

Medical plans

Please note: This brochure provides an overview of certain health care plan provisions under the Adobe Systems Incorporated Group Welfare Plan. It is not intended to be a complete description of these benefits. For more complete details, refer to the Adobe Systems Incorporated Group Welfare Plan Summary Plan Description (SPD) and the plan documents in Appendix A of the SPD. If there is any conflict between the information presented here and the official plan documents, the plan documents will govern. 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 are enrolled in a plan that has an out-of-network option and you obtain the services from an out-of-network provider, it is your responsibility to ensure you complete this process when required.

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 Plan is offered to those employees who do not live within the Aetna Choice POS II network. 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. Those ineligible for an HSA due to Medicare or TRICARE enrollment may elect these plans without an HSA if otherwise eligible.

Aetna medical plans

Percentages shown represent the amount 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), while the plan pays the remainder. When evaluating the medical option that is right for you, it's important to also consider the plan cost (your per-pay-period contribution).

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

Health Savings Account (HSA)

Qualifying for an HSA: To be an eligible individual and qualify for an HSA, you must meet certain IRS requirements. The money in your HSA can be used to pay for qualified health care expenses of any family member who qualifies as a dependent on your tax return. Visit benefits.adobe.com/benefits-enrollment/learn-about-aetna-healthsave-hsa to learn more, and contact HealthEquity at 877-713-7680 with your HSA eligibility questions. Be sure to consult with your tax advisor on your personal situation.

Proration schedule: Adobe makes annual HSA contributions to eligible individuals who enroll in the Aetna HealthSave (HSA) or Aetna Out of Area HealthSave (HSA) plans. Below is the proration Adobe applies to the annual contribution when you join the plan or increase coverage from single to family. You can use the HSA at your discretion to pay for your share of health care expenses.

BASED ON YOUR EFFECTIVE DATE IN THE PLAN	% OF ANNUAL AMOUNT PROVIDED
January 1–January 31	100%
February 1–February 28	92%
March 1–March 31	83%
April 1–April 30	75%
May 1–May 31	67%
June 1–June 30	58%
July 1–July 31	50%
August 1–August 31	42%
September 1–September 30	33%
October 1–October 31	25%
November 1–November 30	17%
December 1–December 31	0%

Medical plans (continued)

PLAN PROVISIONS	AETNA OUT OF AREA HEALTHSAVE (HSA)	AETNA HEALTHSAVE (HSA)		AETNA HEALTHSAVE BASIC	
		In-Network	Out-of-Network	In-Network	Out-of-Network
GENERAL PROVISIONS					
Provider Choice	You may use any licensed provider.	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.			
Annual Deductible <i>(Applies to all expenses except as noted)</i>	\$1,350/individual \$2,700/family	\$1,350/individual \$2,700/family	\$2,700/individual \$5,400/family	\$1,600/individual \$3,200/family	\$3,200/individual \$6,400/family
	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.				
Account Funding <i>Refer to proration schedule on the previous page</i>	Adobe provides the following HSA funding: \$850/individual \$1,700/family Deposited if you activate your account with HealthEquity. You can also opt to make your own HSA contributions. 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.			There is no Adobe account funding. However, you can opt to make your own HSA contributions if you're eligible, up to the annual IRS limit.	
Out-of-Pocket Maximum (OOPM) <i>(Includes deductible and copays)</i>	\$2,800/individual \$6,500/family	\$2,800/individual \$6,500/family	\$5,400/individual \$10,800/family	\$4,200/individual \$7,900/family	\$7,500/individual \$15,000/family
	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.				
Lifetime Maximum	Unlimited <i>(excluding certain services)</i>				
ROUTINE CARE: 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.					
Doctor's Office Visit	Plan pays 80%	Plan pays 90%	Plan pays 70%	Plan pays 80%	Plan pays 60%
Well-Baby/Child Care	Plan pays 100%	Plan pays 100%		Plan pays 100%	
	Deductible is waived if in-network.				
Routine Physical Exam/Preventive Care Services	Plan pays 100%	Plan pays 100%		Plan pays 100%	
	Deductible is waived if in-network.				
HOSPITAL CARE, URGENT CARE AND SURGERY					
Pre-certification	Ensure your provider obtains pre-certification. See below.	Handled automatically by network providers.	Ensure your provider obtains pre-certification. See below.	Handled automatically by network providers.	Ensure your provider obtains pre-certification. See below.
	Out of network: Pre-certification required for all inpatient stays and certain surgical procedures: a \$400 (inpatient) or \$200 (outpatient) penalty/occurrence applies if pre-certification is not obtained. Plan reimbursement is based on the recognized amount.				
Semi-Private Room and Board	Plan pays 80%	Plan pays 90%	Plan pays 70%	Plan pays 80%	Plan pays 60%
	Different benefit payment provisions apply for care provided in a skilled nursing facility.				
Emergency Room and Ambulance	Plan pays 80%	Plan pays 90%		Plan pays 80%	
	Under all the plans, non-emergency use of an emergency room or ambulance service is covered at 50%—usage determined by Aetna.				
Urgent Care	Plan pays 80%	Plan pays 90%	Plan pays 70%	Plan pays 80%	Plan pays 60%
Surgery <i>(Outpatient/Inpatient)</i>	Plan pays 80%	Plan pays 90%	Plan pays 70%	Plan pays 80%	Plan pays 60%

Medical plans (continued)

Aetna medical plans (continued)

PLAN PROVISIONS	AETNA OUT OF AREA HEALTHSAVE (HSA)	AETNA HEALTHSAVE (HSA)		AETNA HEALTHSAVE BASIC	
		In-Network	Out-of-Network	In-Network	Out-of-Network
MATERNITY AND FAMILY PLANNING SERVICES					
Prenatal Visits During Pregnancy	Plan pays 80%	Plan pays 90%	Plan pays 70%	Plan pays 80%	Plan pays 60%
	<i>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.</i>				
Hospital Care/Birthing Center	Plan pays 80%	Plan pays 90%	Plan pays 70%	Plan pays 80%	Plan pays 60%
Infertility Services <i>(Separate calendar-year maximum may apply)</i>	Plan pays 80%	Plan pays 90%	Plan pays 70%	Plan pays 80%	Plan pays 60%
	IVF, GIFT and ZIFT limited to three attempts/lifetime; for both Artificial Insemination (AI) services and Ovulation Induction (OI) procedures, benefits limited to six attempts/lifetime. Intracytoplasmic sperm injection (ICSI) or ovum microsurgery services. Freezing and storage of eggs and embryos up to one year.				
Fertility Treatment Drugs	Plan pays up to \$20,000/lifetime. After you meet the deductible, you pay a copay/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 TREATMENT: Benefits provided through Aetna; routine outpatient services do not require pre-certification. Inpatient treatment must be pre-authorized. Applied Behavioral Analysis (ABA) coverage up to age 18 requires pre-certification and is subject to medical necessity/utilization reviews.					
Outpatient	Plan pays 80%	Plan pays 90%	Plan pays 70%	Plan pays 80%	Plan pays 60%
Inpatient	Plan pays 80%	Plan pays 90%	Plan pays 70%	Plan pays 80%	Plan pays 60%
	Different benefit payment provisions apply for care provided in a skilled nursing facility.				
PRESCRIPTION DRUG BENEFITS: Provided through Aetna. You pay as indicated below when filling at participating pharmacies. Reduced benefits if drugs obtained at a non-participating pharmacy. Copays count toward plan's out-of-pocket maximums due to the Affordable Care Act (ACA).					
Retail: 30-day supply	After deductible: \$15 generic, \$45 brand-name drugs on the Aetna Performance Drug List, \$65 other brand-name drugs <i>(Preventive care medications for certain conditions are not subject to the deductible.)</i>				
Mail Order: 90-day supply	After deductible: \$30 generic, \$90 brand-name drugs on the Aetna Performance Drug List, \$130 other brand-name drugs <i>(Preventive care medications for certain conditions are not subject to the deductible.)</i>				
	Mail order prices are also available when you fill your maintenance prescriptions at CVS pharmacies.				
OTHER MEDICAL CARE					
Acupuncture	Plan pays 80%	Plan pays 80%		Plan pays 80%	
	Limited to 45 visits per calendar year.				
Allergy Testing and Treatment <i>(Injections)</i>	Plan pays 80%	Plan pays 90%	Plan pays 70%	Plan pays 80%	Plan pays 60%
Diagnostic Lab and X-ray Services	Plan pays 80%	Plan pays 90%	Plan pays 70%	Plan pays 80%	Plan pays 60%
Durable Medical Equipment	Plan pays 80%	Plan pays 90%	Plan pays 70%	Plan pays 80%	Plan pays 60%
Hearing Aid Services	Plan pays 80%	Plan pays 80%		Plan pays 80%	
	Hearing aid exams covered as any other office visit; devices limited to two every 24 months.				
Physical, Occupational and Speech Therapy	Plan pays 80%	Plan pays 90%	Plan pays 70%	Plan pays 80%	Plan pays 60%
	Benefits limited to 60 visits per calendar year. Non-restorative speech therapy is covered for autism and developmental delay when provided under the supervision of a doctor as medically necessary, subject to evaluation.				
Spinal Subluxation <i>(Chiropractic care)</i>	Plan pays 80%	Plan pays 90%	Plan pays 70%	Plan pays 80%	Plan pays 60%
	Limited to 45 visits per calendar year.				

Medical plans (continued)

Kaiser Permanente (Kaiser) HMO Medical Plan

Kaiser is available to eligible California and Washington employees who live within Kaiser's Service Area (based on your home ZIP code). If you're eligible, Kaiser will appear as an option on the Adobe Benefits Enrollment Site. To enroll and to continue enrollment in this plan, you must meet all the eligibility requirements including the Service Area eligibility requirements. For more complete coverage details, refer to the Kaiser Evidence of Coverage plan documents at benefits.adobe.com.

PLAN PROVISIONS	KAISER HMO
GENERAL PROVISIONS	
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 CARE: Well-child care includes immunizations; routine physical exam includes OB/GYN exams, mammograms and prostate exams—provided in accordance with age frequency guidelines.	
Doctor's Office Visit	You pay \$20
Well-Baby/Child Care	Plan pays 100%
Routine Physical Exam/Preventive Care Services	Plan pays 100%
HOSPITAL CARE AND SURGERY	
Pre-certification	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	You pay \$100 (waived if admitted); ambulance \$50 per trip
Surgery (Outpatient)	You pay \$20
MENTAL HEALTH CARE AND SUBSTANCE ABUSE TREATMENT	
Outpatient	You pay \$20 (\$10 for group therapy; \$5 for group for substance abuse disorder)
Inpatient	You pay \$100 per admission; substance abuse treatment limited to detoxification

PLAN PROVISIONS	KAISER HMO
MATERNITY AND FAMILY PLANNING SERVICES	
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 BENEFITS: Copays count toward plan's out-of-pocket maximums due to the Affordable Care Act (ACA).	
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	
Acupuncture	CA: You pay \$15/visit, up to 30 visits per year WA: You pay \$20/visit, up to 12 visits per year
Spinal Subluxation (Chiropractic care)	CA: You pay \$15/visit, up to 30 visits per year WA: You pay \$20/visit up to 20 visits per year
Allergy Testing and Treatment (Injections)	You pay \$20/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/exam; Plan pays up to \$1,000 every 36 months for devices
Home Health	Plan pays 100%, up to 100 visits per year (up to 130 visits in WA)