

ADOBE INC.

This Summary of Material Modifications (SMM) and Summary of Material Reductions (SMR) updates the 2025 Summary Plan Description for the Adobe Inc. Group Health and Welfare Plan (Plan) and provides an overview of some changes to the Plan effective for the 2027 plan year. Please see the 2025 Adobe Summary Plan Description (SPD), which describes the employee welfare benefits provided under the Adobe Inc. Group Welfare Plan for additional information. Adobe Inc. reserves the right, at any time and at its discretion, to amend, supplement, modify or eliminate the benefits provided under the Plan.

If you would like a copy of the current governing Summary Plan Description or have any questions, contact the Adobe Benefits Support Team at 855-898-4218 or log into the Adobe Benefits Enrollment Site to [send a secure message or chat](#).

PLAN CHANGES

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BENEFIT	CHANGE																				
Aetna Medical/Rx																					
Deductible and Out-of-Pocket Maximum (OOPM) (Effective: 1/1/2027)	<table><tr><th>In-Network Deductible</th><th>In-Network – Out of Pocket Maximum</th><th>Out-of-Network Deductible</th><th>Out-of-Network – Out of Pocket Maximum</th></tr><tr><td colspan="4">Aetna HealthSave plan:</td></tr><tr><td>\$1,750 (self-only)/\$3,500 (family)</td><td>\$3,500 (self-only)/ \$8,000 (family)</td><td>\$3,600 (self-only)/ \$7,200 (family)</td><td>\$7,800 (self-only)/ \$15,600 (family)</td></tr><tr><td colspan="4">Aetna HealthSave Basic plan:</td></tr><tr><td>\$2,050 (self-only)/ \$4,100 (family)</td><td>\$5,000 (self-only)/ \$9,250 (family)</td><td>\$4,200 (self-only)/ \$8,400 (family)</td><td>\$9,500 (self-only) / \$19,100 (family)</td></tr></table>	In-Network Deductible	In-Network – Out of Pocket Maximum	Out-of-Network Deductible	Out-of-Network – Out of Pocket Maximum	Aetna HealthSave plan:				\$1,750 (self-only)/\$3,500 (family)	\$3,500 (self-only)/ \$8,000 (family)	\$3,600 (self-only)/ \$7,200 (family)	\$7,800 (self-only)/ \$15,600 (family)	Aetna HealthSave Basic plan:				\$2,050 (self-only)/ \$4,100 (family)	\$5,000 (self-only)/ \$9,250 (family)	\$4,200 (self-only)/ \$8,400 (family)	\$9,500 (self-only) / \$19,100 (family)
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Medicare OON reimbursement rate reduction (Effective: 1/1/2027)	On the HealthSave and HealthSave Basic plans, out-of-network benefits are reimbursed based on either the usual, customary, and reasonable (UCR) amount or a percentage of the Medicare Fee Schedule. For services reimbursed using the Medicare Fee Schedule, we are reducing reimbursement from 200% to 150% of the Medicare Fee Schedule for both facility and professional claims.																				
Add Choose Generics program (DAW2) (Effective: 1/1/2027)	On all Aetna plans, members who request that the pharmacy fill a brand-name medication when a generic is available will pay their brand name copay plus the difference in cost between the brand and generic medication. This cost difference does not count toward your deductible or out-of-pocket maximum.																				
Implement PrudentRx program (Effective: 1/1/2027)	- Implement PrudentRx program on all Aetna plans (HealthSave, HealthSave Basic, HealthSelect EPO), providing \$0 cost-share for specialty medications on the plan's drug list via manufacturer copay assistance (after deductible is met on HealthSave/HealthSave Basic; no deductible on HealthSelect EPO) - Only member out-of-pocket payments count toward the deductible/out-of-pocket maximum — manufacturer copay assistance dollars do not - Members who opt out pay 30% cost-share (varies by drug), which applies toward the out-of-pocket maximum																				

BENEFIT	CHANGE
GLP-1 Coverage Expansion (Effective: 1/1/2027)	- Expanding GLP-1 medication coverage under Aetna medical plans to include FDA-approved supplemental indications for secondary prevention of cardiovascular disease (MACE), MASH (a liver disease) with fibrosis, and obstructive sleep apnea (OSA), subject to prior authorization across all Aetna plans. Aetna medical plans will continue to cover GLP-1 medications for Type 2 diabetes. - Coverage is limited to Type 2 diabetes and the FDA-approved supplemental indications listed above. GLP-1 medications prescribed for any other condition, including weight management or weight loss, are not covered.
Pharmacy Utilization Management: Continuous Glucose Monitors (CGM) (Effective: 1/1/2027)	Add prior authorization requirement to confirm diagnosis of diabetes for CGM use on all Aetna plans
Pharmacy Utilization Management: Antimigraine (Effective: 1/1/2027)	- Add a step therapy requirement for certain lower-cost antimigraine clinical alternatives on all Aetna plans - Will grandfather for current (2026) utilizers and apply step therapy to new starts only
Pharmacy Utilization Management: Dermatology (Effective: 1/1/2027)	Add prior authorization requirement to select high cost, lower value topical products for dermatologic conditions on all Aetna plans
Expand Travel & Lodging Plan Design (Effective: 1/1/2027)	- Travel & Lodging benefits will be available (subject to IRS limits) when Aetna determines that a member must travel 100 miles or more to receive covered medical or behavioral health services and prior authorization is obtained. - Existing travel and lodging benefits under the following programs are unchanged: - Gene Therapy - Institutes of Excellence, Institutes of Quality - National Medical Excellence (NME) program for organ & bone marrow transplants and CAR-T cell therapy
Mind Companion program termination (Effective: 8/1/2026)	Mind Companion is no longer available as of 8/1/26. For mental health support, including resources through Aetna and Spring Health, please visit https://benefits.adobe.com/us/health-care/mental-health-care
HealthEquity	
Healthcare FSA Contribution Limit (Effective: 1/1/2027)	Increase to \$3,500 per IRS guidelines

Health Savings Account
(HSA)
(Effective: 1/1/2027)

- HSA funding:
- Employee contributions will only be taken over 24 paychecks, instead of 26
- Employer contributions, for those eligible, will be funded for 24 paychecks, instead of 22.
- HSA contribution limit increases to the following per IRS guidelines:
 - Individual: \$4,500
 - Family: \$9,000

Health Savings Accounts are not governed by ERISA; however, we have included the program in this SMM for completeness and to provide employees with a consolidated resource

Lincoln Financial Group

LTD Plan Design Changes
(Effective: 1/1/2027)

- Adobe will be offering an LTD Base/Plus option. The base plan will pay 50% up to \$15,000 per month and Adobe will continue to cover the premium at 100%. The Plus plan will pay 66.67% up to \$20,000 per month, and employees will cover the premium difference between the Base and Plus plans. Both plans have a non-taxable benefit.
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