



Sony Interactive Entertainment

YOUR 2026 BENEFITS QUEST BEGINS HERE

YOUR HANDBOOK FOR THE LATEST BENEFITS AND FEATURES

WELCOME

Just like Atsu embarking on her journey across Ezo, we're here to guide you through the latest updates to your 2026 benefits. These programs are your trusted allies — designed to help you and your family stay strong, resilient, and ready for whatever challenges lie ahead.

Like the tools and wisdom Atsu gathers along her quest, our comprehensive benefits give you the resources you need to make confident, informed choices about your health, wellbeing, and financial future.

What's new:

- Through Oshi, Aetna enrolled members can get support to help them get to the root cause of their gastrointestinal symptoms
- CVS Caremark will be replacing Express Scripts as our pharmacy plan administrator for Aetna medical plans, offering many enhancements and conveniences because Aetna and Caremark are part of the same company
- The contribution limit for the Dependent Care Flexible Spending Account is increasing from \$5,000 to \$7,500

These are just a few of the enhancements being offered in 2026. Check out "What's New for 2026" on page 2 for all the details. Dive into this guide, explore your options, and visit Nexus for more information.



If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, federal law gives you more choices about your prescription drug coverage. Please see page 34 for details.

This communication summarizes key provisions of certain SIE benefits and enrollment rules that are effective January 1, 2026. Please be reminded that the benefits provided by SIE — including the benefits described in this update — are governed solely by the official plan documents. In the event of any inconsistency between the plan documents and the information set forth in this update, the terms of the official plan documents, as interpreted by the plan administrator, in its sole discretion, will control. Please also be reminded that SIE reserves the right to amend, modify, or terminate any or all of the provisions of the plan at any time and for any reason. Any such changes may affect the benefits payable to you and/or your family members. Nothing in the communication is intended, or may be construed, to provide a promise of future benefits or guaranteed employment. Sony and the Sony logo are trademarks of Sony. All other trademarks are trademarks of their respective owners.

TIME TO ENROLL

You can enroll in or update your benefits during open enrollment or within 30 days of your first day on the job.

New employees: If you don't enroll in benefits or actively waive coverage within 30 days of your date of hire, you'll automatically be enrolled in employee only coverage in the Sony Consumer Choice Plan with HSA, and basic life insurance equal to 2x your annual earnings. Benefits coverage will be backdated to your date of hire.

IT'S GAME TIME

- ☐ **Make your 2026 Flexible Spending Account and/or Health Savings Account elections. Prior year elections will not roll over.**
- ☐ **Review your medical and dental plan options and ensure your dependents are appropriately covered. Ask Emma, in the bswift website, can help you estimate your costs and pick a plan.**
- ☐ **Review your beneficiaries for your life insurance and 401(k) accounts.**
- ☐ **Review your long term care options; contact J. Manning for questions and enrollment.**
- ☐ **Many SIE perks and voluntary benefits like pet insurance and backup day care can be elected anytime during the year — check them out!**
- ☐ **Make elections in bswift through the chiclet on Okta, or directly at <https://sie.bswift.com>.**



The **MyEve Benefits Portal** allows you to access all your SIE benefits and perks through one convenient app or website!

- Use single sign-on to access most vendors
- Store digital copies of your benefits ID cards
- View real-time medical deductible, out-of-pocket maximum, and 401(k) balances

Access MyEve through Okta or directly at **playstation.myeve.com**. Additional information, including how to register, can be found on Nexus.



Download the MyEve mobile app to access your benefits information while on-the-go.

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WHAT'S NEW FOR 2026

COST OF COVERAGE
Employee contributions – the amount you pay per paycheck – for your SIE medical plan will be increasing, but there will be no increases to dental or vision rates.
Page 3.

EXPANDED CANCER CARE THROUGH AETNA
Sony's Aetna plans will offer expanded cancer preventive screenings at 100% coverage in-network. Screenings will include diagnostic colonoscopies. For breast cancer, screenings include mammogram, ultrasound, breast MRI, and medically necessary BRCA testing.

SONY CONSUMER CHOICE PLAN
The deductibles and out-of-pocket maximums in the Sony Consumer Choice Plan will increase to comply with IRS rules.
Page 9.

KAISER FERTILITY COVERAGE
Kaiser is enhancing its fertility services that support the diagnosis and treatment of infertility and fertility services like IVF, which includes oocyte retrievals and embryo transfers.
Page 9.

HEALTH SAVINGS ACCOUNT (HSA) CONTRIBUTIONS
The annual contribution maximums will increase to \$4,400 (employee only) and \$8,750 (family)
Page 10.

\$0 COPAY FOR TELADOC
Beginning January 1, there will be \$0 copay for Teladoc in the Sony Consumer Choice Plan.
Page 12.

OSHI DIGESTIVE SUPPORT
Oshi, an in-network partner with Aetna, delivers holistic digestive care to get to the root cause of your gastrointestinal (GI) symptoms.
Page 13.

CVS CAREMARK WILL REPLACE EXPRESS SCRIPTS
Starting January 1, CVS Caremark (Caremark) will replace Express Scripts as our pharmacy plan administrator for the Aetna medical plans.
As Aetna and Caremark are part of the same organization, this change is expected to deliver enhancements and added conveniences through a more integrated experience.
Page 13.

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (DCFSA)
The IRS is increasing the contribution limit for DCFSAs, from \$5,000 to \$7,500 in 2026.
Page 17.

PREGNANCY AND POSTPARTUM PROGRAM
This program, available through Progyny, will replace Aetna's Maternity Management Services.
It includes 24/7 support with certified doulas, peer support groups, delivery preparation, and more.
Page 24.

MENOPAUSE SUPPORT
Progyny will provide members enrolled in an Aetna medical plan access to specialized perimenopause-, menopause-, and post-menopause-related medical care.
Page 24.



GAME PRICES

EMPLOYEE CONTRIBUTIONS PER PAYCHECK

Your cost for benefits is based on the plans you choose and the dependents you cover.

MEDICAL PLAN RATES			
COVERAGE LEVEL	SONY CONSUMER CHOICE PLAN WITH HSA	SONY PPO PLAN	KAISER HMO PLAN (CA ONLY)
Employee only	\$22.83	\$53.09	\$40.19
Employee + spouse/ domestic partner	\$63.93	\$148.65	\$112.53
Employee + child(ren)	\$54.10	\$130.63	\$101.52
Employee + family	\$93.61	\$217.67	\$164.78
DENTAL PLAN RATES			
COVERAGE LEVEL		HIGH PLAN	STANDARD PLAN
Employee only		\$11.23	\$3.27
Employee + spouse/domestic partner		\$26.72	\$8.22
Employee + child(ren)		\$21.86	\$6.72
Employee + family		\$37.65	\$11.58
VISION PLAN RATES			
COVERAGE LEVEL			
Employee only		\$3.25	
Employee + spouse/domestic partner		\$7.47	
Employee + child(ren)		\$6.11	
Employee + family		\$10.53	

TOBACCO SURCHARGE

HOW THE TOBACCO SURCHARGE AFFECTS YOUR MEDICAL PLAN PREMIUMS

If you (and your covered spouse/domestic partner, if applicable) used tobacco¹ within the past 12 months, this will increase the rates you pay for medical coverage in 2026.

During your first calendar year of coverage, you'll be charged the non-tobacco-user medical rates regardless of your tobacco-user status. The following year, you must actively certify that you (and your spouse/domestic partner, if enrolled) are tobacco-free to continue receiving the non-tobacco-user rates.

You can review and update your and your spouse/domestic partner's tobacco usage in bswift only during open enrollment.

If the tobacco surcharge is applied, the annual increase to the cost of your medical coverage is \$325 for you and an additional \$325 for your covered spouse/domestic partner.

TOBACCO SURCHARGE REFUNDS²

To help you (and your covered spouse/domestic partner) quit tobacco, SIE offers tobacco-cessation programs through Aetna at no cost to you. If you enroll in this phone-coaching program, SIE will also cover the full cost of over-the-counter nicotine replacement therapy products or certain medications prescribed by your doctor — as long as you continue to participate in the Aetna tobacco-cessation program.

Upon completion of the program (as determined by Aetna), you'll get a refund of the tobacco-user surcharge you paid for that year. The refund will be one lump-sum payment of the difference between the tobacco-user medical rate and the non-tobacco user medical rate: \$325 for employee only or \$650 for an employee and spouse/domestic partner.

More information about the Aetna tobacco-cessation program can be found in your bswift library.

¹ Tobacco use is defined as smoking cigarettes, e-cigarettes, cigars, and pipes; and using tobacco products such as dip, chew, or snuff.

² Refunds of the tobacco surcharge are paid in the calendar quarter following program completion.



ELIGIBILITY

THIS POPULAR GAME PROVIDES LOTS OF WAYS TO BUILD YOUR DREAM TEAM. SIE'S LINEUP OF BENEFITS STARTS WITH ELIGIBILITY. DETERMINE WHO'S ON YOUR TEAM, THEN REVIEW THE STATS AND ENROLL.

WHO CAN PLAY?

All regular, full- and part-time employees who work at least 20 hours per week may enroll in benefits. You also may enroll your eligible dependents — including domestic partners — for medical, dental, and vision coverage. Coverage for supplemental life insurance is also available for dependents.

There are four levels of coverage:

- Employee only
- Employee + spouse/ domestic partner
- Employee + children
- Employee + family

If your spouse/domestic partner or your child also works for SIE, you and your dependents may be covered only under one plan.

ELIGIBLE FAMILY MEMBERS

- Legal spouse/domestic partner
- Children under age 26¹
- Your legal spouse/ domestic partner's children under age 26
- Dependent child of any age who can't support themselves because of a mental or physical disability that happened before age 26

¹ Children covered by life and AD&D insurance must be unmarried.

DOMESTIC PARTNERS

To qualify as a domestic partner,² you and your partner:

- Can't be related to each other by blood
- Assume mutual obligation for the welfare and support of each other
- Are at least 18 years old

- Can't be married to anyone else
- Have lived together for at least six months

You must upload a signed Affidavit of Domestic Partnership form, available in the bswift library, to your employee file in bswift.

² The value of the company-paid portion of their benefits also will be taxable and shown as income on your paycheck and your W-2 statement at the end of the year. In some states, including California, the amounts may not be subject to state income tax if the domestic partnership meets state criteria.

For more information about the California Registry for Domestic Partners, visit <https://www.sos.ca.gov/registries/domestic-partners-registry>.

REMEMBER!
YOUR CHOICES ARE BINDING

Open enrollment is your only opportunity to update your benefit elections for the next year unless you experience a qualified life event. See page 5.

If you enroll your domestic partner and their children in SIE benefits, the IRS requires that you pay federal income tax on the fair market value of employer-provided health coverage. In addition, your contributions for their health coverage will be made on an after-tax basis.



FAMILY STATUS CHANGE/QUALIFIED LIFE EVENT

If you experience a qualified life event, you can change your benefits, as long as the changes you make are related to the life event.

You have **60 calendar days** from the date of the event to change your benefits. Qualified life events include:

- Birth or adoption of a child
- Change in legal marital status including marriage, death of spouse, divorce, legal separation, or annulment
- Change in your employment, or your spouse/domestic partner's or eligible dependent's
- Change in the number of hours you, your spouse/domestic partner, or dependent work that affects benefits eligibility, including:

- a switch between part-time and full-time status
- start or end of an unpaid leave of absence
- Eligible dependent no longer qualifies for coverage under your plan

NOTE: Requested benefit changes must correspond to the life event. Once approved, your benefit changes will be updated as of the effective date of the life event (birth date, loss of coverage date, etc.).

For a list of the most common life events and the allowable benefit changes, see the inside back cover.

To change your benefits because of a life event, access bswift through Okta, then choose the relevant life event from the left panel.





MENTAL HEALTH CARE FOR TODAY'S WORLD

SIE EMPLOYEES AND THEIR HOUSEHOLD MEMBERS HAVE ACCESS TO A FULL RANGE OF CONVENIENT AND CONFIDENTIAL MENTAL HEALTH BENEFITS THROUGH OUR GLOBAL PARTNER, MODERN HEALTH, ALL AT NO COST.

SIE provides employees and each of their household dependents eight free therapy and eight free coaching sessions per calendar year.

Modern Health therapists are in-network with Aetna, so if you're enrolled in the Sony PPO or Sony Consumer Choice Plan, you may continue seeing your Modern Health therapist at in-network rates.



DIGITAL MEDITATION AND CONTENT

Access a full library of resources to help you manage emotions, professional life, and more – all at your own pace.



ONE-ON-ONE THERAPY

Book sessions with a therapist of your choice through the mobile app or website, often as quickly as the next day.



ONE-ON-ONE COACHING

Schedule a session with a certified coach to meet your goals, personal or professional. Mental health coaches can also help you manage stress, burnout, and other wellness needs.



CIRCLES (GROUP SESSIONS)

Join unlimited listening or discussion groups centered around mental health topics, DE&I communities, and more.



CRISIS SUPPORT LINE

Talk to a caring professional 24/7 when you need urgent help.



WORK/LIFE SERVICES

Access services to help you navigate life's challenges, from legal and financial planning, travel, moving support, and more.



CARE NAVIGATION

Get help navigating Modern Health's services, including referrals to other relevant SIE benefit programs.



PSYCHIATRY AND MEDICATION MANAGEMENT (AETNA ONLY)

Get faster in-network access to psychiatrists who can prescribe medications.

GETTING STARTED IS EASY

1. Activate your Modern Health account
 - Online: my.joinmodernhealth.com
 - Mobile app: Download Modern Health from Google Play and Apple Store
 - Use company code: Sony Interactive Entertainment
2. Complete a short wellbeing intake assessment to get personalized recommendations
3. Begin accessing digital content and book your first session!

ADDING DEPENDENTS?

Once you sign up, you can invite your dependents by clicking, "Manage care for your family" on the homepage.

PREFER A DIFFERENT DEFAULT LANGUAGE?

You can update your language preference under Settings > Profile Details in the mobile app, or by clicking the Profile drop-down on the website.



MEDICAL COVERAGE

YOUR OPTIONS ARE: SONY CONSUMER CHOICE PLAN WITH HEALTH SAVINGS ACCOUNT (HSA), SONY PPO PLAN, AND KAISER HMO PLAN (CALIFORNIA ONLY).

OPTION 1: SONY CONSUMER CHOICE PLAN (AETNA)

This plan has the lowest paycheck contributions of any SIE medical plan. It's paired with a Health Savings Account (HSA) that SIE makes annual contributions to. This plan offers the highest network coverage at the lowest price.

You may visit any doctor or specialist you choose, but you'll pay less when you visit in-network providers. This plan covers the entire cost of many preventive drugs; however, most of your prescriptions are subject to the deductible, which means you pay 100% of the cost until you reach the deductible.

HOW THE DEDUCTIBLE WORKS

If you enroll dependents, there's a family deductible. You must meet the family deductible before the plan starts paying benefits for anyone.

OPTION 2: SONY PPO PLAN (AETNA)

This plan offers lower deductibles but has higher paycheck contributions. You may visit any health care provider you want, in- or out-of-network, but you'll pay less when you use in-network providers. You must meet the deductible before the plan starts paying except for in-network office visits, which have a copay.

HOW THE DEDUCTIBLE WORKS

If you enroll dependents, each person will be subject only to the individual deductible amount until the entire family deductible is met. You may meet the family deductible by any combination of covered medical expenses you and your covered family members incur.

OPTION 3: KAISER HMO PLAN (AVAILABLE IN CALIFORNIA ONLY)

The Kaiser HMO Plan is different from the Aetna Plans because it's not just a network, it's a health system.

While you must use providers and facilities within the Kaiser network, most of Kaiser's facilities offer many services so you can take care of several health care needs in one visit. You can see your primary care doctor, a specialist, get a lab test or X-ray, and pick up your prescriptions all without leaving the building.

You choose — or Kaiser can assign you — a primary care doctor who will help you navigate the health care system and refer you within the Kaiser network, when necessary. There's no deductible for you or your family, and most services only require a simple copay.

For more information, see the "Medical Plans at a Glance" table on page 9 and the "Prescription Drugs at a Glance" table on page 14.

CHECK IF YOUR PROVIDER IS IN-NETWORK

Both the Sony Consumer Choice and PPO Plans utilize the Aetna Choice POS II network.

DOWNLOAD THE KAISER MOBILE APP

- View lab results
- Refill prescriptions
- View claims, coverage and benefits
- Access digital ID card
- Schedule appointments and email your doctor



HOW THE MEDICAL PLANS WORK

PLAN FEATURE	SONY CONSUMER CHOICE PLAN WITH HSA	SONY PPO PLAN	KAISER HMO PLAN (CA ONLY)
Annual deductible	Yes	Yes	No
Preventive care	When you visit an in-network provider: - Covered at 100% - No deductible - No dollar limit		- Covered at 100% - No copay
Use in-network or out-of-network providers?	Yes, but: - Using in-network providers will save you money - When you visit out-of-network providers, you must: - file your claims to get reimbursed for your expenses, and - pay the difference between what the plan pays and what the provider charges		You may visit only in-network providers except in emergencies
Preauthorization	Must have for certain hospital stays and outpatient surgeries		N/A
Tax-free Health Savings Account (HSA) ¹	- You and SIE can contribute money to this account - Use HSA funds to pay eligible health care costs	No	No
Enroll in Health Care Flexible Spending Account?	May only enroll in Limited Purpose FSA	Yes	Yes
Enroll in Dependent Care Flexible Spending Account?	Yes	Yes	Yes

¹ See page 10 for more information on HSAs.

TERMS TO KNOW

ANNUAL DEDUCTIBLE

The fixed amount of money you must spend on health care before your SIE medical plan starts paying. Once you meet it, you'll pay only copays and coinsurance. Kaiser doesn't have an annual deductible.

COINSURANCE

When you reach your annual deductible, the plan will start sharing health care costs with you.

For most in-network services, you pay 10% of the fee and the plan pays 90%.

COPAY

The fixed amount that you pay for certain services; the plan pays the rest.

For example, if you need to visit your in-network doctor for diagnostic care, you'll pay a \$20 copay. Copays count toward your out-of-pocket maximum.

OUT-OF-POCKET MAXIMUM

This is the most you pay for health care in one year. It includes the annual deductible, coinsurance, and copay amounts.

Once you reach the out-of-pocket maximum, the plan will pay 100% of covered expenses for the rest of the plan year.

CONSIDER THE COST OF USING OUT-OF-NETWORK PROVIDERS

Out-of-network care can cost you a lot more than in-network care. When you receive care outside the Aetna network:

- You may be responsible for covering the entire cost of the visit or procedure up front and filing a claim for reimbursement from Aetna.
- The amount your provider charges is not based on a negotiated fee. Instead, your provider will bill the amount they deem appropriate for the services they provide, which will likely be higher than the negotiated fee of an in-network provider.
- Aetna will pay the provider based on the maximum allowed amount for that service. You must pay any amount above the maximum allowed amount, in addition to your deductible and coinsurance. Any fees you pay above the maximum allowed amount do not apply to your out-of-pocket maximum.

For more information, see the Summary Plan Description on Nexus.

MEDICAL PLANS AT A GLANCE

PLAN FEATURE	SONY CONSUMER CHOICE PLAN WITH HSA (AETNA)		SONY PPO PLAN (AETNA)		KAISER HMO PLAN (CA ONLY)
	In-network	Out-of-network	In-network	Out-of-network	In-network
Annual Deductible (Employee only/ Employee + at least one dependent)	\$1,700 / \$3,400	\$3,400 / \$6,800	\$350 / \$700	\$700 / \$1,400	None
Annual Out-of-Pocket Maximum (Employee only/ Employee + at least one dependent)	\$3,400 / \$6,800	\$6,800 / \$13,600	\$2,000 / \$4,000	\$4,000 / \$8,000	\$1,500 / \$3,000
SIE HSA Contribution (Employee only/ Employee + at least one dependent)	\$750 / \$1,500		N/A		N/A
Preventive care	No charge	Plan pays 90% ¹	No charge	Plan pays 90% ¹	No charge
Office visit with your regular doctor	Plan pays 90% ¹	Plan pays 70% ¹	\$20 copay per visit	Plan pays 70% ¹	\$20 copay per visit
Specialist office visit	Plan pays 90% ¹	Plan pays 70% ¹	\$35 copay per visit	Plan pays 70% ¹	\$35 copay per visit
Urgent care visit	Plan pays 90% ¹	Plan pays 70% ¹	\$35 copay per visit	Plan pays 70% ¹	\$20 copay per visit
Emergency room (copay waived if admitted)	Plan pays 90% ¹	Plan pays 90% ¹	Plan pays 90% ¹	Plan pays 90% ¹	\$100 copay per visit
Hospitalization	Plan pays 90% ¹	Plan pays 70% ¹	Plan pays 90% ¹	Plan pays 70% ¹	\$250 per admission
Maternity (includes prenatal care and delivery)	Plan pays 90% ¹	Plan pays 70% ¹	Plan pays 90% ¹	Plan pays 70% ¹	Plan pays 100% pre- and post-natal care, \$250 per admission
Outpatient lab	Plan pays 90% ¹	Plan pays 70% ¹	Plan pays 90% ¹	Plan pays 70% ¹	Plan pays 100%
Outpatient surgical centers	Plan pays 90% ¹	Plan pays 70% ¹	Plan pays 90% ¹	Plan pays 70% ¹	\$50 per visit
Chiropractic	Plan pays 90% ¹ Up to 30 visits per year in- and out-of-network combined	Plan pays 70% ¹ Up to 30 visits per year in- and out-of-network combined	\$35 copay per visit Up to 30 visits per year in- and out-of-network combined	Plan pays 70% ¹ Up to 30 visits per year in- and out-of-network combined	\$15 per visit Up to 30 visits per year
Physical, occupational, and speech therapy	Plan pays 90% ¹ Up to 75 visits per year in- and out-of-network combined ²	Plan pays 70% ¹ Up to 75 visits per year in- and out-of-network combined ²	Plan pays 90% ¹ (facility-based care); \$35 copay for physician visit Up to 75 visits per year in- and out-of-network combined ²	Plan pays 70% ¹ Up to 75 visits per year in- and out-of-network combined ²	\$250 per inpatient visit; \$20 per outpatient visit
Mental health/substance abuse treatment	Plan pays 90% ¹	Plan pays 70% ¹	Plan pays 90% ¹ (facility-based care); \$20 copay for physician visit	Plan pays 70% ¹	Inpatient: \$250 Outpatient group: \$5 - \$10 per visit Outpatient individual: \$20 per visit
Fertility treatment	Four Smart Cycles per lifetime. See information on Progyny on page 23.				Covers services for diagnosis and treatment of involuntary infertility and services related to assisted reproductive technology such as IVF, GiFT, and ZIFT. Plan covers 3 treatment cycles per lifetime.

1 After deductible.

2 Visit limit does not apply to habilitative treatment for Autism and developmental delays. All other outpatient mental health/substance abuse treatment services to be covered at 90% coinsurance (deductible does not apply for the Sony PPO Plan).



THE HEALTH SAVINGS ACCOUNT
HOW THE TAX-FREE HSA WORKS WITH THE SONY CONSUMER CHOICE PLAN.

HEALTH SAVINGS ACCOUNT (HSA)

If you enroll in the Sony Consumer Choice Plan, you'll also be enrolled in an HSA, unless you opt out.

An HSA is a tax-deferred account¹ for paying qualified out-of-pocket health care costs. You can make an annual election, and the money you contribute is taken from your paycheck in equal installments over the remaining pay periods in the year before income tax applies (state tax treatment may vary). The money you contribute from your paycheck is taken out before taxes are calculated on your wages, which means you pay less income tax.

HSAs earn interest, which is also tax-free¹ as long as you keep the earnings in your account or spend them only on qualified health care expenses.

You may invest HSA balances over \$1,000; any growth is also tax-free,¹ as long as you keep the earnings in your account or spend them on qualified health care expenses. You may use HSA funds to pay qualified health care expenses for yourself, your spouse, or dependents² you claim as tax dependents. If you use your HSA to pay nonqualified expenses, penalties may apply.

And, your HSA rolls over every year, so you never lose it. If you leave the company or retire, you can take the HSA with you because you own the account and all the funds in it.

SIE also puts money into your HSA to help defray your medical expenses. In 2026, SIE will contribute up to \$750 (employee only) or \$1,500 (family). SIE's contributions are deposited annually at the beginning of the year.

To receive SIE's contribution, you:

- Must be actively employed by SIE,
- Enrolled in the Sony Consumer Choice Plan, and
- Have opened your HSA by the time of SIE's contribution.

SIE's contributions count toward the annual maximum HSA contribution limit. Unlike Flexible Spending Accounts, you may update your annual HSA contribution in bswhf anytime during the calendar year.

NEW EMPLOYEES: You'll get SIE's contribution as soon as administratively possible after you join the plan and your HSA is established — typically 30 to 45 days. If you are hired between July 1 and November 15, you'll receive a prorated amount equal to \$375 for employee only coverage and \$750 for family coverage. If you are hired after November 15, you won't receive an HSA contribution for this year.

SELECT YOUR HSA EXPERIENCE LEVEL

Beginner: Use your HSA funds each year to pay out-of-pocket health care expenses while you meet your medical plan deductible. Use your HealthEquity debit card to pay, or submit requests for reimbursement in the HealthEquity website or mobile app.

Standard: Save up your annual tax-free¹ contributions and SIE's contribution over multiple years to cover large or unexpected health care expenses. Collect interest on your balance in the meantime, like a savings account.

Expert: Use your HSA as a retirement savings vehicle and invest your eligible contribution balance over \$1,000 into the fund options offered on the HealthEquity website.

Like a 401(k), your investment earnings grow tax-free,¹ as long as the earnings remain in your account. After age 65, distributions taken from your HSA for non-health care expenses are subject to ordinary income taxes. However, unlike a 401(k), if you use your HSA on qualified health care expenses, the funds can be withdrawn tax-free, even in retirement.

2026 HSA ANNUAL CONTRIBUTION LIMITS ³		
HSA TYPE	EMPLOYEE ONLY	FAMILY ⁴
Your contribution	\$3,650	\$7,250
SIE's contributions	\$750	\$1,500
Contribution limit	\$4,400	\$8,750

1 The federal government doesn't tax HSA contributions, but state income tax treatment may be different.

2 Dependent must be a federal tax dependent, but can be covered by a different medical plan.

3 If you're 55 or older in 2026, you may save an additional \$1,000 in catch-up contributions.

4 For purposes of this chart, "Family" means employee plus one or more dependents.



QUALIFYING FOR AN HSA

It's **your** responsibility to ensure you're eligible for an HSA. To qualify, the IRS requires that you:

- Be covered under the Sony Consumer Choice Plan
- Have no other health coverage (except what is permitted under IRS rules)
- Not be enrolled in Medicare
- Not be claimed as a dependent on someone else's tax return
- Not be enrolled in a Health Care Flexible Spending Account (FSA) or Health Reimbursement Account (HRA), including through your spouse's plan

NOTE: If you have a domestic partner who isn't a tax dependent, you may not use your HSA to pay their expenses; however, if they're covered under the Sony Consumer Choice Plan, you'll receive SIE's full family HSA contribution.

If you enroll dependents in your coverage, you're the only family member who has to meet the above IRS requirements. For details, review the IRS rules at www.irs.gov, Publication 969.

ESTABLISHING YOUR HSA

When you first enroll in the Sony Consumer Choice Plan, your HSA is automatically opened for you on the first of the month after you enroll in the plan (or on January 1 if you enrolled during open enrollment).

Federal law requires our HSA provider, HealthEquity, to verify your eligibility for a bank account in the United States. HealthEquity will contact you if they need more information. If you don't respond in a timely manner, your HSA will be delayed or rejected.

USING YOUR HSA

Once your HSA is active, you'll receive a debit card from HealthEquity. You may use it anytime to pay eligible health care expenses or reimburse yourself at a later time through the HealthEquity website or mobile app. If your claim is for more than the balance of your HSA, you'll need to pay your claim out-of-pocket and reimburse yourself once the HSA funds are available. There are no claim forms to submit. It's your responsibility to verify expenses are eligible.

For a list of eligible HSA expenses, go to <https://www.healthequity.com/hsa-qme>.

OPTING OUT OF THE HSA

You may opt out of the HSA if you're not eligible or prefer not to open the account (for example, if you already have an HSA through your spouse's employer). If you opt out, you won't receive SIE's contribution to the HSA.

KEEP YOUR RECEIPTS

We strongly encourage you to save your health care receipts with your other tax documents. While you're not required to submit your receipts for reimbursement, the IRS may require you to prove your claims. At the end of each year, HealthEquity will send you tax Form 8889, which will show the amount of contributions to and qualified expenditures from your account during the year.

You must file this form with your federal income tax return each year. If you use your HSA for an ineligible expense, HealthEquity will send you another tax form showing the amount of the nonqualified expenditure. You'll need to file this form with your tax return, too.

Finally, HealthEquity will make available Form 5498-SA. It shows the contributions made to your account during the year. You don't need to file this form, but keep it with your other tax forms in case the IRS audits you.

IMPORTANT! KNOW YOUR NAMES AND DATES

Make sure your legal name in Workday matches what is on your Social Security card — especially if you recently got married or changed your name. If it doesn't, there may be a delay in establishing your HSA.

If you have recently moved, please update your address in Workday; any discrepancies may cause a delay in establishing your HSA.

The establishment date of an HSA is important because you can only use your HSA funds for qualified health care expenses incurred after the date your HSA is opened. In general, this will be the first day of the month after you enroll in coverage under the Sony Consumer Choice Plan, but it's your responsibility to ensure that no additional action is needed to open your HSA.

For example, if you enroll in the Sony Consumer Choice Plan effective January 1 and you go to the doctor on January 5, but your HSA isn't opened until January 30, you can't use your HSA funds to pay the January 5 expenses.



AETNA TOOLS AND RESOURCES
YOU'LL BE WELL-EQUIPPED FOR YOUR JOURNEY THROUGH THE HEALTH CARE SYSTEM, THANKS TO THE TOOLS THAT SIE AND AETNA PROVIDE.

AETNA MEMBER WEBSITE You can: • Download and print Aetna forms • View or print your medical/prescription drug card • Search for in-network providers • Connect with Aetna Member Services via secure email • Access the Healthwise Knowledgebase — A to Z health topics in English and Spanish • Compare costs of medical procedures at facilities around the country Register at www.aetna.com. AETNA CONCIERGE PROGRAM The Aetna Concierge program connects you with health resource consultants who can provide you with information and guidance when you need it. The Concierge can help with billing, provider, plan design, and coverage questions. Call the Concierge at 1-888-385-1053. TALK TO A REGISTERED NURSE — 24/7 As an Aetna member, you'll have round-the-clock access to a registered nurse with the Informed Health Line at 1-800-556-1555.	AETNA ONE CHOICE With the Aetna One Choice program, you can work with an Aetna nurse or use their online resources. The program can help you manage your conditions, stay healthy, and achieve your goals with a personalized action plan. Visit www.aetna.com and click on "Stay Healthy" or call 1-888-385-1053. FIND A DOCTOR To find an Aetna-network doctor¹ — 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 Plan 1 Providers may not show up in the provider search, based on the way they're registered or because they're part of a provider group. If you can't find your doctor, call Aetna. LACTATION SUPPORT If you need help with breastfeeding your baby, Aetna medical plans cover up to six free visits with a	lactation consultant. Visit www.SimpliFed.com or call 1-888-458-1364. TRANSFORM ONCOLOGY If you or an enrolled dependent is facing a cancer diagnosis, this program provides an enhanced, personalized level of support throughout the treatment journey, including screening, diagnosis, treatment, and more. To learn more, contact Aetna at 1-888-385-1053. MINUTECLINICS CVS walk-in MinuteClinics are available at select CVS pharmacies and Target stores nationwide. Nurse practitioners and physician assistants can treat most common health issues, including: • Health screenings and wellness exams • Travel health exams and vaccinations • Treatment of minor illnesses and injuries • Dermatology There's no cost when you visit a MinuteClinic.² Find a location near you at www.cvs.com/minuteclinic. 2 If you're in the Sony Consumer Choice Plan, you must meet your deductible before services are free.	TELADOC With SIE's telemedicine program, you can see a board-certified doctor from your computer or mobile device to: • Get 24/7 support for immediate diagnosis and treatment of minor conditions, and for prescriptions, if needed • Schedule virtual behavioral health counseling seven days a week for you or your dependents for anxiety, stress, depression, and more • Get skin conditions diagnosed (you send a photo) • Get support for your parents and parents-in-law for a small copay Teladoc is confidential and convenient. There's no cost for most Teladoc services. Call 1-855-TELADOC (1-855-835-2362). HINGE HEALTH As an Aetna member, you have free 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. The programs include a tablet, wearable sensors, and personal coaching.
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Coverage also includes support for women's pelvic health.

Learn more and apply at www.hingehealth.com/sony.

TRAVEL AND LODGING

Travel assistance is available for covered employees and their dependents who are unable to access in-network care within 50 miles from their home. To learn more, contact Aetna at 1-888-385-1053.

GENDER-AFFIRMING CARE

Both Aetna medical plans meet the World Professional Association for Transgender Health (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/or gender nonconforming communities with primary, specialty, and mental health care. To learn more, contact Aetna at 1-888-385-1053.

SUPPORT FOR DIGESTIVE ISSUES – NEW!

Oshi, an in-network partner with Aetna, delivers holistic digestive care to get to the root cause of your gastrointestinal (GI) symptoms.

Whether your symptoms are occasional or you live with a chronic condition like Crohn's disease or IBS, Oshi can help.

Oshi's services are available to you and your covered family members and include:

- Virtual visits with a team of medical, dietary, and gut-brain specialists
- In-person referrals for screenings, if necessary
- Individualized care plans
- An app for messaging and tracking
- 24/7 emergency support line

Visit www.oshihealth.com/sony for more information.

BENEFITS AT YOUR FINGERTIPS

Aetna Mobile App

- Find a doctor, specialist, or facility
- Get estimates for out-of-pocket medical expenses
- View claims, coverage, and benefits
- View your medical/prescription drug card
- Access your deductible and out-of-pocket maximums real-time



PRESCRIPTION DRUGS

ALL SIE MEDICAL PLANS OFFER PRESCRIPTION DRUG COVERAGE, BUT THE COVERAGE DEPENDS ON THE MEDICAL PLAN YOU CHOOSE AND THE TYPE OF DRUG.

CVS CAREMARK (CAREMARK)

Starting in 2026, Caremark is replacing Express Scripts and will be the prescription drug counterpart if you're enrolled in an Aetna plan.

- You'll have just one card for medical and pharmacy
- There's one call center for medical plan and prescription drug questions because Aetna and Caremark are owned by the same company
- Provides the convenience of medical, pharmacy, nurse care management, and Aetna care management all on one platform
- You can fill specialty medications at a CVS or through Caremark mail order

If you buy a preferred or non-preferred brand drug when a generic is available, you'll pay the brand coinsurance plus the difference in cost between the brand name and generic drug, unless your prescription prohibits generic substitution.

For the Sony Consumer Choice Plan, your prescription drug expenses are included in the medical plan deductible. They're included in the out-of-pocket maximum for all plans. Cost differences between generic and brand name drugs, and other penalties don't apply to the deductible and out-of-pocket maximum.

To find out if a medication is preventive, maintenance, preferred, or non-preferred, or to price a medication, contact Caremark at 1-888-385-1053 or caremark.com.

PREScription DRUGS

MAIL ORDER PRESCRIPTIONS
FOR LONG-TERM PRESCRIPTIONS

If you take long-term prescription medications (drugs you take regularly for conditions like high blood pressure, diabetes, or high cholesterol), you can have 90-day supplies delivered to your home or you may pick them up at a CVS, Costco, or Kroger pharmacy.

Ordering 90-day supplies of long-term medications will save you money! Although you can pick up 30-day supplies at retail pharmacies, you're required to pay the full cost of that medication after your fourth in-person refill.

To find a CVS pharmacy near you, log in to **caremark.com**.

For information before the start of the plan year, visit **<https://caremarkrxplaninfo.com/SIE>**.

PREVENTIVE PRESCRIPTIONS

Certain medications that can help you avoid or manage certain illnesses and conditions may be covered at 100%. Conditions that may be covered include:

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

A complete list of preventive prescriptions covered at 100% is available at **caremark.com**.

If you're enrolled in the Sony Consumer Choice Plan, you're responsible for 100% of the cost of other prescriptions until you reach the deductible.

OMADA HEALTH
(AETNA ONLY)

Looking to lose weight, lower your blood pressure, or better manage diabetes and don't know where to start?

Omada Health is a digital program that helps you achieve your health goals and reduce your risk of chronic diseases by helping you build healthy habits, one small step at a time.

Omada Health's comprehensive program includes:

- Personalized content, activities, and support based on your specific goals
- A personal health coach or specialist invested in your success
- An online community of peers who share your challenges and successes

- Digitally connected devices to help track your progress
- SIE provides you and your adult dependents enrolled in an Aetna plan access to Omada Health at no cost. To apply, visit **omadahealth.com/SIE**.

KEEPING COSTS DOWN AND QUALITY UP

We work with Caremark 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 prescribing similar medications Caremark does cover.

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

PRESCRIPTION DRUGS AT A GLANCE ¹		
	RETAIL (UP TO A 30-DAY SUPPLY)	MAIL ORDER, CVS, COSTCO, OR KROGER (UP TO A 90-DAY SUPPLY)
SONY CONSUMER CHOICE PLAN ² AND SONY PPO PLAN		
Generic	\$10	\$20
Preferred brand ³	30% (\$25 min, \$75 max)	30% (\$65 min, \$195 max)
Non-preferred brand ³	40% (\$40 min, \$120 max)	40% (\$100 min, \$300 max)
KAISER HMO PLAN (CA ONLY)		
Generic	\$10	\$20
Brand name	\$25	\$50

1 All SIE medical plans cover the full cost of certain contraceptives, tobacco cessation medications, and other preventive drugs as required by the Affordable Care Act (ACA).

2 Under the Sony Consumer Choice Plan you must meet your deductible first before these copays and coinsurance go into effect; however, you will not have to meet the deductible for certain drugs as many preventive medications are covered at 100%.

3 Although the maximum copay listed does not apply to certain specialty medications, you may be able to get these medications at no cost. Members will receive additional information from Caremark and PrudentRx directly.

TERMS TO KNOW

BRAND NAME DRUGS

They're marketed under a trademark-protected name like Ambien or Lipitor.

COMPOUND MEDICATION

Medications that are combined, mixed, or altered by a licensed pharmacist. Because the FDA doesn't verify the quality, safety, or effectiveness of compound medications, some compounds may not be covered under the plan.

GENERIC DRUGS

They're 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.

PREFERRED DRUGS

These are the generic and brand name drugs "preferred" by your medical plan for which you'll pay less than non-preferred drugs.

NON-PREFERRED DRUGS

You'll pay more for these drugs than for preferred medications.



DENTAL COVERAGE
TWO PLAN OPTIONS TO HELP ILLUMINATE YOUR SMILE.

The High and Standard Plans use the Delta Dental PPO and Premier networks. Both plans cover the same services but at different benefit levels (except for orthodontia, which the Standard Plan doesn't cover).

You save the most when you use a provider in the Delta Dental PPO network, but you can also enjoy savings over out-of-network providers when you use a provider in the Delta Dental Premier network. With both networks, Delta offers one of the largest dental networks in the country.

With the High Plan, you'll pay more out of each paycheck but less when you need care and enjoy a generous \$3,000 combined annual limit, which you can use toward orthodontia.

The Standard Plan has a lower deductible and lower paycheck contributions, but it also has a lower annual benefit limit, pays a lower coinsurance, and doesn't cover orthodontia.

For more information about the plans, or to view the provider directory, visit www.deltadentalins.com/sony or call 1-800-471-7059. Refer to SIE group 18445 when calling Delta.

IN-NETWORK VS. OUT-OF-NETWORK

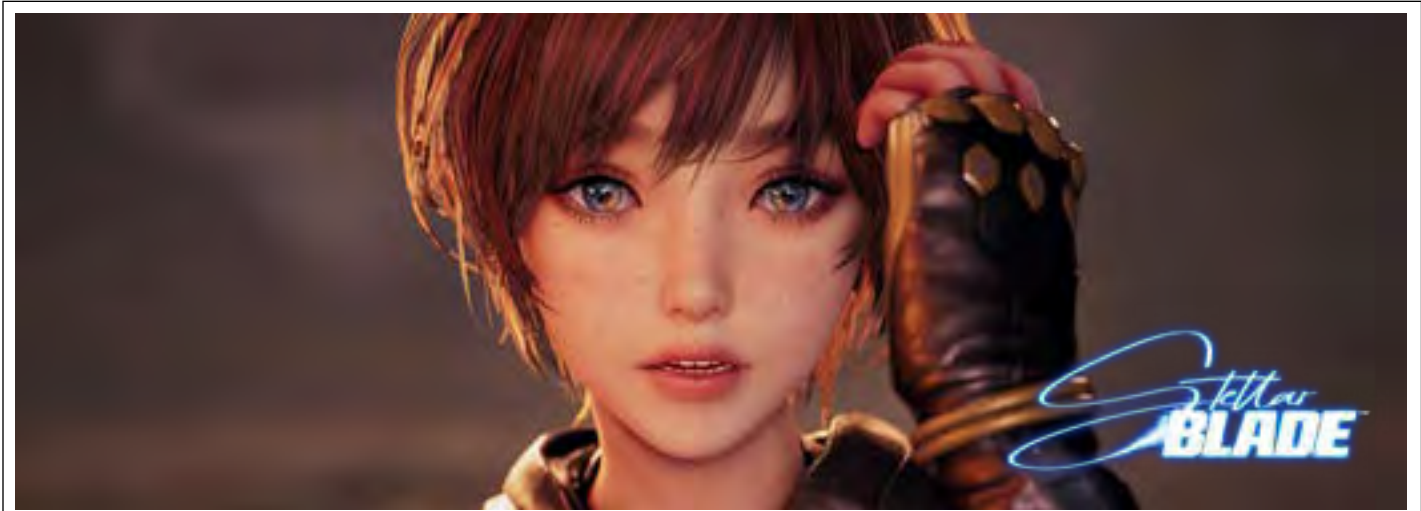
With a Delta in-network dentist, you'll pay less than at an out-of-network dentist. You may be required to pay upfront at out-of-network dentists and Delta Dental may cap the reimbursement amount based on what is determined to be reasonable for the services rendered.

3X AS EASY TO KEEP YOUR MOUTH HEALTHY

Like your medical plan, the dental plan covers preventive care at 100%. Take advantage of these benefits, which cover three routine and periodontal cleanings, and three exams per year.

DENTAL PLANS AT A GLANCE		
PLAN FEATURE	HIGH PLAN (IN-NETWORK)	STANDARD PLAN (IN-NETWORK)
Annual deductible (Employee only/Family)	\$50/\$150	\$25/\$50
Annual maximum benefit ¹ (the most the plan will pay per person per year, including orthodontia)	\$3,000	\$1,500
Preventive and diagnostic services ^{1,2} (exams, routine cleanings, X-rays, etc.)	100%	100%
Basic restorative services (fillings, extractions, root canals, periodontal cleanings ²)	90% after deductible	80% after deductible
Major restorative services (crowns, bridges, dentures, implants)	85% after deductible	60% after deductible
Orthodontia (adults and dependent children)	50% after deductible	Not covered
Out-of-network (up to maximum contract allowance)	Preventive 100% Basic 80% Major 50% Orthodontic 50%	Preventive 100% Basic 80% Major 50%

1 Preventive and diagnostic services do not count toward the annual maximum.
2 SIE's dental plans cover three routine and periodontal cleanings, and three exams per year.



VISION COVERAGE

SIE'S VISION PLAN CAN KEEP YOU FOCUSED ON WHAT'S IN FRONT OF YOU.

The SIE Vision Plan is provided by VSP. You and your family are covered for eye exams, lenses, and frames once per calendar year. If you use an in-network provider, your eye exam is free!

Plus, you may be eligible for discounts on additional products or services you buy during the same visit or later in the same calendar year. You'll find certified network optometrists and ophthalmologists at www.vsp.com.

VISION PLAN AT A GLANCE (IN NETWORK) ¹		
BENEFIT	DESCRIPTION	COPAY
WellVision exam	• Focuses on your eyes and overall wellness	No charge
Frames	• \$200 allowance for a wide selection of frames • 20% savings on the amount over your allowance • \$110 Costco and Walmart frame allowance	\$10
Lenses	• Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children	
Lens enhancements	• UV Protection • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses	No charge No charge \$80 - \$90 \$120 - \$160
	• Average savings of 35 - 40% on other lens enhancements, including blue light coating	
Contacts (instead of glasses) ²	• \$200 allowance for contacts (includes evaluation exam) • Contact Lens Enhancement Program caps exam fees at \$60	
KidsCare (for dependents under age 26)	• Second eye exam • Second set of lenses per year when there's a prescription change • Vision therapy	No charge No charge Up to \$12.50
COMPUTER VISION CARE ³		
Computer vision exam	• Evaluates your needs related to computer use	No charge
Frame	• \$90 allowance for a wide selection of frames • \$110 allowance for feature frame brands • 20% savings on the amount over your allowance	\$10
Lenses	• Single vision, lined bifocal, lined trifocal, and occupational lenses • Anti-reflective coating, including blue light tint (that may help relieve eye strain)	
EXTRA SAVINGS		
Glasses and sunglasses	• Extra \$20 to spend on featured ⁴ frame brands; go to www.vsp.com/specialoffers for details • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider in the same calendar year as your last WellVision exam	
Retinal screening	• \$10 copay as an enhancement to a WellVision exam	
Laser vision correction	• Average 15% off the regular price or 5% off the promotional price at contracted facilities only	

1 Out-of-network benefits are available; contact VSP for details.
2 Benefit covers either frames or contact lenses, but not both.
3 Computer glasses benefit for employees only.
4 Brands/promotions subject to change.



FLEXIBLE SPENDING ACCOUNTS (FSAs)

FSAs ALLOW YOU TO USE PRETAX DOLLARS TO PAY ELIGIBLE HEALTH CARE OR DEPENDENT CARE EXPENSES.

HealthEquity manages SIE's HSA and FSAs. You can use your FSA to pay qualified expenses for yourself, your spouse, and your dependents. HealthEquity offers many payment and reimbursement options shown in the table on the next page.

Before enrolling in an FSA, here are some things to know:

- **You must re-enroll in FSAs each year**
- You can't use an FSA to pay health care expenses of a domestic partner or their children (IRS rules)
- You may change your annual contribution amount later in the year only if you experience a qualified life event

Contact HealthEquity at www.healthequity.com/wageworks or 1-877-924-3967 if you have questions. Check out <https://www.healthequity.com/fsa-qme> for a list of eligible FSA expenses.

Note: If you're enrolled in the Sony Consumer Choice Plan with HSA, HealthEquity will issue one combined debit card to access your HSA and Limited Purpose FSA.

WHO MAY ENROLL			
TYPE OF FLEXIBLE SPENDING ACCOUNT	SONY CONSUMER CHOICE	SONY PPO	KAISER HMO
Health Care FSA (HCFSA)	No	Yes	Yes
Limited Purpose Health Care FSA (LPFSA)	Yes	No	No
Dependent Care FSA (DCFSA)	Yes	Yes	Yes

FLEXIBLE SPENDING ACCOUNTS



HOW FSAs WORK			
	HEALTH CARE FSA	LIMITED PURPOSE FSA	DEPENDENT CARE FSA
What kinds of expenses?	Eligible out-of-pocket health care expenses that your medical, dental, and vision plans don't cover. Examples: Copays and deductibles.	Eligible out-of-pocket dental and vision expenses only. ¹ Examples: Braces, contact lenses, and eyeglasses.	Dependent care provided inside or outside your home. Examples: Child or elder day care so you and your spouse can work.
How much can I set aside in 2026?	You may contribute from \$150 to \$3,400 of your pretax income through convenient payroll deductions.		You may contribute from \$150 to \$7,500 ² of your pretax income through convenient payroll deductions. The \$7,500 limit is per household, not per account. If you or your spouse contribute to another DCFSa, the combined total of the accounts cannot be more than \$7,500.
Is there a spending deadline?	December 31, 2026, is the last day to incur expenses. You have until March 31, 2027, to submit reimbursement claims. Your FSA has a rollover provision. This means you can roll over up to \$680 in unused funds from 2026 for use in 2027. Any unused amounts over \$680 will be forfeited.		December 31, 2026, is the last day to incur expenses. You have until March 31, 2027, to submit reimbursement claims. There's no rollover provision so you'll lose any money left in your account after March 31.
How do I use my account?	HealthEquity will send you a debit card to use for eligible expenses.		Using the EZ Receipts mobile app, snap a picture of itemized statements from your provider, including service dates, names and birth dates of your dependents, itemized charges, and the provider's name.
How do I manage my account?	The easiest way is with the EZ Receipts mobile app. Check your balance, look up eligible expenses, take photos of your receipts, get alerts by text or email, and more — all on the go! You can also access HealthEquity from your computer using single sign-on through MyEve.		

¹ You can use the Limited Purpose FSA to cover medical expenses after you meet the Sony Consumer Choice Plan deductible.

² The Internal Revenue Code stipulates that “highly compensated” employees cannot receive disproportionately more tax-deferred benefits than other employees. The IRS defines a highly compensated employee as anyone paid above a certain amount, which is adjusted each year. If you’re considered highly compensated, you’ll be notified midyear, or as soon as administratively possible, if your DCFSa election needs to be adjusted.



INCOME PROTECTION AND TIME OFF

SIE PROVIDES A TREASURE CHEST OF INSURANCE AND TIME OFF BENEFITS TO HELP YOU RECOVER FROM LIFE'S BATTLES.

BASIC TERM LIFE INSURANCE

SIE will provide eligible employees with basic life insurance equal to 2x your annual earnings — up to \$1.5 million — at no cost to you. Your earnings are defined as base salary plus annual corporate bonus or sales commissions.

The value of the basic life insurance paid by SIE in excess of \$50,000 in coverage is taxable to you as imputed income. You may elect a flat \$50,000 of basic life insurance instead of the 2x annual earnings coverage to avoid the imputed income.

If you elect the \$50,000 basic life insurance option and later wish to increase to 2x annual earnings, you'll be required to provide Evidence of Insurability (EOI) to Securian.

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

The basic AD&D benefit is equal to the basic life benefit (2x annual earnings to \$1.5 million or \$50,000 if you choose the \$50,000 basic life option). If your death is due to an accident, your beneficiary will receive an additional benefit equal to your basic life insurance.

Basic AD&D insurance pays reduced benefits for loss of limbs or eyesight, or if you're paralyzed.

SUPPLEMENTAL LIFE AND AD&D INSURANCE

If you need more than the basic coverage, you may buy more. Depending on the amount you buy, you may need to provide EOI.

New and newly eligible employees: You may buy supplemental life insurance equal to 1x – 8x your annual earnings — up to \$2 million — with a guaranteed issue of 5x your annual earnings or \$1 million, whichever is less.¹

During open enrollment or a qualified life event:

You may increase your coverage by 1x your annual earnings up to \$2 million or 8x your annual earnings, whichever is less, without EOI. Any increase beyond that requires EOI.

Your supplemental AD&D insurance is equal to your supplemental life benefit.

¹ No EOI is required for amounts below the guaranteed issue level.

SPOUSE/DOMESTIC PARTNER AND DEPENDENT LIFE INSURANCE

You can also buy spouse/ domestic partner and dependent life insurance.

Visit the bswift enrollment site for rates and more information.

BENEFICIARY SELECTION

If you don't name a life insurance beneficiary in bswift, your DEFAULT Securian beneficiary is determined in this order:

Spouse, children (in equal shares), parents (in equal shares), siblings (in equal shares), your Estate.

WHAT IS MY ESTATE?

By listing the estate as the beneficiary of your life insurance policy, the proceeds become an asset of the probate estate and subject to the claims of creditors.

Depending on the size and complexity of your probate estate, it can take months before assets will become available for distribution to your beneficiaries. Life insurance proceeds paid to your estate are then subject to all the costs associated with settling an estate, including taxes, administrative costs, attorney fees, executor fees, etc.

DISABILITY INSURANCE	SHORT TERM DISABILITY (STD)	LONG TERM DISABILITY (LTD)
Disability period start	8th continuous day of absence because of illness or injury. Day 1 if hospitalized	The end of STD or 180 days, whichever is later
Disability period duration	Up to 26 weeks	To age 65
Benefit	Weeks 1 - 12: 100% of base weekly pay Weeks 13 - 26: 75% of base weekly pay	66.67% of base salary ²
Maximum benefit	No limit	\$20,000 per month

² SIE's contributions to LTD coverage are subject to imputed income; the benefit you receive is provided tax-free.



BUSINESS TRAVEL ACCIDENT INSURANCE

When traveling on company business, you're covered by SIE's Business Travel Accident (BTA) insurance.

In the event of your death, the plan will pay your beneficiary 2x your annual earned income up to \$1 million. Additional death benefits will be awarded under certain eligible circumstances.

BTA insurance also provides additional coverage if you're injured in a covered accident.

INTERNATIONAL SOS

International SOS (ISOS) is a personal medical and security advisor for emergencies, and provides routine advice when you travel outside your home country. Services are available 24/7 and include referrals to ISOS clinics and approved medical providers, medical/security evacuation, repatriation, legal referrals, translators/interpreters, lost document advice, and more. While out of the country, business travelers should carry an ISOS membership card at all times. For more information or to get a card, visit ISOS at www.internationalsos.com (use company code: 11BCPA000212).

LEAVES OF ABSENCE

SIE provides employees with certain types of paid and unpaid leaves to assist with various personal situations, such as family and medical needs, and military services.

In addition to complying with all applicable federal and state laws, SIE also provides a paid Family Care and Parental Bonding Leave that may be used for up to 12 weeks in a 12-month period for either the birth, adoption, or foster placement of an employee's child and bonding with that child, or to care for an immediate family member with a serious health condition. Parental Bonding Leave must be taken within 12 months of the birth, adoption, or foster placement of the child.

To request a leave or inquire about what leaves may be available to you, contact the SIE Leave of Absence Department through Nexus.

These policies are subject to change at the discretion of Sony Interactive Entertainment and to comply with any federal or state law changes.

For the most up-to-date policies, visit Nexus.

PAID TIME OFF

Based on your years of service, SIE provides paid time off (PTO) to use when you need time away from work. In addition to PTO, SIE offers 12 paid holidays and two wellness breaks annually. For more information regarding PTO, holidays and wellness breaks, visit Nexus.¹

PAID TIME OFF (PTO) ACCRUAL FOR FULL-TIME EMPLOYEES ¹		
YEARS OF SERVICE OR EMPLOYEE LEVEL	ANNUAL ACCRUAL RATE	MAXIMUM CARRYOVER & CAP
Less than 2 years	23 days (184 hours)	46 days (368 hours)
2 years and up to 4 years	25 days (200 hours)	50 days (400 hours)
4 years or more or Vice President & above	30 days (240 hours)	60 days (480 hours)

¹ Eligible part-time employees accrue PTO on a prorated basis. PTO accrual rates, holidays, and wellness breaks may differ for employees at select studios.



RETIREMENT

THE SONY USA 401(K) PLAN IS ONE OF THE MOST CONVENIENT, EFFECTIVE WAYS TO SAVE FOR YOUR RETIREMENT. YOU CAN CONTRIBUTE PRETAX, ROTH, AND AFTER-TAX FUNDS.

SONY USA 401(k) PLAN OVERVIEW

In 2025, the maximum pretax and Roth IRS contribution limit is \$23,500.¹

If you're 50 or older, you may contribute an additional \$7,500.¹ If you're 60 to 63, you can make annual super catch-up contributions of \$11,250 or 150% of the regular catch-up contribution amount, whichever is more.

NEW EMPLOYEES: You have 45 days from your date of hire to choose how much you want to contribute, or you may waive participation. If you do nothing, you'll be automatically enrolled for a 6% pretax deduction.

Contributing to your 401(k)

You may make pretax, Roth, and after-tax contributions to your 401(k) (matched by SIE), and can contribute up to 50% of your eligible pay in combined pretax, Roth, and after-tax contributions.

In addition, you may make a carryover election, which allows you to make after-tax contributions after you reach the annual IRS pretax and Roth contribution limit. You can make changes to your contributions anytime of the year on your T. Rowe Price online account.

	PRETAX CONTRIBUTIONS	ROTH CONTRIBUTIONS	AFTER-TAX CONTRIBUTIONS
Taxes and your contributions	Pay taxes later (upon distributions)	Pay taxes now	Pay taxes now
Taxes and withdrawals	Earnings grow tax-deferred. You generally pay taxes when you make withdrawals.	Earnings may be withdrawn tax-free and penalty-free once you reach age 59-1/2 and the account has been open for at least 5 years.	Earnings grow tax-deferred. You generally pay taxes when you make withdrawals.

401(K) TIPS

You can make after-tax Roth contributions if you think you'll be in a higher tax bracket when you retire. With this option, you pay taxes on the funds when you contribute but not when you receive them. And your balance grows tax-free.

Manage your account from your smartphone with the T. Rowe Price app.

SIE and T. Rowe Price have partnered with Edelman Financial Engines to provide unbiased investment advice and management options for your 401(k). Fees may apply.

For more information, log in to T. Rowe Price, <https://rps.troweprice.com>.

¹ Based on 2025 limits. The IRS is expected to announce contribution limits for 2026 in late 2025.


401(K) DETAILS

Employer matching contributions	• SIE will match \$1 for every \$1 you contribute to the plan, up to 3% of your eligible pay¹ • SIE will match 50 cents for every \$1 you contribute on the next 3% of your eligible pay¹ • That's a 4.5% match on 6% of your contributions (pretax, Roth and after-tax combined)
Catch-up contributions	• If you are 50 or older in 2026, you may make a separate catch-up contribution² up to \$7,500 • If you're age 60 to 63 in 2026, you can take advantage of a super catch-up provision. The super catch-up limit will be \$10,000 or 150% of the age 50 catch-up limit, whichever is more. • Not eligible for employer matching contributions
Vesting	• You're 100% vested in Sony's matching contributions
True-up match	• A "true-up" match will be calculated after the end of the year to ensure you receive the entire match you've earned • If you reach the IRS pretax limit before the end of the year, you may qualify for a true-up match
Investments	• The Sony USA 401(k) Plan fund lineup includes target retirement date funds and core funds • For information about the funds, log in to T. Rowe Price at https://rps.troweprice.com
Self-directed brokerage account (SDA)	• For additional investment options and flexibility, you'll have access to a SDA in the Sony USA 401(k) Plan through Schwab • SDA investments are limited to mutual funds and certificates of deposit (CDs)
Trading limits	• Transfers between investments are limited to four transactions per quarter
Beneficiaries	• You can make beneficiary designations online (spousal consent may be required) • Designate a new beneficiary anytime
Automatic increase	• Automatically increase your contributions each year • You choose the month and percentage increase • Increases continue until you reach: - the plan limit, - the annual IRS limit, or - the percentage you choose • You may stop the automatic increases at any time
Account rebalancing	• Rebalancing helps you keep a mix of investments that are consistent with your long-term goals • By rebalancing your account automatically and regularly — quarterly, semiannually, or annually — you won't have to remember to do it on your own
Loans	• You're allowed two outstanding loans at a time: One general purpose and one primary residence • 30-day waiting period between paying off a loan and taking out another
Fees	• You must pay certain fees associated with the plan: investment management costs³ and administrative costs (record-keeping, trustee, etc.)⁴
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.

¹ Eligible pay includes base salary, overtime, and bonuses.

² If you made over \$145K in 2025, you may be limited to making catch-up contributions on a Roth basis.

³ Investment management fees are shown in the fund descriptions, which are available at <https://rps.troweprice.com>.

⁴ Administrative fees are deducted as a flat dollar amount on a per-participant basis each quarter and are shown on your quarterly statement.



FAMILY SUPPORT PROGRAMS

SIE OFFERS A VARIETY OF WEB-BASED AND VIRTUAL RESOURCES TO SUPPORT ALL EMPLOYEES AND THEIR FAMILIES.

INCLUSIVE FERTILITY BENEFITS (AETNA ONLY)

SIE 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.

Progyny's Smart Cycle coverage includes IUI, IVF, egg freezing, surrogacy and adoption counseling, the purchase of frozen donor eggs and sperm, and more.

Fertility specialists

Progyny connects you to leading fertility specialists, including for sperm-related or male factor infertility, and allows them to provide the most advanced, effective fertility treatment. There's no precertification or treatment hurdles; you can find the course of treatment that's best for you.

Personalized support

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

For more information, visit Nexus, <https://progyny.com/for-employees>, or call 1-833-404-2011.

ADOPTION AND SURROGACY REIMBURSEMENT

Adoption

When you adopt a child, you help enrich your family while offering your child a loving home. SIE will reimburse up to \$20,000 in legal adoption expenses.

Surrogacy

SIE recognizes there are many ways to have a child. As part of our benefit, SIE can help those who choose to use surrogacy to build their family. SIE will reimburse up to \$20,000 per surrogacy event.

Unlimited access to a Progyny patient care advocate is also included.

Contact Progyny at 1-833-404-2011 for more information.

BREAST MILK SHIPPING

Returning to work can be tough when you're a new mom, especially when your job requires you to travel.

We're proud to offer Milk Stork to support our working moms. Milk Stork provides you with everything you need to overnight a day's supply of breast milk to your baby.

Milk Stork benefits are available to employees only.

For more information, visit www.milkstork.com/SIE.

BACKUP DAY CARE

Unexpected child care needs don't have to derail your work day. SIE provides up to 20 days of Bright Horizons' center-based and in-home care for your child or adult/elder at subsidized rates:

- Center-based care is \$15 per child/adult, \$25 per family
- In-home care is \$6 per hour

Register at <https://clients.brighthorizons.com/sie> or call 1-877-BH-CARES (1-877-242-2737). First-time users must create a profile.

ENHANCED FAMILY SUPPORTS

This program provides:

- Preferred enrollment at Bright Horizons centers, which offer quality early education and preschool to help your child get a solid start; plus, you'll get tuition discounts at partner centers
- Discounts on in-person and virtual academic support with Revolution Prep, Varsity Tutors, and MarcoPolo Learning
- The Years Ahead program, which helps you assess your parent's elder care needs and provides options
- Help finding in-person or virtual babysitters, housekeeping services, and reliable pet sitters and dog walkers through Sittercity; free unlimited caregiver background checks also included
- Access to nanny-placement services, with a waived finders fee and discounted rates

Visit <https://clients.brighthorizons.com/sie> to learn more.

FAMILY SUPPORT PROGRAMS

PREGNANCY AND POSTPARTUM CARE – NEW! (AETNA ONLY)

Progyny's Pregnancy and Postpartum program will replace Aetna's Maternity Services.

This new comprehensive program includes:

- **In-house RN-led coaching** – Live expert support to manage perinatal risks, from early pregnancy through 1 year postpartum
- **24/7 support with certified doulas and lactation consults** – For birth planning, labor support, and postpartum recovery
- **Tailored clinical education** – Content tailored depending on your stage of pregnancy or postpartum
- **On-demand courses** – Doula education, childbirth classes, pregnancy/postpartum, and more
- **Peer support groups** – Expert-led discussions that connect parents who are at similar stages in their family-building journey
- **Delivery preparation** – Developing a birth plan, touring delivery hospitals, packing a hospital bag, recognizing early labor, and more
- **Child care navigation** – Information on child care options and affordability, including referrals to other resources for finding care
- **Financial support** – Navigation of child care discounts; food, formula, and diaper banks; community resources; and more
- **Digital tools** – Checklists, reminders, webinars, and more to prepare expectant parents for every stage of their family journey

Learn more at progyny.com/for-employees/ or call 1-833-404-2011.

MENOPAUSE SUPPORT – NEW! (AETNA ONLY)

Progyny will provide members enrolled in an Aetna medical plan access to specialized perimenopause, menopause, and post-menopause-related medical care.

You can book virtual visits with a menopause expert who will work with you to create a personalized treatment path that fits your lifestyle and needs. Your treatment plan may include FDA-approved hormone and non-hormone treatment, supplements, lifestyle changes and referrals to in-network care.

Services and support for menopause, perimenopause, medically induced menopause, and post-menopause include:

- Access to OB-GYNs, nurses, and nutritionists who specialize in menopause
- Tailored symptom recognition and relief
- Lifestyle support for nutrition, weight, sexual dysfunction, sleep, and mood changes
- Preventive intervention for mental health and chronic conditions

Progyny's nationwide network includes North American Menopause Society (NAMS)-certified health providers.

Learn more at progyny.com/for-employees/ or call 1-833-404-2011.

CHILD DEVELOPMENTAL AND BEHAVIORAL SUPPORT

Raising kids doesn't come with an instruction manual. Fortunately, you have RethinkCare.

SIE partners with RethinkCare, an award-winning, research-based program that provides support to parents and caregivers, including those who have children with learning, social or behavior challenges, or developmental disabilities. SIE offers this benefit at no cost to you.

Caregivers receive free, live teleconsultations with parenting experts who can answer your questions, brainstorm solutions, and help find additional resources for you and your child.

You can get help with:

- Teaching new skills
- Learning coping skills and parenting techniques
- Addressing problem behaviors
- Troubleshooting lack of progress
- Collaborating with school and other providers

RethinkCare also provides families with hundreds of easy-to-follow videos and on-demand training courses to help you address your child's behavior, social and emotional growth, attention and focus, academics, and much more.

Printable and web-based materials are available to help parents help their children reach their full potential.

To learn more, go to <https://connect.rethinkcare.com/sponsor/sie> (use code: SIE), or call 1-800-714-9285.

MEDICARE SUPPORT

SIE has partnered with Via Benefits to help you or your parents/loved ones navigate Medicare requirements and can assist with supplemental plan options if needed. Via Benefits offers:

- Intuitive online tools and customer support to help you research and compare a range of Medicare options
- Help enrolling in an individual Medicare plan that fits your or your loved one's specific needs

SIE provides access to Via Benefits at no cost to you. To learn more, visit <https://discoverviabenefits.com> or call 1-855-803-2540.



VOLUNTARY BENEFITS
IN ADDITION TO SIE'S HEALTH CARE BENEFITS, WE OFFER MANY OTHER KINDS OF BENEFITS — SOME YOU'RE AUTOMATICALLY ENROLLED IN AT NO COST TO YOU!

ACCIDENT PLAN

Accidents are just that — accidents. You can't plan for them. But, you can protect yourself financially when they happen.

The Accident Plan pays benefits when you get treatment for an accidental injury. The plan pays for a long list of minor to serious injuries. You can use the benefits to help pay out-of-pocket medical costs or personal expenses.

This plan will pay you 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)

ACCIDENT PLAN	PLAN PAYS
Emergency room	\$300
Urgent care	\$250
Follow-up visits	\$100
Outpatient surgery	Up to \$1,500
Appliance	Up to \$200
Ankle dislocation	\$1,500
Ambulance: ground/air	\$300/\$1,500
X-ray	\$100
Hospital: Admission/confinement (non-ICU)	\$2,000/\$200

BONUS! The plan also pays an annual \$75 wellness benefit per covered member when you get preventive care and screenings.

Example: Tyler enrolled himself and his son, Jake, in the Accident Plan. Jake got hurt at soccer practice and went to the emergency room. They took X-rays and diagnosed a dislocated ankle. After Jake's ankle healed, he had six physical therapy visits.

TYLER'S ACCIDENT PLAN PAYOUT	PLAN PAYS
Emergency room	\$300
X-ray	\$100
Dislocation	\$1,500
Appliances	\$200
Physical therapy: 6 sessions x \$50	\$300
Benefit paid to Tyler	\$2,400

ACCIDENT PLAN - YOUR COST PER PAYCHECK	
Employee only	\$4.88
Employee + spouse/ domestic partner	\$8.85
Employee + child(ren)	\$9.48
Employee + family	\$13.07

FILING A CLAIM FOR THE ACCIDENT PLAN AND HOSPITAL INDEMNITY PLAN IS EASY!

Create or log in to your account at www.myaetnasupplemental.com, answer a few quick questions and submit your claim online.

If you're enrolled in an Aetna medical plan, Aetna will automatically retrieve any medical information needed to process your claim.

Contact Aetna for assistance at 1-800-607-3366.

VOLUNTARY BENEFITS



HOSPITAL INDEMNITY PLAN

When you’re in the hospital, you can’t work, so wouldn’t it be nice to get “paid” for your hospital stay?

The Hospital Indemnity Plan pays benefits when you have a planned or unplanned hospital stay for an illness, injury, surgery, or having a baby. The plan pays a lump-sum benefit for admission and a daily benefit for a covered hospital stay. You can use the benefits to help pay out-of-pocket medical costs or personal expenses.

If you’re pregnant or are planning to get pregnant and will deliver your baby in a hospital in 2026, this plan is a great way to recoup some of your medical costs.

If you’re hospitalized for rehabilitation and observation, mental health conditions including substance use disorders, and for many other reasons, this plan will pay you.

BONUS! The plan also pays an annual \$75 wellness benefit per covered member when you get preventive care and screenings.

HOSPITAL INDEMNITY PLAN	PLAN PAYS
Hospital admission	\$1,000
Daily hospital benefit	\$100; up to 30 days
ICU admission	\$2,000
Daily ICU benefit	\$200; up to 30 days
Newborn routine care	\$100
Observation unit (once per year)	\$100
Mental disorder and substance abuse stay (up to 30 days)	\$100
Rehabilitation stay (up to 30 days)	\$50

Example: Jada is pregnant and due in early 2026. 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. Here’s how much the plan will pay Jada:

JADA'S HOSPITAL PLAN PAYOUT	PLAN PAYS
Hospital admission	\$1,000
Hospital stay: \$100 per day x 3 days	\$300
Newborn benefit	\$100
Benefit paid to Jada	\$1,400

HOSPITAL INDEMNITY PLAN – YOUR COST PER PAYCHECK	
Employee only	\$6.70
Employee + spouse/ domestic partner	\$14.76
Employee + child(ren)	\$11.71
Employee + family	\$19.48



IDENTITY THEFT PROTECTION

SIE provides identity theft protection for you and your family at no cost.¹

ID Watchdog searches billions of data points and alerts you of any changes to your credit, personal information, and much more. If you become a victim of identity theft, ID Watchdog will resolve the incident, 100% guaranteed.

With a 24/7 customer care center, this benefit will give you and your family peace of mind.

ID Watchdog identity theft protection includes:

- Credit monitoring with reports, scores, and score tracker
- Proactive identity monitoring of billions of data points
- Social network alerts
- Sex offender reporting and notifications
- \$1 million expense reimbursement coverage
- Daily credit score tracking, multi-bureau credit locks, and additional behind-the-scenes ID theft protection

LEGAL PLAN

MetLife Legal Plan is a prepaid legal plan¹ that provides you with consultations with an attorney of your choice.

The cost for this plan is **\$7.62** per paycheck. Coverage includes spouse and dependents.

If you use a network attorney, the plan pays the legal fees for covered matters, including:

- Trials, regardless of length
- Will and estate planning
- Financial and real estate issues

- Family law
- Defense of civil lawsuits
- Traffic offenses
- Document preparation
- Immigration assistance
- Four hours of legal support for certain non-covered services like divorce and post-nuptial agreements
- 20 hours of legal support for reproductive assistance

Buy-up Parental Coverage: For **\$10.85** per paycheck, you can also cover your parents and parents-in-law in addition to the coverage listed above.

Parental legal services include:

- Estate planning
- Identity management
- Elder care consultations (nursing home agreements, Medicare, etc.)

Your MetLife Legal Plus Parents coverage also includes access to Family First, a free and confidential caregiving service that can help you navigate caregiving challenges including:

- Elder care and aging-in-place
- Cognitive issues and dementia
- Home care and placement
- Insurance, Medicare, and Medicaid support
- Cancer diagnosis and support
- Financial and legal challenges

¹ You can only enroll during a qualified enrollment period.

EMPLOYEE PRODUCT DISCOUNT/PRODUCT-REPAIR DISCOUNT

PlayStation and Sony product discounts are available through the SIE Merchandise Store and Sony Family Center. A console exchange service is available if you need help with a defective PlayStation product.

PLAYSTATION NETWORK VOUCHERS

Each month, a \$10 voucher is sent to your work email address that you can spend at the PlayStation Store on games, videos, subscriptions, and more!

PLAYSTATION PLUS VOUCHER

Each August, employees hired by 7/31 will receive a free annual voucher through their work email address that can be redeemed for 12 months of PlayStation Plus Premium.



COLLEGE SAVINGS PLAN

Saving for a child's college education can help ensure a bright future for them. The ScholarShare 529 College Savings Plan makes it easier to start small and save big. You can open an account with as little as \$25 — and take advantage of the tax-deferred savings opportunity and compound interest potential. Within the plan, you'll find a wide range of low-cost investment portfolios managed by world-class investment managers.

SIE supports employees' savings goals for their children by offering an annual employer match of up to \$1,000 per child.¹

Visit www.scholarshare529.com/program/sie to learn more.

¹ \$1,000 per year per child per employee, up to two children under age 26. Employees can contribute more per child or for more children, but SIE will only match the above. SIE's match is taxable and will be considered part of your gross income.

EDUCATION REIMBURSEMENT PROGRAM

The Education Reimbursement Program can help you pay for education that will enhance your professional growth and enable you to qualify for new positions or change your specialty.

SIE will reimburse an annual maximum of \$7,500 for undergraduate courses or \$9,000 for graduate level courses including approved EMBA or accelerated MBA or PhD programs per calendar year.

The first \$5,250 is tax-free. You're responsible for any tax consequences as a result of SIE's reimbursement of expenses over \$5,250.

Visit Nexus for more information.

STUDENT LOAN REPAYMENT

Many recent college graduates are burdened with student loan debt. SIE can help. Eligible employees will receive monthly payments that total up to \$2,500 per year² to help them pay off their student loan debt faster. SIE partners with SoFi, the largest provider of student loan refinancing. Certain eligibility restrictions apply.

SoFi may also be able to reduce the cost of that debt. SoFi refinances federal and private student loans and Parent PLUS loans at low rates. Through our partnership with SoFi, SIE employees will receive a 0.25% loan rate reduction when they refinance through www.sofi.com/sie.

SoFi also offers access to new personal loans and new and/or refinanced home loans.

² You can only enroll during your new hire or open enrollment period. The benefit you receive may be taxable and considered part of your gross income.

DAYFORCE WALLET

Dayforce Wallet gives employees flexible access to their earned pay, after deductions, at any day in the pay period. This can provide you with more control over when and how you access your earned wages.

Dayforce Wallet offers:

- On-demand access to earned wages, after deductions, on any day of the pay period
- Instant access to your earned wages through the Dayforce Wallet Debit Mastercard, or in 24-48 hours through direct deposit to your bank account, depending on bank processing schedules

Visit Nexus for more information and instructions on how to get started.



CORPORATE DISCOUNT PROGRAM

BenefitHub offers hundreds of ways to save money on valuable products and services. Great deals and new partners are added all the time.

You can save money on:

- Fine and casual dining
- Health and wellness products and services
- Hotels, resorts, and transportation
- Laptops, cars, and other electronics
- Museums, concerts, and other events

In addition, you can get and compare pet, home, and auto insurance quotes across multiple carriers. Plus, you can invite your family and friends to join in the savings!

Register at <https://sie.benefithub.com>.

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

AUTO AND HOME INSURANCE

You can save up to 15% through SIE's group discounts with Farmers GroupSelectSM. Many policies are available, including condo coverage, renters insurance, and even coverage for RVs.

In most states,¹ features include:

- Convenient payment options, including automatic payroll deductions
- Superior-driver discounts
- Member tenure discount

To learn more and to get a quote, call Farmers Insurance at 1-800-438-6381.

In addition, you can compare discounted home and auto quotes from multiple carriers like Travelers and Progressive on BenefitHub.

¹ Coverage options may be limited based on individual state availability.

COMMUTER BENEFIT PLAN

SIE encourages employees to take advantage of public transportation whenever possible. You can order passes for many public transportation systems in California and other states. You can also use the commuter benefit for eligible parking expenses.

For more information, visit HealthEquity at www.healthequity.com/wageworks or call 1-877-924-3967.

WELLNESS REIMBURSEMENT

SIE is committed to helping you and your family enjoy a healthy, balanced lifestyle.

You can request reimbursement for dozens of qualified wellness and fitness expenses for yourself and your immediate family members. Reimbursements can include gym memberships, personal training, fitness classes, athletic shoes, smartwatches, massages, financial planning, and more!

Employees can submit up to \$480 of wellness expenses for reimbursement² each year. If you are hired on or after July 1, you'll be eligible for a prorated amount of up to \$240 for your first year.

Submit your receipts to HealthEquity for reimbursement online or use the EZ Receipts app.

For more information, visit Nexus or contact HealthEquity at www.healthequity.com/wageworks or 1-877-924-3967.

² The reimbursement you receive is taxable and will be considered part of your gross income.

LONG TERM CARE

SIE offers optional Long Term Care (LTC) coverage that also includes life insurance — two benefits in one policy.

Did you know that the average cost of LTC in the United States is \$43,000 per year and is not traditionally covered by health insurance, disability, or Medicare?

Trustmark LTC insurance can provide financial assistance for at-home, assisted living facility, or nursing home care if you ever need help with essential daily activities like mobility, eating, and bathing.

Employees have access to a simplified underwriting process³ with no health questions only during their first open enrollment at SIE. Although coverage can be initiated during subsequent open enrollment periods, individuals will be required to complete the full underwriting process.

We understand that there are a wide variety of factors in determining if LTC coverage is right for you and your family and the amount of coverage you may need. To learn more and get a quote, contact J. Manning, SIE's LTC broker, at 1-855-549-8911 or visit www.getltci.com/sony.

³ Employees ages 65 to 70 are required to complete a medical questionnaire and employees over age 70 are not eligible.



PET BENEFITS

INSIDE RX PETS

Inside Rx Pets is a prescription savings program that provides discounts on human medications prescribed for pets at 40,000 participating retail pharmacies.

Inside Rx Pets provides you with:

- 77% average savings on the cost of generic medications
- 15% average savings on the cost of brand name medications

We provide this perk to our “pet parent” employees at no cost. You can download your savings card and find participating retail pharmacies at <https://insiderx.com/pets>.

PET INSURANCE

Each member of your family is important — including your pets. That’s why SIE offers access to discounted pet insurance through MetLife.

MetLife offers flexible insurance options that meet your pet’s needs and your budget. Coverage can help pay for office visits, prescriptions, X-rays, and even surgeries and hospital visits.

Employees are eligible for a 10% employer discount through SIE; you can also access multiple-policy discounts or family plans if insuring multiple pets.

To learn more and get a quote, call MetLife at 1-800-GET-MET8 (1-800-438-6388).

In addition, you can get quotes from other pet insurance carriers, like ASPCA and Nationwide, on BenefitHub.

WAG HOTELS

SIE partners with Wag Hotels to provide you and your furry friends discounts on Wag Hotel services, including:

- 15% off boarding
- \$10 off per day on doggie daycare
- 10% off bathing
- 10% off training
- Complimentary seasonal Doggie Daycare Camps

Visit www.waghotels.com/playstation to find a location near you. When you check in, show your SIE badge to get the discount.



QUALIFIED LIFE EVENT	MEDICAL, DENTAL, AND VISION	LIFE AND AD&D	FLEXIBLE SPENDING ACCOUNTS
YOU GET MARRIED	You can: • Change your medical or dental plan option • Enroll or drop your coverage • Add coverage for your spouse and eligible children • Drop coverage for eligible children if they are added to your spouse's plan	You can start, stop, increase, or decrease coverage in: • Life and AD&D insurance • Dependent life insurance	You can start, stop, increase, or decrease contributions to: • Health Care FSA¹ • Dependent Care FSA
YOU GET DIVORCED ²	You must: • Drop coverage for your ex-spouse • Drop children or stepchildren if they are no longer considered eligible dependents You can: • Change your medical or dental plan option • Enroll yourself or your eligible dependent children	You can start, stop, increase, or decrease coverage in: • Life and AD&D insurance • Dependent life insurance	You can start, stop, increase, or decrease contributions to: • Health Care FSA¹ • Dependent Care FSA
YOU GIVE BIRTH TO OR ADOPT A CHILD	You can: • Change your medical or dental plan option • Enroll or drop your coverage • Add coverage for your spouse/domestic partner • Add coverage for your eligible children	You can start, stop, increase, or decrease coverage in: • Life and AD&D insurance • Dependent life insurance	You can start, stop, increase, or decrease contributions to: • Health Care FSA¹ • Dependent Care FSA
YOUR FAMILY MEMBER STARTS A NEW JOB AND GAINS BENEFITS ELIGIBILITY	You can: • Change your medical or dental plan option • Drop coverage for yourself • Drop coverage for your spouse/domestic partner • Drop coverage for your affected children	You can start, stop, increase, or decrease coverage in: • Employee life and AD&D insurance • Dependent life insurance	You can: • Stop or decrease contributions to your Health Care FSA¹ • Start or increase contributions to your Dependent Care FSA
YOUR FAMILY MEMBER LEAVES A JOB AND LOSES BENEFITS ELIGIBILITY	You can: • Enroll yourself • Add coverage for your spouse/domestic partner • Add coverage for your eligible children	You can start, stop, increase, or decrease coverage in: • Employee life and AD&D insurance • Dependent life insurance	You can: • Start or increase contributions to your Health Care FSA¹ • Stop or decrease contributions to your Dependent Care FSA

1 If you're enrolled in the Sony Consumer Choice Plan, you may not enroll in a Health Care FSA, but can enroll in a Limited Purpose Health Care FSA.
2 If SIE receives a Qualified Medical Child Support Order (QMCSO), you may be required to provide medical, dental and vision coverage.

LEGAL NOTICES

TRANSPARENCY IN COVERAGE RULE

In accordance with Internal Revenue Service, Department of the Treasury, Department of Labor, and Centers for Medicare & Medicaid Services joint Transparency in Coverage rule, machine-readable files will be available on the public website of **www.siebenefits.com** beginning January 1, 2022, for the Consumer Choice and PPO options. For fully insured plans, including the Kaiser HMO, please contact a customer service representative using the number on the back of your ID card for more information on where to access machine readable files for these plan options, as applicable.

SUMMARY OF BENEFITS AND COVERAGE

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. Your 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), which summarizes important information about any health coverage option in a standard format, to help you compare across options. The SBC is available on bswift: **https://sie.bswift.com**. A paper copy is also available, free of charge, by visiting Nexus.

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining 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 60 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

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 60 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 your or your dependents' coverage ends under Medicaid or a state children's 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, visit Nexus.

WOMEN'S HEALTH AND CANCER RIGHTS ACT

Your medical 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 the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema. Call your medical plan insurer for more information.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT OF 1996

In accordance with this Act, the plans may not, under federal law, restrict benefits from any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours if applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

NOTICE OF PRIVACY PRACTICES FOR SONY INTERACTIVE ENTERTAINMENT LLC

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

Under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the Standards for Privacy of Individually Identifiable Health Information (the "HIPAA Privacy Rule"), Sony Interactive Entertainment LLC's self-insured group health plans (the "HIPAA Plans") are required to maintain the privacy of protected health information maintained by the HIPAA Plans. In this Notice, "Plan Sponsor" refers to Sony Interactive Entertainment LLC ("SIE"). "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 are required to provide participants with notice of its legal duties and privacy practices with respect to PHI. Any 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. This Notice describes how the HIPAA Plans may use and disclose PHI about you in administering your benefits, as well as your legal rights regarding your PHI.

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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. For example, the HIPAA Plans may use the information in the administration of reinsurance and stop loss; enrollment and dis-enrollment; 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. 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 or to consult with a specialist regarding your condition.

The HIPAA Plans also may disclose such information for other 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 in accordance with HIPAA and the HIPAA Plans' privacy practices. 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

The HIPAA Plans may share PHI about you with the Plan Sponsor. Generally, 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 specific 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 is 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 information about specific participants in the HIPAA Plans. The Plan Sponsor will not use this information in a way that violates the HIPAA 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 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 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. 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 requests 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

You have the right to make certain requests regarding your PHI by contacting the HIPAA Plans' Privacy Officer as indicated in the "Complaints" section on this page.

- 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 include (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 for requests regarding payment or health care operations, or requests for which the applicable PHI has been paid for out-of-pocket in full.
- 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. Your request must be in writing, and, if you request such an accounting more than once in a 12-month period, the HIPAA Plans may charge a reasonable fee. Your 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). If the accounting cannot be provided to you within 60 days, the HIPAA Plans have the right to a 30-day extension.
- 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 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 have the right to file a complaint if you think your privacy rights have been violated. Please contact SIE's HIPAA Plans' Privacy Officer, Sony Interactive Entertainment LLC, 2207 Bridgepointe Pkwy. San Mateo, CA 94404 or at **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), or via e-mail at **OCRComplaint@hhs.gov**. You will not be retaliated against for filing a complaint.

Contact Information

If you have questions, requests or complaints regarding this Notice, please contact the HIPAA Plans' Privacy Officer at the address noted above. Please include your name, phone and e-mail address.

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. The HIPAA Plans reserve the right to change the terms of this Notice and their privacy policies at any time. If the HIPAA Plans make any material changes regarding their practices, a new notice will be distributed.

PATIENT PROTECTION NOTICE

The Kaiser HMO plan 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

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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 Member Services at 1-800-464-4000.

NOTICE REGARDING WELLNESS PROGRAM

The tobacco cessation program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you enroll in this phone coaching program, SIE will also cover the full cost of over-the-counter nicotine replacement therapy products or certain medications prescribed by your doctor — as long as you continue to participate in the Aetna Health tobacco-focused phone coaching program.

Upon completion of the program (as determined by Aetna), you'll get a refund of the tobacco-user surcharge you paid that year. The refund will be one lump-sum payment of the difference between the tobacco-user medical rate and the non-tobacco user medical rate: \$325 for employee only or \$650 for an employee and spouse/domestic partner.

You are not required to complete the tobacco cessation program. However, employees who choose to participate in the tobacco cessation program or confirm that they have been tobacco-free for 12 months receive an annual incentive of \$325 for you and an additional \$325 for your covered spouse/domestic partner. Although you are not required to complete the tobacco cessation program only employees, who do so will receive the incentive.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and SIE may use aggregate information it collects to design a program based on identified health risks in the workplace, the Tobacco Cessation Program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may

never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual who will receive your personally identifiable health information is a health coach in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, and information stored electronically will be encrypted. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the plan administrator at:

Sony Interactive Entertainment
2207 Bridgepointe Parkway,
San Mateo, CA 94404

IMPORTANT NOTICE FROM SIE ABOUT YOUR SIE 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 SIE 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 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 things 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. SIE has determined that the prescription drug coverage offered by the SIE Medical Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep

this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) 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 drug plan, there's no effect on your SIE coverage while you remain an eligible SIE employee (or as the covered dependent of a SIE employee). Your SIE coverage will remain primary, and your Medicare prescription drug coverage will be secondary. If you do decide to join a Medicare drug plan and drop your current SIE coverage, be aware that you and your dependents will not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with SIE and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare 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 nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare 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, visit Nexus. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through SIE changes. You also may request a copy of this notice at any time.

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 drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare 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, therefore, whether or not you are required to pay a higher premium (a penalty).

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.

SUMMARY ANNUAL REPORT FOR SONY INTERACTIVE ENTERTAINMENT LLC HEALTH & WELFARE PLAN

This is a summary of the annual report of the Sony Interactive Entertainment LLC Health & Welfare Plan, a health, life insurance, dental, vision, temporary disability, prepaid legal, long-term disability and death benefits plan (Employer Identification Number 13-3473983, Plan Number 501), for the plan year January 1, 2024 through December 31, 2024. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Sony Interactive Entertainment LLC has committed itself to pay certain dental, vision, and temporary disability claims incurred under the terms of the plan.

Insurance Information

The plan has insurance contracts with Kaiser Foundation Health Plan Inc., Reliance Standard Life Insurance Company, Securian Life Insurance Company, Metlife Legal Plans, Aetna Life Insurance Co., First Reliance Standard Life Insurance Company, Trustmark Insurance Company, Life Insurance Company Of North America and Metropolitan General Insurance Company to pay certain health, prescription drug, HMO contract, long-term disability, life insurance, accidental death and dismemberment, indemnity contract, disability benefit, long term care, business travel accident, and legal claims incurred under the terms of the plan. The total premiums paid for the plan year ending December 31, 2024 were \$19,272,336.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed

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below are included in that report:

1. Insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of a representative of the plan administrator, at 2207 Bridgepointe Parkway, San Mateo, CA 94404 and phone number, 650-655-8000.

You also have the legally protected right to examine the annual report at the main office of the plan: 2207 Bridgepointe Parkway, San Mateo, CA 94404, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210. The annual report is also available online at the Department of Labor website www.efast.dol.gov.

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

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

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

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

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

If you live in one of the 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, 2025. Contact your State for more information on eligibility.

To see if any other states have added a premium assistance program since July 31, 2025, or for more

information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 1/31/2026)

PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

ALABAMA – Medicaid

Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS – Medicaid

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

CALIFORNIA – Medicaid

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

COLORADO – Health First Colorado

Health First Colorado Website: <https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711
CHP+: <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.flmedicaidtprecovery.com/flmedicaidtprecovery.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: 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: 678-564-1162, Press 2

INDIANA – Medicaid

Health Insurance Premium Payment Program All other Medicaid
Website: <https://www.in.gov/medicaid/>
<http://www.in.gov/fssa/dfr/>
Family and Social Services Administration
Phone: 1-800-403-0864
Member Services 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: <https://hhs.iowa.gov/medicaid/plans-programs/hawki>
Hawki Phone: 1-800-257-8563
HIPP Website: <https://hhs.iowa.gov/medicaid/plans-programs/fee-service/health-insurance-premium-payment-program>
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: KIHIPPPROGRAM@ky.gov
KCHIP Website: <https://kynect.ky.gov>
Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

LOUISIANA – Medicaid

Website: www.medicaid.la.gov or 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
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

MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/health-care-coverage/>
Phone: 1-800-657-3672

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: HHSHIPPProgram@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

Medicaid Website: <http://dhcfp.nv.gov>
Medicaid 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
Toll free number for the HIPP program: 1-800-852-3345, ext.15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
MedicaidPhone: 1-800-356-1561
CHIP Premium Assistance Phone: 609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710 (TTY: 711)

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>
Phone: 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 and CHIP

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
<http://www.oregonhealthcare.gov/index-es.html>
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspxen/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>
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 Utah's Premium Partnership for Health Insurance (UPP) Website: <https://medicaid.utah.gov/upp/>
Email: upp@utah.gov
Phone: 1-888-222-2542
Adult Expansion Website: <https://medicaid.utah.gov/expansion/>
Utah Medicaid Buyout Program Website: <https://medicaid.utah.gov/buyout-program/>
CHIP Website: <https://chip.utah.gov/>

VERMONT– Medicaid

Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: <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 Toll-free phone: 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

CONTACT INFORMATION

FOR QUESTIONS ABOUT...		
SIE Benefits (general questions)	Nexus through Okta	
bswift enrollment	1-844-485-2463	https://sie.bswift.com
MyEvide	playstation.myevide.com	
MENTAL WELLBEING PROGRAM		
Modern Health Registration support 24/7 Counselor Line	1-866-535-6463 1-833-322-1931	https://my.joinmodernhealth.com/ help@modernhealth.com
MEDICAL AND PRESCRIPTION DRUGS		
Sony Consumer Choice Plan and Sony PPO Plan (Aetna) Group # 486873	1-888-385-1053	www.aetna.com/dsepublic/#/sony
Teladoc	1-855-TELADOC (1-855-835-2362)	www.teladoc.com
Pharmacy (CVS Caremark)	1-888-385-1053	www.caremark.com
Kaiser Northern CA Group # 36366 Kaiser Southern CA Group # 132970	1-800-464-4000	www.kp.org
DENTAL		
Delta Dental Group # 18445	1-800-471-7059	www.deltadentalins.com/sony
VISION		
VSP Group # 12079768	1-800-877-7195	www.vsp.com
FLEXIBLE SPENDING ACCOUNTS AND HEALTH SAVINGS ACCOUNT		
HealthEquity	1-844-341-6998 (HSA) 1-877-924-3967 (FSA)	www.healthequity.com (HSA) www.healthequity.com/wageworks (FSA)
LIFE AND ACCIDENT INSURANCE		
Securian Group # 70237	N/A	Nexus through Okta
BUSINESS TRAVEL		
International SOS Group # 11BCPA000212	1-215-942-8226	www.internationalsos.com
SONY USA 401(K) PLAN		
T. Rowe Price	1-877-SONY-SAVE (1-877-766-9728)	https://rps.troweprice.com
FAMILY SUPPORT BENEFITS		
Fertility Benefit (Progyny)	1-833-404-2011	https://progyny.com/for-employees/
Adoption/Surrogacy Reimbursement (Progyny)	1-833-404-2011	https://progyny.com/for-employees/
Breast Milk Shipping (Milk Stork)	1-510-356-0221	www.milkstork.com/SIE
Backup Day Care (Bright Horizons)	1-877-BHCARES (1-877-242-2737)	https://clients.brighthorizons.com/sie
Additional Family Supports (Bright Horizons)	1-877-BHCARES (1-877-242-2737)	https://clients.brighthorizons.com/sie
Pregnancy and Postpartum Program (Progyny)	1-833-404-2011	https://progyny.com/for-employees/
Menopause Support (Progyny)	1-833-404-2011	https://progyny.com/for-employees/
Child Developmental and Behavioral Support (RethinkCare)	1-800-714-9285	https://connect.rethinkcare.com/sponsor/sie Code: SIE
Medicare Support (Via Benefits)	1-855-803-2540	https://discoverviabenefits.com
VOLUNTARY BENEFITS		
Accident Plan (Aetna)	1-800-607-3366	www.myaetnasupplemental.com/
Hospital Indemnity Plan (Aetna)	1-800-607-3366	www.myaetnasupplemental.com/
Identity Theft Protection (ID Watchdog)	1-866-513-1518	www.idwatchdog.com
Legal Plan (MetLife)	1-800-821-6400	http://members.legalplans.com/
College Savings Plan (ScholarShare)	1-626-432-6330	https://www.scholarshare529.com/program/sie
Education Reimbursement Program	N/A	Nexus through Okta
Student Loan Repayment (SoFi)	1-833-277-7634	www.sofi.com/sie
Corporate Discount Program (BenefitHub)	1-866-222-8789	https://sie.benefithub.com
Auto & Home Insurance (Farmers GroupSelect)	1-800-438-6381	www.myautohome.farmers.com
Commuter Benefits (HealthEquity)	1-877-924-3967	www.healthequity.com/wageworks
Wellness Reimbursement (HealthEquity)	1-877-924-3967	www.healthequity.com/wageworks
Long Term Care Insurance (Trustmark)	1-855-549-8911	https://www.getltci.com/sony
PET BENEFITS		
Pet Rx Discounts (Inside Rx)	1-800-722-8979	https://insiderx.com/pets
Pet Insurance (MetLife)	1-800-GET-MET8 (1-800-438-6388)	N/A
Dog Boarding (Wag Hotels)	1-888-924-5463	www.waghotels.com/playstation