

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) 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 2025 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
Privacy Agreements of the Plan Sponsor	

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| <p>As a condition for obtaining PHI from the Plan and its Business Associates, the Plan Sponsor agrees it will: (Effective 12/23/2024)</p> | <ul style="list-style-type: none"> • Not use or further disclose such PHI other than as permitted by 45 CFR 164.508, 45 CFR 164.512, and, where applicable, 45 CFR 164.509, and other sections of the HIPAA regulations, or as required by law; and • Ensure that any of its agents, including a subcontractor, to whom it provides the PHI agree to the same restrictions and conditions that apply to the Plan Sponsor with respect to such information. |
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All Medical Plans (Aetna, Kaiser, & HMSA)	
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| <p>Remove Opt-Out Credit (Termination effective 1/1/2025)</p> | <ul style="list-style-type: none"> • Removal of opt-out credit of \$25 per pay period (\$650 annual) |
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Aetna Medical/Rx	
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<p>Deductible and Out-of-Pocket Maximum (OOPM) (Effective 1/1/2025)</p>	<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>\$1,650 (self-only)/\$3,300 (family)</td> <td>\$3,300 (self-only)/\$7,600 (family)</td> <td>\$3,300 (self-only)/\$6,600 (family)</td> <td>\$6,600 (self-only)/\$13,200 (family)</td> </tr> <tr> <td colspan="4">Required increase to the Aetna HealthSave Basic plan:</td> </tr> <tr> <td>\$1,950 (self-only)/\$3,900 (family)</td> <td>\$4,800 (self-only)/\$8,850 (family)</td> <td>\$3,900 (self-only)/\$7,800 (family)</td> <td>\$8,300 (self-only) / \$16,700 (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:				\$1,650 (self-only)/\$3,300 (family)	\$3,300 (self-only)/\$7,600 (family)	\$3,300 (self-only)/\$6,600 (family)	\$6,600 (self-only)/\$13,200 (family)	Required increase to the Aetna HealthSave Basic plan:				\$1,950 (self-only)/\$3,900 (family)	\$4,800 (self-only)/\$8,850 (family)	\$3,900 (self-only)/\$7,800 (family)	\$8,300 (self-only) / \$16,700 (family)
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| <p>Aetna Out of Area Plan Termination (Termination effective 1/1/2025)</p> | <ul style="list-style-type: none"> • Terminate Aetna Out of Area HealthSave Plan • Impacted employees will have to select another Aetna plan or opt out of Adobe medical coverage. |
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BENEFIT	CHANGE
Addition of Aetna HealthSelect EPO Plan (In-Network ONLY) (Effective 1/1/2025)	<ul style="list-style-type: none"> • Deductible: \$500/\$1,000 (true family) • OOPM: \$3,300/\$7,600 (true family) • Coinsurance: 10% • PCP/specialist: \$25/\$40 • Diagnostic tests/imaging: \$25/\$150 • Emergency room/transportation: \$500 • Rx (retail): \$15/\$45/\$65
Intelligent Provider Matching with Smart Compare (Effective 1/1/2025)	<ul style="list-style-type: none"> • All Aetna plans will include an enhanced, personalized provider search function that uses artificial intelligence to help you find quality in-network care.
Colorectal Cancer Screening (Effective 1/1/2025)	<ul style="list-style-type: none"> • First colorectal cancer screening of the year covered as preventative, regardless of age or diagnosis.
Transform Oncology (Effective 8/1/2024)	<ul style="list-style-type: none"> • Addition of Transform Oncology which provides patient support through Aetna's navigator, genetic testing, precision medicine, clinical trial recommendations, and redirection to high-cost site of care
GLP-1 Prior Authorization Controls (Effective 6/1/2024)	<ul style="list-style-type: none"> • Add GLP-1 prior authorization controls to validate this class of medication is only covered with a type 2 diabetes diagnosis per our plan design.
Advance Control Specialty Formulary (Effective 1/1/2025)	<ul style="list-style-type: none"> • Add Advance Control Specialty Formulary plus CVS Specialty on first fill which helps manage specialty spend by steering utilization to preferred biosimilars
Medicare OON Reimbursement (Effective 1/1/2025)	<ul style="list-style-type: none"> • Out-of-network benefits are subject to either the usual, customary, and reasonable (UCR) maximum or 300% of the Medicare rate. We are decreasing OON reimbursement from 300% to 200% of Medicare Fee Schedule for both facility and professional claims
Maintenance of Benefits (Effective 1/1/2025)	<ul style="list-style-type: none"> • Move from coordination of benefits to maintenance of benefits (MOB). When Adobe's Aetna medical plan is secondary, it doesn't pay a benefit if the primary plan benefit is equal to or more than our benefit.
Brightline (Effective 1/1/2025)	<ul style="list-style-type: none"> • Brightline is reducing their scope of services as an Aetna in-network provider for virtual mental health services for members under 18 • Brightline is no longer offering virtual mental health services in all 50 states. As of 1/1/2025, Brightline is offering care to Aetna members only if located in NY, NJ, CT, MA, and WA. • Brightline will not accept new cases as of 10/15/2024 in all unsupported geographies

BENEFIT	CHANGE
Executive Health	
Executive Health Physicals (Termination effective 1/1/2025)	<ul style="list-style-type: none"> • Terminate Executive Health Physicals at all locations – Intermountain Health, Lahey Hospital & Medical Center, Palo Alto Medical Foundation/Sutter Health, and Virginia Mason Medical Center • New enrollment in the program ended on 5/1/2024 Eligible participants enrolled in the Executive Health Plan prior to 5/1/2024 will have access to the program through 12/31/2024
Kaiser Permanente	
Kaiser CA (Removal of GLP-1 coverage for weight loss effective 1/1/2025)	<ul style="list-style-type: none"> • All medications prescribed solely for the purpose of losing weight are being removed from base Rx coverage, with one exception. In cases where a covered member has morbid obesity, coverage of medications prescribed solely for the purpose of losing weight is required by CA state mandate and will be retained in base Rx coverage.
Kaiser WA (Removal effective 1/1/2025)	<ul style="list-style-type: none"> • Removal of Advanced Care at Home benefit coverage
HealthEquity	
Health Care FSA Spending Account Contribution Limit (Effective 1/1/2025)	<ul style="list-style-type: none"> • Increase to \$3,300 max per IRS guidelines • FSA management transferred from TRI-AD to HealthEquity effective 1/1/2025.
TRI-AD	
Health Care FSA and Dependent Care FSA (Effective 1/1/2025)	<ul style="list-style-type: none"> • FSA management transferred from TRI-AD to HealthEquity effective 1/1/2025.
CareCounsel	
Care Counsel (Termination effective 1/1/2025)	<ul style="list-style-type: none"> • Terminate CareCounsel benefits
ACSIA	
Long Term Care (Effective 8/1/2024)	<ul style="list-style-type: none"> • Add group voluntary life with Long Term Care rider