

# BENEFITS VOYAGE

Learn more about the benefits of independence.



**COMPREHENSIVE  
MEDICAL PLANS**

Page 8

**MENTAL HEALTH  
RESOURCES**

Page 20

**LONG-TERM CARE  
COVERAGE**

Page 35

CORPORATE



# WELCOME TO SONY PICTURES' OPEN ENROLLMENT FOR 2024

As we head into the new year, we continue to strive to ensure that our benefits comprehensively support you and your loved ones in all areas of your life. We hope you'll take the time to reacquaint yourself with all our benefit options, review our plan enhancements, and learn about a new plan offering for 2024.

## **2024 EMPLOYEE CONTRIBUTIONS**

Health care costs continue to rise significantly in the U.S. and across all of our medical plans. Sony Pictures remains committed to moderating how these increased costs are shared with our employees, through thoughtful and modest annual adjustments in employee contributions.

In 2023, we capped employee contribution increases at 3% across our plans, with Sony Pictures absorbing the additional cost increases. In 2024, we will do the same with a 3% increase to our medical plan rates, but no increase to our dental or vision rates.

Please see page 14 to learn more.

## **SONY CONSUMER CHOICE PLAN DEDUCTIBLES**

For 2024, the IRS once again increased the **mandatory** deductibles for all high-deductible health plans as follows:

- In-network deductibles:
  - \$1,600 employee-only coverage (an increase of \$100)
  - \$3,200 family coverage (an increase of \$200)
- Out-of-network deductibles:
  - \$3,200 employee-only coverage (an increase of \$200)
  - \$6,400 family coverage (an increase of \$400)

Please see page 13 to learn more.

## **SONY CONSUMER CHOICE PLAN – HEALTH SAVINGS ACCOUNT (HSA) LIMIT INCREASE**

To help offset the IRS deductible increases, the IRS has also permitted an increase to HSA contribution limits for high-deductible plans.

The 2024 HSA contribution limits are (including Sony Pictures' contribution):

- \$4,150 if your medical plan covers just you (an increase of \$300)
- \$8,300 if your medical plan covers at least one other person (an increase of \$550)

**Please note:** Sony Pictures will continue to contribute to Sony Consumer Choice Plan HSAs as follows:

- \$750 – employee-only coverage
- \$1,500 – family coverage

Please see page 11 to learn more.

## **ENHANCED BENEFITS FOR METLIFE LEGAL PLAN**

The optional MetLife Legal Plan now includes surrogacy and reproductive coverage (**at no extra charge**) to help you navigate this complex legal terrain.

Please see page 43 to learn more.

## **LONG-TERM CARE – NEW OFFERING!**

Starting in 2024, Sony Pictures will offer a new **optional** life insurance plan that includes long-term care (LTC) coverage.

LTC coverage can help to pay for in-home or residential services required to support covered participants with illnesses or disabilities who need help with daily activities including bathing, dressing, eating, medication management, and mobility.

As costs for these services have increased exponentially in the U.S., access to LTC coverage has been very limited in the marketplace. Therefore, this year Sony Pictures has partnered with Trustmark to offer our employees **optional** access to plan choices that may be appropriate for their personal circumstances.

Please see page 35 to learn more.

Sony Pictures deeply values everything you do every day to make us successful. In return, we offer benefits, plans, and programs that support you and your loved ones where and when it matters most. Wishing you a very happy and healthy 2024!

Stacy Green  
Executive Vice President & Chief People Officer



Enroll at Sony Pictures Benefits Center:  
**benefitscenter.spe.sony.com.**

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

## 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.



# TABLE OF CONTENTS

<b>ENROLLMENT &amp; ELIGIBILITY</b> .....	<b>4</b>
I wanna enroll with SPE	
<b>MEDICAL PLANS</b> .....	<b>8</b>
Find your perfect match	
<b>PRESCRIPTION DRUGS</b> .....	<b>15</b>
The perfect dose of coverage	
<b>AETNA RESOURCES</b> .....	<b>17</b>
Aetna's here to help	
<b>MENTAL HEALTH &amp; EMOTIONAL WELLBEING RESOURCES</b> ....	<b>20</b>
Keeping you on track	
<b>DENTAL COVERAGE</b> .....	<b>24</b>
A plan for every smile	
<b>VISION COVERAGE</b> .....	<b>26</b>
Take a closer look	
<b>FLEXIBLE SPENDING ACCOUNTS</b> .....	<b>28</b>
Your turn to save	
<b>LONG-TERM DISABILITY</b> .....	<b>31</b>
Focus on the road ahead	
<b>LEAVE   LIFE   AD&amp;D   LONG-TERM CARE</b> .....	<b>32</b>
Steps to support your family	
<b>SONY USA 401(K) PLAN</b> .....	<b>38</b>
Navigating your future	
<b>FAMILY SUPPORT RESOURCES</b> .....	<b>39</b>
A web of resources	
<b>FINANCIAL &amp; LEGAL RESOURCES</b> .....	<b>41</b>
Here for backup	
<b>PET PROTECTION RESOURCES</b> .....	<b>44</b>
For your furry companions	
<b>ON THE LOT RESOURCES</b> .....	<b>45</b>
Life on the lot	
<b>LEGAL NOTICES</b> .....	<b>46</b>
<b>QUICK REFERENCE GUIDE &amp; CONTACTS</b> .....	<b>BACK COVER</b>

A copy of the updated Summary Plan Description (SPD) for your Sony Pictures Entertainment Health and Welfare Benefits Plan ("Plan") is posted on [benefits.sonypictures.com](https://benefits.sonypictures.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 [spe\\_benefits@spe.sony.com](mailto:spe_benefits@spe.sony.com)

For information about Medicare Part D, please see the Legal Notices Section of this guide, page 46.





WHITNEY HOUSTON: I WANNA DANCE WITH SOMEBODY  
ON DISC AND DIGITAL  
© 2022 NYBO PRODUCTIONS LLC. ALL RIGHTS RESERVED.

# I WANNA ENROLL WITH SPE

How will you know how to enroll?

## 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 2024

(except FSA and HSA contribution amounts and identity theft protection). If you want an FSA or HSA (including employer contribution), 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.

If you're a new employee and do not enroll within 31 days, 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 be enrolled in dental coverage.

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

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

You have 45 days from your date of hire to change to or waive the 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](http://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 2024, except for FSA and HSA contribution amounts and identity theft protection. If you want to participate in an FSA or HSA (including employer contribution) in 2024, you must enroll during open enrollment.

### 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 and access the enrollment materials at [benefits.sonypictures.com](http://benefits.sonypictures.com).
- ✓ If you're enrolled in an Aetna plan, check to see if your doctor is in-network at [www.aetna.com/dsepublic/#/sony](http://www.aetna.com/dsepublic/#/sony).
- ✓ "Ask EMMA" at [benefitscenter.spe.sony.com](http://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 [benefits.sonypictures.com](http://benefits.sonypictures.com) for a summary of each plan.
- ✓ Enroll in or waive coverage through Sony Pictures Benefits Center at [benefitscenter.spe.sony.com](http://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, unless you have a change in status or qualifying life event. See your plan's Summary Plan Description (SPD) on [benefits.sonypictures.com](http://benefits.sonypictures.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:

A

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

B

You must meet and attest to all these requirements and complete an affidavit of spousal equivalency, which you can find on [benefits.sonypictures.com](https://benefits.sonypictures.com):

- You and your domestic partner 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 [benefits.sonypictures.com](https://benefits.sonypictures.com) for details about domestic partner coverage.



# FIND YOUR PERFECT MATCH



INDIAN MATCHMAKING (SEASON 3)  
NOW ON NETFLIX  
©2022 NETFLIX. ALL RIGHTS RESERVED.

Pair up with a medical plan that's right for you.

## IMPORTANT DEFINITIONS

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

<b>Deductible</b>	This is the amount you have to pay out-of-pocket before the plan starts to pay.
<b>Coinsurance</b>	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.
<b>Copay</b>	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.
<b>Annual out-of-pocket maximum</b>	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.
<b>Employee premiums</b>	This is the amount taken out of your paycheck to pay for health insurance.



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

<p><b>Aetna</b> Sony Consumer Choice</p>	<p><b>Aetna Sony PPO</b></p>	<p><b>Aetna Sony EPO</b></p>	<p><b>Kaiser HMO</b> (Southern California only)</p>
--	------------------------------	------------------------------	---

## WHEN YOUR DOCTOR'S NOT IN 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 drastically increase your health care expenses.

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. Out-of-network doctors will be reimbursed by the plan at a lower rate, which may mean you pay 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 provider search tool at [www.aetna.com/dsepublic/#/sony](http://www.aetna.com/dsepublic/#/sony)

## AETNA MINUTECLINIC: YOUR CONVENIENT HEALTH CARE OPTION

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 MinuteClinics 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 [www.cvs.com/minuteclinic/clinic-locator](http://www.cvs.com/minuteclinic/clinic-locator). You can view wait times and hold your place in line at [www.cvs.com/minuteclinic](http://www.cvs.com/minuteclinic) or on the CVS pharmacy app.

<sup>1</sup> 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.

**DID YOU KNOW?** 

**REASONABLE AND CUSTOMARY**

If you go to an out-of-network provider, they can set their own rates.

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. This amount will not count toward your deductible.

## SONY CONSUMER CHOICE PLAN WITH HEALTH SAVINGS ACCOUNT (HSA)

### THE SONY CONSUMER CHOICE PLAN IS A HIGH-Deductible Preferred-Provider Organization (PPO) THAT INCLUDES AN HSA.

The Sony Consumer Choice Plan has **lower** monthly premiums than our other plans, but also **higher** annual deductibles. You may visit any doctor or specialist you choose, in- or out-of-network, and these services will be covered in accordance with the plan terms.

Services that qualify as either “preventive care services”<sup>1</sup> or “preventive care prescriptions” received through in-network providers are covered 100% by the plan. Other services, including many prescription drugs, are subject to your medical plan deductible. Please note: Any amounts paid to out-of-network doctors that exceed the “reasonable and customary” standard of the plan will not apply to your deductible or out-of-pocket maximum.

The Sony Consumer Choice Plan works in conjunction with an HSA. Review the plan comparison chart on page 13 for more information.

<sup>1</sup> Please refer to each plan for a specific list of covered preventive services. Please note that not all prenatal care services qualify as preventive care.

### HOW THE DEDUCTIBLE WORKS

The family deductible works differently from the Sony PPO Plan. “Family coverage” is any coverage with more than only you (e.g., 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 15.

#### EXAMPLE 1

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

They haven’t met the \$3,200 in-network family deductible. As a result, the family will pay 100% of care and prescriptions until they meet the \$3,200 deductible. These expenses can be paid or reimbursed from Barbara’s HSA.

PARTICIPANT	COVERED EXPENSES
Barbara	\$1,350
Spouse	\$100
Child 1	\$250
Child 2	\$50
<b>TOTAL</b>	<b>\$1,750</b>

#### EXAMPLE 2

Barbara’s family has met the \$3,200 deductible, so the plan pays 80% of covered care and prescription drugs for the family until the out-of-pocket maximum is met. This is called coinsurance.

The family also has reached the \$8,000 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	\$2,000
Spouse	\$4,500
Child 1	\$1,000
Child 2	\$500
<b>TOTAL</b>	<b>\$8,000</b>

## HEALTH SAVINGS ACCOUNT (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 the 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.

### 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 2024 maximum HSA contribution is \$4,150 for individual coverage and \$8,300 for family coverage. This includes the Sony Pictures contribution. You can change your contributions during the year and make an after-tax contribution, 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).

Sony Pictures will contribute \$750 (employee only) and \$1,500 (family) to your HSA. Sony Pictures’ full HSA contribution for 2024 will be made in January so you’ll be able to use the funds early in the year. As a new employee, you’ll get the prorated HSA funding amount the first calendar quarter after you join the plan and set up your HSA.

### 2024 HSA Annual Contribution Limits

HSA TYPE	SONY PICTURES’ CONTRIBUTION	AMOUNT YOU MAY CONTRIBUTE	TOTAL ALLOWED CONTRIBUTION
Employee Only Coverage	\$750	\$3,400	\$4,150
Family Coverage	\$1,500	\$6,800	\$8,300

### Qualifying for an HSA

When you enroll in the Sony Consumer Choice Plan, you will verify your eligibility for an HSA and select your annual contribution amount through the Benefits Center.

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
- Your spouse doesn’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 29)

If you’re Medicare-eligible or approaching Medicare eligibility, email [spe\\_benefits@spe.sony.com](mailto:spe_benefits@spe.sony.com).

## SETTING UP YOUR HSA

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.

Once PayFlex has established your HSA, you can use these funds to pay qualified expenses. 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.

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](http://www.irs.gov) (Publication 969).



## SONY PREFERRED PROVIDER ORGANIZATION (PPO) PLAN

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

The plan covers in-network preventive care at 100%. For in-network office visits, you pay a copay. For other care, you pay 100% of all expenses until you meet the deductible before the plan starts paying. 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 EXCLUSIVE PROVIDER ORGANIZATION (EPO) PLAN

The Sony 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 at 100%. For in-network office visits, you pay a copay. 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 SONY PPO/EPO PLANS (EXAMPLES ARE IN-NETWORK)

#### EXAMPLE 1

Robert and his family are in the Sony PPO Plan. He’s met the \$700 individual deductible, so his plan will begin paying 80% coinsurance for his care; however, the \$1,400 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	COVERED EXPENSES
Robert	\$700
Spouse	\$100
Child	\$200
<b>Total</b>	<b>\$1,000</b>

#### 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	\$600
Spouse	\$200
Child	\$600
<b>Total</b>	<b>\$1,400</b>

## KAISER HEALTH MAINTENANCE ORGANIZATION (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 “2024 Medical Plans at a Glance” table on page 13.

## 2024 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 [benefits.sonypictures.com](https://benefits.sonypictures.com).

PLAN FEATURE	SONY CONSUMER CHOICE	SONY PPO	SONY EPO	KAISER HMO (CA ONLY)
Type of plan	PPO	PPO	EPO	HMO
Payroll contribution	Lowest	Highest	Moderate	Moderate
	IN-NETWORK	IN-NETWORK	IN-NETWORK ONLY	IN-NETWORK ONLY
Annual deductible	\$1,600 individual <sup>1</sup> \$3,200 family <sup>1</sup>	\$700 individual \$1,400 family	\$250 individual \$500 family	None
Annual out-of-pocket maximum (includes deductibles, copays & prescriptions)	\$4,000 individual \$8,000 family <sup>3</sup>	\$4,200 individual \$8,200 family	\$3,200 individual \$6,400 family	\$1,500 individual \$3,000 family
YOU PAY				
Preventive care	0% (free)	0% (free)	0% (free)	0% (free)
Office visits (primary care)	20% coinsurance <sup>2</sup>	\$25 copay	\$20 copay	\$20 copay
Office visits (specialists)	20% coinsurance <sup>2</sup>	\$40 copay	\$35 copay	\$35 copay
Teladoc	\$0 (free)	\$0 (free)	\$0 (free)	N/A
Coverage for most services	20% coinsurance <sup>2</sup>	20% coinsurance <sup>2</sup>	10% coinsurance <sup>2</sup>	\$20 copay
Emergency room	20% coinsurance <sup>2</sup>	20% coinsurance <sup>2</sup>	10% coinsurance <sup>2</sup>	\$150 copay
Inpatient hospital	20% coinsurance <sup>2</sup>	20% coinsurance <sup>2</sup>	10% coinsurance <sup>2</sup>	\$250 per admission
Outpatient testing	20% coinsurance <sup>2</sup>	20% coinsurance <sup>2</sup>	10% coinsurance <sup>2</sup>	\$50 per procedure
Diagnostic X-ray and laboratory	20% coinsurance <sup>2</sup>	20% coinsurance <sup>2</sup>	10% coinsurance <sup>2</sup>	No charge
Inpatient mental health & substance use	20% coinsurance <sup>2</sup>	20% coinsurance <sup>2</sup>	10% coinsurance <sup>2</sup>	\$250 per admission
Outpatient services copay/coinsurance	20% coinsurance <sup>2</sup>	\$25 office visit copay	\$20 office visit copay	\$20 copay
Physical, occupational, and speech therapy <sup>4</sup>	20% coinsurance <sup>2</sup> up to 60 visits per year in- and out-of-network combined <sup>4</sup>	20% coinsurance <sup>2</sup> (other outpatient services); \$40 copay for doctor visit; up to 60 visits per year in- and out-of-network combined <sup>4</sup>	10% coinsurance <sup>2</sup> (other outpatient services); \$35 copay for doctor visit; up to 60 visits per year in- and out-of-network combined <sup>4</sup>	\$20 copay
OUT-OF-NETWORK				
Annual deductible	\$3,200 individual <sup>1</sup> \$6,400 family <sup>1</sup>	\$1,400 individual \$2,800 family	No coverage	No coverage
Your coinsurance after deductible	40%	40%	No coverage	No coverage
Annual out-of-pocket limit <i>Note: Any amount over maximum allowable charge is not included.</i>	\$8,000 individual \$16,000 family	\$8,400 individual \$16,400 family	No coverage	No coverage
Preventive care; you pay:	20% coinsurance	20% coinsurance	No coverage	No coverage

<sup>1</sup> All services, including prescriptions, are subject to the annual deductible except for certain preventive care services defined under the plan as being covered at 100%. Out-of-network expenses in excess of "reasonable and customary" charges under the plan will not count toward the annual out-of-network deductible.

<sup>2</sup> After deductible.

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

<sup>4</sup> Visit limit does not apply to habilitative treatment for autism and development delays, however exclusions may apply.

**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 Sony PPO and meet the \$700 in-network deductible, you've met half of the \$1,400 out-of-network deductible.

## YOUR COST FOR 2024 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 — taken weekly or biweekly depending on your pay frequency — 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!** Only 3% increase in medical premiums for 2024.

<b>MEDICAL PLAN EMPLOYEE CONTRIBUTION RATES (includes prescription drug coverage)</b>				
BASE SALARY	Under \$60,000	\$60,000 to \$199,999	\$200,000 to \$299,999	\$300,000 and above
<b>EMPLOYEE MONTHLY COST</b>				
<b>SONY CONSUMER CHOICE PPO</b>				
Employee only	\$67	\$67	\$67	\$67
Employee + spouse/partner	\$163	\$191	\$239	\$315
Employee + child(ren)	\$131	\$153	\$187	\$244
Employee + family	\$229	\$271	\$338	\$441
<b>SONY PPO</b>				
Employee only	\$240	\$284	\$330	\$388
Employee + spouse/partner	\$481	\$572	\$672	\$812
Employee + child(ren)	\$385	\$443	\$529	\$603
Employee + family	\$661	\$787	\$926	\$1,114
<b>SONY EPO</b>				
Employee only	\$132	\$147	\$174	\$188
Employee + spouse/partner	\$264	\$305	\$358	\$405
Employee + child(ren)	\$213	\$240	\$286	\$327
Employee + family	\$386	\$436	\$524	\$540
<b>KAISER HMO (CA ONLY)</b>				
Employee only	\$112	\$121	\$152	\$168
Employee + spouse/partner	\$251	\$293	\$339	\$375
Employee + child(ren)	\$214	\$244	\$289	\$366
Employee + family	\$340	\$385	\$460	\$475

### 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](http://www.cignaenvoy.com) or call **1-800-441-2668** (Policy Number 02428A).

### INTERNATIONAL SOS

Sony Pictures provides medical and travel assistance, and security services to those traveling internationally on company business. For more information, contact International SOS at **1-800-523-6586** (U.S.) or [www.internationalsos.com](http://www.internationalsos.com) (Member Number 11BCPA000212).



# THE PERFECT DOSE OF COVERAGE!

OUTLANDER (SEASON 2)  
ON DISC AND DIGITAL

© 2016 SONY PICTURES TELEVISION INC. ALL RIGHTS RESERVED.

Prescription drug benefits are a part of all of 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 preventive care prescriptions, contraceptives, and tobacco cessation medications

## KEEPING COSTS DOWN AND QUALITY UP

We're always working with Express Scripts to help keep prescription drug costs down while maintaining access to clinically proven medications. What this means to you is that the formulary — the list of drugs your medical plan will cover — can change; new drugs get added and others get taken off.

If you take regular medications, we encourage you to occasionally review the formulary to make sure the medications you need are still on the list. If your covered drug is removed, talk to your doctor about similar medications your plan does cover.

When the formulary changes and it affects a medication you take, Express Scripts will contact you before the change goes into effect so you have time to work with your doctor to find alternatives.

	SONY CONSUMER CHOICE <sup>1</sup> / SONY PPO / SONY EPO		KAISER HMO (CALIFORNIA ONLY)	
	RETAIL (30-DAY SUPPLY)	MAIL (90-DAY SUPPLY)	RETAIL (30-DAY SUPPLY)	MAIL (90-DAY SUPPLY)
	YOU PAY			
Generic	\$10 copay	\$20 copay	\$10 copay	\$20 copay
Preferred	30% coinsurance \$25 minimum \$75 maximum	30% coinsurance \$55 minimum \$125 maximum	\$20 copay	\$40 copay
Non-Preferred	40% coinsurance \$40 minimum \$100 maximum	40% coinsurance \$70 minimum \$150 maximum	\$20 copay	\$40 copay

<sup>1</sup> After you meet the deductible in the Sony Consumer Choice Plan.



# HELPFUL PRESCRIPTION TERMS



**BRAND NAME DRUGS:** Drugs marketed under trademark-protected names, like Lipitor or Prozac.

**GENERIC DRUGS:** 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.

**COMPOUND MEDICATIONS:** 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.*

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

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

## 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 "preventive care" medications (as defined by the plan) that help you avoid or manage certain illnesses and conditions may be covered at 100%. Conditions for which medications may be covered at 100% 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 [benefits.sonypictures.com](https://benefits.sonypictures.com).





# AETNA'S HERE TO HELP



THE CREATURE CASES

Aetna's comprehensive services give you the support you need.

## AETNA HEALTH APP & MEMBER WEBSITE

You can:

- View or print your electronic ID card
- Check what's covered by your plan
- Track your progress toward meeting your deductibles
- View your Explanation of Benefits (EOB)
- View discount programs available to you as an Aetna member



## TELADOC

With Sony Pictures' telemedicine program, you can call a doctor 24/7 for diagnosis and treatment of minor conditions.

No matter which Aetna plan you're in, you'll never pay a fee or copay when you visit a Teladoc doctor (see page 13 for details); your medical visits are free.

With Teladoc, you can get:

- Short-term prescriptions
- Skin conditions diagnosed by sending a photo

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)** or download the Teladoc app from your favorite app store.

## TALK TO A REGISTERED NURSE 24/7

As an Aetna member, you'll have round-the-clock access to a registered nurse with the 24 Hour Nurse Line at **1-800-556-1555**.





## 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: **benefitscenter.spe.sony.com**.

## TRANSFORM ONCOLOGY CARE PROGRAM

If you or an enrolled dependent is facing a cancer diagnosis, Aetna's Transform Oncology Care Program provides an enhanced, personalized level of support to help you navigate your cancer journey. To learn more, contact Aetna at **1-888-385-1053**.

## WELLBEING ENGAGEMENT PLATFORM

This platform is Aetna's digital gateway to health. All your health-related digital tools, programs, and resources are packaged into a new comprehensive online experience.

The platform makes it easy for you to manage your health. It includes a health assessment, health library, digital coaching, theme-based activity challenges, trackers and device integration, an online scheduling tool, and a messaging feature. This gives you a convenient way to reach Aetna and it also lets you reach others through its social communities. Log on to **www.aetna.com** to get started.

## 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.
3. When prompted for your plan type, choose the network/plan you're interested in:

Sony Consumer Choice Plan	Sony PPO	Sony EPO
---------------------------	----------	----------

### WILL I GET AN AETNA ID CARD IN THE MAIL?

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

<sup>1</sup> 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.

## HINGE HEALTH

As an Aetna member, you'll have access to Hinge Health, which offers innovative digital programs for back, knee, hip, neck, and shoulder pain in easy-to-do 15-minute exercise therapy sessions. Learn more and register at [www.hingehealth.com/sony](http://www.hingehealth.com/sony).

## AETNA CONCIERGE PROGRAM

The Aetna concierge program delivers easy access to health resource consultants.

The program can help with billing, provider, and plan design questions. A concierge can help you make informed choices about your health care.

You can reach Sony Pictures' concierge team at **1-888-385-1053**, or contact Sony Pictures' dedicated Aetna Nurse Advocate Stephanie Vega at **1-312-549-3918** or email [vegas@aetna.com](mailto:vegas@aetna.com).

## INCLUSIVE FERTILITY BENEFIT – PROGNYN

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. You must be enrolled in a Sony Consumer Choice Plan, Sony PPO, or Sony EPO.

### ***Comprehensive coverage for all***

Progyny's Smart Cycle coverage includes IUI, IVF, egg freezing, donor eggs or sperm, urological treatment for men, surrogacy and adoption counseling, and more. Your coverage includes up to four rounds of Smart Cycle fertility care.

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

### ***Personalized support***

Progyny includes unlimited guidance and support throughout your fertility journey from a dedicated patient-care advocate (PCA).

### ***Learn more***

For more information, including transition of care, visit [progyny.com/for-employees](http://progyny.com/for-employees) or call **1-833-404-2011**.

## LACTATION SUPPORT

Aetna plans cover up to six in-person visits and six virtual visits with a lactation consultant if you need help with breastfeeding. Your OB/GYN or pediatrician may offer these services through their office.

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

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

- 3D mammograms
- Breast Health Education Center
- Confidential genetic testing for breast and ovarian cancers
- Aetna Maternity Management — Maternity support

Visit [www.aetna.com](http://www.aetna.com) to learn more.



THE CREATURE CASES

## HEALTH PLANS MEET WORLD PROFESSIONAL ASSOCIATION FOR TRANSGENDER HEALTH (WPATH) STANDARD

We're proud to announce that our Aetna medical plans — Sony Consumer Choice Plan, Sony PPO, and Sony EPO — meet the WPATH standards of care for employees seeking medical transition. This means our Aetna plans provide employees who are part of the diverse transgender, nonbinary, and gender nonconforming communities with primary, specialty, and mental health care. Please review the Transgender and Nonbinary Resource Guide at [benefits.sonypictures.com/resources](http://benefits.sonypictures.com/resources).



# KEEPING YOU ON TRACK

GRAN TURISMO  
ON DISC AND DIGITAL

©2023 COLUMBIA PICTURES INDUSTRIES, INC. AND TSG ENTERTAINMENT II. ALL RIGHTS RESERVED.

Fuel your mental and emotional health.

## MENTAL HEALTH & EMOTIONAL WELLBEING RESOURCES THROUGH SPRING HEALTH

We've heard clearly from you that caring for your mental and emotional health is just as important as your physical health. We are excited to provide a fully integrated suite of resources available by phone, computer, or in-person (as available) through Spring Health. It provides convenient and confidential resources to help you navigate all your mental, emotional, and behavioral health and wellbeing needs.



## SPRING HEALTH MENTAL HEALTH AND EMOTIONAL WELLBEING BENEFITS

Sony Pictures employees and their family members can access a full continuum of convenient and confidential mental health and emotional wellbeing benefits through Spring Health — all provided at no cost to you.

Just like exercising regularly or going to the doctor for an annual checkup, Spring Health gives you and your family the tools to improve your mental wellness.



**In-app wellness exercises.** Support your mental fitness on-the-go, with exercises in meditation, better sleep, and more.



**Personalized recommendations.** Assessments to identify the right care for your needs, learn more about yourself, and track your progress.



**Dedicated support.** Receive guidance along your journey from your personal Care Navigator.



**Crisis support line.** Talk to a caring professional when you need urgent help.



**Therapy.** Book sessions with trusted providers at times that fit your schedule. Costs for the first eight sessions are paid for by Sony Pictures.



**Medication Management.** Speak with a Spring Health prescriber to manage medications, when appropriate.



**Coaching.** Receive tips for managing stress, increasing focus, and more.



**Work-life services.** Access services to help you navigate life's challenges, from legal guidance to financial planning. Work-life access code: sonypictures.



## GETTING STARTED IS EASY:

Get started with Spring Health in four easy steps.

- 1 Activate your Spring Health account.
  - Online: **sonypictures.springhealth.com**
  - Phone: **1-855-629-0554**
  - Mobile App: download "Spring Health Mobile" in the Google Play and Apple app stores
- 2 Complete your mental health and emotional wellbeing assessment at **sonypictures.springhealth.com** and receive your personalized care plan based on your exact needs.
- 3 Connect with your dedicated Care Navigator to help you along your journey.
- 4 Access in-app mental wellbeing exercises, up to eight free therapy sessions (paid for by Sony Pictures), and more.





## MEDICAL PLAN COVERAGE FOR MENTAL HEALTH & SUBSTANCE MISUSE

All of the Sony Pictures medical plans provide coverage for mental health and substance misuse diagnostic and treatment services.

You can find an in-network provider as well as learn more about covered services and additional resources when you contact your plan:

Aetna:  
**1-888-385-1053**  
[www.aetna.com/dsepublic/#/sony](http://www.aetna.com/dsepublic/#/sony)

Kaiser Permanente:  
**1-800-464-4000**  
[www.kp.org](http://www.kp.org)

If you're enrolled in an Aetna medical plan and you see a Spring Health provider for therapy services, you can continue to see them as an in-network provider, subject to your deductible, copay, and coinsurance, after the first eight visits paid for by Sony Pictures.

If you are enrolled in the Kaiser plan, a behavioral health liaison can help you transition to a Kaiser network provider if you need services beyond those provided by Spring Health.

## WHAT IS SPRING HEALTH?

Spring Health provides mental wellness services that are confidential, convenient, and available anytime, anywhere.

## WHAT CAN I USE SPRING HEALTH FOR?

With Spring Health, you can book therapy sessions that fit your schedule, access work-life resources for help navigating life's challenges, and more. They also provide a library of on-demand self-help exercises and pair each employee or covered family member with a dedicated Care Navigator.

## WHO CAN USE SPRING HEALTH?

It's available to Sony Pictures U.S. benefits-eligible employees and their dependents age 6 and older.

## HOW MUCH WILL THIS COST?

Sony Pictures employees and each of their covered dependents receive up to eight free therapy sessions every year with a Spring Health provider.

Those enrolled in an Aetna medical plan through Sony Pictures can continue seeing their Spring Health provider as an in-network provider after the first eight sessions.





GRAN TURISMO  
ON DISC AND DIGITAL

©2023 COLUMBIA PICTURES INDUSTRIES, INC. AND TSG ENTERTAINMENT II. ALL RIGHTS RESERVED.

## ON THE LOT COUNSELING

Sony Pictures has an on the lot 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. to 2 p.m. PT,  
Tuesday and Wednesday.

Email: [theleseconsultinggroup@gmail.com](mailto:theleseconsultinggroup@gmail.com).



CULVER CITY OFFICE

## TELADOC COUNSELING

If you're enrolled in the Sony Consumer Choice, Sony PPO, or Sony EPO medical plan, you can connect 24/7 with a Teladoc virtual doctor.

In addition to diagnosis and treatment of minor medical conditions, 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) or download the Teladoc app from your favorite app store.



MIAMI OFFICE





# A PLAN FOR EVERY SMILE

LYLE, LYLE, CROCODILE  
ON DISC AND DIGITAL  
© 2023 CTMG. ALL RIGHTS RESERVED.

## Because your smile matters.

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](http://www.deltadentalins.com/sony), or call 1-800-471-7059.

## YOUR MONTHLY COST FOR 2024 DENTAL COVERAGE

COVERAGE LEVEL	SONY HIGH PLAN	SONY STANDARD PLAN
	IN-NETWORK	IN-NETWORK
Employee only	\$24	\$9
Employee + spouse/partner	\$52	\$20
Employee + child(ren)	\$56	\$22
Employee + family	\$85	\$33



## SONY DENTAL PLANS AT A GLANCE

PLAN FEATURE	SONY HIGH PLAN	SONY STANDARD PLAN
	IN-NETWORK	IN-NETWORK
Annual deductible	\$50 per person \$150 per family	\$25 per person \$50 per family
Annual maximum benefit <sup>1</sup>	\$3,000 (includes orthodontia)	\$1,500
YOU PAY		
Preventive and diagnostic services <sup>1</sup> (exams, routine cleanings, <sup>3</sup> X-rays, etc.)	0% (free) <sup>2</sup> (3 cleanings and exams per year)	0% (free) <sup>2</sup> (3 cleanings and exams 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 <sup>4</sup>	OUT-OF-NETWORK <sup>4</sup>
Preventive <sup>5</sup>	0%	0%
Basic	20%	20%
Major	50%	50%
Orthodontia	50%	Not covered

<sup>1</sup> Preventive and diagnostic services don't count toward the annual maximum.

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

<sup>3</sup> Two periodontal cleanings are covered in addition to three covered routine cleanings.

<sup>4</sup> For services received out-of-network, you will be reimbursed the plan's benefit based on the highest in-network allowance for any covered service; however, you are responsible for an out-of-network dentist's entire bill. That means you may be "balance billed" by your dentist and are ultimately responsible for any amount billed by your dentist, even if that amount exceeds your reimbursement from the plan.

<sup>5</sup> Includes sealants to protect teeth against cavities.





# TAKE A CLOSER LOOK

TRIGUN STAMPEDE

© 2023 YASUHIRO NIGHTOW, SHONENGAHOSHA / TRIGUN STAMPEDE PROJECT

Get an up-close look at our vision coverage.

VSP is Sony Pictures' vision plan provider. 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.

KidsCare enhanced vision benefit for dependents under age 26 allows for two exams per year and a second set of lenses per year when there's a prescription change.

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](http://www.vsp.com).

## YOUR MONTHLY COST FOR 2024 VISION COVERAGE

COVERAGE LEVEL	STANDARD PLAN
Employee only	\$6.25
Employee + spouse/partner	\$10.00
Employee + child(ren)	\$10.00
Employee + family	\$16.50

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

PLAN FEATURE	DESCRIPTION	YOUR COPAY	FREQUENCY
WellVision exam	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> </ul>	No copay	
Retinal Imaging	<ul style="list-style-type: none"> <li>Diagnostic test</li> </ul>	\$10	
Prescription glasses		\$10	See frames & lenses below
FRAMES & LENSES			
Frames	<ul style="list-style-type: none"> <li>\$200 allowance on a wide selection of frames</li> <li>\$220 allowance on featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>Or \$110 allowance at Costco Optical or Walmart</li> </ul>	No copay Combined with exam	Every calendar year
Lenses <sup>2</sup>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Polycarbonate lenses for dependent children</li> </ul>		Every calendar year
Contacts (instead of glasses)	<ul style="list-style-type: none"> <li>\$200 allowance for contacts and contact lens exam (fitting and evaluation)</li> <li>15% off contact lens exam (fitting and evaluation)</li> </ul>		Every calendar year
Extra savings	<p><b>Glasses and sunglasses</b></p> <ul style="list-style-type: none"> <li>30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same WellVision exam</li> <li>Or 20% savings from any VSP provider within 12 months of your last WellVision exam</li> </ul> <p><b>Laser vision correction (LASIK)</b></p> <ul style="list-style-type: none"> <li>Average 15% off the regular price</li> <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	<ul style="list-style-type: none"> <li>Evaluates your needs related to computer use</li> </ul>	\$0 for exam	Every calendar year
Frames	<ul style="list-style-type: none"> <li>\$90 allowance on a wide selection of frames</li> <li>\$110 allowance on featured frame brands</li> <li>20% savings on the amount over your allowance</li> </ul>	\$10 for glasses	Every calendar year
Lenses	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, lined trifocal, and occupational lenses</li> <li>Anti-reflective coating</li> </ul>	Combined with frames	Every calendar year

<sup>1</sup> Out-of-network benefits are available; contact VSP for details.

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



Don't leave savings up to chance when you set aside tax-free money for health and dependent care expenses.

## USE IT OR YOU MAY LOSE IT

Flexible Spending Accounts (FSAs) allow you to set aside pre-tax money to pay eligible health care and dependent day care expenses. Choose a contribution amount during the enrollment period to participate in an FSA.

You must spend Dependent Care FSA funds by December 31, 2024. If you don't, you'll lose whatever money is left in your account. For health-related FSAs, some remaining funds will carry over to next year. See next page.

We offer three types of FSAs:

- 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.



## HEALTH CARE FSA (GENERAL PURPOSE)

### ANNUAL CONTRIBUTION: UP TO \$3,050<sup>1</sup> EACH YEAR

You may use funds to pay medical and dental plan deductibles, copays and coinsurance; prescription drugs; vision care expenses, including contacts; orthodontics; medical equipment; and more. The IRS doesn't allow individuals with HSAs to also have a general purpose Health Care FSA.

## LIMITED PURPOSE HEALTH CARE FSA

### ANNUAL CONTRIBUTION: UP TO \$3,050<sup>1</sup> EACH YEAR

If you're enrolled in the Sony Consumer Choice Plan (with the HSA), 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](http://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. Highly compensated employees (those who earned more than \$130,000 in 2023) will be limited to a \$2,800 annual contribution.

#### Qualified caregivers include:

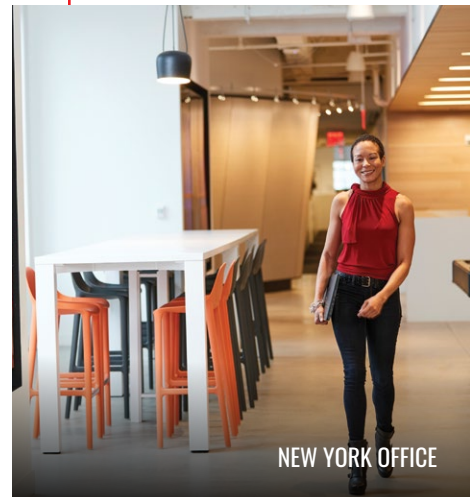
- Licensed child care centers
- Nursery schools and preschools
- In-home care (au pair/nanny) and babysitting
- Elder/senior day care

#### 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



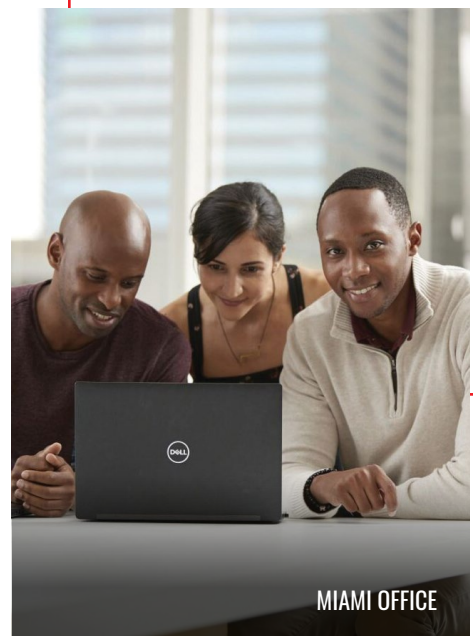
Consult your tax advisor on whether you should enroll in the Dependent Care FSA or take advantage of the federal dependent care tax credit.



NEW YORK OFFICE



CULVER CITY OFFICE



MIAMI OFFICE

<sup>1</sup> At the time of printing this guide, the IRS had not announced the 2024 FSA limits. The amounts shown in this guide are the 2023 limits.



## MEDICAL SPENDING ACCOUNTS

### ELIGIBLE EXPENSES FOR FSAs AND HSAs

There are three kinds of tax-favored medical spending accounts:

**HSA** – Available only with the Sony Consumer Choice Plan.

**FSA** – Available only if you DO NOT have an HSA.

**Limited Purpose FSA** – Available only if you have an HSA and need to cover expenses NOT covered by the HSA.

These accounts are designed to cover expenses not covered by your benefit plans, including:

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

Depending on which plan you choose, these expenses will be paid in different ways. See IRS Publication 502 for a complete list of qualified health care expenses you can pay with HSA and FSA funds, [www.irs.gov](http://www.irs.gov).

Check Aetna Navigator at [www.aetna.com](http://www.aetna.com) for more information. There’s even a tool to help you organize medical expenses and HSA withdrawals online.

### PAYFLEX ADMINISTERS FSAs AND HSAs

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](http://www.aetna.com), or at [www.payflex.com](http://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](http://www.aetna.com). You can have FSA and HSA reimbursements deposited directly into your regular bank account.

### HSA VS. FSA

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 Choice Plan required?	Yes	No
Use it or lose it?	No	Yes
Take it with you?	Yes	No
Are contributions taxed?	No (except for certain states)	No (except for certain states)
Is earned interest taxed?	No	Does not earn interest
Investment options?	Yes	No
Are qualified withdrawals taxed?	No	No
Who can contribute?	You and Sony Pictures	You
Contribution limit?	\$4,150 individual \$8,300 family	\$3,050 in 2023 <sup>1</sup>

<sup>1</sup> At the time this magazine was printed, the IRS had not announced 2024 FSA contribution limits.



# FOCUS ON THE ROAD AHEAD

TWISTED METAL (SEASON 1)

NOW ON PEAOCK

© 2023 SONY PICTURES TELEVISION INC. AND UNIVERSAL TELEVISION LLC. ALL RIGHTS RESERVED.

When life gets a little intense, long-term disability (LTD) can help restore order.

Sony Pictures provides you with basic LTD coverage, administered by Matrix.

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 per month (after 180 days of disability).

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 per month.

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

## OPTIONAL LTD EMPLOYEE CONTRIBUTION RATES (MATRIX)

AGE	ADDITIONAL EMPLOYEE LTD MONTHLY COST (PER \$100 OF COVERED EARNINGS)
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





# STEPS TO SUPPORT YOUR FAMILY

NO HARD FEELINGS  
ON DISC AND DIGITAL

©2023 COLUMBIA PICTURES INDUSTRIES, INC. AND TSG ENTERTAINMENT II LLC. ALL RIGHTS RESERVED.

Feel good about financial protection benefits.

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 build a solid financial plan 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 accidental death.

The Hospital Indemnity and Accident plans pay you cash if you're hospitalized, or injured and need care.



## LEAVES OF ABSENCE

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

Sony Pictures offers eligible employees 12 weeks of paid time off for qualifying leaves, to care for or bond with family members.

For information about all the types of leave Sony Pictures offers and the Short-Term Disability policy, please see the Leave of Absence section in the Employee Handbook. Contact Sony Pictures Leave Administration at **1-888-256-4094** or **www.matrixabsence.com** 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<sup>2</sup> 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.

<sup>2</sup> Up to a maximum of \$1 million.

## 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.

Everyone's situation is unique. Visit the life insurance decision support tool, Benefit Scout, in the Benefits Center website to get an estimate of the amount of life insurance you should have and the associated costs.



NO HARD FEELINGS  
ON DISC AND DIGITAL

©2023 COLUMBIA PICTURES INDUSTRIES, INC. AND TSG ENTERTAINMENT II LLC. ALL RIGHTS RESERVED.

You may buy additional life<sup>1</sup> and AD&D insurance coverage beyond the basic benefit.

Supplemental life insurance coverage:

- **Employee** – 1–8x annual base salary up to a maximum of \$1.5 million; age reductions apply<sup>2</sup>
- **Spouse/partner**<sup>3</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<sup>2</sup>
- **Family** – Spouse/partner, up to a maximum of \$750,000; child maximum of \$100,000:
  - Spouse/partner (with children): 40%<sup>4</sup>
  - Spouse/partner (no children): 50%<sup>4</sup>
  - Each child (with spouse/partner): 10%<sup>4</sup>
  - Each child (no spouse/partner): 25%<sup>4</sup>

1 Executive life insurance provided by MetLife; different limits and rates may apply.

2 At age 65, basic and supplemental employee life and AD&D coverage decrease to 65% of the amount in effect before age 65.

3 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.

4 Supplemental spouse/partner and child AD&D coverage is a percentage of the employee's supplemental AD&D amount.

## SUPPLEMENTAL LIFE AND AD&D INSURANCE

### EVIDENCE OF INSURABILITY (EOI)

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

**CURRENT EMPLOYEES** – Securian will allow you to enroll in or increase your supplemental life insurance 1x your salary 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 in or increase your spouse/partner coverage by one increment up to the guaranteed issue of \$50,000.

### 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 Child Life	\$10,000 coverage: \$0.20 per month \$20,000 coverage: \$0.40 per month	

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

Employee only	\$0.011
Employee and family	\$0.023



## LONG-TERM CARE COVERAGE

Starting in 2024, Sony Pictures will offer a new optional long-term care (LTC) coverage that includes life insurance.<sup>1</sup>

Trustmark's LTC benefit covers services that support you if you ever need help with essential daily activities. It can be especially important for people with chronic illnesses or disabilities, and people who require help with activities like bathing, dressing, eating, medication management, and mobility.

**Note:** This is a separate policy from the basic and supplemental life insurance offered by Sony Pictures. See page 33 for information on the life insurance benefit.

LTC coverage is an important part of your health and financial planning because:

- The average cost of long-term care is \$43,000 a year<sup>2</sup>
- It can help protect your retirement savings and ease the burden of caregiving by your loved ones
- It allows you to choose where you get care: at home, an assisted living facility, a nursing home, or an adult day care center
- Health insurance, disability coverage, and Medicare don't cover long-term care costs
- Although your need for LTC may be many years away, premium rates are locked in based on your age as of your initial coverage date; rates may significantly increase the longer you wait



### IMPORTANT INFORMATION FOR NEW EMPLOYEES

If you joined Sony Pictures after November 3, 2023, you can enroll in LTC coverage through Trustmark during a separate new hire LTC enrollment window. This window occurs once a year for all new employees. You'll receive more information closer to the enrollment date.

### BENEFIT HIGHLIGHTS

- If you're 64 and younger, you can enroll with no health questions only during Open Enrollment in 2023; you can also enroll your spouse/domestic partner
- You must enroll in Trustmark life insurance to get the LTC benefit through a separate LTC enrollment portal; elections for this coverage are not made at **benefitscenter.spe.sony.com**
- If you leave Sony, you can take your LTC coverage with you
- Benefits are payable as long as you pay your premiums through convenient ACH payment (not payroll deductions)
- Your monthly LTC benefit is equal to 4% of your life insurance
  - Example: You elect a Trustmark life insurance benefit of \$50,000, so your LTC benefit is \$2,000 per month up to \$100,000 maximum benefit

We understand there are many factors in determining the amount of LTC coverage you may need and whether it's right for you and your family. J. Manning, Sony's LTC broker, can help you with personalized support. You can contact J. Manning at **1-855-549-8911** or visit **getitci.com/sony** for help or to request a personalized quote.

<sup>1</sup> Several states are exploring legislation to implement a state-run LTC benefits program funded by a mandated payroll tax. While the details and legislation haven't been finalized, these proposed programs could offer a reduced or waived tax rate to residents who have already enrolled in LTC coverage individually.

<sup>2</sup> Source: U.S. Department of Health and Human Services.





## BUSINESS TRAVEL ACCIDENT PLAN

Sony Pictures provides you with Business Travel Accident (BTA) insurance when you travel on company business. 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.

## ACCIDENT AND HOSPITAL INDEMNITY PLANS

We offer two voluntary benefit plans, provided by Aetna: An accident plan and a hospital indemnity plan. Because the plans are "voluntary," you pay 100% of the premiums with after-tax dollars. And because the premiums are deducted after-tax, any benefits the plans pay to you are tax-free.

You may enroll yourself and your covered dependents during open enrollment; you must keep the plan for the entire year unless you have a qualifying change in status. For more information, visit [www.myaetnasupplemental.com](http://www.myaetnasupplemental.com) or call 1-800-607-3366.

## VOLUNTARY ACCIDENT PLAN

Accidents are just that — accidents. You can't plan for them. But, you can protect yourself financially as much as possible. This plan will pay you benefits if you're hurt in an accident and:

- Have to visit the emergency room or urgent care
- Require follow-up visits, physical therapy, etc.
- Are hospitalized (hospital-stay limit is 365 days)

**BONUS!** The plan also pays \$75 when you get preventive care and screenings.

### ACCIDENT PLAN MONTHLY RATES

Employee	\$10.58
Employee + spouse	\$19.18
Employee + child	\$20.54
Family	\$28.31

**Example:** Tyler enrolled himself and his son, Jake, in the Accident Plan. Jake got hurt riding his bike and went to the emergency room. They took X-rays and diagnosed a broken leg. After Jake's leg healed, he had six physical therapy visits.

### ACCIDENT PLAN PAYOUT

Emergency room	\$300
X-ray	\$100
Broken leg	\$1,200
Crutches	\$100
Physical therapy: 6 sessions x \$50	\$300
<b>Total benefit payment to Tyler</b>	<b>\$2,100</b>



## VOLUNTARY HOSPITAL PLAN

You can't work when you're in the hospital, so wouldn't it be nice to get "paid" for your hospital stay? The plan pays benefits for admission and a daily benefit for a covered hospital stay when you have a planned or unplanned hospital stay for an illness, injury, surgery, or having a baby. You can use the benefits to help pay out-of-pocket medical costs or personal expenses.

If you're hospitalized for rehabilitation and observation, mental health conditions including substance use disorders, or many other reasons, this plan will pay you benefits, giving you extra cash when you need it most.

**BONUS!** The plan also pays \$75 when you get preventive care and screenings.

**Example:** Jada is pregnant and due in early 2024. In March, she's admitted to the hospital and stays one night before delivering a healthy baby boy the next morning. After two nights in the hospital, she and her baby go home.

HOSPITAL INDEMNITY PLAN PAYOUT	
Hospital admission	\$1,000
Hospital stay: \$100 per day x 2 days	\$200
Newborn benefit	\$100
<b>Total benefit payment to Jada</b>	<b>\$1,300</b>

### HOSPITAL INDEMNITY PLAN MONTHLY RATES

Employee	\$14.51
Employee + spouse	\$31.97
Employee + child	\$25.37
Family	\$42.21

Remember, the Voluntary Hospital and Accident Plans cover more than injuries or illnesses. You can also file a claim if you have eligible preventive care services.

*These plans don't count as minimum essential coverage under the Affordable Care Act. They supplement health insurance but are not a substitute for major medical coverage.*

# NAVIGATING YOUR FUTURE

65

ON DISC AND DIGITAL

© 2023 COLUMBIA PICTURES INDUSTRIES, INC., TSG ENTERTAINMENT II LLC AND CWM SP 2020 LLC. ALL RIGHTS RESERVED.

The path to retirement made easy.

Visit [www.rps.troweprice.com](http://www.rps.troweprice.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.

## DARK MARKET MONITORING

Safeguarding your account is a top priority for T. Rowe Price. If your login credentials are associated with a compromised password, T. Rowe Price will email you to reset your password; if you don't reset it, they'll lock out your account for your protection.

<sup>1</sup> Eligible pay includes base salary, overtime, and bonus, and are eligible for company-matching contributions. In 2023, the IRS limits the amount of pay you can contribute to the plan to \$22,500 in pre-tax and/or Roth contributions. Combined employee pre-tax, Roth, and after-tax contributions under the plan may not be more than 50% of eligible compensation or the plan's annual deferral limit (\$51,150), whichever is lower. In addition, the employer matching contributions may not be more than the plan's annual limit (\$14,850). If you're age 50 or older, you can contribute \$7,500 in pre-tax and/or Roth catch-up contributions in addition to the \$51,150. 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 2024, you may make catch-up contributions of up to \$7,500. (This amount is based on 2023 limits; we anticipate that the IRS will publish revised 2024 limits at the end of this year.)

**A range of investment options** – Including a series of target retirement date funds, core funds, and a self-directed brokerage account.

For information about the funds, go to [www.rps.troweprice.com](http://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. Please consult with your financial or tax advisor to plan the best elections for you and your family.





# A WEB OF RESOURCES

SPIDER-MAN™: ACROSS THE SPIDER-VERSE  
ON DISC AND DIGITAL

© 2023 SONY PICTURES ANIMATION INC. ALL RIGHTS RESERVED. MARVEL AND ALL RELATED CHARACTER NAMES: © & ™ 2023 MARVEL.

A multi-verse of benefits for you and your family.

## FAMILY SUPPORT RESOURCES

### SUPPORT FOR FAMILIES THAT HAVE CHILDREN WITH SPECIAL NEEDS

RethinkCare (formerly Rethink Benefits) is a comprehensive program that gives parents 24/7 access to tools and resources to help them understand, teach, and better communicate with their child.

RethinkCare helps all families manage challenges at home and at school. Families caring for children who have challenges like ADHD and autism will benefit from the specialized "Foundational Skills" content.

No diagnosis is required to use RethinkCare. Sony Pictures offers this benefit at no cost to you.

RethinkCare offers:

- Up to 14 hours of telephonic clinical consultation
- Strategies and tips on issues ranging from problem behaviors to working with the child's school
- Assistance for parents helping their child with social, emotional, and academic learning

Download the RethinkCare app; search "RethinkCare" in the App Store or Google Play. To enroll, visit [connect.rethinkcare.com/sponsor/spe](https://connect.rethinkcare.com/sponsor/spe) (enrollment code: spe). If you have questions, email [support@rethinkcare.com](mailto:support@rethinkcare.com).

### MILK STORK

Milk Stork provides 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](https://www.milkstork.com/sonypictures).



### BENEFITHUB

Your one-stop-shop for discounted auto, home, and pet insurance. You can request quotes from different insurers to find the best deals.

You can also get discounts on event tickets, travel, dining, beauty products, and more.

Check out the BenefitHub mobile app to view and redeem local discounts on-the-fly!

Visit the discount page on mySPE to find the access code, then go to [www.benefithub.com](https://www.benefithub.com).

## FAMILY SUPPORT RESOURCES

### BACKUP CHILD AND ADULT CARE

For a small copay, Bright Horizons Back-Up Care provides backup care for your children, adult, and elder family members during a lapse or breakdown in normal care arrangements.

You can use Bright Horizons Back-Up Care any time you need to be at work but your family member needs help or support. You can book care up to 30 days in advance, or book same day or next day care 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

Eligible employees receive up to 25 days of temporary backup child and adult/elder care each calendar year at subsidized rates. Center-based care is \$15 per child or \$25 per family; in-home care is \$6 per hour. Watch this short video to learn more: [webinars.on24.com/bh/buc](https://webinars.on24.com/bh/buc).

### ELDER CARE

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

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

### FAMILY CARE SOLUTIONS

- Jump ahead on Bright Horizons' child care center waiting list
- Take advantage of tuition discounts at Bright Horizons partner centers
- Get free access to Sittercity's premium database of sitters, virtual sitting, pet care, and housekeepers
- Get discounted local placement services for trained, screened nannies

### EDUCATION AND HOMEWORK HELP

- Caregivers who can manage small-group learning pods through Sittercity
- Broad online tutoring and academic enrichment programs through Varsity Tutors and Sylvan Learning
  - 20% off most programs, including tutoring and small-group classes from Varsity Tutors & Revolution Prep
  - 15% off Sylvan's personalized support for your K-12 child in any subject and learning need
- Premium academic and test prep for all ages through Revolution Prep
  - 20% off hourly tutoring rates
  - 33% off interactive math adventure program
- Award winning digital learning for preschoolers through MarcoPolo Learning, including STEAM and literacy curriculum
  - 65% off annual app subscriptions

Watch this short video to learn more: [webinars.on24.com/bh/efs](https://webinars.on24.com/bh/efs).

For more information on these Bright Horizon services, visit [clients.brighthouse.com/sonypictures](https://clients.brighthouse.com/sonypictures) (username: SPE; password: Benefits4You) 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 \$20,000 per adopted child or successful 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](https://progyny.com/for-employees), or **1-833-404-2011**.

Learn more about the inclusive fertility benefits offered through Progyny on page 19.



# HERE FOR BACKUP

THE NIGHT AGENT (SEASON 1)

NOW ON NETFLIX

© 2023 SONY PICTURES TELEVISION INC. ALL RIGHTS RESERVED.

Benefits to help you when you need it.

## FINANCIAL & LEGAL RESOURCES

### EDASSIST

If you've thought about going back to school to enhance your job performance, 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.

EdAssist is Sony Pictures' tuition reimbursement administrator. You can reach EdAssist at [tuition.spe.sony.com](http://tuition.spe.sony.com) or at **1-855-853-5017**.

Reimbursements for tuition and student loan assistance may have tax implications. You should talk to your tax advisor.

### STUDENT LOAN ASSISTANCE

If you're paying student loans, Sony Pictures will help you reduce your debt by paying \$100 toward your loan principal each month, up to a lifetime maximum of \$5,000.

To qualify, you must:

- Be a regular full-time employee and completed one year of service, and
- Make less than \$150,000 (base salary) a year, and
- Be current on your payments, and
- Have the loan in your name

Other free perks include a repayment-strategy tool, refinancing options for you and your family members, access to college payment options, and a student loan cost calculator and coaching.

To learn more, visit [sonypictures.tuition.io](http://sonypictures.tuition.io) or call **1-855-353-9395**.





## IDENTITY THEFT PROTECTION WITH AURA

ID and credit theft can be devastating. Sony Pictures offers enhanced identify theft coverage through Aura. Backed by IBM Watson, Aura is the standard in digital security protecting the things you care about the most: Your identity, money, assets, family, and reputation.

Sony Pictures offers free coverage to employees. You have the option to buy-up to family coverage for \$10.30 per month. Aura’s plan includes:

- **Gamertag monitoring** – Protects gamertags from being hacked
- **Credit score simulator** – Helps you explore how different financial decisions may affect your credit
- **IP address monitoring** – Identifies risks from your IP address and provides simple steps you can take to protect yourself
- **\$5 million<sup>1</sup> insurance with stolen funds reimbursement** – Assistance with covered losses due to identity theft with stolen funds reimbursement and \$5 million identity theft insurance
- **Parental controls** – Protects your kids from online predators and inappropriate content
- **Family and household protection** – Add up to eight people (including you) on your account when you add coverage for your family; this may include parents, children (over 18; no limit on children under age 18), spouses, domestic partners, roommates, and extended family

Learn more at [my.aura.com](https://my.aura.com) or call 1-833-552-2123.

## 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](https://www.irs.gov) for more information or go to [www.payflex.com](https://www.payflex.com).

*1 Identity Theft Insurance underwritten by insurance company subsidiaries or affiliates of American International Group, Inc. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions, and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.*

*2 If you enroll in the Aura identity theft protection benefit, you consent to have Sony Pictures provide Aura with certain personal information, including your address, Social Security number and date of birth, which Aura requires to provide the monitoring service. You'll be able to review the amenities offered through Aura and provide additional personal information to customize your monitoring service.*

## METLIFE LEGAL PLAN

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

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

Services include and help support:

- 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)
- Fertility care and surrogacy matters
- Immigration assistance
- Defense in civil lawsuits

Your coverage includes four hours of consultation with a legal professional for services that include divorce, post decree matters, post nuptial agreements, and services surrounding reproductive assistance.

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**

MetLife Legal Plan monthly contribution: \$16.50.

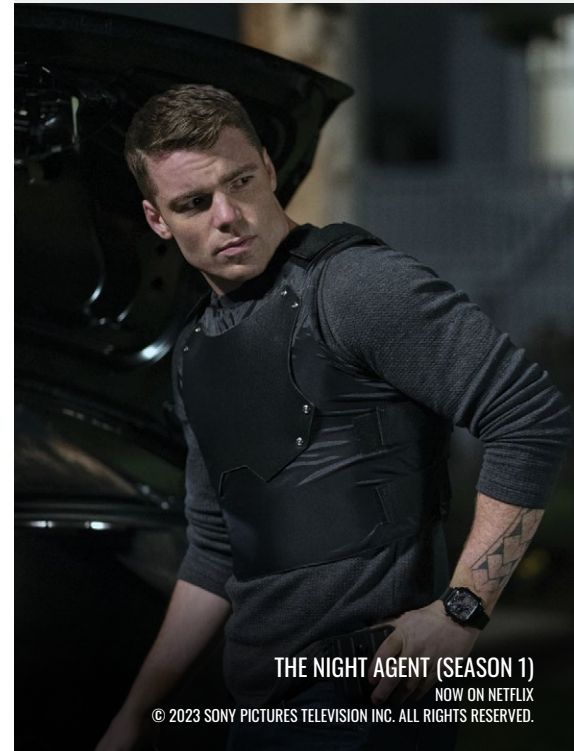
### **Parents Plus – Coverage for your parents**

Through the MetLife Legal Plan 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.

MetLife Legal Plan buy-up monthly contribution: \$22.50.

Once you're enrolled, go to [info.legalplans.com](http://info.legalplans.com) or download the MetLife Legal Plan mobile app. You can also call the MetLife Legal Plan 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](http://www.computershare.com). You can find the enrollment forms on mySPE.



# FOR YOUR FURRY COMPANIONS

A MAN CALLED OTTO  
ON DISC AND DIGITAL  
© 2022 SF STUDIOS PRODUCTION AB. ALL RIGHTS RESERVED.

When your pets are happy, you'll be happy, too.

## PET PROTECTION RESOURCES

### 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 [insiderxpets.com](https://insiderxpets.com).

### IN-HOME PET SITTERS

Sittercity Pet Services can help you find the right in-home caregiver for your furry or feathered family members.

- Find pre-screened dog walkers, pet sitters, groomers, trainers, and more
- Get free basic background checks to ensure reliable care
- Schedule daily or extended pet care in your own home
- Post a job or search for pet sitters to find the right fit

Visit [www.sittercity.com/sonypictures](https://www.sittercity.com/sonypictures) to learn more.

### PET INSURANCE

Check out options for discounted pet insurance on BenefitHub.

There are many insurance companies to choose from including Nationwide. You can request quotes from different insurers to find the best value that will keep your furry or feathered family members healthy and happy.

Visit the discount page on mySPE to find the access code, then go to [www.benefithub.com](https://www.benefithub.com).

*1 Some exclusions may apply. Certain coverages may be subject to pre-existing exclusion. See policy documents for a complete list of exclusions.*



# LIFE ON THE LOT

THE GOLDBERGS (SEASON 10)  
NOW ON DIGITAL

© 2022, 2023 SONY PICTURES TELEVISION INC. ALL RIGHTS RESERVED.

Lots of benefits on the lot.

## ON THE LOT RESOURCES

### ON THE LOT OR VIRTUAL 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 Stephanie Vega at **1-312-549-3918**, or email [vegas@aetna.com](mailto:vegas@aetna.com).

### ON THE LOT OR VIRTUAL COUNSELING

Sony Pictures has an on the lot 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. PT, Tuesday and Wednesday.

Email [theleseconsultinggroup@gmail.com](mailto:theleseconsultinggroup@gmail.com).

### ON THE LOT OR VIRTUAL 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](mailto:medgate_medical@spe.sony.com), or call **1-310-244-5560** to make an appointment. Located at Robert Young 1000.

### ON THE LOT PHYSICAL THERAPY

A licensed physical therapist is available two times a week. Email [medgate\\_medical@spe.sony.com](mailto:medgate_medical@spe.sony.com) or call **1-310-244-5560** to make an appointment. Located at Robert Young 1000.

# 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 [benefitscenter.spe.sony.com](https://benefitscenter.spe.sony.com) under the Forms and Documents section and at [spe\\_benefits@spe.sony.com](mailto:spe_benefits@spe.sony.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 2024.

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](http://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](http://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, 2023  
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.

Consolidated Omnibus Budget Reconciliation 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: **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

## 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 mastectomy-related 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 2022 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 mySPE>Resources>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 at **spe\_benefits@spe.sony.com**.

## 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)**.

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

**U.S. Department of Labor Employee Benefits Security**  
[www.dol.gov/agencies/ebsa](http://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](http://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 July 31, 2023. Contact your state for more information on eligibility.**

**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](mailto:CustomerService@MyAKHIPP.com)  
Medicaid Eligibility: <https://health.alaska.gov/dpa/pages/default.aspx>

**ARKANSAS – Medicaid**

Website: <http://myarhipp.com/>  
Phone: 1-855-MyARHIPP (1-855-692-7447)

**CALIFORNIA – Medicaid**

Health Insurance Premium Payment (HIPP) Program  
<http://dhcs.ca.gov/hipp>  
Phone: 1-916-445-8322; Fax: 1-916-440-5676  
Email: [hipp@dhcs.ca.gov](mailto:hipp@dhcs.ca.gov)

**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+ Website: <https://hcpf.colorado.gov/child-health-plan-plus>  
CHP+ Customer Service: 1-800-359-1991/ State Relay 711  
Health Insurance Buy-In Program (HIBI):  
<https://www.mycohibi.com>  
HIBI Customer Service: 1-855-692-6442

**FLORIDA – Medicaid**

Website: <https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>  
Phone: 1-877-357-3268

**GEORGIA – Medicaid**

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>  
Phone: 1-678-564-1162, Press 1  
GA CHIPRA Website:  
<https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>  
Phone: 1-678-564-1162, Press 2

**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: <https://www.in.gov/medicaid/>  
Phone: 1-800-457-4584

**IOWA – Medicaid and CHIP (Hawki)**

Medicaid Website: <https://dhs.iowa.gov/ime/members>  
Medicaid Phone: 1-800-338-8366  
Hawki Website: <http://dhs.iowa.gov/Hawki>  
Hawki Phone: 1-800-257-8563  
HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>  
HIPP Phone: 1-888-346-9562

**KANSAS – Medicaid**

Website: <https://www.kancare.ks.gov/>  
Phone: 1-800-792-4884  
HIPP Phone: 1-800-967-4660

**KENTUCKY – Medicaid**

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>  
Phone: 1-855-459-6328  
Email: [KIHIPPROGRAM@ky.gov](mailto:KIHIPPROGRAM@ky.gov)  
KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>  
Phone: 1-877-524-4718  
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

**LOUISIANA – Medicaid**

Website: [www.medicicaid.la.gov](http://www.medicicaid.la.gov) or [www.ldh.la.gov/lahipp](http://www.ldh.la.gov/lahipp)  
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

**MAINE – Medicaid**

Enrollment Website: [https://www.mymaineconnection.gov/benefits/s/?language=en\\_US](https://www.mymaineconnection.gov/benefits/s/?language=en_US)  
Phone: 1-800-442-6003  
TTY: Maine relay 711  
Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofi/applications-forms>  
Phone: 1-800-977-6740  
TTY: Maine relay 711

**MASSACHUSETTS – Medicaid and CHIP**

Website: <https://www.mass.gov/masshealth/pa>  
Phone: 1-800-862-4840  
TTY: 711  
Email: [masspremassistance@accenture.com](mailto:masspremassistance@accenture.com)

**MINNESOTA – Medicaid**

Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-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  
Email: [HHSHIPProgram@mt.gov](mailto:HHSHIPProgram@mt.gov)

**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: <http://dhcfp.nv.gov>  
Phone: 1-800-992-0900

**NEW HAMPSHIRE – Medicaid**

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>  
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/](https://www.health.ny.gov/health_care/medicaid/)  
Phone: 1-800-541-2831

**NORTH CAROLINA – Medicaid**

Website: <https://medicaid.ncdhhs.gov/>  
Phone: 1-919-855-4100

**NORTH DAKOTA – Medicaid**

Website: <https://www.hhs.nd.gov/healthcare>  
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>  
Phone: 1-800-699-9075

**PENNSYLVANIA – Medicaid and CHIP**

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>  
Phone: 1-800-692-7462

CHIP website: <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>

CHIP phone: 1-800-986-KIDS (5437)

**RHODE ISLAND – Medicaid and CHIP**

Website: <http://www.eohhs.ri.gov/>  
Phone: 1-855-697-4347, or 1-401-462-0311 (Direct Rlte 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: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>  
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**

HIPP/Dept. of Vermont Health Access: <https://dvha.vermont.gov/members/medicaid/hipp-program>  
Phone: 1-800-250-8427

**VIRGINIA – Medicaid and CHIP**

Websites: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>  
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>  
Medicaid/CHIP Phone: 1-800-432-5924

**WASHINGTON – Medicaid**

Website: <https://www.hca.wa.gov/>  
Phone: 1-800-562-3022

**WEST VIRGINIA – Medicaid**

Website: <https://dhhr.wv.gov/bms/http://mywvhipp.com/>  
Medicaid Phone: 1-304-558-1700  
CHIP: 1-855-MyWVHIPP (1-855-699-8447)

**WISCONSIN – Medicaid and CHIP**

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>  
Phone: 1-800-362-3002

**WYOMING – Medicaid**

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>  
Phone: 1-800-251-1269

# NOTICE OF PRIVACY PRACTICES

## for Sony Pictures Entertainment Inc.

*Para recibir esta notificación en español por favor llamar al número provisto en este documento.*

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. The privacy of your medical information is important to us.**

Under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), Sony Pictures Entertainment Inc.'s self-insured group health plans (the "HIPAA Plans") are required by law to maintain the privacy of protected health information maintained by the HIPAA Plans. The term "Plan Sponsor" refers to Sony Pictures Entertainment Inc. The term "PHI" refers to "protected health information" and means the information created or received by the HIPAA Plans that identifies you and relates to your past, present or future mental or physical health, condition, treatment or created in connection with the payment for health care services. The HIPAA Plans must provide participants with notice of its legal duties and privacy practices with respect to PHI.

This Notice describes the HIPAA Plans' privacy practices regarding PHI. If you participate in any full-insured group health plan sponsored by Sony Pictures Entertainment Inc., the insurer or HMO for that plan will provide you with a separate description of its own privacy practices. Similarly, your personal doctor or any other health care provider may have different policies or notices regarding the use and disclosure of the PHI they create or receive.

This Notice also describes how the HIPAA Plans may use and disclose PHI about you in administering your benefits. This Notice explains your legal rights regarding the information and the person to contact for further information about the HIPAA Plans' privacy practices.

This Notice is effective as of the revised effective date indicated in the footer below or such later date as indicated herein or as otherwise permitted under the Standards for Privacy of Individually Identifiable Health Information (the "HIPAA Privacy Rule"). The HIPAA Plans are required to abide by the terms of this Notice, as currently in effect.

## PURPOSE OF THIS NOTICE

The HIPAA Plans must provide participants with notice of its legal duties and privacy practices with respect to PHI. This Notice describes the HIPAA Plans' privacy practices regarding PHI. The insurers or HMOs that provide or fund your benefits under any of the HIPAA Plans will provide you with a separate description of their own privacy practices. Similarly, your personal doctor or any other health care provider may have different policies or notices regarding the use and disclosure of the PHI they create or receive.

This Notice also describes how the HIPAA Plans may use and disclose PHI about you in administering your benefits. This Notice explains your legal rights regarding the information and the

person to contact for further information about the HIPAA Plans' privacy practices.

This Notice is effective as of July 1, 2019.

## HOW THE HIPAA PLANS MAY USE AND DISCLOSE PHI

In order to provide you with health coverage, the HIPAA Plans need PHI about you, and the HIPAA Plans obtain that information from many different sources – including your employer or benefits plan sponsor, insurers, HMOs or third party administrators (TPAs) and health care providers. In administering your health benefits, by law, the HIPAA Plans may use and disclose this information in various ways, without your consent, including:

**Health Care Operations:** The HIPAA Plans may use and disclose protected health information during the course of plan administration – that is, during operational activities such as quality assessment and improvement; performance measurement and outcomes assessment; and preventive health, disease management, case management and care coordination. For example, the HIPAA Plans may use the information in the administration of reinsurance and stop loss; enrollment and disenrollment; underwriting and rating; detection and investigation of fraud; administration of pharmaceutical programs and payments; and other general administrative activities, including data and information systems management and customer service. The HIPAA Plans are prohibited from using or disclosing genetic information of an individual for underwriting purposes.

**Payment:** To help pay for your covered services, the HIPAA Plans may use and disclose PHI in a number of ways – including conducting utilization and medical necessity reviews; coordinating care and responsibility for plan coverage and benefits; determining eligibility; collecting premiums; calculating cost sharing amounts; and responding to complaints, appeals and requests for external review. For example, the HIPAA Plans may use your medical history and other health information about you to decide whether a particular treatment is medically necessary and what the payment should be – and during the process, the HIPAA Plans may disclose PHI to your provider. The HIPAA Plans also may mail Explanation of Benefits forms and other information to the address it has on record for the subscriber (i.e., the primary insured).

**Treatment:** The HIPAA Plans may disclose PHI to doctors, dentists, pharmacies, hospitals and other health care providers who take care of you. For example, doctors may request medical information from the HIPAA Plans to supplement their own records. Additionally, so that your treatment and care are appropriate, your doctor may use your PHI to consult with a specialist regarding your condition. The HIPAA Plans also may send certain information to health care providers for patient safety or other treatment-related reasons.

## ADDITIONAL REASONS FOR DISCLOSURE

The HIPAA Plans may use or disclose PHI in providing you with treatment alternatives, treatment reminders, or other health-related benefits and services. The HIPAA Plans also may disclose such

information for several additional purposes, in accordance with law without your authorization, including:

- **Plan Administration** – to the Plan Sponsor as specified in the applicable plan documents.
- **Research** – to researchers, provided measures are taken to protect your privacy.
- **Business Associates** – to persons who provide services to the HIPAA Plans which have agreed to maintain the privacy of your PHI under, and in accordance with, HIPAA and the HIPAA Plans' privacy practices (they are referred to as "Business Associates"). Business Associates are subject to the HIPAA Privacy and Security rules.
- **Industry Regulation** – to state insurance departments, U.S. Department of Labor and other government agencies.
- **Law Enforcement** – to federal, state and local law enforcement officials.
- **Coroner or Medical Examiner** – for purposes of identification or determining cause of death.
- **Legal Proceedings** – in response to a court order, subpoena or other lawful process.
- **Public Welfare** – to address matters of public interest as required or permitted by law (e.g., child abuse and neglect, threats to public health and safety, and national security).
- **Workers' Compensation** – To the extent required or permitted by law, the HIPAA Plans may release PHI about you for workers' compensation or similar programs.
- **As otherwise required or permitted by applicable law.**

## DISCLOSURES TO THE PLAN SPONSOR

**Plan Sponsor.** The HIPAA Plans may share PHI about you with the Plan Sponsor. In the vast majority of circumstances, the HIPAA Plans share only summary information with the Plan Sponsor about the types and frequency of claims, the total cost for those claims, and other related information that does not identify any particular beneficiary. The HIPAA Plans do not need your permission to share this information with the Plan Sponsor.

The HIPAA Plans may retain an administrator to assist them in administering the claims processing, claim review, and claim payment functions conducted by the HIPAA Plans. As a result, the administrator will receive the majority of health information involving you and your health benefit claims and it has agreed to be bound by the same restrictions as the HIPAA Plans in its use and disclosure of your PHI.

In some cases, however, the Plan Sponsor may receive specific information about particular participants in the HIPAA Plans. For example, reinsurers and other benefit providers may need information on certain chronic or catastrophic illnesses and injuries in order to quote premiums or to continue coverage under some or all of the Plan Sponsor's insurance policies, including those that insure a portion of the Plan. The Plan Sponsor will not use this information in a way that violates



the Privacy Rule. The Plan Sponsor will not use or disclose this information for employment related actions against you or for decisions regarding your eligibility for or participation in any other benefit or benefit plan of the Plan Sponsor.

You may also request that Plan Sponsor employees intervene on your behalf in addressing claims payment issues or to resolve coverage questions under the Plan (such as, for example, whether a particular requested service is experimental or medically necessary). Should you make such a request, you will be deemed to have consented to the HIPAA Plans sharing all of the information about your medical condition or your claim with the Plan Sponsor. The Plan Sponsor will use and disclose this PHI only in accordance with the applicable law.

## DISCLOSURE TO OTHERS INVOLVED IN YOUR HEALTH CARE

The HIPAA Plans may disclose PHI about you to a relative, a friend, the subscriber to the HIPAA Plans or any person you identify, provided the information is directly relevant to that person's involvement with your health care. For example, if a family member or a caregiver calls the HIPAA Plans with prior knowledge of a claim, the HIPAA Plans may confirm whether or not the claim has been received and paid. You have the right to stop or limit this kind of disclosure by contacting the HIPAA Plans' Privacy Officer.

If you are a minor, you also may have the right to block parental access to your PHI in certain circumstances, if permitted by state law. You can make such a request by contacting (or having your provider contact) the HIPAA Plans' Privacy Officer.

## USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

The HIPAA Plans will ask for your written authorization before using or disclosing your PHI for the following uses or disclosures: (i) psychotherapy notes (if recorded by the HIPAA Plans); (ii) marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute sale of PHI and (iv) all situations other than those described above. If you have given the HIPAA Plans an authorization, you may revoke it at any time. The HIPAA Plans are unable to take back any disclosures already made with your authorization. If you have questions regarding authorizations, please contact the HIPAA Plans' Privacy Officer.

## YOUR LEGAL RIGHTS

The Privacy Rule gives you the right to make certain requests regarding your PHI.

- You have the right to request to receive communications from the HIPAA Plans on a confidential basis by using alternative means for receipt of information or by receiving the information at alternative locations. For example, you may ask that the HIPAA Plans only contact you at work or by mail, or at a mailing address other than your home address. If it is reasonable, the HIPAA Plans must accommodate your request. You are not required to provide the HIPAA Plans with an explanation as to the reason for your request.

- You have the right to request a restriction or limitation on the PHI the HIPAA Plans use or disclose about you for purposes of treatment, payment or operations. To request restrictions, you must make your request in writing to the HIPAA Plans' Privacy Officer. In your request, you must tell the HIPAA Plans (1) what information you want to limit; (2) whether you want to limit the HIPAA Plans' use, disclosure, or both; and (3) to whom you want the limits to apply. **The HIPAA Plans are not required to agree to your request, except that, effective February 17, 2010, requests to a health plan regarding payment or health care operations, or requests for which the applicable PHI has been paid for out-of-pocket in full, will be honored by the HIPAA Plans.**
- You have the right to inspect and obtain a copy of PHI that is contained in a "designated record set" – records used in making enrollment, payment, claims adjudication, medical management and other decisions. The HIPAA Plans may ask you to make your request in writing, may charge a reasonable fee for producing and mailing the copies and, in certain cases, may deny the request.
- You have the right to request the HIPAA Plans to amend PHI that is in a "designated record set." Your request must be in writing and must include the reason for the request. The Plan will respond to the request no later than 60 days after the request, unless it extends this timeframe as permitted under HIPAA. If the HIPAA Plans deny the request, you may file a written statement of disagreement. If the request is denied in whole or part, the Plan must provide you with a written denial that explains the basis for the denial. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your PHI.
- You have the right to request an "accounting of disclosures." This is a list of some of the disclosures the HIPAA Plans made of medical information about you that were not specifically authorized by you in advance. Such accounting does not have to include PHI disclosures made to you about your own PHI. Your request must be in writing. If you request such an accounting more than once in a 12-month period, the HIPAA Plans may charge a reasonable fee. Your written request must be for a stated time period not be longer than six years (three years for disclosures for purposes of treatment, payment or health care operations) and may not include dates before April 14, 2003 (or January 1, 2014 for disclosures related to treatment, payment or health care operations; January 1, 2011 if the company does not have an electronic health record system currently in place). If the accounting cannot be provided to you within 60 days, the HIPAA Plans have the right to a 30 day extension provided you are given a written statement of the reasons for the delay and the date by which the accounting is anticipated to be provided.
- You have the right to be notified in the event that the Plan Sponsor or a Business Associate discovers a breach of unsecured PHI.
- You have the right to receive a paper copy of this notice at any time upon written request.

You may make any of the requests described above, by contacting the HIPAA Plans' Privacy Officer as indicated in the "Complaints" section below. You may also exercise your rights through a personal representative. Your representative will be required to provide evidence of his or her authorization by you to act on your behalf before access will be given to your PHI.

## COMPLAINTS

You also have the right to file a complaint if you think your privacy rights have been violated. To do so, please contact the HIPAA Plans' Privacy Officer, Ms. Gabrielle Ernst, Sony Pictures Entertainment Inc., 10202 W. Washington Blvd., Culver City, CA 90232 or send an e-mail to the secure HIPAA e-mail box at [HIPAA\\_Privacy@sonyusa.com](mailto:HIPAA_Privacy@sonyusa.com). You also may write to the Secretary of the U.S. Department of Health and Human Services at Office of the Secretary, Department of Health and Human Services, 200 Independence Ave., S.W., Washington, D.C., 20201 (telephone number **1-877-696-6775**). You will not be retaliated against for filing a complaint.

## THE HIPAA PLANS' LEGAL OBLIGATIONS

The Privacy Rule requires the HIPAA Plans to keep PHI about you private, to give you notice of its legal duties and privacy practices, to notify individuals should any breach of unsecured PHI occur, and to follow the terms of the Notice currently in effect.

The information provided in this Notice is a summary and, therefore, general in nature. The actual terms of the HIPAA Plans and their HIPAA privacy practices and procedures must be consulted with regard to privacy in any particular circumstance. If you have any questions about HIPAA or the privacy practices maintained by the HIPAA Plans, please contact the Privacy Officer.

The HIPAA Plans are required by law to maintain the privacy of PHI, to provide you with notice of its legal duties and privacy policies with respect to PHI and to notify affected individuals following a breach of unsecured PHI.

## THIS NOTICE IS SUBJECT TO CHANGE

The HIPAA Plans reserve the right to change the terms of this Notice and their privacy policies at any time. If the HIPAA Plans do make such changes, the new terms and policies will then apply to all PHI maintained by the HIPAA Plans (including information in the HIPAA Plans' possession at the time of the change as well as information created or received in the future). If the HIPAA Plans make any material changes regarding their practices, the HIPAA Plans will distribute a new notice to its subscribers.

## CONTACT INFORMATION

If you have questions, requests or complaints regarding this Notice, please contact the HIPAA Plans' Privacy Officer at the address noted above in the "Complaints" section. Include your name, phone and fax number. You may also submit your inquiries by e-mail to [HIPAA\\_Privacy@sonyusa.com](mailto:HIPAA_Privacy@sonyusa.com).


# QUICK REFERENCE GUIDE

## HEALTH CARE PLANS AND RESOURCES

### MEDICAL PLANS


Aetna – Sony Consumer Choice, PPO, EPO

 [www.aetna.com](http://www.aetna.com)

 1-888-385-1053

Kaiser – HMO


 [www.kp.org](http://www.kp.org)

 1-800-464-4000

### PRESCRIPTIONS


Express Scripts


 [www.express-scripts.com/sonypics](http://www.express-scripts.com/sonypics)

 1-800-716-2773

### DENTAL PLANS

Delta Dental – High Plan, Standard Plan


 [www.deltadentalins.com/sony](http://www.deltadentalins.com/sony)

 1-800-471-7059

### VISION PLAN

VSP

 [www.vsp.com](http://www.vsp.com)


 1-800-877-7195

### PREVENTIVE CARE

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

 [www.aetna.com](http://www.aetna.com) – Sony Consumer Choice, PPO, EPO

 [www.kp.org](http://www.kp.org) – Kaiser HMO

 [www.deltadentalins.com/sony](http://www.deltadentalins.com/sony) – Delta Dental plans

### AETNA WOMEN'S HEALTH PROGRAM

Provides resources and preventive services like Breast Health Education Center, maternity support, and more.

 [www.aetna.com](http://www.aetna.com)

### AETNA HINGE HEALTH

Access to innovative digital programs for back, knee, hip, neck, and shoulder pain.

 [www.hingehealth.com/sony](http://www.hingehealth.com/sony)

### MINUTECLINICS (AETNA)

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 Sony EPO and Sony PPO, and for the Sony Consumer Choice Plan after deductible.

 [www.cvs.com/minuteclinic](http://www.cvs.com/minuteclinic)

### AETNA TELADOC – VIRTUAL HEALTH CARE

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

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

### VACCINATIONS


Protect your dependents and yourself. Most age-appropriate vaccines are preventive care so are available at no cost.

 [www.aetna.com](http://www.aetna.com)

### ORTHODONTIC CARE

Delta Dental High Plan only.


 [www.deltadentalins.com/sony](http://www.deltadentalins.com/sony)

 1-800-471-7059

## AETNA HEALTH CARE CONCIERGE SERVICES

### ONLINE ADVICE 24/7


With the 24 Hour Nurse 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 dedicated Aetna Nurse Advocate can help.


 [vegas@aetna.com](mailto:vegas@aetna.com)

 1-312-549-3918

### YOUR MEDICAL

#### 'PERSONAL ASSISTANT'

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


 1-888-385-1053

## FLEXIBLE SPENDING ACCOUNTS & HEALTH SAVINGS ACCOUNT

### HEALTH CARE FSA LIMITED PURPOSE FSA

Set aside pre-tax dollars to spend on health care. Limited Purpose FSA available only with Sony Consumer Choice Plan.


 [www.payflex.com](http://www.payflex.com)

 1-888-678-8242

### DEPENDENT CARE FSA

Set aside some of your pre-tax income to pay for dependent care.


 [www.payflex.com](http://www.payflex.com)

 1-888-678-8242

### HEALTH SAVINGS ACCOUNT (HSA)

Available with the Sony Consumer Choice Plan; use the tax-free money to pay health care expenses.



 [www.payflex.com](http://www.payflex.com)

 1-888-678-8242

## FAMILY PLANNING RESOURCES



### PROGYNY FAMILY PLANNING BENEFITS (AETNA)

Fertility treatment and egg freezing.

 [www.progyny.com](http://www.progyny.com)  
 1-833-404-2011



### ADOPTION REIMBURSEMENT

Reimburses up to \$20,000 per child.

 [www.progyny.com](http://www.progyny.com)  
 1-833-404-2011

### SURROGACY REIMBURSEMENT

Reimburses up to \$20,000 per successful surrogacy.

 [www.progyny.com](http://www.progyny.com)  
 1-833-404-2011

## MATERNITY RESOURCES

### AETNA MATERNITY MANAGEMENT

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

 [www.aetna.com](http://www.aetna.com)  
 1-800-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 or email [spe\\_benefits@spe.sony.com](mailto:spe_benefits@spe.sony.com) for details.

### RETURNING TO WORK AND BEYOND

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

### BREAST MILK SHIPPING

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

 [www.milkstork.com/sonypictures](http://www.milkstork.com/sonypictures)  
 1-877-242-1306

### NURSING SUPPORT

Breast pump, lactation support from Aetna and Kaiser plans. Hospital-grade breast pumps are available in most wellness rooms. Email [spe\\_benefits@spe.sony.com](mailto:spe_benefits@spe.sony.com) for details.

## FAMILY SUPPORT SERVICES

### PARENTAL LEAVE

Twelve weeks paid parental leave for eligible employees.

 [www.matrixabsence.com](http://www.matrixabsence.com)  
 1-888-256-4094

### SUPPORT FOR PARENTS OF CHILDREN WITH EMOTIONAL/BEHAVIORAL NEEDS

RethinkCare offers web-based, mobile-friendly support.



 [connect.rethinkcare.com/sponsor/spe](http://connect.rethinkcare.com/sponsor/spe)  
(code: spe)  
 1-800-714-9285

### BRIGHT HORIZONS FAMILY SUPPORT

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

### BRIGHT HORIZONS BACK-UP CARE

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

 [clients.brighthorizons.com/sonypictures](http://clients.brighthorizons.com/sonypictures)  
(username: SPE; password: Benefits4You)  
 1-877-BH-CARES (1-877-242-2737)

## ELDER CARE RESOURCES



### CAREGIVER LEAVE

Twelve weeks paid caregiver leave for eligible employees.

 [www.matrixabsence.com](http://www.matrixabsence.com)  
 1-888-256-4094

### BRIGHT HORIZONS BACK-UP CARE

Up to 25 days a year of elder care at subsidized rates of \$6/hour.

 [www.careadvantage.com](http://www.careadvantage.com)  
(username: SPE; password: Backup)  
 1-877-BH-CARES (1-877-242-2737)

### METLIFE LEGAL HELP FOR YOUR PARENTS

Add your parents and parents-in-law to MetLife Legal Plan.

 [info.legalplans.com](http://info.legalplans.com)  
 1-800-821-6400

## MENTAL HEALTH & EMOTIONAL WELLBEING RESOURCES

### SPRING HEALTH

Convenient and confidential mental and emotional health resources.

 [sonypictures.springhealth.com](http://sonypictures.springhealth.com)  
 1-855-629-0554

### BEHAVIORAL HEALTH RESOURCES

All Sony Medical plans provide coverage for behavioral health services.

 AETNA: [www.aetna.com](http://www.aetna.com)  1-888-385-1053  
 KAISER: [www.kp.org](http://www.kp.org)  1-800-464-4000

### AETNA TELADOC – VIRTUAL HEALTH CARE

Talk to a board-certified doctor 24/7 over your phone or computer for behavioral health diagnosis, treatment, and referrals.

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

### ON THE LOT/VIRTUAL COUNSELOR

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

 [theseconsultinggroup@gmail.com](mailto:theseconsultinggroup@gmail.com)



## TRAVEL RESOURCES



### CIGNA TRAVEL PROTECTION

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

 [www.cignaenvoy.com](http://www.cignaenvoy.com)


### CIGNA MEDICAL BENEFITS ABROAD

Protects you if you have an accident or illness while traveling abroad on business.

 [www.cignaenvoy.com](http://www.cignaenvoy.com)  
(ID: 02428AMBA; password: Cigna1)  
 1-800-441-2668


### EMERGENCY HELP ABROAD

International SOS provides medical, travel, and security services.

 [www.internationalsos.com](http://www.internationalsos.com)  
 1-800-523-6586

### PAYFLEX COMMUTER BENEFITS

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

 [www.payflex.com](http://www.payflex.com)  
 1-888-678-8242

## FINANCIAL & LEGAL RESOURCES


### RETIREMENT (T. ROWE PRICE)

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

 [www.rps.troweprice.com](http://www.rps.troweprice.com)  
 1-877-SONY-SAVE (1-877-766-9728)



### ED ASSIST TUITION REIMBURSEMENT

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

 [spe.edassist.com](http://spe.edassist.com)  
 1-855-853-5017

### DISABILITY COVERAGE

If you can't work because of an illness or injury, disability provides income protection.

 [www.matrixabsence.com](http://www.matrixabsence.com)  
 1-888-256-4094



### AURA IDENTITY THEFT PROTECTION

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

 [my.aura.com](http://my.aura.com)  
 1-833-552-2123


### METLIFE LEGAL SERVICES PLAN

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

 [www.legalplans.com](http://www.legalplans.com)  
 1-800-821-6400

### LONG-TERM CARE

Protect yourself and your retirement with Trustmark's coverage.

 [www.getitci.com/sony](http://www.getitci.com/sony)  
 1-855-549-8911



### TUITION.IO STUDENT LOAN ASSISTANCE

Let Sony Pictures help you pay off your student loan debt.

 [sonypictures.tuition.io](http://sonypictures.tuition.io)  
 1-855-353-9395



### AETNA ACCIDENT AND HOSPITAL INDEMNITY

These plans pay you a benefit if you're injured or hospitalized.



 [www.myaetnasupplemental.com](http://www.myaetnasupplemental.com)  
 1-800-607-3366

### SONY EMPLOYEE STOCK PURCHASE PLAN

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

 [www.computershare.com](http://www.computershare.com)  
 1-800-621-3777

### METLIFE EXECUTIVE LIFE INSURANCE

 [www.mybenefits.metlife.com](http://www.mybenefits.metlife.com)  
 1-800-756-0124

## PET CARE RESOURCES

### INSIDERX PETS PROGRAM

Save on human prescriptions for your pets.

 [insiderxpets.com/?source=sony](http://insiderxpets.com/?source=sony)


### PET SITTING SERVICES

Find reliable in-home caregivers for your furry and feathered friends.

 [www.sittercity.com/sonypictures](http://www.sittercity.com/sonypictures)

### PET INSURANCE



Compare discounted pet insurance plans on BenefitHub.

 [www.benefitHub.com](http://www.benefitHub.com)  
(referral code on mySPE)

## ON THE LOT RESOURCES



### ON THE LOT PHYSICAL THERAPY

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

 [medgate\\_medical@spe.sony.com](mailto:medgate_medical@spe.sony.com)  
 1-310-244-5560

### ON THE LOT/VIRTUAL NUTRITIONIST

Meet with a registered dietitian **free** of charge.

 [medgate\\_medical@spe.sony.com](mailto:medgate_medical@spe.sony.com)  
 1-310-244-5560

### ON THE LOT/VIRTUAL COUNSELOR

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

 [theseconsultinggroup@gmail.com](mailto:theseconsultinggroup@gmail.com)

# CONTACTS

BENEFIT		PROVIDER	PHONE NUMBER	WEBSITE
Sony Pictures Benefits Center		Sony Pictures	1-833-9-SONY-01	<a href="http://benefitscenter.spe.sony.com">benefitscenter.spe.sony.com</a>
Benefits Information		SPE Benefits	N/A	<a href="http://benefits.sonypictures.com">benefits.sonypictures.com</a> Email: <a href="mailto:spe_benefits@spe.sony.com">spe_benefits@spe.sony.com</a>
<b>Mental Health and Emotional Wellbeing</b>	Mental Health and Emotional Wellbeing Resources	Spring Health	1-855-629-0554	<a href="http://sonypictures.springhealth.com">sonypictures.springhealth.com</a>
<b>Medical</b>	<ul style="list-style-type: none"> <li>• Sony Consumer Choice</li> <li>• Sony PPO</li> <li>• Sony EPO</li> <li>• Kaiser HMO</li> </ul>	Aetna	1-888-385-1053	<a href="http://www.aetna.com">www.aetna.com</a>
	Family Planning	Kaiser Permanente	1-800-464-4000	<a href="http://www.kp.org">www.kp.org</a>
	Medical Plan Comparison Tools	Progyny	1-833-404-2011	<a href="http://www.progyny.com/for-employees">www.progyny.com/for-employees</a>
	Medical Benefits Abroad (MBA)	Sony Pictures	N/A	EMMA: <a href="http://benefitscenter.spe.sony.com">benefitscenter.spe.sony.com</a>
	Business Travel Benefits Information	Cigna	1-800-441-2668	<a href="http://cignaenvoy.com">cignaenvoy.com</a>
<b>Prescription Drugs</b>	Prescription Drugs	International SOS	1-800-523-6586 (US) 1-215-942-8226	<a href="http://www.internationalsos.com">www.internationalsos.com</a> (Member Number 11BCPA000212)
		Express Scripts	1-800-716-2773	<a href="http://www.express-scripts.com/sonypics">www.express-scripts.com/sonypics</a>
<b>Aetna Resources</b>	Telephone Counseling	Kaiser (Sony Plans)	1-800-464-4000	<a href="http://www.kp.org">www.kp.org</a>
	24/7 Nurseline	Teladoc	1-855-835-2362	<a href="http://www.teladoc.com/aetna">www.teladoc.com/aetna</a> Mobile: <a href="http://www.teladoc.com/mobile">www.teladoc.com/mobile</a>
	Virtual Physical Therapy	Aetna	1-800-556-1555	
	Dedicated Nurse Advocate	Hinge Health	N/A	<a href="http://www.hingehealth.com/sony">www.hingehealth.com/sony</a>
<b>Dental</b>	<ul style="list-style-type: none"> <li>• Sony Standard Plan</li> <li>• Sony High Plan</li> </ul>	Stephanie Vega	1-312-549-3918	Email: <a href="mailto:vegas@aetna.com">vegas@aetna.com</a>
<b>Vision</b>	Vision Coverage	Delta Dental	1-800-471-7059	<a href="http://www.deltadentalins.com/sony">www.deltadentalins.com/sony</a>
<b>Flexible Spending Accounts</b>	Vision Coverage	Vision Service Plan	1-800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
<b>Leave/Disability</b>	Leaves of Absence/Disability	Payflex	1-888-678-8242	<a href="http://www.payflex.com">www.payflex.com</a>
		Matrix	1-888-256-4094	<a href="http://www.matrixabsence.com">www.matrixabsence.com</a>
<b>Life/AD&amp;D/LTC</b>	Executive Life Insurance	MetLife	1-800-756-0124	<a href="http://mybenefits.metlife.com">mybenefits.metlife.com</a>
	Life and AD&D	Securian	N/A	<a href="http://lifebenefits.com/insuranceneeds">lifebenefits.com/insuranceneeds</a>
	Long-Term Care	Trustmark	1-855-549-8911	<a href="http://www.getitci.com/sony">www.getitci.com/sony</a>
	Accident Plan	Aetna	1-800-607-3366	<a href="http://www.myaetnasupplemental.com">www.myaetnasupplemental.com</a>
	Hospital Indemnity	Aetna	1-800-607-3366	<a href="http://www.myaetnasupplemental.com">www.myaetnasupplemental.com</a>
<b>401(k)</b>	Sony USA 401(k) Plan	T. Rowe Price	1-877-766-9728	<a href="http://www.rps.troweprice.com">www.rps.troweprice.com</a>
<b>Auto/Home</b>	Discounted insurance	BenefitHub	N/A	<a href="http://www.benefithub.com">www.benefithub.com</a>
<b>Family Support</b>	Backup Child Care, Elder Care	Bright Horizons	1-877-242-2737	<a href="http://clients.brighthorizons.com/sonypictures">clients.brighthorizons.com/sonypictures</a> First time users' username: SPE Password: Benefits4You
	Behavior Coaching Assistance	RethinkCare	1-800-714-9285	<a href="http://connect.rethinkcare.com/sponsor/spe">connect.rethinkcare.com/sponsor/spe</a> Enrollment code: spe
	Breast Milk Shipping	Milk Stork	1-877-242-1306	<a href="http://www.milkstork.com/sonypictures">www.milkstork.com/sonypictures</a>
<b>Financial and Legal</b>	Tuition Assistance	EdAssist	1-855-853-5017	<a href="http://spe.edassist.com">spe.edassist.com</a>
	Student Loans	Tuition.IO	1-855-353-9395	<a href="http://sonypictures.tuition.io">sonypictures.tuition.io</a>
	ID Theft Protection	Aura	1-833-552-2123	<a href="http://my.aura.com">my.aura.com</a>
	Legal Services	MetLife Legal	1-800-821-6400	<a href="http://info.legalplans.com">info.legalplans.com</a>
<b>Pet Protection</b>	Employee Stock Purchase Plan (ESPP)	ComputerShare	1-800-621-3777	<a href="http://www.computershare.com">www.computershare.com</a>
	Pet Insurance	BenefitHub	N/A	<a href="http://www.benefithub.com">www.benefithub.com</a> (referral code on mySPE)
	Pet Prescriptions	Inside Rx	N/A	<a href="http://insiderxpets.com/?source=sony">insiderxpets.com/?source=sony</a>
<b>On the Lot</b>	Pet Sitting Services	Sittercity	N/A	<a href="http://www.sittercity.com/sonypictures">www.sittercity.com/sonypictures</a>
	On the Lot Nurse Advocate	Stephanie Vega	1-312-549-3918	Email: <a href="mailto:vegas@aetna.com">vegas@aetna.com</a>
	On the Lot/virtual Counselor	Dr. Wendy Talley	N/A	Email: <a href="mailto:theleseconsultinggroup@gmail.com">theleseconsultinggroup@gmail.com</a>
	On the Lot/virtual Nutritionist	Medical Center	1-310-244-5560	Email: <a href="mailto:medgate_medical@spe.sony.com">medgate_medical@spe.sony.com</a>
	On the Lot Physical Therapy	Medical Center	1-310-244-5560	Email: <a href="mailto:medgate_medical@spe.sony.com">medgate_medical@spe.sony.com</a>



THE LAST OF US (SEASON 1)



10202 Washington Blvd  
Culver City, CA 90232



**2024 OPEN ENROLLMENT**  
**OCTOBER 23– NOVEMBER 3, 2023**  
**ENROLL NOW!**

John Doe  
Street Name  
City, State ZIP

*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 mySPE 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 1-833-9-SONY-01.*

*THIS IS A SUMMARY OF CHANGES TO THE PLAN. This document is intended to serve as a "summary of material modifications" pursuant to the requirements of Section 104 of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). You should keep this summary, together with the SPD, for future reference. In the event of a discrepancy between this SMM and the SPD, this SMM will govern. In the event of a discrepancy between this SMM and the official Plan document, the official Plan document will govern. As a reminder, the Company reserves the right in its sole and absolute discretion to amend, modify or terminate the Plan at any time, and for any reason, or for no reason, and the Plan's administrator reserves the right in its sole and absolute discretion to interpret and apply the terms of the Plan. Receipt of this document is not intended to waive any applicable eligibility requirement.*

*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 employment or payment of any future benefits. Nothing contained in this guide alters the at-will nature of employment of Sony Pictures' at-will 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.*