Aetna medical plans

Percentages shown represent the share the plan pays **after you meet the annual deductible** (unless otherwise noted). You pay the remaining percentage (your coinsurance). Dollar amounts shown for the HealthSave and HealthSave Basic plans represent the amount you pay (your copay) after you meet the deductible, while the plan pays the remainder. Dollar amounts shown for the HealthSelect EPO plan represent your copay and are not subject to a deductible unless otherwise noted.

With the HealthSave and HealthSave Basic plans, the deductibles are 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 150% of the Medicare cost for facilities. Plan reimbursements are based on the recognized charge. The HealthSelect EPO plan is an in-network-only plan that does not offer out-of-network coverage except in emergencies.

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 HealthSelect EPO	Aetna HealthSave		Aetna HealthSave Basic	
	In-network only	In-network	Out-of-network	In-network	Out-of-network
Provider choice	You may use any provider in the Aetna Select Network or Aetna Extended Network in Utah	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 Aetna Extended Network in Utah			
Annual deductible[1] (applies to all expenses except as noted)	$500 self only $1,000 family	$1,750 self only $3,500 family	$3,600 self only $7,200 family	$2,050 self only $4,100 family	$4,200 self only $8,400 family
HSA funding Refer to HSA funding details on page 15	Not eligible for HSA. You can make Health Care FSA contributions up to your annual IRS limit.	You can make your own HSA contributions if you're eligible, up to your annual IRS limit. Adobe provides HSA funding to eligible employees:[2] up to $850 self only up to $1,700 family		You can make your own HSA contributions if you're eligible, up to your annual IRS limit. There is no Adobe HSA funding.	
Out-of-pocket maximum (OOPM)[3] (includes deductible and copays)	$3,300 self only $7,600 family	$3,500 self only $8,000 family	$7,800 self only $15,600 family	$5,000 self only $9,250 family	$9,500 self only $19,100 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 midyear.** Covered expenses you incur for both in-network and out-of-network services count toward both in- and out-of-network deductibles.

[2] If you activate your account with HealthEquity, Adobe contributes an amount to your HSA each pay period from January (or when you join the plan, if later) through the 24th pay period of the year. 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 midyear.** Covered expenses you incur for both in-network and out-of-network services count toward both in- and out-of-network out-of-pocket maximums (OOPMs).

Routine care[1]

Plan provisions	Aetna HealthSelect EPO	Aetna HealthSave		Aetna HealthSave Basic	
	In-network only	In-network	Out-of-network	In-network	Out-of-network
Doctor's office visit	$25 copay for PCP $40 copay for specialist	Plan pays 90%	Plan pays 70%	Plan pays 80%	Plan pays 60%
Routine physical exam, preventive care services, immunizations (deductible waived if in-network)	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Routine well-baby care, well-child care, immunizations (deductible waived if in-network)	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%

Hospital care, urgent care, and surgery

Plan provisions	Aetna HealthSelect EPO	Aetna HealthSave		Aetna HealthSave Basic	
	In-network only	In-network	Out-of-network	In-network	Out-of-network
Precertification	Ensure your provider obtains precertification[2]	Handled automatically by network providers	Ensure your provider obtains precertification[2]	Handled automatically by network providers	Ensure your provider obtains precertification[2]
Semiprivate room and board[3]	Plan pays 90%	Plan pays 90%	Plan pays 70%	Plan pays 80%	Plan pays 60%
Emergency room and ambulance[4]	$500 copay for each	Plan pays 90%	Plan pays 90%	Plan pays 80%	Plan pays 80%
Urgent care	$100 copay	Plan pays 90%	Plan pays 70%	Plan pays 80%	Plan pays 60%
Surgery (outpatient or inpatient)	Plan pays 90%	Plan pays 90%	Plan pays 70%	Plan pays 80%	Plan pays 60%

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

[2] Precertification required for all inpatient stays and certain surgical procedures: a $400 (inpatient) or $200 (outpatient) penalty per occurrence applies if precertification 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 HealthSelect EPO	Aetna HealthSave		Aetna HealthSave Basic	
	In-network only	In-network	Out-of-network	In-network	Out-of-network
Prenatal visits during pregnancy[1]	$25 copay	Plan pays 90%	Plan pays 70%	Plan pays 80%	Plan pays 60%
Hospital care or birthing center	Plan pays 90%	Plan pays 90%	Plan pays 70%	Plan pays 80%	Plan pays 60%
Infertility services[2] (separate lifetime maximum may apply)	Plan pays 90%	Plan pays 90%	Plan pays 70%	Plan pays 80%	Plan pays 60%

See the prescription drug benefits section of this guide for fertility medication and contraceptive coverage.

Mental health care and substance abuse treatment[3]

Plan provisions	Aetna HealthSelect EPO	Aetna HealthSave		Aetna HealthSave Basic	
	In-network only	In-network	Out-of-network	In-network	Out-of-network
Outpatient	$25 copay	Plan pays 90%	Plan pays 70%	Plan pays 80%	Plan pays 60%
Inpatient[4]	Plan pays 90%	Plan pays 90%	Plan pays 70%	Plan pays 80%	Plan pays 60%

[1] Coverage for preventive prenatal care with no cost share to the member is limited to routine 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) ultrasounds, amniocentesis, fetal stress tests, inpatient admissions, high-risk specialist visits, certain pregnancy diagnostic lab tests, and delivery, including anesthesia, and postpartum care.

[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." Benefits for artificial insemination (AI) services and ovulation induction (OI) procedures 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 precertification. Inpatient treatment must be preauthorized. Applied behavior analysis (ABA) coverage requires precertification and is subject to medical necessity or utilization reviews.

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

Other medical care

Plan provisions	Aetna HealthSelect EPO	Aetna HealthSave		Aetna HealthSave Basic	
	In-network only	In-network	Out-of-network	In-network	Out-of-network
Diagnostic lab, X-ray, and imaging	$25 copay for lab, X-ray $150 copay for complex imaging	Plan pays 90%	Plan pays 70%	Plan pays 80%	Plan pays 60%
Allergy testing and treatment	Plan pays 90%	Plan pays 90%	Plan pays 70%	Plan pays 80%	Plan pays 60%
Acupuncture	$25 copay	Plan pays 90%	Plan pays 70%	Plan pays 80%	Plan pays 60%
Spinal manipulation (45 visits per year)	$40 copay	Plan pays 90%	Plan pays 70%	Plan pays 80%	Plan pays 60%
Physical and occupational therapy (60 visits per year combined)	$25 copay	Plan pays 90%	Plan pays 70%	Plan pays 80%	Plan pays 60%
Speech therapy (60 visits per year)	$25 copay	Plan pays 90%	Plan pays 70%	Plan pays 80%	Plan pays 60%
Autism applied behavior analysis	Plan pays 90%	Plan pays 90%	Plan pays 70%	Plan pays 80%	Plan pays 60%
Habilitation services (treatment of autism and developmental delays, including physical, occupational, and speech therapy)	Plan pays 90%	Plan pays 90%	Plan pays 70%	Plan pays 80%	Plan pays 60%
Durable medical equipment	Plan pays 90%	Plan pays 90%	Plan pays 70%	Plan pays 80%	Plan pays 60%
Hearing exam and hardware[1]	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%

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

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 that you complete this process when required.



Prescription drug benefits[1]

Plan provisions	Aetna HealthSelect EPO	Aetna HealthSave	Aetna HealthSave Basic
Deductible	No. You have no deductible to meet before the plan covers prescriptions.	Yes. You must meet your deductible before the plan covers prescriptions.	Yes. You must meet your deductible before the plan covers prescriptions.
Retail: 30-day supply[2]	$15 generic, $45 preferred brand drugs, $65 other brand-name drugs	After deductible: $15 generic, $45 preferred brand drugs, $65 other brand-name drugs	After deductible: $15 generic, $45 preferred brand drugs, $65 other brand-name drugs
Mail order: 90-day supply[2]	$30 generic, $90 preferred brand drugs, $130 other brand-name drugs. Order through CVS Caremark Mail Service Pharmacy. Mail-order prices are also available when you fill your maintenance prescriptions at CVS pharmacies.	After deductible: $30 generic, $90 preferred brand drugs, $130 other brand-name drugs. Order through CVS Caremark Mail Service Pharmacy. Mail-order prices are also available when you fill your maintenance prescriptions at CVS pharmacies.	After deductible: $30 generic, $90 preferred brand drugs, $130 other brand-name drugs. Order through CVS Caremark Mail Service Pharmacy. Mail-order prices are also available when you fill your maintenance prescriptions at CVS pharmacies.
Specialty drugs:[3] 30-day supply	$15 generic specialty, $45 preferred specialty, $65 non-preferred specialty drug Use the CVS Specialty Pharmacy to fill your prescriptions for specialty medications	After deductible: $15 generic specialty, $45 preferred specialty, $65 non-preferred specialty drug Use the CVS Specialty Pharmacy to fill your prescriptions for specialty medications	After deductible: $15 generic specialty, $45 preferred specialty, $65 non-preferred specialty drug Use the CVS Specialty Pharmacy to fill your prescriptions for specialty medications
Fertility treatment drugs (lifetime maximum of $60,000)	Copay applies	After deductible: you pay a copay per prescription	After deductible: you pay a copay per prescription
Contraceptive drugs and devices	No member cost share	No member cost share or deductible in network	No member cost share or deductible in network

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

[2] Preventive care medications for certain conditions are not subject to the deductible. If you choose a brand-name drug when a generic equivalent is available, you will be charged the difference in price in addition to your copay, and this cost difference does not count toward your out-of-pocket maximum.

[3] Certain specialty drugs are eligible for the PrudentRx program, which provides $0 cost-share by using manufacturer coupon programs after the deductible is met for the HealthSave and HealthSave Basic plans; no deductible applies for the HealthSelect EPO plan. Only what you pay out of your pocket will count toward your deductible and out-of-pocket maximum—manufacturer coupon dollars do not. If you opt out of the PrudentRx program, you could pay 30% of the total drug cost depending on the drug (once any applicable deductible is met) instead of your standard copay.

Adobe

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 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
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 care[1]

Plan provisions	Kaiser HMO
Doctor's office visit	You pay $25
Routine physical exam, preventive care services, immunizations	Plan pays 100%
Routine well-baby care, well-child care, immunizations	Plan pays 100%

[1] Routine physical exam includes OB/GYN exams, mammograms, colorectal cancer screening, 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 $250 per admission
Urgent care	You pay $25
Emergency room and ambulance	Emergency room: You pay $100 per visit (waived if admitted). Ambulance: You pay $50 per trip.
Surgery (outpatient)	You pay $100 per procedure

Mental health care and substance abuse treatment

Plan provisions	Kaiser HMO
Outpatient	You pay $25 per visit (for group therapy, $12 per visit [CA] or $0 [WA]; for substance use disorder group therapy, $5 per visit [CA] or $0 [WA])
Inpatient	You pay $250 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 or birthing center	You pay $250 per admission
Infertility services	**California**: You pay the same cost share for infertility services as you would pay to treat any other condition. Oocyte/sperm retrieval or procurement of donor material is limited to three attempts per lifetime. Procurement of donor oocytes is limited to one cohort per active course of fertility treatment. Procurement of donor sperm is limited to one vial of sperm per active course of fertility treatment. Fertility services are covered if they are part of an active cycle to create pregnancy. **Washington:** Medical and surgical services for the treatment of sterility and infertility and all related services, including artificial insemination, IVF, and assisted reproduction, including GIFT and ZIFT are covered. Member pays 10% coinsurance. No benefit maximum. Contact Member Services for information about your assisted reproductive technology benefits.
Fertility treatment drugs	**California:** Fertility medications are covered at a plan's generic or brand cost-share. Most generic items at a Plan Pharmacy are covered at $15 for up to a 30-day supply; most brand-name and specialty-name items at a Plan Pharmacy are covered at $45 for up to a 30-day supply. **Washington:** Drug therapy is covered subject to a 50% coinsurance and dosage limits in accordance with criteria established by KFHPWA
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 benefits[1]

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
Diagnostic lab, X-ray, and imaging	You pay $10 per lab test or X-ray. You pay $50 per MRI, CT, or PET scan.
Allergy testing and treatment (injections)	You pay $25 per visit; plan pays 100% for injection
Acupuncture	California: You pay $25 per visit, up to 30 visits for acupuncture and chiropractic care combined, per 12-month period. Washington: You pay $25 per visit, up to 12 visits per year.
Spinal subluxation (chiropractic care)	California: You pay $25 per visit, up to 30 visits for acupuncture and chiropractic care combined, per 12-month period. Washington: You pay $25 per visit, up to 20 visits per year.
Rehabilitation services	You pay $25 per day. You pay $250 per admission (inpatient).
Habilitation services	You pay $25 per day
Durable medical equipment	Plan pays 80%
Hearing aid services	California: You pay $25 per exam; plan pays $1,000 allowance per device, 1 hearing aid device per ear; 2 devices every 36 months. Washington: You pay $25 per exam, 1 hearing aid device per ear, covered at 80%, every 36 months.
Home health	Plan pays 100% for up to 3 visits per day, up to 100 visits per year in California; up to 130 visits in Washington

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