

## **SUMMARY ANNUAL REPORT FOR ADOBE INCORPORATED GROUP WELFARE PLAN**

This is a summary of the annual report of the Adobe Incorporated Group Welfare Plan (Employer Identification Number 77-0019522, Plan Number 501) for the plan year 01/01/2020 through 12/31/2020. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Adobe Incorporated has committed itself to pay certain health, dental, vision, temporary disability and flexible spending account claims incurred under the terms of the plan.

### **Insurance Information**

The plan has insurance contracts with Aetna International, Ace American Insurance Company, Health and Human Resource Center, Inc., Hawaii Medical Service Association, MetLife Legal Plans, Kaiser Foundation Health Plan Inc, Lincoln Life Assurance Company of Boston, Transamerica Life Insurance Company, Aetna Life Insurance Company, Kaiser Foundation Health Plan of Washington and Aetna Behavioral Health, LLC to pay certain business travel accident, accidental death and dismemberment, employee assistance program, health, dental, vision, prescription drug, legal, life insurance, and long-term disability claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2020 were \$34,461,406.

### **Your Rights to Additional Information**

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. Insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call Adobe Incorporated, the plan administrator, at 345 Park Ave, San Jose, CA 95110 and phone number, 408-536-6000.

You also have the legally protected right to examine the annual report at the main office of the plan: 345 Park Ave, San Jose, CA 95110, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.