

Medical plan options

The medical plans that are available to you based on eligibility, home ZIP code (network and plan service area) and other criteria will appear as options on the Adobe benefits enrollment site. The medical plan options available to you can change if you move or experience other changes.

The Aetna Out of Area HealthSave (HSA) plan is offered to those employees who do not live within the Aetna Choice POS II or Utah Connected networks. This plan is also offered to those employees who go on an official Global Mobility-coordinated, short-term (six months or less) international assignment outside of the U.S.

To elect the Aetna HealthSave (HSA) or Aetna Out of Area HealthSave (HSA) plan, you must certify you are eligible to contribute to an HSA, because the plans come with an employer HSA contribution. (See Health Savings Account on page 15 for IRS limits, rules and proration details.) Those ineligible for an HSA due to Medicare or TRICARE enrollment may elect these plans without an HSA if otherwise eligible.

	California & Washington	Hawai'i	All Other States	If You're Not Eligible for an HSA
Aetna HealthSave (HSA)	✓	✗	✓	▲
Aetna HealthSave Basic	✓	✗	✓	●
Aetna Out of Area HealthSave (HSA)	✓	✗	✓	▲
Kaiser HMO	✓	✗	✗	✓
HMSA	✗	✓	✗	✓

✓ Available

● You can enroll in the plan, but you must not make HSA contributions.

▲ If you're enrolled in Medicare/TRICARE, you can enroll in this plan, but without an HSA. For all others: Unavailable.

✗ Unavailable

Aetna medical plans

Percentages shown represent the share the plan pays after you meet the deductible (unless otherwise noted). You pay the remaining percentage (your coinsurance). Flat dollar amounts represent the amount you pay (your copay) after you meet the deductible, while the plan pays the remainder.

The deductible is higher for out-of-network providers, as is the percentage you pay (your coinsurance). Additionally, all out-of-

network benefits are subject to either the usual, customary and reasonable (UCR) maximum for providers or 300% of the Medicare cost for facilities. Plan reimbursements are based on the recognized charge.

When evaluating the medical plan option that's right for you, it's important to also consider the plan cost (your per-pay-period contribution).

General provisions

Plan Provisions	Aetna HealthSave Basic		Aetna HealthSave (HSA)		Aetna Out of Area HealthSave (HSA)
	In-Network	Out-of-Network	In-Network	Out-of-Network	
Provider Choice	You may use any licensed provider; however, you'll have a lower deductible and receive a higher level of benefits by using providers in the Aetna Choice POS II network or the Utah Connected network.				You may use any licensed provider.
Annual Deductible¹ (applies to all expenses except as noted)	\$1,700/self only \$3,400/family	\$3,400/self only \$6,800/family	\$1,400/self only \$2,800/family	\$2,800/self only \$5,600/family	\$1,400/self only \$2,800/family
Account Funding Refer to HSA proration schedule on page 15	There is no Adobe account funding. You can make your own HSA contributions if you're eligible, up to your annual IRS limit.		Adobe provides the following HSA funding to eligible employees: ² \$850/self only \$1,700/family You can make your own HSA contributions if you're eligible, up to your annual IRS limit.		
Out-of-Pocket Maximum (OOPM)³ (includes deductible and copays)	\$4,400/individual \$8,150/family	\$7,700/individual \$15,400/family	\$3,000/individual \$6,900/family	\$5,600/individual \$11,200/family	\$3,000/individual \$6,900/family
Lifetime Maximum	Unlimited (excluding certain services)				

¹ If you cover any dependents, your deductible is the FULL family deductible regardless of which member of the family incurs expenses. If you obtain care from an out-of-network provider, only the recognized amount counts toward your deductible. **The full calendar-year deductible applies even if you join the plan or change coverage mid-year.**

² Deposited if you activate your account with HealthEquity. If you join the plan or increase coverage mid-year, the funding is prorated. If you're enrolled in Medicare or TRICARE, you can enroll in an Aetna HealthSave plan without an HSA (no company HSA funding nor ability to make contributions yourself). Adobe does not provide HSA funding to COBRA participants.

³ If you cover any dependents, your OOPM is the FULL family OOPM regardless of which member of the family incurs expenses. If you obtain care from an out-of-network provider, only the recognized amount counts toward your out-of-pocket maximum. **The full calendar-year OOPM applies even if you join the plan or change coverage mid-year.**

Routine care¹

Plan Provisions	Aetna HealthSave Basic		Aetna HealthSave (HSA)		Aetna Out of Area HealthSave (HSA)
	In-Network	Out-of-Network	In-Network	Out-of-Network	
Doctor's Office Visit	Plan pays 80%	Plan pays 60%	Plan pays 90%	Plan pays 70%	Plan pays 80%
Well-Baby/Well-Child Care (Deductible waived if in-network.)	Plan pays 100%		Plan pays 100%		Plan pays 100%
Routine Physical Exam/ Preventive Care Services (Deductible waived if in-network.)	Plan pays 100%		Plan pays 100%		Plan pays 100%

Hospital care, urgent care and surgery

Plan Provisions	Aetna HealthSave Basic		Aetna HealthSave (HSA)		Aetna Out of Area HealthSave (HSA)
	In-Network	Out-of-Network	In-Network	Out-of-Network	
Precertification	Handled automatically by network providers	Ensure your provider obtains pre-certification ²	Handled automatically by network providers	Ensure your provider obtains pre-certification ²	Ensure your provider obtains pre-certification ²
Semi-Private Room and Board³	Plan pays 80%	Plan pays 60%	Plan pays 90%	Plan pays 70%	Plan pays 80%
Emergency Room and Ambulance⁴	Plan pays 80%		Plan pays 90%		Plan pays 80%
Urgent Care	Plan pays 80%	Plan pays 60%	Plan pays 90%	Plan pays 70%	Plan pays 80%
Surgery (outpatient/inpatient)	Plan pays 80%	Plan pays 60%	Plan pays 90%	Plan pays 70%	Plan pays 80%

¹ Doctor's office visits include specialist visits and second surgical opinions, though certain limitations may apply; well-child care includes immunizations; routine physical exam includes OB/GYN exams, mammograms and prostate exams. Well-care services all provided in accordance with age-frequency guidelines.

² Pre-certification required for all inpatient stays and certain surgical procedures: a \$400 (inpatient) or \$200 (outpatient) penalty per occurrence applies if pre-certification is not obtained. Plan reimbursement is based on the recognized amount.

³ Different benefit payment provisions apply for care provided in a skilled nursing facility.

⁴ Under all the plans, nonemergency use of an emergency room or ambulance service is covered at 50%—usage determined by Aetna.

Maternity and family planning services

Plan Provisions	Aetna HealthSave Basic		Aetna HealthSave (HSA)		Aetna Out of Area HealthSave (HSA)
	In-Network	Out-of-Network	In-Network	Out-of-Network	
Prenatal Visits During Pregnancy¹	Plan pays 80%	Plan pays 60%	Plan pays 90%	Plan pays 70%	Plan pays 80%
Hospital Care/ Birthing Center	Plan pays 80%	Plan pays 60%	Plan pays 90%	Plan pays 70%	Plan pays 80%
Infertility Services² (separate lifetime maximum may apply)	Plan pays 80%	Plan pays 60%	Plan pays 90%	Plan pays 70%	Plan pays 80%
Fertility Treatment Drugs	Plan pays up to \$60,000 (lifetime maximum). After you meet the deductible, you pay a copay for each prescription.				
Contraceptive Drugs and Devices	Generic formulary contraceptives will be covered at no member cost share when filled at an in-network pharmacy.				

Mental health care and substance abuse treatment³

Plan Provisions	Aetna HealthSave Basic		Aetna HealthSave (HSA)		Aetna Out of Area HealthSave (HSA)
	In-Network	Out-of-Network	In-Network	Out-of-Network	
Outpatient	Plan pays 80%	Plan pays 60%	Plan pays 90%	Plan pays 70%	Plan pays 80%
Inpatient⁴	Plan pays 80%	Plan pays 60%	Plan pays 90%	Plan pays 70%	Plan pays 80%

¹ Coverage for preventive prenatal care with no cost share to the member is limited to pregnancy-related in-network physician office visits, including the initial and subsequent history and physical exams of the pregnant woman (maternal weight, blood pressure and fetal heart rate check). Items not considered preventive include (but are not limited to) inpatient admissions, high-risk specialist visits, ultrasounds, amniocentesis, fetal stress tests, certain pregnancy diagnostic lab tests and delivery, including anesthesia.

² Three assisted reproductive technology (ART) cycles per lifetime, including IVF, GIFT, ZIFT and FET. The plan's ART cycles can be used for fertility preservation; if you do fertility preservation, you get an extra half-cycle of ART, making you eligible for a combined total of 3.5 lifetime ART cycles. See plan booklet for definition of a "cycle." Artificial insemination (AI) services and ovulation induction (OI) procedures benefits are limited to six attempts per lifetime. Benefits for the freezing and storage of sperm, eggs and embryos are covered for up to one year.

³ Benefits provided through Aetna; routine outpatient services do not require pre-certification. Inpatient treatment must be pre-authorized. Applied behavioral analysis (ABA) coverage requires pre-certification and is subject to medical necessity/utilization reviews.

⁴ Different benefit payment provisions apply for care provided in a skilled nursing facility.

Other medical care

Plan Provisions	Aetna HealthSave Basic		Aetna HealthSave (HSA)		Aetna Out of Area HealthSave (HSA)
	In-Network	Out-of-Network	In-Network	Out-of-Network	
Acupuncture (45 visits/year)	Plan pays 80%				
Spinal Manipulation (45 visits/year)	Plan pays 80%	Plan pays 60%	Plan pays 90%	Plan pays 70%	Plan pays 80%
Physical and Occupational Therapy (60 visits/year combined)	Plan pays 80%	Plan pays 60%	Plan pays 90%	Plan pays 70%	Plan pays 80%
Speech Therapy (60 visits/year)	Plan pays 80%	Plan pays 60%	Plan pays 90%	Plan pays 70%	Plan pays 80%
Autism Applied Behavioral Analysis	Plan pays 80%	Plan pays 60%	Plan pays 90%	Plan pays 70%	Plan pays 80%
Habilitation Services (treatment of autism and developmental delays, including physical, occupational and speech therapy)	Plan pays 80%	Plan pays 60%	Plan pays 90%	Plan pays 70%	Plan pays 80%
Allergy Testing and Treatment	Plan pays 80%	Plan pays 60%	Plan pays 90%	Plan pays 70%	Plan pays 80%
Diagnostic Lab and X-ray Services	Plan pays 80%	Plan pays 60%	Plan pays 90%	Plan pays 70%	Plan pays 80%
Durable Medical Equipment	Plan pays 80%	Plan pays 60%	Plan pays 90%	Plan pays 70%	Plan pays 80%
Hearing Exam and Hardware¹	Plan pays 100%				

The medical plans may require precertification for certain procedures, treatments and hospital stays. If you use in-network providers, this process is handled automatically. Otherwise, if you're enrolled in a plan that has an out-of-network option and you obtain the services from an out-of-network provider, it's your responsibility to ensure you complete this process when required.

¹ Hearing supply maximum per 24-month period is limited to 1 hearing aid per ear.

Prescription drug benefits¹

Plan Provisions	Aetna HealthSave Basic		Aetna HealthSave (HSA)		Aetna Out of Area HealthSave (HSA)
	In-Network	Out-of-Network	In-Network	Out-of-Network	
Retail: 30-day supply²	After deductible: \$15 generic, \$45 brand-name drugs on the Aetna Performance Drug List, \$65 other brand-name drugs				
Mail Order: 90-day supply²	After deductible: \$30 generic, \$90 brand-name drugs on the Aetna Performance Drug List, \$130 other brand-name drugs Mail-order prices are also available when you fill your maintenance prescriptions at CVS pharmacies.				

¹ Provided through Aetna. You pay as indicated below when filling at participating pharmacies. Reduced benefits if drugs are obtained at a non-participating pharmacy. Copays count toward plan's out-of-pocket maximums.

² Preventive care medications for certain conditions are not subject to the deductible.

Kaiser Permanente HMO medical plan

Kaiser is available to eligible California and Washington employees who live within Kaiser's service area, based on home ZIP code. To enroll and to continue enrollment in this plan, you must meet all the eligibility requirements, including the service area eligibility requirements. If you're eligible, Kaiser will appear as an option on the [Adobe benefits enrollment site](#).

For more complete coverage details, refer to the Kaiser Evidence of Coverage plan documents at benefits.adobe.com.

General provisions

Plan Provisions	Kaiser HMO
Provider Choice	You must use Kaiser doctors and facilities. Kaiser will provide benefits for emergency services provided outside Kaiser if access to Kaiser facilities is not available.
Annual Deductible	None
Copayment/ Out-of-Pocket Maximum	\$3,000/individual; \$6,000/family (Refer to your Kaiser Evidence of Coverage document to learn which services apply to the plan out-of-pocket maximum.)
Lifetime Maximum	Unlimited

Routine care¹

Plan Provisions	Kaiser HMO
Doctor's Office Visit	You pay \$20
Well-Baby/Well-Child Care	Plan pays 100%
Routine Physical Exam/ Preventive Care Services	Plan pays 100%

¹ Well-child care includes immunizations. Routine physical exam includes OB/GYN exams, mammograms and prostate exams—provided in accordance with age-frequency guidelines.

Hospital care and surgery

Plan Provisions	Kaiser HMO
Precertification	Handled automatically
Hospitalization Services	You pay \$100 per admission (room and board, surgery, anesthesia, X-rays, laboratory tests and drugs)
Urgent Care	You pay \$20
Emergency Room and Ambulance	Emergency room: You pay \$100 (waived if admitted) Ambulance: You pay \$50 per trip
Surgery (outpatient)	You pay \$20

Mental health care and substance abuse treatment

Plan Provisions	Kaiser HMO
Outpatient	You pay \$20 per visit (\$10 for group therapy, or \$5 for group therapy for substance abuse disorder)
Inpatient	You pay \$100 per admission; substance abuse treatment limited to detoxification

Maternity and family planning services

Plan Provisions	Kaiser HMO
Prenatal Visits During Pregnancy	Plan pays 100% After confirmation of pregnancy, the normal series of regularly scheduled preventive prenatal care exams and the first postpartum follow-up consultation and exam are covered at no charge.
Hospital Care/ Birthing Center	You pay \$100 per admission
Infertility Services	Plan pays 90% for covered services related to the diagnosis and treatment of infertility. Services include IVF, GIFT and ZIFT, artificial insemination (AI), ovulation induction (OI) and intracytoplasmic sperm injection (ICSI) or ovum microsurgery services. Limitations: 1 cycle per lifetime (no dollar limit) for IVF, GIFT and ZIFT. Fertility services do not count toward the out-of-pocket maximum; services are covered if they are part of an active cycle to create pregnancy.
Fertility Treatment Drugs	Plan pays 90%
Contraceptive Drugs and Devices	Prescribed, FDA-approved contraceptive devices and contraceptive drugs are covered at no cost to comply with women's preventive service requirement.

Prescription drug benefits¹

Plan Provisions	Kaiser HMO
Retail	Generic: \$15, up to 30-day supply Brand: \$45, up to 30-day supply Specialty: \$45, up to 30-day supply
Mail Order	Generic: \$30, up to 100-day supply (90-day supply in WA) Brand: \$90, up to 100-day supply (90-day supply in WA)

Other medical care

Plan Provisions	Kaiser HMO
Acupuncture	California: You pay \$15 per visit, up to 30 visits per year Washington: You pay \$20 per visit, up to 12 visits per year
Spinal Subluxation (chiropractic care)	California: You pay \$15 per visit, up to 30 visits per year Washington: You pay \$20 per visit up to 20 visits per year
Rehabilitation Services	You pay \$20 per visit You pay \$100 per admission (inpatient)
Habilitation Services	You pay \$20 per visit
Allergy Testing and Treatment (injections)	You pay \$20 per visit; plan pays 100% for injection
Diagnostic Lab and X-ray Services	Plan pays 100%
Durable Medical Equipment	Plan pays 80%
Hearing Aid Services	You pay \$20 per exam; plan pays up to \$1,000 every 36 months for devices
Home Health	Plan pays 100%, up to 100 visits per year in California; up to 130 visits in Washington

¹ Copays count toward plan's out-of-pocket maximums.