



2022 Benefits Guide

Benefits to Support Your Well-Being



Use this guide to get to know your benefit options, coverage costs, and tips to help you choose the benefits that are best for you and your family. Please note, this is not a comprehensive list of all the benefits offered. Visit mybewellbenefits.com for additional benefit details.



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WELCOME TO YOUR CAPITAL ONE BENEFITS

At Capital One, we are committed to providing options that give you what you want from a benefits plan: a wide range of plan options and benefits that allow you to Be Well — physically, emotionally, and financially — in ways that best fit your circumstances. Our goal is to provide a comprehensive and competitive set of benefits that offer flexibility and choice to meet your diverse needs.

We are proud to offer a comprehensive benefits program that includes medical and prescription drug, dental, and vision coverage; benefits that provide financial protection; and retirement benefits so that you can save for a secure financial future. Take the time to review your options and select the plans that best meet the needs of you and your family. Being well-informed and understanding all that's available to you is the key to getting the most value from your benefits.



ELIGIBILITY FOR BENEFITS

When it comes to choosing your benefits, it's important to understand who's eligible so that you can make an informed decision about coverage. Review the table below to learn more.

| Benefit | Full-Time Associates | Part-Time Associates (20-32 hrs/wk unless otherwise noted) | Eligible Dependents |
|---|--|--|--|
| Medical, Dental, and Vision <i>Requires Enrollment</i> | Eligible on date of hire | | <ul style="list-style-type: none"> Spouse or domestic partner Dependent child(ren)¹ |
| Flexible Spending Accounts (FSAs) and Health Savings Account (HSA) <i>Requires Enrollment</i> | Eligible on date of hire | | N/A |
| Life and Accidental Death & Personal Loss (AD&PL) Insurance <i>Supplemental Life Requires Enrollment</i> | Eligible on date of hire | | <ul style="list-style-type: none"> Spouse or domestic partner² Dependent child(ren)^{1,2} |
| Disability <i>Supplemental LTD Requires Enrollment</i> | Short-Term Disability (STD) coverage begins after 90 days of service Long-Term Disability (LTD) coverage does not begin until you are unable to work for 187 days | STD coverage is not available LTD coverage does not begin until you are unable to work for 187 days | N/A |
| 401(k) Associate Savings Plan <i>Requires Enrollment</i> | Eligible to participate upon date of hire | | N/A |
| Associate Stock Purchase Plan <i>Requires Enrollment</i> | Eligible to participate upon date of hire | | N/A |
| Time Off Programs | Eligible upon date of hire | | N/A |
| Additional Capital One Provided Benefits, Including: <ul style="list-style-type: none"> Milk Stork Back-Up Child and Family Care Education Assistance College Coach Commuter Benefits | Eligible on date of hire | | N/A |
| Additional Capital One Provided Benefits, Including: <ul style="list-style-type: none"> Employee Assistance Program Be Well Health Centers Consumer Medical Be Well Rewards Program | Eligible on date of hire | | Dependents are able to use these programs, however, eligibility varies by program |

¹Dependent child(ren) (up to age 26) include your biological children, adopted children, foster children, stepchildren, and children under your legal guardianship.

Note: Older children with mental or physical impairments may be eligible for benefits. You may be asked to provide certification, if applicable.

²Dependents must be citizens or legal permanent U.S. residents. Dependents in active, full-time military service are not eligible for Supplemental Dependent Life coverage.

A complete listing of eligibility for all benefit programs can be found on Pulse.

DOMESTIC PARTNER

A domestic partner is an individual (same or opposite gender), with whom you share your life. To be eligible for domestic partner coverage, you and your domestic partner must:

- Be at least 18 years of age
- Not be related by blood
- Be each other's sole domestic partner and intend to remain so indefinitely
- Reside in the same residence
- Be financially interdependent
- Not be legally married to anyone else

You may also cover your domestic partner's biological or adopted children. For more details, visit mybewellbenefits.com.

How to Enroll

If you would like to enroll in Capital One benefits, **you must take action within 31 days of your date of hire.**

If you do not take action within 31 days, you will default to no coverage for all benefits, except for the benefits in which the company pays the full cost, such as Basic Life and Accidental Death & Personal Loss (AD&PL) Insurance, Short-Term Disability Insurance (full-time associates only), Basic Long-Term Disability Insurance, and more (see [page 4](#) for details).

You can enroll in benefits by visiting the **Capital One online enrollment system** (also accessible through mybewellbenefits.com).



ENROLL IN THE 401(K) ASSOCIATE SAVINGS PLAN

As a new hire, you are eligible to enroll in the 401(k) Plan immediately. If you do not enroll within 60 days of your hire date, you will be automatically enrolled at an associate elective contribution rate of 3% of your eligible pre-tax compensation. See [page 21](#) for more information.

Changing Coverage during the Year

If you experience a qualifying life event during the year, such as marriage or the birth/adoption of a child, you can make changes to some of your benefit elections (medical and dental excluded). Otherwise, you must wait until the next Open Enrollment period to make a change effective January 1, 2022. If you experience a qualifying life event, be sure to act quickly. Most events require you to make the changes to your benefits within 31 days. Learn more about qualifying life events on the New to Capital One or Life Events pages on mybewellbenefits.com.



MEDICAL AND PRESCRIPTION DRUG

Comparing the PPOs with the CDHP

You have the choice of three medical plan options administered through Anthem Blue Cross and Blue Shield — the Basic PPO, the Enhanced PPO, and a Consumer-Driven Health Plan (CDHP).

As you consider which medical plan is right for you, it's important to understand how the PPOs compare to the CDHP. Use the information below to learn more about what's the same and how they differ.

What's the Same

Covered services

All of the medical plan options cover the same services from preventive care to hospitalization, prescription drugs, and more.

Preventive care coverage at 100%

No matter the plan, when you use an in-network provider, you pay nothing for preventive care services — no deductible and no co-pay. Lab and X-rays are also covered in full if completed within 30 days of a routine physical.

Choice of providers

All plans have the same network of providers available and you have the freedom to receive care from any licensed provider even if they are not in-network. Generally, you pay less when you receive care from providers who participate in the Anthem network.

A cap on out-of-pocket costs

All three medical plan options have an out-of-pocket maximum, which is the most you will pay in a plan year for all services. Once you reach the out-of-pocket maximum, the plan pays 100% of covered services for the remainder of the year.

What's Different

How the deductible works

Each medical plan has a deductible that you are responsible for meeting before the plan begins to pay for certain services.

- If you enroll in the CDHP, you will pay 100% of the cost of services (other than preventive care) until you meet the deductible.
- The CDHP has a higher deductible to reach before the plan begins to pay for covered services, including prescription drug costs.
- In addition, if you are covering dependents, the CDHP has a "full family deductible," meaning you must meet the entire family deductible before the plan begins to pay for any individual covered under the plan.
- If you enroll in a PPO plan, the deductible only applies to those services where you pay coinsurance. The deductible doesn't apply to services where you pay a co-pay, such as office visits and prescription drugs.

Prescription drug coverage

In the CDHP, prescription drug expenses are subject to the plan's deductible, and you'll pay out of pocket until the deductible is met. Your out-of-pocket prescription drug expenses count toward the CDHP's out-of-pocket maximum.

In the Basic and Enhanced PPO plans, there is no deductible for prescription drug expenses.

Services subject to the deductible

In the CDHP, all non-preventive care services, including prescription drugs, are subject to the deductible. However, in the PPO plans, only those services for which you pay coinsurance, such as in-patient and out-patient hospital care, allergy treatment, and maternity care, are subject to the deductible.

Tax-advantaged accounts

The CDHP comes with a Health Savings Account (HSA), a tax-advantaged account. Both you and Capital One contribute funds to an HSA, and you can use those funds to pay for eligible health care expenses, or keep them to build up long-term health care savings.

If you enroll in the Basic or Enhanced PPO plans, you can contribute to a Health Care Flexible Spending Account (FSA).

To learn more, review [page 16](#).

Medical

All three medical plan options cover the same services and medications, and provide access to the same great network of providers and medical resources. In addition to common services, such as office visits, screenings, hospitalizations, etc., our medical plans also provide comprehensive coverage for ABA therapy, infertility treatments, transgender surgery, and more.

The chart below provides a side-by-side comparison of the plans, including how much each plan pays for various services. For more information, please refer to the Summary Plan Description (SPD) on Pulse, or view the Summary of Benefits and Coverage (SBC) for each plan, available on [anthem.com/capitalone](https://www.anthem.com/capitalone).

| | CDHP | | Basic PPO | | Enhanced PPO | |
|---|---|--|---|--|---|--|
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Capital One HSA contribution* | \$500 individual \$1,000 if you cover dependents | | Not eligible for an HSA | | Not eligible for an HSA | |
| Annual Deductible (individual/family) | \$2,000/\$3,000 | \$4,000/\$6,000 | \$1,000/\$2,000 | \$3,000/\$6,000 | \$500/\$1,000 | \$1,500/\$3,000 |
| Annual Out-of-Pocket Maximum (individual/family) | \$3,400/\$6,400 | \$6,800/\$12,800 | \$4,000/\$8,000 | \$10,000/\$20,000 | \$3,000/\$6,000 | \$6,000/\$12,000 |
| Coinsurance | 20% | 40% | 30% | 50% | 20% | 40% |
| Preventive Care (Covered at 100%) | No Charge | No Charge | No Charge | No Charge | No Charge | No Charge |
| Office Visits • Primary Care • OBGYN/ Psychiatrist/ Psychologist • Specialist | 20% coinsurance after deductible | 40% coinsurance after deductible | - No Charge - \$30 co-pay - \$60 co-pay | 50% coinsurance after deductible | - No Charge - \$20 co-pay - \$40 co-pay | 40% coinsurance after deductible |
| | Associate Bi-weekly Contributions | | | | | |
| Associate | \$26.44 | | \$26.44 | | \$57.18 | |
| Associate + Spouse/ Domestic Partner | \$117.24 | | \$117.24 | | \$181.80 | |
| Associate + Child(ren) | \$74.85 | | \$74.85 | | \$133.26 | |
| Associate + Spouse/ Domestic Partner + Child(ren) | \$166.38 | | \$166.38 | | \$261.67 | |

*HSA contributions are prorated for mid-year enrollments. While enrolled in the plan, Capital One will contribute the following per pay period: \$19.23 for individual coverage and \$38.46 if you cover dependents.



PRIMARY CARE PHYSICIANS – HELPING YOU MANAGE YOUR HEALTH

Finding a primary care physician (PCP) you can relate to, feel comfortable with, and trust with private matters can make a big difference in your overall health and well-being. A PCP gets to know the “whole you,” and will have a more complete picture of your health needs. They’ll know your medical history and habits, and they’ll recognize changes and be able to recommend action to avoid any serious problems later. If you’re healthy, a PCP helps you stay that way. And if you’re managing an ongoing health problem, they can make sure you have the support you need. Having this kind of care can mean lower health care costs, fewer sick days, and better access to specialized care when you do need it.

To support you in establishing a relationship, all visits to in-network PCPs, including sick appointments, are covered at 100% under the Basic PPO and Enhanced PPO plans.

WHERE TO GO FOR CARE

It’s after hours or the weekend, and you just can’t wait until you can call your doctor. Where should you get care?

- **LiveHealth Online or a Retail Clinic** – Visit with an online doctor from the comfort of your home and get expert advice, a treatment plan, and a prescription, if needed. Allergies, pinkeye, bronchitis, sinus infection, stomach flu, strep throat, cold sore, UTI, hypertension, and rashes are just some of the conditions that can be addressed.
- **Urgent Care** – Urgent care clinics can handle a variety of medical problems that need to be treated right away, such as flu-like symptoms, small cuts, sprains, or strains. They can be a great option when you can’t get in to see your regular doctor right away.
- **Emergency Room and/or Ambulance** – When you are experiencing a life-threatening situation, the ER or ambulance is your best bet. Significant loss of blood, slurred speech, head or eye injury, a sudden or severe headache, chest pain, or seizures are all examples of when you should go to the ER or call an ambulance.



A Closer Look at the CDHP

The CDHP provides comprehensive medical coverage and has the added feature of the Health Savings Account (HSA). As you consider if this is the right plan for you, it's important to understand how the features of the plan work together to provide the protection and flexibility you need.

PLAN PAYS



PREVENTIVE CARE COVERED 100%

The plan provides preventive care, such as annual physicals and screenings, at no cost to you when you use an in-network provider.

YOU PAY



DEDUCTIBLE INDIVIDUAL: \$2,000 FAMILY: \$3,000

You pay the full cost of covered services up to the deductible. You can use money in your HSA to satisfy the deductible.

HEALTH SAVINGS ACCOUNT (HSA): A tax-advantaged savings account that you and Capital One can contribute to. You may use your HSA to meet your deductible and pay for coinsurance, until you reach your out-of-pocket maximum. Or, you can save it for future health care expenses because the account always belongs to you.

SHARED COST



COINSURANCE YOU PAY 20% PLAN PAYS 80%

Once you meet the annual deductible, you share in the cost of services by paying coinsurance. You can use the money from your HSA to pay these amounts.

PLAN PAYS



OUT-OF-POCKET MAXIMUM INDIVIDUAL: \$3,400 FAMILY: \$6,400

You pay a deductible and coinsurance until you reach the out-of-pocket maximum for the year. Then the plan pays 100% for covered in-network medical and prescription drug expenses. You pay nothing.

Coordination of Benefits

If you, your spouse, or your dependents are covered under a Capital One medical plan and another group health plan or local, state, or government program other than Medicaid, benefits from the company's health plan will coordinate with any other benefits you receive.

Medical coverage provided by the Capital One Plan follows Medicare's primary versus secondary payer rules when determining when Capital One's Plan pays as primary. If Medicare rules say Medicare is the primary payer for a covered person, the Capital One Plan will be the secondary payer. If Medicare rules say the Capital One Plan is the primary payer, Medicare will be the secondary payer.

For additional information, please refer to the Summary Plan Description or visit [medicare.gov](https://www.medicare.gov) for primary vs. secondary rules.

Anthem Member Services

Anthem's Member Services, also known as Anthem Health Guides, work closely with health care professionals like nurses, health coaches, social workers, and others, to help you make the most of your plan's benefits.

Anthem Health Guides can connect you with programs and support covered by your benefits, remind you to make appointments for routine care, including checkups, tests and preventive screenings, help you find in-network doctors, and much more.

To contact Anthem Health Guides, call **1-844-390-4133**, Monday through Friday, from 8 a.m. to 11 p.m. ET (the number is also on your Anthem ID card), or log in to [anthem.com/capitalone](https://www.anthem.com/capitalone) and select **Customer Support > Message Center** to either send a secure email or chat live.



ANTHEM'S NATIONAL NETWORK

With Anthem, you have access to one of the largest national networks of doctors, hospitals and other health care specialists who deliver quality care according to network standards at preferred rates for covered services. That means better savings and more choices for you. In-network providers have the added convenience of automatically filing your claims, coordinating pre-authorizations for certain services, and there is no balance billing for you to worry about.

As long as you use in-network providers, you will pay lower costs. While you can see out-of-network providers, your coverage is lower and you will pay more for services. Because out-of-network providers don't have a contract with Anthem, they can charge any price they want and you may be responsible for paying the costs above the reasonable rate.

Log in to [anthem.com/capitalone](https://www.anthem.com/capitalone) and select "Find a Doctor, Vision Provider, Hospital or Urgent Care" to search for in-network providers. You can also call **1-844-390-4133** Monday through Friday from 8 a.m. to 11 p.m. ET to ask about in-network providers.

PRESCRIPTION DRUG

When you enroll in a Capital One medical plan, you automatically receive prescription drug coverage administered by CVS Caremark. You can find your CVS Caremark information on your Anthem ID card.

The chart below details prescription costs for 2022. What you pay for prescription drugs depends on which medical plan you enroll in, the type of medication, and where your prescription is filled. You'll pay less for prescriptions that are included on CVS Caremark's preferred drug list. You can view CVS Caremark's complete preferred drug list at [caremark.com](https://www.caremark.com).

| What You Pay for Prescript Drugs (In-network Only) | | | |
|--|----------------------------------|---|---|
| | CDHP | Basic PPO | Enhanced PPO |
| Retail – up to 30-day supply <ul style="list-style-type: none"> • Generic • Preferred • Non-preferred | 20% coinsurance after deductible | \$10 co-pay \$50 co-pay \$100 co-pay | \$10 co-pay \$50 co-pay \$100 co-pay |
| Mail Order or CVS – 90-day supply <ul style="list-style-type: none"> • Generic • Preferred • Non-preferred | 20% coinsurance after deductible | \$20 co-pay \$100 co-pay \$200 co-pay | \$20 co-pay \$100 co-pay \$200 co-pay |
| Specialty* 30-day purchased through CVS Caremark Specialty Program <ul style="list-style-type: none"> • Generic • Preferred • Non-preferred | 20% coinsurance after deductible | \$40 co-pay \$100 co-pay \$200 co-pay | \$40 co-pay \$100 co-pay \$200 co-pay |

*Specialty medications must be purchased through the CVS Caremark Specialty Pharmacy and will not be covered if filled at a regular retail pharmacy.

Participating Pharmacies

In addition to CVS pharmacies, CVS Caremark provides a variety of participating retail chains, including Giant, Walgreens, Walmart, and independent pharmacies, including our on-site campus pharmacies. These pharmacies are available for all short-term medications, which are generally those taken for less than 60 days or that require only two fills at retail.

For maintenance medications (those taken ongoing — generally longer than 60 days or require more than two fills at retail), you must have those filled as a 90-day supply at a local CVS or via CVS Caremark's mail-order program. Find a network pharmacy at [caremark.com](https://www.caremark.com) or call **1-877-210-3556**.

Be Well Pharmacy Discount Program

The Be Well Pharmacy Discount Program is available for those who are enrolled in a PPO Plan and have chronic conditions, and engage with Anthem nurses. If you are managing a chronic condition, such as diabetes, hypertension, high cholesterol, COPD/asthma, or congestive heart failure, contact the Anthem Nurse Line to see if you qualify for a discount on your mail order prescriptions as highlighted below:

- \$0 co-pay for generic drugs
- \$20 co-pay for preferred brand drugs
- \$100 co-pay for non-preferred brand drugs

To reach the Anthem Nurse Line, call **1-844-465-1277**; and ask to speak to a nurse when prompted.

The Be Well Pharmacy Discount Program is not available to individuals enrolled in the CDHP.



PHARMACY ADVISOR COUNSELING

As an added benefit, Pharmacy Advisor Counseling will provide support for patients in CVS stores. The service offers confidential advice, medication information, tips to help manage or avoid medication side effects, and additional guidance.

ADDITIONAL MEDICAL PROGRAMS BENEFITS

If you participate in a Capital One medical plan, you also have access to the following programs.

Anthem Health Programs

Personal Health Consultant — With the Personal Health Consultant, your family has a primary nurse along with health professionals, who are there to discuss your health needs and help you reach your well-being goals. When you need more specialized advice, your primary nurse can connect you to medical professionals like dietitians or pharmacists.

ConditionCare — This program provides extra support to anyone who is managing the symptoms of asthma or diabetes, as well as adults who are dealing with chronic obstructive pulmonary disease (COPD), heart failure, or coronary artery disease.

Future Moms — This program gives expecting moms support and guidance from registered nurses to help with a healthy pregnancy and a safe delivery.

24/7 NurseLine — You have access to registered nurses wherever you are, anytime. The nurses at the 24/7 NurseLine can answer any questions you have about your health and help you decide where to go for care.

Blue Distinction Centers/Blue Distinction Centers+ — Blue Distinction Centers and Blue Distinction Centers+ can give you peace of mind when making important decisions about major health care issues. Blue Distinction Centers and Blue Distinction Centers+ are facilities and providers known for their expert health care team, their high volume of procedures performed, and their track record for results in specialized care.

Cancer Concierge Program

Anthem's Cancer Concierge Program gives those with a cancer diagnosis access to extra support services, available clinical trials, and top cancer treatment centers to help you get the best care possible. Call Anthem Member Services to get started.

WINFertility

The WINFertility Program helps associates receive the highest quality care for fertility treatment services. WINFertility offers help with provider selection, and provides access to WIN's FertilityCoachSM nurses and savings opportunities. Most importantly, it works with you and your provider to authorize a treatment plan. WINFertility's plans use evidence-based protocols and expert clinical advice, leading to an improved likelihood of successful outcomes.

Call **1-844-323-7539** or go to **winfertility.com/capital-one** for more information.

LiveHealth Online

LiveHealth Online helps you access high-quality care quickly from the comfort of your own home, at no cost to you. Through LiveHealth Online, you have 24/7 access to a network of licensed doctors, pediatricians, psychologists, and therapists, who can diagnose, treat, and prescribe medication (when necessary) for a wide range of medical and behavioral health conditions. LiveHealth Online is a great resource if you or a family member need extra behavioral health support for anxiety, depression, family issues, and more.

If enrolled in a PPO Plan, all visits are available at no cost to associates and family members covered under a Capital One medical plan. CDHP participants will pay 20% after you've reached the annual deductible.

Call **1-888-LiveHealth (548-3432)** or email **help@livehealthonline.com** to get started.



DENTAL

You have a choice between two dental plans — the Basic Plan or Enhanced Plan — both administered by Delta Dental. Both options pay the full cost of preventive care and provide coverage for basic and major care services. The Enhanced Plan option also covers orthodontia for children and adults and does not have a deductible, which means it will begin covering benefits right away.

You have the flexibility to receive care from any licensed dental provider, but your out-of-pocket costs will be lower when you use an in-network or participating dentist. Find an in-network dentist by going to deltadentalva.com.

Here is an overview of how the plans compare.

| Benefits and Covered Services | Basic Plan | Enhanced Plan |
|--|---|--|
| Deductible | None | None |
| Annual Maximum | \$1,000/person | \$2,000/person |
| Preventive Care (routine exams, cleanings, x-rays) | Plan pays 100% | Plan pays 100% |
| Basic Care (fillings, root canals, periodontal therapy, oral surgery) | Plan pays 80%, subject to the annual maximum | Plan pays 80%, subject to the annual maximum |
| Major Care (bridges, crown, dentures, dental implants) | Plan pays 50%, subject to the annual maximum | Plan pays 50%, subject to the annual maximum |
| Orthodontia* for covered children and adults (braces, mouth guards, temporomandibular joint (TMJ) disorders) | Not covered | Plan pays 50% coinsurance The lifetime orthodontia benefit maximum is \$2,500 per person. |
| Associate Bi-weekly Contributions | | |
| Associate | \$6.95 | \$10.46 |
| Associate + Spouse/Domestic Partner | \$14.59 | \$21.97 |
| Associate + Child(ren) | \$13.20 | \$19.88 |
| Associate + Spouse/Domestic Partner + Child(ren) | \$21.54 | \$32.44 |

*You must be enrolled in the Enhanced Plan for the entire course of orthodontia treatment to get full benefits. At-home orthodontia treatment is not covered.

PRE-DETERMINATION OF BENEFITS

If you need dental care that is expected to cost \$250 or more, ask your dentist to request pre-determination of benefits. It is not required, but it can let you know in advance how much your dental plan will pay for the recommended care — and how much you will have to pay out of your pocket. This can help you avoid surprises.



HEALTHY SMILE, HEALTHY YOU® PROGRAM

Healthy Smile, Healthy You® offers additional benefits for four important health conditions connected to oral health: pregnancy, diabetes, certain high-risk cardiac conditions, and cancer being treated via radiation and/or chemotherapy. To enroll, complete the Healthy Smile, Healthy You® enrollment form, which can be found at deltadentalva.com.

Note: If Anthem has your health condition on record, you may already be enrolled in the program. Please contact Delta Dental at **1-844-344-8006** or deltadentalva.com to confirm.

VISION

The vision plan is administered by Anthem Blue View Vision. This benefit includes routine eye exams, frames, and either eyeglass lenses or contact lenses. Here is an overview of the plan benefits. Find more information on the vision plan and in-network providers by visiting anthem.com/capitalone.

| Benefits and Covered Services | In-Network | Out-of-Network |
|---|--|--|
| Routine Eye Exam (once per calendar year) | \$0 co-pay | Up to \$35 allowance |
| Eyeglass Frames (one pair of frames every two calendar years for adults and one pair of frames every calendar year for children under 19) | \$130 allowance, then 20% off any remaining balance | Up to \$45 allowance |
| Eyeglass Lenses • Single vision lenses • Bi-focal lenses • Tri-focal lenses | 100% after \$20 co-pay | - Up to \$45 allowance - Up to \$55 allowance - Up to \$65 allowance |
| Contact Lenses • Elective conventional lenses • Elective disposable lenses • Non-elective contact lenses | - \$130 allowance, then 25% off any remaining balance - \$130 allowance (no additional discount) - Covered in full | - Up to \$75 allowance - Up to \$75 allowance - Up to \$90 allowance |

Additional benefits are available for lens enhancements, lens upgrades and progressive lenses. See the Summary Plan Description for details.

Associate Bi-weekly Contributions

| | |
|---|--------|
| Associate | \$1.41 |
| Associate + Spouse/Domestic Partner | \$2.85 |
| Associate + Child(ren) | \$3.43 |
| Associate + Spouse/Domestic Partner + Child(ren) | \$5.10 |



SAVINGS AND SPENDING ACCOUNTS

Savings and spending accounts allow you to contribute money before taxes are withheld to help cover the cost of caring for yourself and your dependents. We offer two Flexible Spending Accounts (FSAs) — a Health Care FSA and a Dependent Care FSA — and a Health Savings Account (HSA). These accounts allow you to save money by using pre-tax dollars to pay for qualified expenses. Capital One will also contribute to your FSA and/or HSA. **Note:** Capital One's contribution will be pro-rated for mid-year enrollments.

The table below provides an overview of the FSAs and HSA. Keep in mind, if you enroll in a CDHP, you are automatically enrolled in an HSA and are not eligible to enroll in a Health Care FSA. If you enroll in a PPO or waive medical coverage, you have the option to enroll in Health Care FSA. Visit mybewellbenefits.com for more information.

| | Health Savings Account | Health Care FSA | Dependent Care FSA |
|---|--|--|---|
| Who is Eligible | Associates enrolled in the CDHP | Associates enrolled in the Basic PPO, Enhanced PPO, or waived medical coverage | All associates regardless of whether they are enrolled in a medical plan or not |
| Contribution Limits (includes your contribution + Capital One's contribution) | Individual coverage: \$3,650 Covering dependents: \$7,300 If over age 55, additional \$1,000 | Minimum: \$500 Maximum: \$2,750 | Minimum: \$500 Maximum: \$5,000* |
| Capital One Contribution** | Individual coverage: \$500 Covering dependents: \$1,000 | \$500 when you contribute the minimum of \$500 | \$500 when you contribute the minimum of \$500 |
| Covered Expenses | You and your family members' eligible medical, prescription drug, dental, and vision expenses incurred beginning January 1, 2022 | You and your family members' eligible medical, prescription drug, dental, and vision expenses incurred January 1, 2022, to December 31, 2022 | Eligible child and/or adult day care expenses incurred January 1, 2022, to March 15, 2023 |
| Unused Funds | Always belong to you | You may carry over \$550 if you enroll in a Health Care FSA for 2023 | Forfeited |
| Claim Submission Deadline | N/A | April 30, 2023 | April 30, 2023 |
| Availability of Funds | Funds are not available until deposited into your account | Funds immediately available | Funds are not available until deposited into your account |

*If you are single or married filing jointly. The contribution limit is \$2,500 if you are married and file a separate tax return. For spouses who both contribute to a Dependent Care FSA, the maximum amount that can be contributed between both accounts is \$5,000.

**Capital One's contribution will be pro-rated based on date of enrollment.

To find more information and access a complete list of eligible expenses, visit qme.anthem.com.



When you use your FSA debit card, be sure to keep all of your receipts (or statements). Many transactions will approve automatically. If a match is not found, Anthem will ask you up to three times to provide back-up documentation for a charge. If you do not respond, your debit card will be deactivated until you provide documentation or repay the claim. Additionally, unsubstantiated amounts spent will be reported as taxable income on your IRS W-2 Form.

Important FSA Reminders

- You must actively elect to contribute to the Health Care and/or Dependent Care FSA each year. Your current elections **do not** carry over.
- You can carry over up to \$550 in unused funds from your 2022 Health Care FSA balance to the next calendar year as long as you enroll in a 2023 Health Care FSA, so be sure to consider this when you are deciding how much to contribute for 2022.
- The Dependent Care FSA has a grace period that allows you to use your 2021 Dependent Care FSA funds for expenses incurred through March 15, 2022. Be sure to submit your claims for reimbursement by April 30, 2022. There is no carryover of unused Dependent Care FSA funds beyond the grace period.

More about the Health Savings Account (HSA)

An HSA is a tax-free savings account only available to associates who enroll in a CDHP. You can use your HSA to accumulate tax-free money you can spend on eligible medical, prescription, dental, and vision expenses anytime — even in retirement. The money rolls over from year to year and any year-end balance is always yours to keep.

Capital One will automatically contribute \$500 to your HSA each year for individual coverage or \$1,000 if you cover any dependents. HSA contributions are made on a per-paycheck basis and you can use the funds as they are available. For 2022, you and Capital One can make combined annual HSA contributions up to \$3,650 for individual coverage or \$7,300 if you cover dependents. If you'll be 55 or older in 2022, you can contribute an additional \$1,000 in catch-up contributions to your HSA.

START IT



Enroll in the CDHP and an HSA will automatically be opened for you.

Capital One will contribute to your HSA: \$500 for individual coverage, or \$1,000 if you cover any dependents.*

GROW IT



Add to your account with your own pre-tax contributions, up to IRS limits.

And when your account balance reaches \$1,000, you can choose to invest in a variety of mutual funds.

USE IT



Use your HSA funds to pay for eligible medical, prescription drug, dental, and vision expenses for yourself and your eligible dependents.

Withdrawals for qualified health care expenses are tax-free.

KEEP IT



There is no “use it or lose it” rule — you can carry over your HSA funds year over year for future medical expenses.

You can even take it with you if you leave or retire from Capital One.

**HSA contributions are pro-rated for mid-year enrollments. While enrolled in the plan, Capital One will contribute the following per pay period: \$19.23 for individual coverage and \$38.46 if you cover dependents.*

The Triple Tax Advantage of the HSA

There are several tax advantages to contributing to and using an HSA to pay for eligible health care expenses.



MONEY GOES INTO
your account tax-free.



You contribute pre-tax dollars, which helps reduce your taxable income.



MONEY GROWS TAX-FREE
through interest
and investment earnings.



Your account balance earns interest tax-free. Once you have a minimum balance of \$1,000, you can choose from a variety of investment funds available to maximize your savings opportunity.



MONEY STAYS TAX-FREE
when you spend it on eligible
health care expenses.



When you withdraw funds, it's tax-free, as long as you use the funds for eligible medical, prescription drug, dental, and vision expenses.

REMEMBER: The HSA is only available to associates who enroll in the CDHP and can only be used for eligible health care expenses. If HSA funds are used for any other purpose, they will be taxable and subject to an additional penalty. Make sure you keep receipts and records of any payments made in the event you are audited by the IRS.

LIFE & DISABILITY INSURANCE

To ensure protection for your loved ones, we provide full-time and eligible part-time associates with Basic Life and Accidental Death and Personal Loss (AD&PL) Insurance at no cost, with the option to purchase additional Life and AD&PL Insurance, as well as supplemental coverage for your dependents. Here is a summary of your coverage options.

Life and Accidental Death & Personal Loss (AD&PL) Insurance

Basic Coverage

You automatically have Basic Life and AD&PL coverage equal to one times your Annual Benefits Salary, as a multiple of \$1,000 or rounded to the next higher \$1,000 up to a maximum of \$500,000.* If you have a covered accident, you may be eligible for a one-time payout under the AD&PL line of coverage. AD&PL is a separate line of coverage and is equal to the Basic Life coverage amount. Both are provided to you at no charge.

**VPs+ are eligible for the Executive Life Insurance Program (ELIP) with coverage based on job level.*

Supplemental Coverage

Supplemental Life and AD&PL Insurance is a voluntary benefit offered in addition to the basic coverage that Capital One automatically provides. With Supplemental Insurance, you can buy, with post-tax dollars, additional Life Insurance for yourself up to 8 times your Annual Benefits Salary. Included in Supplemental Insurance is a separate line of coverage for AD&PL equal to the Supplemental Life coverage amount. You can purchase 1-8x your Annual Benefits Salary, up to \$2 million in Supplemental Life and AD&PL coverage.

Dependent Coverage

You may purchase Dependent Life and AD&PL Insurance for your spouse or domestic partner and your dependent children up to age 26. Children age 26 and older with a disability may also be covered.

Your choices for Dependent Life and AD&PL coverage for your family are:

- \$25,000–\$250,000 spouse or domestic partner; coverage must be in multiples of \$25,000
- \$10,000 or \$20,000 child only



DON'T FORGET TO NAME A BENEFICIARY!

Your beneficiary is the person who will receive your insurance benefits upon your death. If you wish, you can name more than one beneficiary.



Evidence of Insurability (EOI)

When electing coverage for the first time or increasing voluntary coverage, you may have to provide Evidence of Insurability (EOI) or proof of good health. Please note, if you are required to provide EOI, you will be covered at the highest level of coverage you are allowed without EOI until it is approved. Once approved, you will be covered at your elected coverage level.

The chart below highlights some examples of when EOI is and is not required.

| | EOI Required | EOI Not Required |
|---|---|--|
| As a New Hire | <ul style="list-style-type: none"> Supplemental Insurance over \$1 million Spouse/Domestic Partner Insurance over \$50,000 | <ul style="list-style-type: none"> Supplemental Insurance less than or equal to \$1 million Spouse/Domestic Partner Insurance less than or equal to \$50,000 |
| During Open Enrollment or If You Experience a Qualified Life Event (QLE) | <ul style="list-style-type: none"> Supplemental Insurance over \$1 million If no coverage is in place, electing Supplemental Insurance greater than 1x Annual Benefits Salary If coverage is already in place, increasing Supplemental Insurance greater than 2x Annual Benefits Salary Any new or increased Spouse/Domestic Partner Insurance coverage greater than \$50,000 | <ul style="list-style-type: none"> Supplemental Insurance less than or equal to \$1 million If no coverage is in place, electing Supplemental Insurance equal to 1x Annual Benefits Salary If coverage is already in place, increasing Supplemental Insurance by 2x Annual Benefits Salary Newly eligible Spouse/Domestic Partner Insurance less than or equal to \$50,000 |

| 2022 Associate Voluntary Supplemental Life/AD&PL Insurance Costs | |
|--|---|
| Associate's Age as of January 1, 2022 | Bi-weekly Cost per \$1,000 of Coverage (post-tax) |
| <30 | \$0.02 |
| 30-34 | \$0.03 |
| 35-39 | \$0.03 |
| 40-44 | \$0.04 |
| 45-49 | \$0.06 |
| 50-54 | \$0.08 |
| 55-59 | \$0.12 |
| 60-64 | \$0.16 |
| 65-69 | \$0.23 |
| 70-74 | \$0.47 |
| 75-79 | \$0.75 |
| 80+ | \$0.75 |

| 2022 Coverage Options Available for Dependent Life/AD&PL – Spouse/Domestic Partner | |
|--|---------------------------|
| Coverage Option | Bi-weekly Cost (post-tax) |
| \$25,000 | \$1.08 |
| \$50,000 | \$2.15 |
| \$75,000 | \$3.22 |
| \$100,000 | \$4.29 |
| \$125,000 | \$5.37 |
| \$150,000 | \$6.44 |
| \$175,000 | \$7.51 |
| \$200,000 | \$8.58 |
| \$225,000 | \$9.66 |
| \$250,000 | \$10.73 |

Note: Please refer to the SPD for a definition of Annual Benefits Salary.

| 2022 Coverage Options Available for Dependent Life – Children | |
|---|---------------------------|
| Coverage Option | Bi-weekly Cost (post-tax) |
| \$10,000 child only | \$0.51 |
| \$20,000 child only | \$1.02 |

Disability Insurance

In the event you are unable to work due to an illness or injury, we automatically provide full-time associates with Short-Term Disability (STD), and all associates regularly scheduled to work 20 or more hours a week with Basic Long-Term Disability (LTD) at no cost. You have the option to purchase Supplemental LTD for added income protection.

SHORT-TERM DISABILITY (STD)

STD benefits replace all or part of your income for up to 187 days if you are unable to perform your job due to a non-work-related injury, illness, or condition, including pregnancy.

LONG-TERM DISABILITY (LTD)

Capital One provides you with LTD benefits that replace 50% of your Annual Benefits Salary after you've been disabled for 187 days. You may purchase Supplemental LTD coverage, on an after-tax basis, which replaces an additional 20% of your Annual Benefits Salary, to receive a **total of 70% Annual Benefits Salary replacement**.

Evidence of Insurability

EOI is not required to enroll in Supplemental LTD. There is a pre-existing condition clause which will not cover any disability where treatment has been provided three months prior to the effective date, unless you have been covered by Supplemental LTD for 12 months.

2022 Coverage Options Available for Supplemental LTD

| Coverage Option | Bi-weekly Cost (post-tax) |
|---|---|
| Additional 20% of Annual Benefits Salary to provide a total of 70% Annual Benefits Salary replacement | \$0.128 per \$100 of your monthly benefits salary |



RETIREMENT AND SAVINGS

401(k) Associate Savings Plan

The Capital One 401(k) Associate Savings Plan is a convenient, tax-effective way to help save for retirement.

Associate Contributions

Through automatic payroll deductions, you may contribute up to 50% of your Annual Benefits Salary (base salary, shift differential, bonuses, commission, incentives, and overtime) to your account. You may contribute any combination of pre-tax and Roth 401(k) contributions up to the annual Internal Revenue Service (IRS) dollar limit of \$20,500 in 2022. If you are age 50 or older in 2022, you may contribute an additional \$6,500 in catch-up contributions.

You may roll over pre-tax, after-tax, or Roth 401(k) assets from another qualified retirement plan into your account.

Company Contributions

In addition to your contributions, we help grow your retirement savings by contributing to your 401(k) Plan account:

- **Basic Non-Elective Company Contributions** — we will contribute 3% of your Annual Benefits Salary, whether or not you participate in the 401(k) Plan.
- **Matching Contributions** — Capital One will match 100% of the first 3% of your Annual Benefits Salary that you contribute, plus 50% of the next 3% of your Annual Benefits Salary that you contribute, for a total company matching contribution of 4.5% on 6% of your Annual Benefits Salary.

Vesting Schedule

Your account balance within the 401(k) Plan is yours once you are vested. You are immediately vested in your contributions as well as your basic non-elective company contributions. Matching contributions vest upon two years of service with Capital One. This means that all of the amounts contributed to your 401(k) Plan account — as well as any investment earnings — are entirely yours after just two years of employment.

Enrolling in the 401(k) Plan

As a new hire, you are eligible to enroll in the 401(k) Plan immediately. If you do not enroll within 60 days of your hire date, you will be automatically enrolled at an associate elective contribution rate of 3% of your eligible pre-tax compensation. Additionally, unless you make an alternative selection, your contributions will be automatically invested in the BlackRock LifePath® Fund that best matches your expected retirement date.

- Your associate elective contributions (through payroll deduction) and matching company contributions will begin within two pay cycles following your enrollment, or as soon as administratively possible after you enroll.
- The 3% Basic Non-Elective Contributions will automatically begin as soon as administratively possible after your date of hire, typically within three pay periods. If you do not elect to contribute to the 401(k) Plan, you are still eligible for the 3% Basic Non-elective Contributions.

For more information about the 401(k) Plan or to enroll, visit Fidelity NetBenefits® at netbenefits.com or call the Capital One Retirement Savings Center at Fidelity at **1-800-854-4015**. You can also learn more on Pulse.

To learn more about the 401(k) Associate Savings Plan and the basics of retirement savings, please visit the Pulse page and watch the Get Started Saving for the Future You webinar.



DON'T LEAVE MONEY ON THE TABLE!

To maximize the company matching contribution, simply contribute at least 6% of your Annual Benefits Salary to your 401(k) Plan account. We will then contribute a total of 7.5% of your Annual Benefits Salary to your account. You will be contributing just 6%, but your account has the potential to grow as though you are contributing 13.5%!

Associate Stock Purchase Plan

All full-time and part-time associates in the U.S. are eligible to participate in the non-qualified Capital One Associate Stock Purchase Plan (ASPP).

You can elect to contribute between 1% and 15% of your base salary* to the ASPP and receive a partial match on your contributions from Capital One. Your contributions are deducted from your salary each paycheck and, along with the Capital One match, are used to buy Capital One stock at the end of each month.

Purchased shares are deposited into your E*TRADE account shortly following the purchase date. There is no fee to purchase shares through the ASPP, however, when you sell shares, E*TRADE deducts a brokerage fee of \$0.05 per share (\$6.95 minimum per trade) from stock sale proceeds.

Note: The Capital One match is considered taxable income.

Visit the Associate Stock Purchase Plan page on Pulse to learn more.

* Includes standard pay and any commissions you receive for your job.



OTHER BENEFITS

As a Capital One associate, you have access to a wide variety of additional benefits to support the health and well-being of you and your family.

Time Off Programs

We provide competitive time off benefits to help associates balance their work and personal time.

Holidays

All associates receive a total of 14 paid holidays – 12 fixed holidays plus 2 floating holidays:

- New Year's Day
- Labor Day
- Dr. Martin Luther King Jr. Day
- Indigenous Peoples' Day
- Presidents Day
- Veterans Day
- Memorial Day
- Thanksgiving Day
- Juneteenth
- Day after Thanksgiving
- Independence Day
- Christmas Day

Vacation and Paid Time Off (PTO)

Your time-off benefits depend on your employment status.

Non-Exempt Associates

PTO provides a "bank" of time for associates to use at their discretion, such as for a vacation, illness or other time-off needs.

Full-time non-exempt associates working 40 standard hours a week are granted PTO based on calendar years of service.

- In your first calendar year of service (year 0), your PTO is based on a prorated portion of a 15 day PTO allotment using date of hire
- After the year in which you were hired, you receive 20 PTO days annually (calendar years 1-4)
- Upon completing four full-calendar years, you receive 25 PTO days annually (calendar years 5-9)
- Upon completing nine full-calendar years, you receive 30 PTO days annually (calendar years 10+)

PURCHASE ADDITIONAL VACATION/PTO

During Open Enrollment, full-time and eligible part-time associates may purchase up to one week of additional vacation/PTO hours of time off for the coming year, with the option of either 20 or 40 extra hours.

Note: Unused purchased vacation/PTO may not be carried over into another calendar year or paid out at year end — and you must use earned vacation/PTO before purchased time.*

**Some states may differ in the treatment of Purchased PTO.*

Exempt Associates

Full-time associates working 40 standard hours a week are granted vacation based on calendar years of service.

- In your first calendar year of service (year 0), your vacation is based on a prorated portion of a 10 day vacation allotment using date of hire.
- After the year in which you were hired, you receive 15 vacation days annually (calendar years 1-4)
- Upon completing four full-calendar years, you receive 20 vacation days annually (calendar years 5+).

Exempt associates are granted paid sick time on an as-needed basis. Additionally, three Family Care Days are granted annually for you to take care of family members.

Time off is granted on a calendar year basis. If you work less than 40 standard hours, the vacation/PTO allotments shown above are prorated based on your standard hours as maintained in Workday.

See Pulse for more details on your vacation/PTO benefits.

Parental Leave

Parental Leave options are available to eligible full-time associates who are new parents regardless of how you've grown your family, including birth via a surrogate, adoption, and foster care. All eligible associates can take 8 weeks of leave, paid at 100% of base salary, within one year of the child's birth or placement in the home. Associates who give birth are eligible for up to 18 weeks of paid leave — 10 weeks of healing time under Short-Term Disability and 8 weeks of paid Parental Leave.

Note: You may be eligible for additional paid or unpaid leave through the Family Medical Leave Act or through your state.

If you need to take parental leave, call the Capital One Leave and Accommodation Service Center at **1-844-324-CAP1 (2271)** 30 days prior to your expected delivery date or requested leave date.

Other Types of Leave

State Leaves, Bereavement Leave, Jury Duty, Voting Leave — there are too many types of leaves to list them all. Go to Pulse and find the Take Time Away page to learn about the many other types of leave Capital One offers to its associates.

OTHER BENEFITS (CONTINUED)

Family Support Benefits

We provide a variety of family support resources for all ages and life stages.

Back-Up Child and Family Care

If your child or adult care plans change, Bright Horizons can help you find alternative care provider options. Whether you need extra support at home or help locating care, Bright Horizons can help arrange back-up resources that match the care you need, when you need it.

Please note, Bright Horizons is provided free of charge to associates but has a 15-day annual limit. If you need additional help with ongoing care, get preferred enrollment at Bright Horizons centers and tuition discounts at network partner centers. Plus, rely on before- and after-school programs on-site in participating schools across the country.

If you need help with other personal needs, Sittercity can help you find the right caretakers for any situation (babysitting, elder care, pet sitting, and even support for remote learning) with their free, online caregiver database. And the best part? Sittercity's annual membership fee (\$150 value) has been covered by Capital One if accessed through Pulse.

For more information, check out Pulse and search for the "Caring for You and Your Family" page, or contact Bright Horizons at **1-855-789-3852**.

Adoption & Surrogacy Reimbursement

The Adoption and Surrogacy Reimbursement programs provide financial support up to \$35,000 per child or surrogacy arrangement for full-time associates who are building their families through adoption or surrogacy. Expenses such as legal costs, attorney's fees, adoption and surrogacy agency fees, and some medical and travel expenses are eligible for reimbursement.

Associates are limited to three lifetime claims for Adoption and/or Surrogacy Reimbursement combined. For more information about these benefits programs, review the Adoption Reimbursement Program and Surrogacy Reimbursement Program pages on Pulse, contact the Anthem Employee Assistance Program (EAP) at **1-855-383-7222**, or visit Anthem EAP online at **anthemeap.com**. When you go to the site, enter "Capital One" as the login.

College Coach

College Coach provides valuable information and insight from former admissions officers, college finance professionals, and teachers. College Coach can help answer questions like how to navigate the complex college admissions process and determine the best way to pay for college.

For more information, check out Pulse or contact College Coach directly by calling **1-877-527-3550** or going to **capitalone.myevive.com** to access Bright Horizons' website.

Fertility IQ

Fertility IQ is a comprehensive family planning resource that helps you and your family members make informed fertility decisions. Through Fertility IQ, you'll have access to the most up-to-date research on fertility treatments, doctors, outcomes, costs and more, as well as a variety of courses that provide you with the tools and insights you need to make educated decisions about your fertility.

Visit **capitalone.fertilityiq.com** (code "CapitalOne") to learn more.

Milk Stork

Milk Stork provides Capital One associates who are on U.S. business travel and are breastfeeding with everything they need to ship a day's supply of breastmilk home to their babies. Mothers traveling on business can request Milk Stork Kits, pharmaceutical-grade shipping coolers, that provide everything needed to pump, pack, and ship up to 72 oz. of milk.

Visit **milkstork.com/capitalone** to learn more.

BE WELL REWARDS PROGRAM

Capital One's Be Well Rewards program empowers you to take charge of your overall well-being by letting you choose to participate in the most appropriate activities for your personal goals.

The Be Well Rewards program rewards you for completing well-being related activities, such as routine preventive exams, team challenges, and other health related activities. The program is available to all Capital One associates as well as their medically enrolled spouse/domestic partner.

Visit **capitalone.myevive.com** to get started.

OTHER BENEFITS (CONTINUED)

Employee Assistance Program

Capital One's Employee Assistance Program (EAP) can help you find the support you need from the comfort of your own home. Through the EAP, you can access a robust set of services, including telephonic support, face-to-face/virtual counseling, information on health and well-being, and access to the MyStrength app.

The use of EAP services is completely confidential and **free of charge** to all Capital One associates and their **household members**. Remember, all of us are facing new and unique challenges every day. It is okay to ask for help if you are having trouble adjusting to new demands. Assistance is available 24/7, so reach out for help whenever you may need it.

To access the Anthem EAP, call **1-855-383-7222** or visit the Anthem EAP online at **anthemeap.com** for more information. When you go to the site, enter "Capital One" as the login.

Educational Assistance Program

The Educational Assistance Program offers you up to a \$5,250 annual allowance to use for course-specific tuition, required books, and eligible course-specific fees at regionally and nationally accredited institutions. Depending upon your field of study and meeting eligibility requirements, you may be reimbursed through the Educational Assistance Program. Full-time and part-time associates (who work at least 20 standard hours/week) are eligible on their date of hire for reimbursement for courses starting on or after their hire date.

The program also provides discounts at over 200 selected schools and programs throughout the EdAssist Education Network to all associates regardless of whether you qualify for the Education Assistance program.

Visit Pulse for full details and eligibility requirements of the various Educational Assistance programs.

Consumer Medical

Available to all Capital One associates and their family members, Consumer Medical provides information from expert physicians to address your questions or uncertainty around any condition or treatment — from back pain to surgery to other serious medical conditions. Consumer Medical can help you check your current doctor's credentials, find the most qualified doctors and top-rated hospitals in your area, get a second opinion and more. If you are in need of a second opinion, call Consumer Medical Virtual Second Opinion at **1-888-361-3944**.

Commuter Benefits

You can save money by contributing to a transportation account on a pre-tax basis to help pay for certain work-related commuting expenses, including parking, mass transit, and van pool. You may sign up for this program at any time and may cancel at any time before the monthly cutoff date (the 10th of each month). When you reach your pre-tax savings limit, you don't have to leave the plan — you can easily start using post-tax dollars to continue paying eligible commuting costs. We pay for the program administration; you pay only the cost of your transit or parking.

Go to **wageworks.com** to register or visit Pulse for more details.

Be Well Health Centers

We offer comprehensive health care and wellness resources for all associates and their eligible dependents (over the age of 2) at our Be Well Health Centers. This means that you and your eligible dependents can come in to receive free preventive care. You do not have to be enrolled in a Capital One medical plan to receive these services. Associates and dependents enrolled in the Basic PPO or Enhanced PPO can access all care at the Be Well Health Center at no cost. However, to comply with IRS regulations on HSAs, associates and dependents enrolled in the CDHP will be charged \$35 for non-preventive care visits. Associates and dependents not enrolled in a Capital One medical plan will also be charged \$35.

Visit a Be Well Center if you need preventive care, urgent care, minor injury treatment, allergy shots, chronic condition management, or healthy living management services, including ergonomic and nutrition services. Our Be Well Health Centers also offer mental health services both virtually and in-person, so contact a center if you need extra support for anxiety, depression, and more.

Visit **mypremisehealth.com** to learn more.

Note: The availability services provided at the Be Well Health Centers is dependent on office closures and local rules and regulations. Many of the services provided by the Be Well Health Centers are being offered virtually through a telephonic or video visit. Visit Pulse to find out more.

CONFIDENTIALITY

The Health Centers and staff are managed by Premise Health, an independent medical organization bound by the same confidentiality laws that apply to all health care providers. Capital One does not have access to medical information of associates or their families.

RETIREE MEDICAL

Beginning in 2022, associates who meet the eligibility criteria for retirement (10 years of service after age 45) will have access to Mercer Marketplace 365+ Retiree which can help you to select retiree medical coverage. These retiree medical plans are not subsidized by Capital One, except for those associates who met the retirement criteria prior to 1/1/2013.

Mercer Marketplace 365+ Retiree, a trusted partner of Capital One, is a service that will assist you in choosing coverage from a variety of individual health insurance options based on where you live. You will have access to both national insurance companies and regional insurers who administer these coverages. Through Mercer Marketplace 365+ Retiree, you and your eligible dependents will have:

- More than one medical plan option to choose from, which will allow you to choose coverage that best meets your individual health needs.
- Access to one-on-one support from a licensed Mercer Marketplace 365+ Retiree benefits counselor. Benefits counselors will walk you through the entire decision-making process and help you choose the coverage that best meets your needs and your budget. They will take into account the area where you live, the doctors you use, the medications you take, and other healthcare needs and preferences.
- The potential to reduce your health insurance costs.

If you are considering retirement and want to learn more, visit [Pulse](#).



CONTACTS

For details about your benefits, contact the Capital One Benefits Center by calling **1-877-775-9393** or visit the **online enrollment system** to send an email or chat live with a service representative. You can also contact a specific carrier with the information below.

| Benefit/Resource | Contact | Phone Number | Website |
|------------------------------------|-------------------------|--------------------------------|---|
| Medical | Anthem | 1-844-390-4133 | anthem.com/capitalone |
| Prescription Drugs | CVS Caremark | 1-877-210-3556 | caremark.com |
| Dental | Delta Dental | 1-844-344-8006 | deltadentalva.com |
| Vision | Anthem Blue View Vision | 1-866-723-0515 | anthem.com/capitalone |
| Telemedicine | LiveHealth Online | 1-888-LiveHealth (548-3432) | livehealthonline.com help@livehealthonline.com |
| Fertility Benefits | WINFertility | 1-844-323-7539 | winfertility.com/capital-one |
| Savings and Spending Accounts | Anthem | 1-844-390-4133 | anthem.com/capitalone |
| Life and AD&PL Insurance | The Hartford | 1-877-867-4790 | — |
| Short-Term Disability | Sedgwick | 1-844-324-CAP1 | claimlookup.com/capitalone |
| Long-Term Disability | Cigna | 1-800-238-2125 | mycigna.com |
| Back-Up Child and Family Care | Bright Horizons | 1-855-789-3852 | capitalone.myeve.com (Find: Back-Up Child and Family Care) |
| Adoption & Surrogacy Reimbursement | Anthem EAP | 1-855-383-7222 | anthemeap.com (Login: Capital One) |
| College Coach | College Coach | 1-855-789-3852 | capitalone.myeve.com (Find: College Coach) |
| Fertility Resource | Fertility IQ | — | capitalone.fertilityiq.com (code "CapitalOne") |
| Be Well Rewards Program | MyEve | — | capitalone.myeve.com |
| New Parent Benefit | Milk Stork | 1-888-207-6909 | milkstork.com/capitalone |
| Employee Assistance Program | Anthem EAP | 1-855-383-7222 | anthemeap.com (Login: Capital One) |
| Educational Assistance Program | EdAssist | 1-510-356-0221 | capitalone.myeve.com (Find: Educational Assistance) |

| Benefit/Resource | Contact | Phone Number | Website |
|--------------------------------------|--|-----------------------|--|
| Expert Medical Opinion | Consumer Medical | 1-888-361-3944 | anthem.com |
| Commuter Benefits | WageWorks | 1-877-924-3967 | wageworks.com |
| Be Well Health Centers | Premise Health | — | mypremisehealth.com |
| Associate Stock Purchase Plan | E*TRADE | — | etrade.com |
| 401(k) Associate Savings Plan | Capital One Retirement Savings Center (Fidelity Investments) | 1-800-854-4015 | netbenefits.com |
| COBRA Coverage | Anthem Blue Cross Blue Shield (Benefit Admin Solutions) | 1-877-775-9393 | benefitadminsolutions.com Select Anthem Blue Cross Blue Shield (Anthem) from the drop-down |



COMPLIANCE NOTICES

Health Insurance Requirements

Qualified individuals have the opportunity to purchase their 2021 health insurance through the public health insurance marketplace (often referred to as an “exchange”). As a Capital One associate, you’re offered comprehensive, affordable insurance that likely provides better coverage at a lower cost, so selecting one of the company’s health plans may be a better option for you.

Privacy and Your Health Coverage

The privacy rules under the Health Insurance Portability and Accountability Act (HIPAA) require that the Capital One health plans periodically remind you about the availability of the privacy notice and how to obtain that notice. The privacy notice explains participants’ rights and the plan’s legal duties with respect to protected health information (PHI) and how the plan may use and disclose PHI. To obtain a copy of the privacy notice or for any questions about the plans’ privacy policies, please contact the Capital One HR Help Center at **1-888-376-8836 (options 2, 2, 0)**.

Reminder: HIPAA Description of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends or employer contributions to such other health insurance coverage terminate. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage or 60 days after the birth, adoption or placement for adoption. During a loss of coverage event, members can enroll in medical, dental and vision benefits. Contact the Capital One HR Help Center at **1-888-376-8836 (options 2, 2, 0)**.

Post-Mastectomy Benefits

Under federal law, all group health plans are required to provide medical and surgical benefits following a mastectomy—and to communicate this coverage to plan participants. All medical options provide coverage for these services, including reconstructive breast surgery needed after a mastectomy, prostheses and treatment of any physical complications after a mastectomy. These services are covered in the same way as other surgery or services under each medical option.

Length of Maternity Hospital Stay

Group health plans and health insurance issuers offering group health insurance coverage generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a normal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn earlier. Additionally, no group health plan or issuer may require that a provider obtain authorization from the plan or insurance issuer for prescribing a length of stay not in excess of the above periods.

Reminder: Women’s Health and Cancer Rights Act

As required by the Women’s Health and Cancer Rights Act, a member receiving benefits for a medically necessary mastectomy who elects breast reconstruction after the mastectomy will also receive coverage for:

- All stages of reconstruction of the breast on which the mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of all stages of mastectomy, including lymphedemas

This coverage will be provided in consultation with the attending physician and the patient, and will be subject to the same annual deductibles and co-insurance provisions that apply for the mastectomy. Information about how to obtain a detailed description of the mastectomy-related benefits is available via Anthem Blue Cross and Blue Shield at **1-844-390-4133** or **[anthem.com/capitalone](https://www.anthem.com/capitalone)**.

Premium Assistance under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office, or dial **1-877-KIDS NOW** or insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at askebsa.dol.gov or call **1-866- 444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2021. Contact your State for more information on eligibility.

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| <p style="text-align: center;">ALABAMA – Medicaid</p> <p>Website: http://myalhipp.com/ Phone: 1-855-692-5447</p> | <p style="text-align: center;">COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)</p> <p>Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442</p> |
| <p style="text-align: center;">ALASKA – Medicaid</p> <p>The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</p> | <p style="text-align: center;">FLORIDA – Medicaid</p> <p>Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268</p> |
| <p style="text-align: center;">ARKANSAS – Medicaid</p> <p>Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)</p> | <p style="text-align: center;">GEORGIA – Medicaid</p> <p>Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131</p> |
| <p style="text-align: center;">CALIFORNIA – Medicaid</p> <p>Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Email: hipp@dhcs.ca.gov</p> | <p style="text-align: center;">INDIANA – Medicaid</p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584</p> |

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| <p>IOWA – Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p> | <p>MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p> |
| <p>KANSAS – Medicaid</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884</p> | <p>NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p> |
| <p>KENTUCKY – Medicaid</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov</p> | <p>NEVADA – Medicaid</p> <p>Medicaid Website: http://dhcfnv.gov Medicaid Phone: 1-800-992-0900</p> |
| <p>LOUISIANA – Medicaid</p> <p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p> | <p>NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/oi/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p> |
| <p>MAINE – Medicaid</p> <p>Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711</p> | <p>NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p> |
| <p>MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa Phone: 1-800-862-4840</p> | <p>NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p> |
| <p>MINNESOTA – Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p> | <p>NORTH CAROLINA – Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p> |
| <p>MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p> | <p>NORTH DAKOTA – Medicaid</p> <p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p> |
| <p>OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-374</p> | <p>UTAH – Medicaid and CHIP</p> <p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p> |
| <p>OREGON – Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p> | <p>VERMONT– Medicaid</p> <p>Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427</p> |

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| <p>PENNSYLVANIA – Medicaid</p> <p>Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462</p> | <p>VIRGINIA – Medicaid and CHIP</p> <p>Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924</p> |
| <p>RHODE ISLAND – Medicaid and CHIP</p> <p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)</p> | <p>WASHINGTON – Medicaid</p> <p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p> |
| <p>SOUTH CAROLINA – Medicaid</p> <p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p> | <p>WEST VIRGINIA – Medicaid</p> <p>Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p> |
| <p>SOUTH DAKOTA - Medicaid</p> <p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p> | <p>WISCONSIN – Medicaid and CHIP</p> <p>Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002</p> |
| <p>TEXAS – Medicaid</p> <p>Website: http://gethipptexas.com/ Phone: 1-800-440-0493</p> | <p>WYOMING – Medicaid</p> <p>Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269</p> |

To see if any other states have added a premium assistance program since July 31, 2021 or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services Centers
for Medicare & Medicaid Services
cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately 7 minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137. OMB Control Number 1210-0137.

Medicare Part D Prescription Drug Plan— Notice of Creditable Coverage

Effective since 2006, every individual who is eligible for Medicare had the opportunity to enroll in the Medicare Part D prescription drug plan. We are required to annually provide every person who may be eligible for Medicare prescription drug coverage (and who may have coverage under the health plan offered by Capital One) with the enclosed Notice of Creditable Coverage. You and your family members should consider it carefully if this applies to you.

Important things to know about your rights

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. The prescription drug coverage provided under the CVS Caremark plan will provide you with better coverage than the standard Medicare Part D prescription drug plan. However, you may be able to obtain richer coverage than what is offered under a standard Medicare Part D prescription drug plan that may provide for better coverage than our CVS Caremark plan provides, but it is likely to be more expensive than the cost for the standard Medicare prescription drug coverage. Please be aware that Medicare Part D prescription drug plans vary from state to state.
2. Generally, you may be better off retaining your current coverage and NOT enrolling in any of the Medicare Part D prescription drug plans available to you; however, you should fully weigh your options. Here are some considerations:
 - Your present coverage is more generous to you than standard Medicare Part D prescription drug plans.
 - You won't have to pay the premium for the Medicare Part D prescription drug plan.
 - If you enroll in Medicare later, you won't have to pay any penalty for doing so, as long as you enroll within 63 days after your prescription drug coverage under this plan ends for any reason.

If you do enroll in a Medicare Part D prescription drug plan:

- Capital One will NOT pay for your Medicare coverage
- You WILL NOT LOSE your coverage under the CVS Caremark plan
- Your Capital One premiums will not be reduced

The enclosed notice provides details about how to get more information about your options. We encourage you to read it carefully to fully understand how this new program impacts you.

Should you have any questions regarding this notice, please contact the Capital One Benefits Center at **1-888-376-8836 (options 2, 2, 0)**.

Please read this notice carefully and keep it where you can find it. This notice has information about prescription drug coverage with Capital One and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare Part D prescription drug plans in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Part D prescription drug plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Capital One has determined that the prescription drug coverage offered by CVS Caremark is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare Part D prescription drug plan.

When can you join a Medicare Part D prescription drug plan?

You can join a Medicare Part D prescription drug plan when you first become eligible for Medicare and each year from October 15 to December 7.

However, if you lose your current creditable prescription drug coverage through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare Part D prescription drug plan.

What happens to your current coverage if you decide to join a Medicare Part D prescription drug plan?

If you decide to join a Medicare Part D prescription drug plan, your current CVS Caremark coverage will not be affected. Generally, if you are a retiree, if you do decide to join a Medicare Part D prescription drug plan and drop your current CVS Caremark coverage, be aware that you and your dependents will not be able to get this coverage back. If you are an active member and you drop your current coverage either at Open Enrollment or due to a qualifying event, you can re-enroll in coverage during the next Open Enrollment period.

When will you pay a higher premium (penalty) to join a Medicare Part D prescription drug plan?

You should also know that if you drop or lose your current coverage with Capital One and don't join a Medicare Part D prescription drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare Part D prescription drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without Creditable Coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare Part D prescription drug plan coverage. In addition, you may have to wait until the following October to join. For more information about this notice or your current prescription drug coverage, contact Capital One's Human Resources Benefits Center at **1-888-376-8836 (options 2, 2, 0)**.

Note: You'll get this notice each year. You will also get it before the next period you can join a Medicare Part D prescription drug plan, and if this coverage through Capital One changes. You also may request a copy of this notice at any time.

For more information about your options under Medicare prescription drug coverage.

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit **medicare.gov**.
- Call your state Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call **1-800-medicare (1-800-633-4227)**. TTY users should call **1-877-486-2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at **socialsecurity.gov**, or call them at **1-800-772-1213 (TTY 1-800-325-0778)**.

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained Creditable Coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: December 2021

Name of Entity/Sender: Capital One Benefits

Address: PO Box 9740

Providence, RI 02940-9740

Phone Number: 1-888-376-8836 (options 2, 2, 0)

This guide is designed to help you learn about and understand the benefits available under the 2021 Plan, which include medical (including prescription drug coverage), wellness, dental and vision coverage (together, referred to as healthcare coverage), as well as flexible spending accounts, life, accident and disability coverage offered by Capital One to eligible associates. If applicable, this guide will serve as a Summary of Material Modification (SMM) outlining any changes which take effect on January 1, 2022.

This guide, the Welfare Plan document, together with the SPD and any insurance contracts providing benefits under the plan, constitute the official “plan documents” that govern Capital One’s health and welfare benefits. In the event that another document or communication (whether written, oral or electronic) conflicts in any way with the terms of the official plan documents, the official plan documents will take precedence.

As you read through this guide, keep in mind that as a matter of prudent business planning, Capital One continually reviews and evaluates proposals for changes in its benefits under the Plan. These proposals, if approved, could be more or less advantageous to you than the current benefits. Capital One reserves the right to end, suspend or amend the benefits under the Plan at any time, in whole or in part, for whatever reason. Until Capital One formally announces the changes in writing in the applicable plan documents, no one is authorized to give assurances that any changes will be or have been made. In addition, please note that nothing in this document states or implies that participation in this Plan is a guarantee of employment with the company. Employment with Capital One is “at will,” meaning that you or the company may end your employment at any time, for any reason, within the limitations of the law. Further, nothing in this document guarantees that benefit levels will remain unchanged in the future.

All changes go into effect on January 1, 2022, unless otherwise noted.