

# ADOBE INC.

This Summary of Material Modifications (SMM) and Summary of Material Reductions (SMR) updates the Summary Plan Description for the Adobe Inc. Group Health and Welfare Plan (Plan), the Adobe Inc. Flexible Spending Accounts Benefit Summary, and provides an overview of some changes to the Plan. Please see the 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 2023 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

BENEFIT	CHANGE																												
<b>Aetna Medical</b>																													
Deductible and Out-of-Pocket Maximum (OOPM) (effective 1/1/2023)	<table border="1"> <thead> <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> </thead> <tbody> <tr> <td colspan="4"><b>Required increase to the Aetna HealthSave plan:</b></td> </tr> <tr> <td>deductible to \$1,500/\$3,000 (per IRS regulations)</td> <td>\$3,200/\$7,400</td> <td>deductible to \$3,000/\$6,000</td> <td>\$6,000/\$12,000</td> </tr> <tr> <td colspan="4"><b>Increase to the Aetna HealthSave Basic plan:</b></td> </tr> <tr> <td>deductible to \$1,800/\$3,600</td> <td>\$4,700/\$8,650</td> <td>deductible to \$3,600/\$7,200</td> <td>\$8,100/\$16,300</td> </tr> <tr> <td colspan="4"><b>Required increase to the Aetna OOA HealthSave plan:</b></td> </tr> <tr> <td>deductible to \$1,500/\$3,000 (per IRS regulations),</td> <td>\$3,200/\$7,400</td> <td>deductible to \$1,500/\$3,000;</td> <td>\$3,200/\$7,400</td> </tr> </tbody> </table>	In-Network Deductible	In-Network – Out of Pocket Maximum	Out-of-Network Deductible	Out-of-Network – Out of Pocket Maximum	<b>Required increase to the Aetna HealthSave plan:</b>				deductible to \$1,500/\$3,000 (per IRS regulations)	\$3,200/\$7,400	deductible to \$3,000/\$6,000	\$6,000/\$12,000	<b>Increase to the Aetna HealthSave Basic plan:</b>				deductible to \$1,800/\$3,600	\$4,700/\$8,650	deductible to \$3,600/\$7,200	\$8,100/\$16,300	<b>Required increase to the Aetna OOA HealthSave plan:</b>				deductible to \$1,500/\$3,000 (per IRS regulations),	\$3,200/\$7,400	deductible to \$1,500/\$3,000;	\$3,200/\$7,400
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Telemedicine (effective 1/1/2023)	<ul style="list-style-type: none"> <li>After deductible, 0% co-insurance for Teladoc telemedicine (includes all services – general medical, primary care, mental health, dermatology) on the HealthSave and HealthSave Basic plans</li> </ul>																												
Brightline (behavioral health) (effective 7/15/2022)	<ul style="list-style-type: none"> <li>Add Brightline as an in-network provider; therapy and medication management for 18 months to 17 years of age</li> </ul>																												
TDC 2.0 Program (effective 1/1/2023)	<ul style="list-style-type: none"> <li>Add Transform Diabetes Care (TDC) 2.0 program. Diabetes management program that focuses on 5 clinical impact areas.</li> </ul>																												
Gene-based, cellular, and innovative therapies (GCIT) network (effective 1/1/2023)	<ul style="list-style-type: none"> <li>Add GCIT network; plan design will follow specialist office visit coverage, and only permit coverage at one of the designated facilities.</li> </ul>																												

BENEFIT	CHANGE
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<b>Aetna Medical</b>	
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<p>Travel and Lodging (effective 1/1/2022)</p>	<ul style="list-style-type: none"> <li>• Travel and Lodging reimbursement for certain covered services, subject to plan design provisions (e.g., deductible and coinsurance) and IRS limits and guidelines. Coach class air fare, train or bus travel are examples of covered services. The lodging allowable expense is capped at \$50 per person per night, up to a total maximum of \$100 per night. To be eligible for travel and lodging reimbursement, Aetna Member Services must first confirm a network provider is not available within 100 miles of your home, except for abortion services.</li> <li>• Transplant / Abortion / Gender Affirmation / Infertility / Gene-Based, Cellular and Other Innovative Therapies (GCIT) Services travel and lodging expense</li> <li>• If IOE/GCIT designated facility is 100 or more miles away from where you live OR if covered services are not available from a network provider within 100 miles of your home, travel and lodging expenses are covered services for you and a companion.</li> </ul>
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Total maximum travel and lodging benefit	
Transplant and GCIT services	Abortion, Gender Affirmation, and Infertility services
\$10,000 (per occurrence)	(\$5,000 per year)

<b>Medical (Aetna, Kaiser, HMSA)</b>	
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<p>Preventive Services (effective 1/1/2023)</p>	<p>Expansion of services from the new U.S. Preventive Services Task Force (USPSTF) A or B recommendations under preventative category (per the ACA) that must be provided as in-network, cost-free preventive services.</p> <ul style="list-style-type: none"> <li>• Tobacco use cessation behavioral interventions for all adults and pharmacotherapy</li> <li>• Lung cancer screening for adults ages 50–80 (previously 55–80) with a 20 pack-year (previously 30) smoking history</li> <li>• Hypertension screening for adults ages 18 or older</li> <li>• Colorectal cancer screening for adults ages 45–75 (previously ages 50–75)</li> <li>• Healthy weight and weight gain behavioral counseling for pregnant adolescents and adults</li> <li>• Gestational diabetes screening in asymptomatic pregnant persons at 24 weeks of gestation or after</li> <li>• Prediabetes and type 2 diabetes screening and interventions for adults ages 35–70 (previously ages 40–70) who have overweight or obesity</li> <li>• Chlamydia and gonorrhea screening for all sexually active women ages 24 or younger, and women ages 25 or older who are at increased risk for infection</li> <li>• Low-dose aspirin use as preventive medication after 12 weeks of gestation in persons who are at high risk for preeclampsia</li> </ul>
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<b>Medical (Aetna, Kaiser, HMSA)</b>	
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BENEFIT	CHANGE
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Preventive Services (cont.) (effective 1/1/2023)	<ul style="list-style-type: none"> <li>• Oral fluoride supplementation starting at age 6 months for children whose water supply is deficient in fluoride; and fluoride varnish application to the primary teeth of all infants and children starting at the age of primary tooth eruption</li> <li>• Breastfeeding equipment and supplies will include double electric breast pumps and milk storage supplies for new mothers</li> <li>• Counseling for women ages 40 to 60 to prevent and reduce obesity</li> <li>• Risk assessment for cardiac arrest or death for adolescents (ages 11 to 21)</li> <li>• Risk assessment for hepatitis B infection in infants, children and adolescents</li> <li>• Updated coverage requirements and guidelines for 2023 plan year</li> <li>• Well-woman preventive care visits include pre-pregnancy, prenatal, postpartum and inter-pregnancy visits</li> <li>• Access to contraceptives coverage requirement includes male condoms</li> <li>• Screening for HIV for adolescent and adult women</li> <li>• Counseling for sexually transmitted infections</li> <li>• Depression screening to include suicide risk screening for adolescents (ages 12 to 21)</li> <li>• Behavioral, social and emotional screening for infants, children and adolescents</li> <li>• Clarifications to dental fluoride varnish and fluoride supplementation</li> </ul>
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Lincoln Financial Group
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Basic Life (effective 1/1/2023)	<ul style="list-style-type: none"> <li>• Removed the need for evidence of insurability (EOI) when changing from \$50k to 3x salary for family status changes only</li> <li>• [Only during 2022 Open Enrollment] Employees who elect \$50k for Basic Life can increase their coverage to 3x their salary (rounded down to nearest \$50k and maxing at \$500k) with no EOI. After this, a completed EOI is required unless they have a qualifying life event.</li> </ul>
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Health Care Flexible Spending Account Contribution Limits
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Health Care FSA	<ul style="list-style-type: none"> <li>• Increase to \$3,050 max per IRS guidelines</li> </ul>
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Spring Health
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Mental Health (effective now)	<ul style="list-style-type: none"> <li>• Upgrade to a dedicated care navigator</li> </ul>
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