



**Group Insurance Plan of Benefits for
Adobe Systems, Inc. (Control # 447926)
administered by Aetna International
Effective Date: January 1, 2016**

Eligibility Provision			
Employee	Regular full-time employees of Adobe Systems, Inc. participating in this plan working a minimum of 25 hours per week.		
Dependent	Spouse, same or opposite sex domestic partner; children up to age 26, regardless of student status		
PPO Medical			
PLAN FEATURES	In the U.S.		
	OUTSIDE THE U.S.	Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-of-Network)
Individual Deductible	\$100 per calendar year	\$100 per calendar year	\$300 per calendar year
Family Deductible	\$300 per calendar year	\$300 per calendar year	\$900 per calendar year
Prior Plan Credit	Prior plan credit accrued within the last calendar year from previous carrier applies to the current year		
Individual Payment Limit	\$500 per calendar year	\$500 per calendar year	\$1,500 per calendar year
	<i>(Does not include precertification penalty. Includes Outpatient Prescription Drugs when outside the US.)</i>		
Family Payment Limit	\$1,500 per calendar year	\$1,500 per calendar year	\$4,500 per calendar year
	<i>(Does not include precertification penalty. Includes Outpatient Prescription Drugs when outside the US.)</i>		
Lifetime Maximum	Unlimited		
Inpatient Per Confinement Deductible	None	None	\$250
	<i>(Maximum of 3 per calendar year)</i>		
Member Payment Percentages			
Hospital Services			
Inpatient	10% after deductible	10% after deductible	30% after deductible and \$250 inpatient per confinement deductible
Outpatient	10% after deductible	10% after deductible	30% after deductible
Private Room Limit	The institution's semiprivate rate.		
Pre-certification Penalty	No Penalty	No Penalty	\$400
	<i>Pre-Certification for certain types of Non-Preferred care received inside the U.S. must be obtained to avoid a reduction in benefits paid for that care. Pre-Certification for Hospital Admissions, Treatment Facility Admissions, Convalescent Facility Admissions, Home Health Care and Hospice Care is required - excluded amount applied separately to each type of expense. Contact the service center to determine if pre-certification is needed for a procedure.</i>		
Non-Emergency Use of the Emergency Room	10% after deductible	50% after deductible	50% after deductible
Emergency Room	10% after deductible	10%	10%
Non-Urgent Use of Urgent Care Provider	10% after deductible	50% after deductible	50% after deductible
Urgent Care	10% after deductible	10% after deductible	30% after deductible
Physician Services			
Physician Office Visit	10% after deductible	No charge after \$10 copay	30% after deductible
Specialist Office Visit	10% after deductible	No charge after \$10 copay	30% after deductible
Allergy Testing and Treatment	10% after deductible	No charge after \$10 copay	30% after deductible
Allergy Serum and Injection	10% after deductible	10% after deductible	30% after deductible

Note: This is not evidence of coverage. You must enroll and be accepted for coverage with the Coverage Administrator before these documents will be effective. In the case of a discrepancy between the Plan Documents and this document, the Plan Documents will determine the Plan of Benefits. As used herein, the term "Plan Documents" includes, but is not limited to, the Booklet, Schedule of Benefits and any Booklet Amendments/Riders including any state-specific variations, as applicable. For further details, refer to your Plan Documents.



**Group Insurance Plan of Benefits for
Adobe Systems, Inc. (Control # 447926)
administered by Aetna International
Effective Date: January 1, 2016**

PPO Medical			
PLAN FEATURES	OUTSIDE THE U.S.	In the U.S.	
		Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-of-Network)
Mental Health Services			
Mental Health Inpatient Coverage <i>Unlimited days per calendar year</i>	10% after deductible	10% after deductible	30% after deductible and \$250 inpatient per confinement deductible
Mental Health Outpatient Coverage <i>Unlimited visits per calendar year</i>	10% after deductible	No charge after \$10 copay	30% after deductible
Alcohol/Drug Abuse Services			
Substance Abuse Inpatient Coverage <i>Unlimited days per calendar year</i>	10% after deductible	10% after deductible	30% after deductible and \$250 inpatient per confinement deductible
Substance Abuse Outpatient Coverage <i>Unlimited visits per calendar year</i>	10% after deductible	No charge after \$10 copay	30% after deductible
Prescription Drug Coverage			
Generic Drugs <i>(365 day maximum supply)</i>	10% after deductible	\$10 copay per month supply (includes Mail Order Drugs)	30% after deductible
Brand Name Drugs <i>(365 day maximum supply)</i>	10% after deductible	\$20 copay per month supply (includes Mail Order Drugs)	30% after deductible
Other Services			
International Employee Assistance Program (IEAP) <i>Includes up to 5 counseling sessions per issue per year per enrolled member. Access benefits by calling the member service number on ID card: 800-231-7729 or collect 813-775-0190. Services include: Cultural adjustment assistance, Marital/Family Stress, Child care and behavioral concerns, Social adaptation needs, Alcohol/Substance Abuse, Work/Life Balance and Depression.</i>	Included	Included	Included

Note: This is not evidence of coverage. You must enroll and be accepted for coverage with the Coverage Administrator before these documents will be effective. In the case of a discrepancy between the Plan Documents and this document, the Plan Documents will determine the Plan of Benefits. As used herein, the term "Plan Documents" includes, but is not limited to, the Booklet, Schedule of Benefits and any Booklet Amendments/Riders including any state-specific variations, as applicable. For further details, refer to your Plan Documents.



**Group Insurance Plan of Benefits for
Adobe Systems, Inc. (Control # 447926)
administered by Aetna International
Effective Date: January 1, 2016**

PPO Medical			
PLAN FEATURES	OUTSIDE THE U.S.	In the U.S.	
		Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-of-Network)
Preventive Benefits			
Routine Children Physical Exams <i>7 exams in the first 12 months of life, 3 exams in the second 12 months of life, 3 exams in the third 12 months of life, 1 exam per 12 months thereafter to age 22 (includes immunizations)</i>	10% after deductible	No charge	30% after deductible
Routine Adult Physical Exams <i>Adults age 22+ & -65: 1 exam/24 months Adults age 65+: 1 exam/12 months (includes immunizations)</i>	10% after deductible	No charge	30% after deductible
Routine Gynecological Exams <i>Includes 1 exam and pap smear per calendar year</i>	10% after deductible	No charge	30% after deductible
Routine Mammograms <i>(Unlimited visits per calendar year)</i>	10% after deductible	No charge	30% after deductible
Prostate Specific Antigen (PSA) <i>Includes 1 PSA per calendar year for males 40+</i>	10% after deductible	No charge	30% after deductible
Digital Rectal Exam (DRE) <i>Includes 1 DRE per calendar year for males 40+</i>	10% after deductible	No charge	30% after deductible
Colorectal Cancer Screening <i>Includes 1 flex sigmoid and double barium contrast every 5 years; and at age 50+ 1 colonoscopy every 10 years</i>	10% after deductible	No charge	30% after deductible
Routine Hearing Exam <i>Includes one routine exam every 24 months.</i>	10% after deductible	No charge	30% after deductible
Hearing Aids <i>1 hearing aid per ear to \$1,000 maximum per ear every 3 years for child to age 24</i>	10% after deductible	10% after deductible	30% after deductible
Vision Care			
Routine Eye Exam <i>(Covered under medical) Includes one routine exam every 24 months</i>	10% after deductible	No charge	30% after deductible
Vision Care Supplies <i>Schedule maximums apply every 24 months</i>	No charge up to \$100 maximum	No charge up to \$100 maximum	No charge up to \$100 maximum

Note: This is not evidence of coverage. You must enroll and be accepted for coverage with the Coverage Administrator before these documents will be effective. In the case of a discrepancy between the Plan Documents and this document, the Plan Documents will determine the Plan of Benefits. As used herein, the term "Plan Documents" includes, but is not limited to, the Booklet, Schedule of Benefits and any Booklet Amendments/Riders including any state-specific variations, as applicable. For further details, refer to your Plan Documents.



**Group Insurance Plan of Benefits for
Adobe Systems, Inc. (Control # 447926)
administered by Aetna International
Effective Date: January 1, 2016**

PPO Medical			
PLAN FEATURES	OUTSIDE THE U.S.	In the U.S.	
		Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-of-Network)
Other Services			
Skilled Nursing Facility <i>(120 days per calendar year)</i>	10% after deductible	10% after deductible	30% after deductible and \$250 inpatient per confinement deductible
Hospice Care Facility Inpatient <i>(30 days lifetime maximum)</i>	10% after deductible	10% after deductible	30% after deductible and \$250 inpatient per confinement deductible
Hospice Care Facility Outpatient <i>(Unlimited lifetime maximum)</i>	10% after deductible	10% after deductible	30% after deductible
Home Health Care <i>(120 visits per calendar year combined, includes Private Duty Nursing)</i>	10% after deductible	10% after deductible	30% after deductible
Spinal Disorder Treatment <i>(Unlimited visits per calendar year)</i>	10% after deductible	No charge after \$10 copay	25% after deductible
Short-Term Rehabilitation <i>(Includes coverage for Occupational, Physical and Speech Therapies; 60 combined maximum visits per calendar year)</i>	10% after deductible	No charge after \$10 copay	30% after deductible
Diagnostic Outpatient X-ray	10% after deductible	10% after deductible	30% after deductible
Diagnostic Outpatient Lab	10% after deductible	10% after deductible	30% after deductible
Durable Medical Equipment <i>(Unlimited calendar year maximum)</i>	10% after deductible	10% after deductible	30% after deductible
Base Infertility Services <i>(Base plan coverage includes coverage limited to the testing and treatment of underlying condition)</i>	10% after deductible	10% after deductible	30% after deductible
Autism	Autism covered same as any other expense. Member cost sharing is based on the type of service performed and the place of service where it is rendered.		
Payment for Non-Preferred Providers*	Not Applicable	Not Applicable	Professional: 105% of Medicare Facility: 140% of Medicare
Services and Programs			
Informed Health Line (24-hour nurse line) Health Care Management Programs International Maternity Management Program Wellness Checkpoint Weight Watchers® Program On-Line Global Health and Travel Information through HTH Worldwide (http://www.aetnainternational.com)			

Other Health Care (Out-of-Area): When care is provided in the U.S. in a geographic area in which Aetna has not contracted with a provider, charges are payable at 80% after any applicable Deductible (does not apply to those expenses paid at a reduced payment percentage). The benefit levels associated with the following In-Network provisions would apply: Deductible, Family Deductible, Inpatient Hospital Deductible, Out-of-pocket maximum(s).

Group Insurance	
Flat Life Amount	\$10,000
Reduction Features	Percent reductions – employee’s amount of life insurance reduced to: - 65% of amount upon the first of the calendar month in which the employee attains age 65; - 40% of amount upon the first of the calendar month in which the employee attains age 70 - 25% of amount upon the first of the calendar month in which the employee attains age 75; All life insurance ceases at retirement.

Note: This is not evidence of coverage. You must enroll and be accepted for coverage with the Coverage Administrator before these documents will be effective. In the case of a discrepancy between the Plan Documents and this document, the Plan Documents will determine the Plan of Benefits. As used herein, the term "Plan Documents" includes, but is not limited to, the Booklet, Schedule of Benefits and any Booklet Amendments/Riders including any state-specific variations, as applicable. For further details, refer to your Plan Documents.



**Group Insurance Plan of Benefits for
Adobe Systems, Inc. (Control # 447926)
administered by Aetna International
Effective Date: January 1, 2016**

Medical Plan Caveats

This plan includes coverage for women's preventive and other preventive health benefits to the extent required under the Affordable Care Act beginning with plan years starting on or after August 1, 2012.

Payment limits apply per individual on a calendar year basis. Only those out-of-pocket expenses resulting from the application of a payment percentage, deductibles and copays may be used to satisfy the payment limit. Precertification penalty are excluded from the payment limit.

There is cross-application between calendar year deductible, out of pocket maximum and lifetime maximum across overseas, in-network and out-of network level of benefits.

Coverage maximums up to a certain number of days/visits per calendar year are reached by combining the Preferred and Non-Preferred benefits up to the limit for either one plan or the other, but not both. (Example, if the Preferred benefit is for 120 days and the Non-Preferred benefit is for 120 days, the maximum benefit is 120 days, not 240 days).

Maternity expenses are covered as any other medical expense. Coverage is provided for an employee and spouse and all female family members. Pregnancy benefits do not continue to be payable after coverage ends except in the event of total disability.

For contracted hospitals, the non-contracted Radiologist, Anesthesiologist and Pathologist (RAPS) are paid at the preferred level, and will be subject to reasonable and customary charges. Note that this payment method may apply to other providers.

Copayments and coinsurance for chiropractic visits are capped at 25% of the amount due to the chiropractor

Benefit maximums per calendar year are calculated between 01/01/2016 and 12/31/2016.

*** Payment for Non-Preferred Providers**

We cover the cost of care differently based on whether health care providers, such as doctors and hospitals, are "in network" or "out of network." We want to help you understand how much Aetna pays for your out-of-network care. At the same time, we want to make it clear how much more you will need to pay for this out-of-network care.

As an example, you may choose a doctor in our network. You may choose to visit an out-of-network doctor. If you choose a doctor who is out of network, your Aetna health plan may pay some of that doctor's bill. Most of the time, you will pay a lot more money out of your own pocket if you choose to use an out-of-network doctor or hospital.

When you choose out-of-network care, Aetna limits the amount it will pay. This limit is called the "recognized" or "allowed" amount. When you choose out-of-network care, Aetna "recognizes" an amount based on what Medicare pays for these services. The government sets the Medicare rate. Exactly how much Aetna "recognizes" depends on the plan you or your employer picks.

Your out-of-network doctor sets the rate to charge you. It may be higher -- sometimes much higher -- than what your Aetna plan "recognizes" or "allows." Your doctor may bill you for the dollar amount that Aetna doesn't recognize. You must also pay any copayments, coinsurance and deductibles under your plan. No dollar amount above the recognized charge counts toward your deductible or maximum out-of-pocket. To learn more about how we pay out-of-network benefits visit Aetna.com. Type "how Aetna pays" in the search box.

You can avoid these extra costs by getting your care from Aetna's broad network of health care providers. Go to www.aetna.com and click on "Find a Doctor" on the left side of the page. If you are already a member, sign on to your Aetna Navigator member site.

This way of paying out-of-network doctors and hospitals applies when you choose to get care out of network. When you have no choice (for example: emergency room visit after a car accident), we will pay the bill as if you got care in network. You pay your plan's copayments, coinsurance and deductibles for your in-network level of benefits. Contact Aetna if your provider asks you to pay more. You are not responsible for any outstanding balance billed by your providers for emergency services beyond your copayments, coinsurance and deductibles.

Note: This is not evidence of coverage. You must enroll and be accepted for coverage with the Coverage Administrator before these documents will be effective. In the case of a discrepancy between the Plan Documents and this document, the Plan Documents will determine the Plan of Benefits. As used herein, the term "Plan Documents" includes, but is not limited to, the Booklet, Schedule of Benefits and any Booklet Amendments/Riders including any state-specific variations, as applicable. For further details, refer to your Plan Documents.



**Group Insurance Plan of Benefits for
Adobe Systems, Inc. (Control # 447926)
administered by Aetna International
Effective Date: January 1, 2016**

Indemnity Dental	
Individual Deductible	\$50 per calendar year
Family Deductible	\$150 per calendar year
Type A Expense <i>(Diagnostic & Preventive)</i>	No charge
Type B Expense <i>(Basic Restorative)</i>	20% after deductible
Type C Expense <i>(Major Restorative)</i>	50% after deductible
Calendar Year Maximum	\$1,500
Orthodontic Treatment <i>Coverage for Adults and Dependents</i>	50%
Orthodontic Lifetime Maximum	\$1,500

Please refer to the Dental Plan Caveats below for additional benefit coverages for Types A, B and C

Dental Plan Caveats

Indemnity Dental

Type A

Includes Prophylaxis, Bitewing and full mouth series X-rays, Space Maintainers, Oral Exams, Fluoride applications, Sealants, and Periapical X-rays.

Type B

Includes Fillings, Simple Extractions and Oral Surgery.

Type C

Includes Crown Lengthening, Crown Buildup, Inlays/onlays, Bridgework, Osseous surgery, Soft tissue grafts, Partial and full bony impactions, General anesthesia and intravenous sedation, Dentures (benefit includes all relines, rebases and adjustments within 6 months of installation), Molar root canal therapy, Prosthetic repairs, and Occlusal Guards (for bruxism only).

This plan of benefits is underwritten by Aetna Life Insurance Company (Delaware).

This is only a brief summary of the PPO Medical, Indemnity Dental and Life benefits available.

*Some restrictions may apply. For more specific information about the coverage details, **including limitations, exclusions and other plan requirements**, please refer to the employee booklet (which will be provided near the time the plan becomes effective).*

Note: This is not evidence of coverage. You must enroll and be accepted for coverage with the Coverage Administrator before these documents will be effective. In the case of a discrepancy between the Plan Documents and this document, the Plan Documents will determine the Plan of Benefits. As used herein, the term "Plan Documents" includes, but is not limited to, the Booklet, Schedule of Benefits and any Booklet Amendments/Riders including any state-specific variations, as applicable. For further details, refer to your Plan Documents.