

ADOBE INC.

This Summary of Material Modifications (SMM) and Summary of Material Reductions (SMR) updates the Summary Plan Description for the Adobe Inc. Group Health and Welfare Plan (Plan), the Adobe Inc. Flexible Spending Accounts Benefit Summary, and provides an overview of some changes to the Plan. Please see the Adobe Summary Plan Description (SPD), which describes the employee welfare benefits provided under the Adobe Inc. Group Welfare Plan for additional information. Adobe Inc. reserves the right, at any time and at its discretion, to amend, supplement, modify or eliminate the benefits provided under the Plan.

If you would like a copy of the 2024 Summary Plan Description or have any questions, contact the Adobe Benefits Support Team at 855-898-4218 or log into the Adobe Benefits Enrollment Site to [send a secure message or chat](#).

PLAN CHANGES

BENEFIT	CHANGE																												
Aetna Medical/Rx																													
Deductible and Out-of-Pocket Maximum (OOPM) (Effective 1/1/2024)	<table border="1"> <thead> <tr> <th>In-Network Deductible</th> <th>In-Network – Out of Pocket Maximum</th> <th>Out-of-Network Deductible</th> <th>Out-of-Network – Out of Pocket Maximum</th> </tr> </thead> <tbody> <tr> <td colspan="4">Required increase to the Aetna HealthSave plan:</td> </tr> <tr> <td>deductible to \$1,600 (self-only)/\$3,200 (family)</td> <td>\$3,200 (self-only)/\$7,400 (family)</td> <td>deductible to \$3,200 (self-only)/ \$6,400 (family)</td> <td>\$6,000 (self-only)/ \$12,000 (family)</td> </tr> <tr> <td colspan="4">Required increase to the Aetna HealthSave Basic plan:</td> </tr> <tr> <td>deductible to \$1,900 (self-only)/ \$3,800 (family)</td> <td>\$4,700 (self-only)/ \$8,650 (family)</td> <td>deductible to \$3,800 (self-only)/ \$7,600 (family)</td> <td>\$8,100 (self-only) / \$16,300 (family)</td> </tr> <tr> <td colspan="4">Increase to the Aetna OOA HealthSave plan:</td> </tr> <tr> <td>deductible to \$1,600/\$3,200</td> <td>\$3,200 (self-only)/ \$7,400 (family)</td> <td>deductible to \$1,600 (self-only)/\$3,200 (family)</td> <td>\$3,200 (self-only)/ \$7,400 (family)</td> </tr> </tbody> </table>	In-Network Deductible	In-Network – Out of Pocket Maximum	Out-of-Network Deductible	Out-of-Network – Out of Pocket Maximum	Required increase to the Aetna HealthSave plan:				deductible to \$1,600 (self-only)/\$3,200 (family)	\$3,200 (self-only)/\$7,400 (family)	deductible to \$3,200 (self-only)/ \$6,400 (family)	\$6,000 (self-only)/ \$12,000 (family)	Required increase to the Aetna HealthSave Basic plan:				deductible to \$1,900 (self-only)/ \$3,800 (family)	\$4,700 (self-only)/ \$8,650 (family)	deductible to \$3,800 (self-only)/ \$7,600 (family)	\$8,100 (self-only) / \$16,300 (family)	Increase to the Aetna OOA HealthSave plan:				deductible to \$1,600/\$3,200	\$3,200 (self-only)/ \$7,400 (family)	deductible to \$1,600 (self-only)/\$3,200 (family)	\$3,200 (self-only)/ \$7,400 (family)
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Aetna Extended Network for Utah (Effective 1/1/2024)	<ul style="list-style-type: none"> Utah Aetna members will use the Aetna Extended Network for in-network benefits coverage. (The Utah Connected Network will no longer be used.) 																												
Mind Companion (Effective 1/1/2024)	<ul style="list-style-type: none"> Add navigation tool based on specific mental wellbeing needs and access to a care navigator by phone 																												
Auvi-Q Step Therapy (Effective 1/1/2024)	<ul style="list-style-type: none"> Removal of Auvi-Q Step Therapy 																												

Medical (Aetna, Kaiser, HMSA)

End of Public Health Emergency (PHE)	<ul style="list-style-type: none">• The cost of COVID diagnostic testing and related provider visits and any treatment or care will be subject to your plan's in and out of network coverage and plan design (subject to deductible, coinsurance, copays, out of pocket maximum).• Vaccines will be covered when obtain from a network provider.• Over the counter (OTC) COVID-19 test kits will no longer be covered by the medical plans. If you purchase OTC kits, the plans will no longer reimburse you.
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Bright Horizons

Bright Horizons Special Needs Program (Termination effective 1/1/2024)	<ul style="list-style-type: none">• Removal of Special Needs Program (non-medical in nature)
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Delta Dental

SmileWay Wellness (Effective 1/1/2024)	<ul style="list-style-type: none">• Add SmileWay Wellness Benefit which provides enhanced benefits for high-risk members that have been diagnosed with a chronic medical condition.
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TRI-AD

Health Care FSA Spending Account Contribution Limit (Effective 1/1/2024)	<ul style="list-style-type: none">• Increase to \$3,200 max per IRS guidelines
Health Care FSA and Dependent Care FSA (Effective 1/1/2024)	<ul style="list-style-type: none">• Claims run-out period for HCFSA and DCFSA claims will change to now mirror traditional IRS grace period of March 31, instead of May 31. Note: no change to the plan year which will continue to be aligned with calendar year. In other words, you have the calendar year January 1 through December 31 to incur claims but have until March 31 of the subsequent year to submit those claims for reimbursement.

Kaiser Permanente

Kaiser CA Copays (Effective 1/1/2024)	<ul style="list-style-type: none">• Increase PCP/specialist/urgent care copay from \$20 to \$25• Increase outpatient surgery from \$20 to \$100• Increase in patient hospital from \$100 to \$250 (ER remains \$100 copay per visit, waived if admitted)• Increase labs from \$0 to \$10 and MRI/CT/PET from \$0 to \$50• Increase group outpatient mental health treatment copay from \$10 to \$12
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Kaiser WA Copays (Effective 1/1/2024)	<ul style="list-style-type: none">• Increase PCP/specialist copay/urgent care from \$20 to \$25• Increase outpatient surgery from \$20 to \$100• Increase in patient hospital from \$100 to \$250 (ER remains \$100 copay per visit, waived if admitted)• Increase labs from \$0 to \$10 and MRI/CT/PET from \$0 to \$50• Increase acupuncture and chiropractic visit copays from \$20 to \$25
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MetLife

Legal (Effective 1/1/2024)	<ul style="list-style-type: none">• Add 20 hours of reproductive assistance legal support to the legal plan• Add Trust Preparation [8 maximum] to Plus Parents plan
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Spring Health

12 EAP Sessions
(Effective 1/1/2024)

- Add 2 additional sessions per year for a total of 12 EAP sessions for Adobe employees and dependents
- Add “Moments” a library of on-demand mental wellbeing exercises I.e., sleep, focus, relationships, etc.

Aetna World Traveler

Emergency International
Business Travel Medical
(Effective 1/1/2024)

- Add interns to eligible group
- Increase calendar year max to \$500,000 (previously \$300,000 max)