex.com

#### **IDENTITY THEFT PROTECTION**

Protect yourself from the financial and emotional devastation ID theft can cause; provided by Sony Pictures and InfoArmor.

🖵 www.myprivacyarmor.com

/ 1-800-789-2720

#### LONG-TERM DISABILITY

If you can't work because of a long-term illness or injury, LTD replaces 60% of your monthly base pay.

- www.mylibertyconnection.com
- (Company code: sony pictures)
- 🤌 1-800-530-6506

#### **OWN A PIECE OF SONY**

You can buy Sony stock (SNE) through the Employee Stock Purchase Plan (ESPP) with payroll deductions.

- 🖵 www.Computershare.com
- / 1-800-621-3777

#### PET INSURANCE

Up to 15% discount on Nationwide pet insurance. Mention "beSwift Specials" when you call.

/ 1-877-738-7874

### CONTACTS

| BENEFIT                          |  | PROVIDER                         | PHONE NUMBER                          | WEBSITE   |
|----------------------------------|--|----------------------------------|---------------------------------------|---|
| Sony Pictures                    | s Benefits Center  | Sony Pictures                    | 833-9-SONY-01                         | https://benefitscenter.spe.sony.com   |
| Benefits Infor                   | rmation  | KENKŌ Health &<br>Wellness       | N/A                                   | www.KENKOatSPE.com  |
|                                  | <ul> <li>Sony Consumer Choice</li> <li>Sony PPO</li> <li>Sony EPO</li> </ul>   | Aetna                            | 1-888-385-1053                        | www.aetna.com   |
|                                  | • Kaiser HMO   | Kaiser Permanente                | 1-800-464-4000                        | www.kp.org  |
| Medical                          | Family Planning  | Progyny                          | 1-833-404-2011                        | www.progyny.com/for-employees   |
|                                  | Medical Plan Comparison Tools  | Sony Pictures                    | N/A                                   | EMMA: https://benefits.spe.sony.com<br>Aetna Plan Compare Tool:<br>https://www.aetna.com/planselection/<br>mbrDis.jsp?id=1055 |
| Prescription                     | Prescription Drugs   | Express Scripts                  | 1-800-716-2773                        | www.express-scripts.com/sonypics  |
| Drugs                            | Prescription Drugs   | Kaiser (Sony Plans)              | 1-800-464-4000                        | www.kp.org  |
| Aetna<br>Resources               | Telephone Counseling   | Teladoc                          | 1-855-835-2362                        | www.teladoc.com/Aetna<br>Mobile: www.teladoc.com/mobile   |
| Resources                        | 24/7 Nurseline   | Aetna                            | 1-800-556-1555                        |   |
| Dental                           | <ul><li>Sony Standard Plan</li><li>Sony High Plan</li></ul>  | Delta Dental                     | 1-800-471-7059                        | www.deltadentalins.com/sony   |
| Vision                           | Vision Coverage  | Vision Service Plan              | 1-800-877-7195                        | www.vsp.com   |
| Flexible<br>Spending<br>Accounts | <ul> <li>Flexible Spending Accounts<br/>(FSAs)</li> <li>Health Savings Account (HSA)</li> <li>Commuter Benefits</li> </ul> | Payflex                          | 1-888-678-8242                        | www.payflex.com   |
| Long Term<br>Disability          | Leaves of Absence/Disability   | Lincoln Financial                | 1-800-530-6506                        | www.mylibertyconnection.com<br>(Company code: sony pictures)  |
| Leave/Life/<br>AD&D              | Executive Life Insurance   | MetLife                          | 1-800-756-0124                        |   |
|                                  | Financial Wellness:  | T. Rowe Price                    | 1-877-766-9728                        | www.rps.troweprice.com  |
| 401(k)                           | <ul> <li>Sony USA 401(k) Plan</li> <li>Employee Stock Purchase Plan<br/>(ESPP)</li> </ul>                                  | ComputerShare                    | 1-800-621-3777                        | www.computershare.com   |
|                                  | Employee Assistance<br>Program (EAP)   | ComPsych by<br>GuidanceResources | 1-855-327-7669                        | www.guidanceresources.com<br>(Web ID: EAPSONY)  |
|                                  | On-the-Lot Nurse Advocate  | MaeDel Martin                    | 310-244-6636                          | Email: MartinM7@aetna.com   |
|                                  | On-the-Lot Employee<br>Assistance Counselor  | Wendy Talley                     |                                       | Email: wtalley@compsych-us.com  |
|                                  | On-the-Lot Nutritionist  | Medical Center                   | 310-244-5560                          | Email: Medgate_Medical@spe.sony.com   |
|                                  | On-the-Lot Physical Therapy  | Medical Center                   | 310-244-5560                          | Email: Medgate_Medical@spe.sony.com   |
|                                  | Medical Benefits Abroad (MBA)  | Cigna                            | 1-800-441-2668                        | CignaEnvoy.com  |
|                                  | Business Travel Benefits<br>Information  | International SOS                | 1-800-523-6586 (US)<br>1-215-942-8226 | www.internationalsos.com<br>(Member Number 11BCPA000212)  |
| Health and<br>Wellness           | Second Opinion Service   | Best Doctors                     | 1-866-904-0910                        | www.bestdoctors.com/members   |
| 110111035                        | s Behavior Coaching Assistance   | Rethink                          | 1-800-714-9285                        | http://spe.rethinkbenefits.com  |
| -                                | Breast Milk Shipping   | Milk Stork                       | 1-877-242-1306                        | www.milkstork.com/sonypictures  |
|                                  | Back-Up Care;<br>Elder Care  | Bright Horizons                  | 1-877-242-2937                        | www.careadvantage.com/sonypictures<br>First time users: User name: SPE<br>Password: backup1                                   |
|                                  | Tuition Assistance   | EdAssist                         | 1-855-853-5017                        | http://spe.edassist.com   |
|                                  | ID Theft Protection  | InfoArmor                        | 1-800-789-2720                        | www.myprivacyarmor.com  |
|                                  | Legal Services   | Hyatt Legal Plans                | 1-800-821-6400                        | www.info.legalplans.com   |
| _                                | Pet Insurance  | Nationwide                       | 1-877-738-7874                        | bswift Specials   |
|                                  | Pet prescriptions  | Inside Rx                        | N/A                                   | https://insiderxpets.com/?source=sony   |



This is a summary of certain Sony Pictures benefits. Not all employees may be eligible for the benefits described herein. When an employee logs in to Sony Pictures Benefits Center through mySony Pictures or **https://benefitscenter.spe.sony.com** they will only see the benefits available to them. For any questions or to speak to a benefits representative, call 833-9-SONY-01.

This Benefits Guide provides summary information on certain Sony Pictures Entertainment benefits. The benefits are governed by the official plan documents (which may include underlying contracts). This guide is not intended to amend or revise any official plan document or change the terms of any plan in any way. This guide is believed to be accurate as of the print date; however, it is subject to change without notice. In the event of any inconsistency between the plan documents and the information in this guide, the terms of the plan documents, as interpreted by the plan administrator in its sole discretion, control in all cases. Sony Pictures reserves the right to amend, suspend, or terminate these benefits plans or programs at any time for any reason. This guide is intended for distribution only to employees eligible for Sony Pictures benefits plans and programs described herein. If you inadvertently receive this Benefits Guide or information about benefit programs that are inapplicable to you, receipt of this guide or other benefit information shall not be deemed to constitute a waiver of any applicable eligibility requirements. This guide is for information purposes only and is neither an offer of any payment of benefits nor a guarantee of continued employees. To the extent eligible employees are employed by Sony Pictures pursuant to a written employment agreement, nothing in this guide alters any provisions therein, including, but not limited to, the duration, term, or termination provisions of the agreement.