

ADOBE INC.

This Summary of Material Modifications (SMM) provides an overview of some of the changes to the Adobe Inc. Group Welfare Plan for 2020. Please see the 2020 Adobe Summary Plan Description (SPD) which describes the employee welfare benefits provided under the Adobe Inc. Group Welfare Plan for additional information.

If you would like a copy of the 2020 Summary Plan Description or have any questions, call 1.855.898.4218 or email adobebenefits@conduent.com.

2020 PLAN CHANGES

BENEFIT CHANGE	2020 CHANGE
Aetna Plans	
Aetna HealthSave Basic	
Deductible	<ul style="list-style-type: none"> In-Network: \$1,700 individual / \$3,400 family Out-of-Network: \$3,400 individual / \$6,800 family
Out of Pocket Maximum	<ul style="list-style-type: none"> In-Network: \$4,400 individual / \$8,150 family Out-of-Network: \$7,700 individual / \$15,400 family
Hearing Exam & Hearing Aids	<ul style="list-style-type: none"> Cover hearing exam and hearing aids at 100% after the deductible
Infertility Pharmacy Lifetime Maximum	<ul style="list-style-type: none"> Lifetime maximum increase from \$20,000 to \$60,000 (effective 1/1/2019)
Pharmacy Formulary	<ul style="list-style-type: none"> Implement Standard Opt Out Formulary
Habilitative Care	<ul style="list-style-type: none"> Cover habilitative physical, occupational, and speech therapy for Autism (Pervasive Development Disorder) and developmental delays without age or visit limits
Aetna OOA HealthSave with HSA	
Deductible	<ul style="list-style-type: none"> In-Network: \$1,400 individual / \$2,800 family
Out of Pocket Maximum	<ul style="list-style-type: none"> In-Network: \$3,000 individual / \$6,900 family
Hearing Exam & Hearing Aids	<ul style="list-style-type: none"> Cover hearing exam and hearing aids at 100% after the deductible
Infertility Pharmacy Lifetime Maximum	<ul style="list-style-type: none"> Lifetime maximum increase from \$20,000 to \$60,000 (effective 1/1/2019)
Pharmacy Formulary	<ul style="list-style-type: none"> Implement Standard Opt Out Formulary
Habilitative Care	<ul style="list-style-type: none"> Cover habilitative physical, occupational, and speech therapy for Autism (Pervasive Development Disorder) and developmental delays without age or visit limits
Aetna HealthSave with HSA	
Deductible	<ul style="list-style-type: none"> In-Network: \$1,400 individual / \$2,800 family Out-of-Network: \$2,800 individual / \$5,600 family
Out of Pocket Maximum	<ul style="list-style-type: none"> In-Network: \$3,000 individual / \$6,000 family Out-of-Network: \$5,600 individual / \$11,200 family
Hearing Exam & Hearing Aids	<ul style="list-style-type: none"> Cover hearing exam and hearing aids at 100% after the deductible
Infertility Pharmacy Lifetime Maximum	<ul style="list-style-type: none"> Lifetime maximum increase from \$20,000 to \$60,000 (effective 1/1/2019)
Pharmacy Formulary	<ul style="list-style-type: none"> Implement Standard Opt Out Formulary
Habilitative Care	<ul style="list-style-type: none"> Cover habilitative physical, occupational, and speech therapy for Autism (Pervasive Development Disorder) and developmental delays without age or visit limits
Delta Dental	
Orthodontic Maximum	<ul style="list-style-type: none"> Increased orthodontic maximum from \$2,000 to \$2,500

BENEFIT CHANGE		2020 CHANGE
EAP		
Aetna Employee Assistance Program (EAP)	•	Increased number of EAP visits from 6 to 10
Stanford Navigator		
Stanford Navigator Program	•	Program will be terminated
Castlight		
Castlight Program	•	Program will be terminated