

# **Adobe Inc. California Voluntary Disability Insurance Plan**

## **Statement of Coverage**

**Effective for Benefit Periods commencing on or after January 1, 2025**

### **ELIGIBILITY AND EFFECTIVE DATE OF COVERAGE**

All California employees are eligible for coverage under this plan. Coverage begins the later of January 1, 2025, and the date you become an employee. If you reject Voluntary Plan coverage you will be enrolled in the California State Disability Insurance Plan (State Plan, or SDI plan) effective the first day of the calendar quarter following the quarter in which you rejected Voluntary Plan coverage.

If you reject Voluntary Disability Plan coverage in writing and wish to resume participation at a later date, your coverage will be effective on the first day of the next calendar quarter after you submit a written election to resume participation in the Voluntary Plan.

As an employee covered under this plan you are guaranteed that you will be given rights at least equal to those given by the State Plan and that you will receive a weekly rate and maximum amount of benefit at least equal to those which you would receive under the SDI program. This State Rate for Employees making 70% or less of the state's average quarterly wage shall be equal to 90% of the Employee's weekly Earnings subject to a maximum weekly benefit as announced by the Director of the Employment Development Department, State of California, for the current plan year in which the Disability Benefit Period commences with a minimum weekly benefit of \$50.

The weekly benefit for Employees making more than 70% of the state's average quarterly wage shall be equal to the higher of 70% of weekly Earnings or 63% of the State Average Weekly Wage subject to a maximum weekly benefit as announced by the Director of the Employment Development Department, State of California, for the current plan year in which the Disability Benefit Period commences with a minimum weekly benefit of \$50.

### **EMPLOYEE DISABILITY BENEFITS**

#### **Disability Certification**

If, as an Adobe employee, you become so disabled as to be unable to perform your regular work or have been ordered not to work by a state or local health official because you have or possibly have a communicable disease or are referred to and participating in an alcohol or drug-free residential program, you may be eligible for benefits.

To receive benefits, you must provide a medical certification of eligibility from your physician, surgeon, optometrist, dentist, osteopath, chiropractor, podiatrist or a qualified licensed psychologist, supporting your disability. State licensed and certified nurse-midwives acting within the scope of their practice, may certify to normal pregnancy and childbirth- related disabilities. A nurse practitioner or physician assistant can certify disability for all medical conditions within their scope of practice. However, to certify a claim for disability benefits for a disability other than normal pregnancy and childbirth, the nurse or physician

Assistant must perform a physical examination and collaborate with a physician. Certification may also be made by a duly authorized medical officer of a medical facility of the United States Government or the registrar of a county hospital.

The certificate must state the medical facts (including secondary diagnoses, when applicable) within the physician's knowledge, his or her conclusion with respect to the disability, and his or her opinion to the probable duration of the disability. The certificate must also contain a diagnosis or diagnostic code prescribed in the International Classification of Diseases, or, where no diagnosis has yet been obtained, a detailed statement of symptoms. In addition, this certificate must be based on a physical examination and a documented medical history.

If any employee in good faith adheres to the teachings of any bona fide church, sect, denomination, or organization, and depends for healing entirely upon prayer or spiritual means, the certificate of a duly authorized or accredited practitioner of such bona fide church, sect, denomination, or organization as to the disability of the claimant, and the estimated duration of such disability, will be accepted.

#### PAID FAMILY LEAVE BENEFITS

You will be entitled to benefits if you lose wages while absent from work for the following reasons:

**Family Care:** To care for your family member (spouse, parent, child, domestic partner, grandparent, grandchild, sibling, and parent-in-law) who has a serious health condition.

**Parental Bonding:** To bond with your or your domestic partner's newborn child, newly adopted child, or newly placed foster child

**Military Exigency:** To include eligibility for employees who take time off work due to a "qualifying military event" arising out of the overseas military deployment of the employee's family member.

#### Family Care

To support a claim for time lost from work while caring for a seriously ill family member, you must submit a certificate from a physician or practitioner that includes your family member's legal name, date of birth, a diagnosis and diagnostic code from the International Classification of Diseases or where no diagnoses has been obtained, a detailed statement of symptoms. In addition, the certificate should include a statement of the care recipient's serious health condition that warrants your participation in the care of the family member and an estimated amount of time that you will need to provide care.

Certification may also be made by a duly authorized medical officer of a medical facility of the United States Government or the registrar of a county hospital.

If the care recipient in good faith adheres to the teachings of any bona fide church, sect, denomination, or organization, and depends for healing entirely upon prayer or spiritual means, the certificate of a duly authorized or accredited practitioner of such bona fide church, sect, denomination, or organization as to the disability of the care, will be accepted. The certificate must state the care recipient's serious health condition that warrants your care and the estimated length of time that your care will be required.

## Parental Bonding

PFL eligibility when you lose wages during a period of bonding with a new child is limited to the first year after the birth, adoption, or foster care placement of the child. To support your claim for bonding you need to submit certification of eligibility which includes the child's legal name, date and place of birth, gender and, if available, social security number. (The absence of the social security number will not disqualify you from benefits.) The date of foster care or adoption placement of the minor child with you also needs to be included.

With respect to maternal, paternal relationships, or that of a registered domestic partner, proof of eligibility must include either the child's birth certificate or the birthing centers or hospital's documents attesting to the birth of the child. The document must include the child's full name, gender and date of birth, the full name of the mother and the father (if known) or registered domestic partner as well as a dated signature of the treating physician, practitioner, midwife or Director of Medical records.

With respect to paternal non-spouse bonding claims where the individual is not named on a document listed above, a copy of the Declaration of Paternity from the California Department of Child Support Services must be provided.

With respect to an adopted child, you must submit either an official notice from the Department of Social Services, a certified copy of the court order of placement for adoption within the United States or from a foreign country's competent local authority with a notarized English translation, or the child's passport clearly showing an Immigration and Naturalization Service's stamp.

## PLAN BENEFITS

### Waiting Period

#### Employee Disability:

Your benefits will begin on the eighth day of your own disability.

#### Paid Family Leave:

##### Family Care:

Benefits will begin on the first day of your PFL absence with no waiting period if it is for time to provide family care to an eligible family member.

##### Bonding:

Benefits for periods of bonding following the birth, adoption, or foster care placement of a child, will be paid upon the start of the leave with no waiting period.

For your own disability, two (2) consecutive periods of disability due to the same or related cause or condition and separated by a period of not more than sixty (60) days shall be considered as one (1) Disability Benefit Period.

If you received SDI for your lost wages during your pregnancy disability, SDI will be responsible for your Paid Family Leave claim.

### Amount of Disability Benefit

#### Employee Disability:

For Full Time Employees making more than 70% of the state's average quarterly wage: from the first (1st) compensable day of Disability through the 63RD compensable day of Disability, benefits equal 100% of an individual's Eligible Earnings. From the 64TH day through the 120th compensable day of Disability benefits equal the higher of 70% of an individual's Eligible Earnings. Benefits from the 121st day through the 365th compensable day of Disability will be paid at the higher of 70% of an individual's Eligible Earning or 63% of the State Average Weekly Wage subject to a maximum weekly benefit as announced by the Director of the Employment Development Department, State of California, for the current plan year in which the Disability Benefit Period commences with a minimum weekly benefit of \$50.

For Full Time Employees making 70% or less of the state's average quarterly wage: from the first (1st) compensable day of Disability through the 63RD compensable day of Disability, benefits equal 100% of an individual's Eligible Earnings. From the 64TH day through the 365th compensable day of Disability benefits equal 90% of the Employee's weekly Earnings subject to a maximum weekly benefit as announced by the Director of the Employment Development Department, State of California, for the current plan year in which the Disability Benefit Period commences with a minimum weekly benefit of \$50.

For Interns and Part Time Employees:

The weekly benefit for Interns and Part Time Employees making 70% or less of the state's average quarterly wage shall be equal to 90% of the Employee's weekly Earnings subject to a maximum weekly benefit as announced by the Director of the Employment Development Department, State of California, for the current plan year in which the Disability Benefit Period commences with a minimum weekly benefit of \$50.

The weekly benefit for Interns and Part Time Employees making more than 70% of the state's average quarterly wage shall be equal to the higher of 70% of weekly Earnings or 63% of the State Average Weekly Wage subject to a maximum weekly benefit as announced by the Director of the Employment Development Department, State of California, for the current plan year in which the Disability Benefit Period commences with a minimum weekly benefit of \$50.

#### Paid Family Leave:

The weekly benefit for Employees making 70% or less of the state's average quarterly wage shall be equal to 90% of the Employee's weekly Earnings subject to a maximum weekly benefit as announced by the Director of the Employment Development Department, State of California, for the current plan year in which the Disability Benefit Period commences with a minimum weekly benefit of \$50.

The weekly benefit for Employees making more than 70% of the state's average quarterly wage shall be equal to the higher of 70% of weekly Earnings or 63% of the State Average Weekly Wage subject

to a maximum weekly benefit as announced by the Director of the Employment Development Department, State of California, for the current plan year in which the Disability Benefit Period commences with a minimum weekly benefit of \$50.

For non-commissioned employees, "eligible earnings" means the Employee's basic weekly earnings in effect immediately prior to the date Disability or Partial Disability begins. However, such earnings will not include bonuses, commissions, overtime pay and extra compensation.

For commissioned employees, "eligible earnings" is based on Total Target Compensation (basic weekly earnings plus target commissions for the year) in effect immediately prior to the date the claim begins. Eligible earnings will not include bonuses, overtime pay and extra compensation other than commissions.

If during a period for which you are entitled to benefits, you are disabled for less than a full week, you will receive one-seventh (1/7) of your weekly benefit amount for each day you are disabled.

#### Reduction to Amount of Benefits

Benefits may be reduced to the State Rate if the Claims Administrator has not received objective medical evidence that is satisfactory to support your claim or you not receiving appropriate care and treatment from a physician, if your disability is the result of intentionally self-inflicted injuries or attempted suicide whether committed while sane or insane, if disability is a result of an act of war or while you are in the military service of any country that is at war, or if disability is a result of active participation in a riot, or if your disability is due to a vague or indefinable condition (such as "tiredness" or "pain") for which your doctor cannot provide a diagnosis.

Benefits may also be reduced by income you receive from other sources such as the wages from restricted work hours or workers' compensation.

#### Duration of Benefits

The maximum length of time you can receive benefits is 52 weeks for your own disability, which can be extended by benefit reductions such as those that can result when there is partial employment or benefits are paid from other sources. The total maximum benefit equals the daily/weekly benefit times the number of days/weeks the benefit is payable.

The maximum PFL benefit payable within 12months is 8 times the weekly benefit, subject to the limitation of the plan. Bonding benefits are payable within the 12-minth period following the birth, adoption or foster care placement of a child.

The maximum benefit payable for one period of Paid Family Leave is \$87,412, which is the maximum weekly benefit amount times 52 weeks, to a maximum weekly benefit of \$1,681 during the twelve-month period that begins with the first day that you establish a valid claim for Paid Family Leave.

#### Exclusions

You will not be eligible for benefits for any day for which you have received or are entitled to receive temporary disability benefits, permanent disability benefits for the same illness or injury, or a maintenance allowance from workers' compensation, except as follows. If the payment you receive for temporary or

permanent disability indemnity, or for the maintenance allowance combined with permanent disability indemnity, is less than the amount you would otherwise receive under this Plan, you will receive benefits from this Plan, reduced by the amount of such payment (but if you are receiving a maintenance allowance, you will receive these benefits only if you have elected the maximum permanent disability indemnity.)

You will not be eligible for benefits if you are receiving unemployment insurance benefits.

You will not be eligible for benefits while you are incarcerated in a federal, state or municipal penal institution, jail, medical facility, hospital (public or private) or any other place because you were convicted of a criminal violation of any law or ordinance.

You will not be eligible for benefits if your disability arises out of either your commission of a crime resulting in a felony conviction or the arrest, investigation or prosecution in connection with that crime.

#### Simultaneous Coverage

If you are employed by a second employer when you become disabled, you may be eligible for benefits from both the Voluntary Plan and the State Plan. The amount of your benefit that equals your State Rate will be the amount (if any) by which this Plan exceeds what you would have received from the State Plan, plus the amount of benefits to which you would have been entitled under the State Plan divided by the number of plans under which you are simultaneously covered.

#### Employee Cost

As a covered employee your contribution to the Voluntary Plan will be the same as you otherwise would be paying to the state for SDI. In 2025 that rate is 1.2% of the first \$225,000 of calendar year wages. The rate provides benefit payments for your own medical disability and California Paid Family Leave and is subject to change by the California Employment Development Department.

#### Termination of Coverage

Your coverage will terminate at the earlier of midnight of the day your employment with Adobe Inc. terminates; at midnight of the 15<sup>th</sup> day following the date you are laid off without pay; on the first day of any calendar quarter after you give written notice of withdrawal from the Plan; on the date this Plan is terminated; or when you cease to be eligible.

#### Appeals

If you are denied benefits under this Plan, you may appeal the denial, in writing or in person, at any office of the California Employment Development Department within 30 days from the date the notice of the denial was mailed. Written appeals must be signed and include your name, Social Security number, the name of your employer, and the reason you are filing the appeal.

Appeals can be sent to:

State of California  
Employment Development Department  
P.O. Box 989777  
West Sacramento, CA 95798-9777

An Employee may elect to continue to receive Disability or FTD benefits pending the outcome of a timely appeal to an administrative law judge when the Voluntary Plan had determined the Employee initially eligible and subsequently found the Employee to be ineligible, as described in the California Code of Regulations.

### Claims

To file a claim for Voluntary Plan benefits for your own disability or for Paid Family Leave call The Lincoln National Life Insurance Company at 1-888-873-5476. A claim must be filed no later than the 49<sup>th</sup> day of disability, which may be extended for good cause.

After you file a claim with The Lincoln National Life Insurance Company you will receive a Notice of Computation (DE429D) from the State, which shows the minimum amount you should be paid from the Voluntary Plan. You should note the wage quarters used by the State to compute the amount. If you were in the military service, received workers' compensation benefits, or did not work because of a trade dispute during the base period, you may be able to substitute wages paid in prior quarters to make your claim valid or increase the benefit amount. If your claim is invalid because of extended unemployment during the base period, you may also be able to substitute wages paid in prior quarters to make the claim valid.

Under the provisions of the California Unemployment Insurance Code, Adobe Inc. and its authorized claims administrator have the right to require supplemental forms from your physician or the physician of the seriously ill family member for whom you are caring, or those who are authorized to certify to disabilities, as often as deemed necessary. If necessary, you or your seriously ill family member you are providing care for, may be required to submit to examination by a physician while you are claiming benefits under this plan.

### SUMMARY STATEMENT OF COVERAGE

This is a Summary Statement of Coverage of the Adobe Inc. California Voluntary Disability Insurance Plan. In the event of a discrepancy between this document and the Plan Text, the Plan Text governs in all cases.