



2022 Open Enrollment: October 6 – 27, 2021

Frequently Asked Questions (FAQs)

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Open Enrollment

1. Do I need to do anything during Open Enrollment if I want to keep the same benefits that I elected in 2021?

There are three new medical plans available this year in addition to updates to our existing benefits. We recommend reviewing the changes for this year's Open Enrollment to ensure you're making the right choice for you and your family.

- The Premium Plan will no longer be offered in 2022. If you were enrolled in the Premium Plan for 2021 and do not take action during Open Enrollment, you will automatically be enrolled in the updated Enhanced Plan for 2022.
- Health Care FSA, Dependent Care FSA and Vacation/PTO Buy elections must be made each year, so if you don't go into the system to make an election, you will not have those benefits for 2022.
- If you change your 2021 benefits after October 6, 2021 (due to qualifying life event), those elections will not be carried over to 2022. If you make a change to your 2021 benefits, you will also need to make the change for your 2022 benefits.
- We are introducing a Consumer-Driven Health Plan (CDHP), which comes with a new tax-advantaged account, the Health Savings Account (HSA) and if this is the right plan for you, you'll miss the opportunity to enroll in the new option.

Keep in mind that Open Enrollment is your **only** opportunity to review your benefits choices to ensure they continue to meet your and your family's needs, unless you have a qualifying life event. Consider taking a fresh look at your medical plan choices each year – you can use the **Medical Plan Selector** tool to help determine which plans best meet your needs.

2. How do I enroll in my benefits?

1. Go to the **Capital One online enrollment system** (also accessible through **mybewellbenefits.com**) to access the enrollment system or register, if you are a new user.
2. If you're a new associate or don't already have access, just follow the prompts to register as a New User.
3. Click **Get Started** in the upper left on the Home page to enroll.
4. Click the **Choose Benefits** tab at the top of the page.
5. To enroll or make a change to your benefits, click the links for Medical, Dental, Vision, Spending Accounts, Life and Disability under the **Choose Benefits** tab or use the **Previous** and **Next** buttons to progress through each benefit. The **What To Do Here** box will be present on each benefit enrollment page to prompt you on what to do and/or provide links to additional information.
6. Your cart will begin with default coverage. As you make your benefit selections or changes, your choice will be added to your cart. You can click the **Your Cart** tab at any time to review your selections.
7. After you made all your choices, you will need to **Review Your Cart**.
8. Scroll to the bottom of the page to see your **Cost of Benefits**. From there you can make changes, if you need to, or click **Check Out** to finish your enrollment. You must accept the **Terms and Conditions** from the **Check Out** process to submit your enrollment.

9. Once you have checked out, you will see a confirmation screen and you can print this screen and save it for your records.

If you are on a leave of absence or unable to access the online system to enroll, please call the Benefits Center at 1-888-376-8836 to make your elections.

3. How do I make sure I'm enrolled in benefits?

When enrolling on the **Capital One online enrollment system** (also accessible through mybewellbenefits.com) you will see the **Terms and Conditions** at the end of the enrollment process. You must accept the **Terms and Conditions** during the **Check Out** process to officially submit your enrollment. Don't forget to hit **Yes, I accept** and then **Check Out** before your enrollment deadline.

Once you've checked out, click the print icon at the top right to print a copy of your confirmation page or create a PDF. Also, you should receive a confirmation email immediately after checking out. A confirmation of your enrollment selections will be mailed to your home by late November, too.

We send email notifications to remind associates who haven't enrolled or failed to officially "check out" during Open Enrollment to make sure everyone enrolls by the deadline. Keep in mind that if you are a new hire or adding a dependent between October 6, 2021 and December 31, 2021 you will need to enroll in both 2021 **AND** 2022 benefits.

4. I submitted my enrollment, but I need to make a change. What do I do?

To make changes to your elections for 2022, please contact the Capital One Benefits Center at **1-888-376-8836**, Monday to Friday 8 a.m. to 8 p.m. ET.

5. How do I know my elections went through?

You will receive a confirmation email once your 2022 elections have been submitted. If you do not receive this email within 24 hours of completing your elections, please return to the **Capital One online enrollment system** (also accessible through mybewellbenefits.com), and be sure you accept the **Terms/Conditions** on the Check Out page to officially submit. Don't forget to hit **Yes, I accept** and then **Check Out**. Please, also print your submit confirmation page for your records before closing your browser.

6. Will I get a copy of my elections for 2022?

Yes. Please be on the lookout for a paper confirmation statement that will be mailed to your home in late November with details on your 2022 coverage. We recommend that you keep this statement for your records.

7. I'm a new hire. Is there anything different about enrolling for me?

Welcome to Capital One! As a new hire onboarding between October 6 and December 31, 2021 you will need to enroll in both 2021 **AND** 2022 benefits. You should review mybewellbenefits.com first to get all the details on our 2021 and 2022 plans. Then, when you log in to the Capital One online enrollment system, you'll need to enroll in both 2021 **AND** 2022 benefits by following the action notifications/prompts. Need more help? Go to the *New Hire page* for a checklist.

8. I'm likely going out on leave during Open Enrollment. How will I enroll?

You'll receive a What's Changing for 2022 brochure in the mail to your home with important information on Open Enrollment, including an introduction to new medical plan options for 2022. Also, you can come back to this site and review the What's New for 2022 page and the digital Open Enrollment Guide to get details on all the changes. Then you'll need to enroll on the **Capital One online enrollment system** (also accessible through **mybewellbenefits.com**).

Keep in mind that when you access the enrollment site from a Capital One computer, you can automatically log in through SSO. However, while on leave you may need your current username and password to sign in. If your leave was due to a birth or adoption, remember to update your dependents and beneficiaries PLUS enroll any new dependents in coverage for both 2021 **AND** 2022.

9. If I'm getting married or welcoming a new child to the family after enrollment begins, but before the new year, how do I make sure my new dependent(s) are covered?

You must update your dependents through **Capital One online enrollment system** (also accessible through **mybewellbenefits.com**) or by contacting the Capital One Benefits Center at **1-888-376-8836** within 31 days of the event (60 days after birth/adoption of a child or loss/gain of eligibility for a state/federal insurance program such as Medicaid or the Children's Health Insurance Program (CHIP)). If you don't add them as a dependent during this window, you must wait until the next benefits Open Enrollment period to make updates. Don't forget to enroll your new spouse or child in both 2021 **AND** 2022 coverage. See more details on the **Life Event** page.

10. How do I update my life insurance beneficiaries?

To designate or update your beneficiary(ies), go to the **Capital One online enrollment system** (also accessible through **mybewellbenefits.com**). Look for the link labeled **Update your Beneficiary** on the home page. You are always the beneficiary for dependent life insurance.

Preferred Provider Organizations (PPO) + Health Care Flexible Spending Account (FSA) Medical Plans

1. What is a Primary Care Physician (PCP) and why do I need one?

A Primary Care Physician (PCP) is the doctor you can go to for routine screenings and wellness visits, and also consult with for any health questions and concerns. Selecting a PCP is an important part of managing your health effectively and can help save you money, because all PCP visits—even for non-preventive care—are free under the Basic and Enhanced PPO medical plan options when you use an in-network provider.

2. How do I know if my PCP is covered within the Anthem Blue Cross Blue Shield network?

Log in to 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.

3. Do I need to keep my receipts or submit more documentation after using my Health Care FSA debit card?

Yes! It's important to keep receipts (or statements) from any of your Health Care FSA debit card transactions because in some situations Anthem may request additional documentation, and if you don't provide the documentation as requested, your card will be deactivated and the amount of unsubstantiated claims will be reported as income on your W-2 tax forms. Most transactions will approve automatically, but if a match isn't found Anthem will ask you to provide back-up documentation for a charge up to three times. If you don't respond, your debit card will be deactivated until you provide documentation or repay the claim.

4. If I have unused funds left in my Health Care FSA at the end of 2021, will the funds roll over for me to use the next year?

If you have a remaining balance at the end of the year, you can roll over up to \$550 of unused Health Care FSA funds into 2022 to be added to your available balance for use throughout the calendar year. Remember, you must actively re-elect the Health Care FSA each year during Open Enrollment in order to continue making contributions and to have dollars rolled over.

Please note that if you choose to enroll in the new CDHP medical plan option and open an HSA in 2022, you cannot use Health Care FSA funds. If you are currently enrolled in a Health Care FSA for 2021 and decided to enroll in the CDHP for 2022, Capital One will transfer any balance greater than \$50 (up to \$550) into a Limited Purpose FSA for 2022. You may only use the funds in your Limited Purpose FSA for eligible dental and vision expenses in 2022.

5. Why can I not continuously roll over all FSA funds like the HSA?

The IRS' rules require unused FSA funds to be forfeited. In recent years, they have allowed a carryover of up to \$550 for the HC FSA, which we have implemented as part of our plans, as long as the participant enrolls in the HC FSA the following year.

6. What is the change to Capital One's contribution to the Health Care FSA for 2022?

In 2022, we are adjusting how we make contributions to your Health Care FSA. Instead of matching your contributions \$0.50 per \$1.00 you contribute, we'll contribute a lump-sum of \$500 to your Health Care FSA account when you elect to contribute.

Note: If you experience a qualified life event in 2022 and enroll in the Health Care FSA at that time, Capital One's contribution will be prorated based on your entry date and you'll be able to contribute more than \$2,250, as long as your and Capital One's combined contribution is less than \$2,750.

7. When will I be able to use funds in my Health Care FSA?

In a Health Care FSA, you have full access to your elected contribution amount on January 1, 2022.

8. Can I change my contribution to a Health Care FSA mid-year?

Health Care FSA contributions cannot be changed unless you have a qualifying event. In any event, you may not reduce your contribution election to an amount less than what has already contributed to the account for the year.

9. Can my Health Care FSA be used to pay for my domestic partner's health care expenses?

No, your Health Care FSA can't be used to pay for your domestic partner's health care expenses.

10. What are the IRS contribution limits for 2022 for a Health Care FSA?

The IRS contribution limit is \$2,750 for 2022.

Consumer-Driven Health Plan (CDHP) with Health Savings Account (HSA)

1. What is the Consumer-Driven Health Plan (CDHP)?

The CDHP is a health care plan that comes with an HSA, a tax-advantaged savings account that gives you more flexibility on how you spend or save your health care dollars.

With the Consumer-Driven Health Plan (CDHP), you pay a lower cost per paycheck (same as the Basic PPO), but your annual deductibles are higher than the Basic and Enhanced PPOs. For 2022, if you enroll in the CDHP, Capital One will automatically deposit money into your Health Savings Account (HSA) (\$500 if you enroll in individual coverage or \$1,000 if you cover any dependents)* to help you pay for the deductible or other out-of-pocket costs. You can choose to add your own pre-tax money to your HSA to build up your account, up to the annual IRS limits (For 2022, \$3,650 when enrolled in Associate Only coverage; \$7,300 when covering a family member), which is yours to keep.

* Prorated based on date of enrollment.

2. What is a Health Savings Account (HSA)?

A Health Savings Account (HSA) is a special bank account owned by you to pay for current and future health care expenses, even in retirement. To access an HSA, you must be enrolled in the Consumer-Driven Health Plan (CDHP). The HSA is what really makes this medical plan option unique, and gives you more flexibility over your spending and savings compared to a Preferred Provider Organization (PPO) plan. It provides a triple tax advantage: money is tax-free when it goes in, tax-free as it grows, and tax-free when used to pay for eligible healthcare costs. The HSA is not available with the Basic or Enhanced PPO plans.

3. How do I know if I'm eligible to establish an HSA?

The IRS has specific rules about HSA participation. To be eligible you:

- Must be enrolled in a qualified Consumer-Driven Health Plan (the Capital One CDHP is a qualified plan)
- Cannot be claimed as a dependent on another person's tax return
- Cannot be enrolled in Medicare Part A or Part B or Tricare
- Cannot have any other health coverage that is not a qualified CDHP
 - Not covered by spouse's medical or pharmacy plan
 - Not covered through a Flexible Spending Account plan (either Employer's or Spouse's)

4. Can I have a Health Care FSA with an HSA?

If you are enrolled in an HSA, you cannot be enrolled in a Health Care FSA.

Please note that if you are currently enrolled in a Health Care FSA for 2021 and decided to enroll in the CDHP for 2022, Capital One will transfer any balance greater than \$50 (up to \$550) into a Limited Purpose FSA for 2022. You may only use the funds in your Limited Purpose FSA for eligible dental and vision expenses in 2022.

5. Why am I not eligible for an HSA if I have Enhanced PPO?

The IRS requires a person making HSA contributions be enrolled in a High Deductible Health Plan, like Capital One's Consumer Driven Health Plan (CDHP), that does not pay out any benefits (other than preventive care) prior to the deductible being met. The IRS sets the criteria of what can be considered a High Deductible Health Plan. Our new Consumer Driven Health Plan (CDHP) meets that criteria, but our PPO plans do not.

6. Who is Capital One's HSA administrator?

Capital One's HSA administrator is Anthem. If you choose the CDHP during Open Enrollment, Capital One will automatically open an HSA with Anthem for you.

7. How do the deductible and out-of-pocket maximum work in the CDHP?

The deductible:

- When you enroll in a CDHP, you are responsible for the full cost of services up to your deductible amount (\$2,000 individual/ \$3,000 if you cover dependents). You can use HSA funds, including Capital One's contributions to offset these costs.
- If you have any coverage level besides Associate only (Associate + Spouse/Domestic Partner, Associate + Child(ren), or Associate + Spouse/Domestic Partner + Child(ren) coverage), you must meet the entire family deductible before the plan begins paying benefits. This is called a "true family" deductible. One family member, or a combination of family members, can incur expenses that add up to the deductible.
- Prescription drugs (both retail and mail order), except in some cases for preventive drugs, are subject to the deductible. After you meet the deductible, you will pay coinsurance for prescriptions.

The out-of-pocket maximum:

- As with the deductible, if you have any coverage level besides Associate only (Associate + Spouse/Domestic Partner, Associate + Child(ren), or Associate + Spouse/Domestic Partner + Child(ren) coverage) you must meet the family out-of-pocket maximum before the plan pays 100% for covered medical and prescription drug expenses.
- After you reach the out-of-pocket maximum, all eligible expenses (including prescription drug coinsurance) are covered 100% by the plan for the remainder of the calendar year.

8. How do I enroll in the HSA?

If you enroll in the CDHP, Capital One will automatically open an HSA for you through Anthem. After your HSA is opened, you will receive a welcome letter regarding your HSA, and you'll start receiving Capital One's contribution with your first paycheck in January 2022. If you elect to contribute your own pre-tax dollars to the HSA during Open Enrollment, you'll also start to see your contributions reflected in your paycheck in January 2022.

9. In addition to helping me pay for eligible health expenses, what other advantages are there to establishing an HSA?

If you enroll in the CDHP and contribute to your HSA through Capital One payroll deductions, your contributions will be made on a pre-tax basis. Plus, Capital One will make an initial contribution of \$500 for individual coverage or \$1,000 for all other coverage levels. And unlike a Health Care Flexible Spending Account (FSA), unused funds in your HSA at the end of the year are yours to keep, even in retirement.

10. What can I use my HSA for?

For tax-free distributions, HSA funds must be used on eligible health expenses for tax dependents. The list of eligible health expenses is the same for both the Health Care FSA and HSA. The list of eligible expenses can be found on qme.anthem.com.

But, if you decide to use the funds on something other than health expenses, you can with an HSA! If you are age 65 or older, you will pay income tax on any disbursements made for non-health expenses. If you are younger than 65, you will pay income tax plus a 20% excise tax on those disbursements. Even though you will have to pay income tax on these disbursements, you will still have benefitted from making the contributions to the account tax-free and tax-free growth.

11. If I enroll in the CDHP, how much may I contribute to an HSA in 2022?

That depends on the coverage level you choose and the annual IRS-dictated limits. For 2022, the IRS will allow HSA contributions of up to \$3,650 for an individual and up to \$7,300 for a family (no matter how many dependents you cover).

Since Capital One will contribute \$500 to an HSA for individual coverage or \$1,000 for all other coverage levels, you may contribute up to \$3,150 for individual coverage or \$6,300 for all other coverage levels in 2022. You may also contribute an additional \$1,000 per year in catch up contributions if you will be age 55 or older in 2022. You may elect these additional contributions during Open Enrollment on the [Capital One online enrollment system](#) (also accessible through mybewellbenefits.com).

12. How do I contribute to the HSA?

The HSA allows you to save money throughout the year. You decide on the amount to contribute. You may contribute to the HSA on a pre-tax basis through payroll deductions or on an after-tax basis directly to Anthem. The Capital One Benefits Center will allow you to contribute up to the annual maximum contribution amount less Capital One's contribution (\$3,150 for individual coverage, \$6,300 for all other coverage levels in 2022) through payroll deductions.

If you experience a Life Event and opt to increase coverage from individual coverage to any other coverage level, Capital One's increased funding will be prorated based on the date in which you experienced a life event.

If you contribute on an after-tax basis, you can claim those contributions on your tax return to receive the tax benefit. If you want to contribute through Anthem, go to qme.anthem.com.

If you are contributing through payroll deductions, you may change your annual maximum contribution amount by visiting the [Capital One online enrollment system](#) (also accessible through mybewellbenefits.com) or by contacting the Capital One Benefits Center at **1-888-376-8836**. Your election amount will be taken out of each paycheck before taxes are calculated so you'll end up reducing your taxable income. It is important to note if you reduce your contribution amount, your new election amount cannot be lower than what you have already contributed for the year.

13. When will I be able to use funds in my HSA?

You may access HSA funds as soon as they are available. You will only be able to use the available funds that are in your HSA at any given time. You'll receive part of Capital One's HSA contribution with each paycheck (\$19.23 for individuals, \$38.46 for families). If you incur expenses prior to Capital One's deposit into your account, you can reimburse yourself for those expenses incurred prior to Capital One's contribution being deposited into your account.

14. How will I see my balance?

You can access your account by logging into [anthem.com/capitalone](https://www.anthem.com/capitalone) or by viewing your balance through Anthem's Sydney Health app.

15. Is Capital One's contribution to the HSA prorated if I increase coverage during the year due to a life event?

Capital One will contribute to your HSA (prorated based on the date of your life event). You can use this money and contribute your own pre-tax dollars to the account to help pay for eligible health care expenses.

16. Will I get a debit card that I can use to pay for medical expenses?

Yes, a debit card from Anthem will automatically be mailed to you once you enroll in the CDHP + HSA.

17. If I decide to contribute to my HSA, when will my payroll contributions get credited to my HSA?

Your HSA funds will be available in your account on the same date you receive your paycheck.

18. Are there any fees associated with opening an HSA or investing HSA funds?

There are no fees associated with opening an HSA. Capital One will pay a monthly maintenance fee on your behalf as long as you are actively employed by Capital One and enrolled in the CDHP. There are fees associated with certain transactions, such as:

- Receiving a monthly electronic or paper statement
- Bill payment or distribution via check
- Stop payment (per check)
- Nonsufficient funds (per item overdrawn)

If you leave Capital One, you will be responsible for the monthly account fee (~\$2.50 per month) for as long as you keep your account open.

19. What investment options will be available with my HSA?

Once your HSA balance exceeds \$1,000, you may invest the amount above \$1,000 in one or more available investment options offered through Anthem. Any interest or other investment earnings on your account balance grow tax-free. They are not subject to taxes unless you withdraw them to use for non-qualified health care expenses.

You can review your investment options on Anthem's Spending Accounts page when you log in to [anthem.com](https://www.anthem.com).

20. How are HSA investments different from 401(k) investments?

There are actually many similarities between a 401(k) and an HSA. An HSA actually offers one additional tax advantage over a 401(k) in that distributions from a 401(k) are taxed, but HSA distributions, when used for medical care, are not taxed.

21. How can I begin investing in my HSA and manage my self-directed investment account?

Check out the [Anthem Wealth Saver HSA Investment Guide](#) to find information on setting up your investment account, transferring funds from your HSA to investments, maximizing your investment account, and more.

22. How can I get advice on which investments to select for my HSA?

Investments offered through your HSA are self-directed. You should consult a financial advisor for guidance on fund selection. For all non-investment related support, please contact customer service on your HSA debit card or member ID card.

23. What does “Self-Directed” account mean?

Self-Directed means that neither the banking partner nor the investment partner can provide investment advice such as which funds to pick. If you are seeking investment advice, utilize online resources or consult an investment professional.

24. How often are investment fund performance results updated?

Performance is updated on a monthly basis and is available on the Devenir website. You can also link to quarterly performance updates within the member website online resources for HSAs.

25. Can I go below the \$1,000 threshold in my HSA?

Yes, however you cannot put more money into your investment account until your HSA account balance is above the \$1,000 threshold. Keep in mind that when funds are transferred to your investment account, the amount of the transfer cannot bring the balance of your HSA below your investment Threshold.

26. Can I use my investment funds to pay for qualified medical expenses?

Yes, but the money from your investment account will need to be transferred back to your HSA account to pay for qualified medical expenses.

27. Can I withdraw funds from my HSA for non-health care qualified expenses?

Withdrawals for unqualified distributions as defined by the IRS will normally be subject to income tax and you will be assessed a 20% tax penalty on the withdrawal. If you are age 65 or older, or totally and permanently disabled, you will not be assessed the 20% tax penalty. However, you may be subject to income tax.

28. Are medical expenses for cosmetic surgery reimbursable under the HSA?

You can include in medical expenses the amount you pay for cosmetic surgery if it is necessary to improve a deformity arising from, or directly related to, a congenital abnormality, a personal injury resulting from an accident trauma, or a disfiguring condition. Generally, you cannot include in medical expenses the amount you pay for unnecessary cosmetic surgery. This includes any procedure that is directed at improving the patient's appearance and does not meaningfully promote the proper function of the body or prevent or treat illness or

disease. You generally cannot include in medical expenses the amount you pay for procedures such as face lifts, hair transplants, hair removal (electrolysis), and liposuction.

29. Can I cover my spouse and other dependents in the CDHP if they have other coverage, including Medicare?

You can elect the CDHP and enroll your eligible dependents if they have other coverage, including Medicare. Although you may cover your dependents under the CDHP, note that they are not eligible for an HSA since they have other non-high deductible health plan coverage.

If you meet the eligibility rules, you may still receive Capital One funding to your HSA. Capital One will fund your HSA based on the coverage level you elect (up to \$500 for individual coverage or up to \$1,000 for all other coverage levels)*. Keep in mind that the maximum amount you can contribute to the HSA will be limited to the individual coverage limit (\$3,650 for 2022), regardless of what coverage level you enroll in. If your and Capital One's combined contribution is more than \$3,650 in 2022, you will face tax penalties on any amount over the contribution limit.

For example, if you have family coverage elected under the CDHP, Capital One will contribute \$1,000 to your HSA. Since your dependents are not eligible for the HSA, the maximum you can contribute to your HSA is the individual limit of \$2,650 (\$3,650 - \$1,000). **Note that if you cover dependents that are not eligible for the HSA, you cannot use HSA funds to cover their health care expenses.**

* Prorated based on date of enrollment.

30. Can I be enrolled in Capital One's CDHP and my spouse's PPO plan and make contributions to my HSA?

No. In this case you would be enrolled in a plan that does not meet the criteria of a high deductible health plan, so any contributions made to the HSA would become taxable and have an additional penalty applied.

Please note: In this situation, our enrollment systems will not prevent you from making contributions to the HSA, but you will face tax penalties for those non-eligible contributions to the account when filing taxes. The onus is on you to be compliant.

31. My spouse is enrolled in a CDHP and gets \$500 from their employer. Can I enroll myself and my children in our CDHP and contribute \$7,300 to the HSA?

If your spouse is enrolled in a CDHP and has funds going into their HSA, you will want to coordinate with your spouse to make sure that combined, the two of you do not contribute more than the family limit of \$7,300.

But, you might want to consider having your spouse enrolled in a CDHP and benefitting from the tax advantaged HSA through his employer, while you enroll in the Basic PPO at Capital One. You won't get the employer contribution to the HSA, but you won't have a high deductible to hit if you or your children had a surprise medical expense.

32. My spouse works at Capital One. Can they enroll in the CDHP with one of our kids and get the \$1,000 in employer funding, and I enroll in the CDHP with the other kid and also get the \$1,000?

Yes, you can do that if you wish, but it's not a great idea. First, you'll be paying for child coverage under both of your enrollments, when you could cover both of your kids under just one of your plans for the same price as just covering one child. Also, you still will not be able to contribute more than a combined \$7300 to your HSAs.

Second, it's risky. Instead of having a maximum limit of \$6,000 for the entire family, you are now exposing yourself to having up to \$12,000 of medical expenses.

33. Can I use my HSA funds for health expenses of my tax dependents even if they are not enrolled in a CDHP?

Yes! You have the flexibility to use your HSA funds on medical, dental and vision expenses for yourself and any tax dependents, regardless of what coverage they have.

Remember, the IRS' rules require you to be enrolled in a CDHP in order to make contributions to the Health Savings Account (HSA), but there are no requirements that you have to be enrolled in a certain plan in order to use the HSA funds.

34. If I cover my spouse under the CDHP but they also have coverage under Medicare, can I use the funds in my HSA to pay for their eligible health care expenses?

Yes, you can use the funds in your HSA for eligible expenses incurred by your spouse, even if they are covered by Medicare. Keep in mind, the amount that you can contribute to your HSA is based upon who you cover. If you cover family members (even if your spouse has Medicare coverage), you can contribute up to the family maximum. However, if you don't cover your spouse or other dependents under the CDHP, you can only contribute up to the individual maximum.

35. If my spouse has an HSA but is not on my plan, can they transfer their funds to my HSA?

Generally speaking, you can transfer funds from one HSA to another, but you will need to speak with Anthem's Member Services on whether you can transfer your spouse's funds to your HSA.

36. If I cover my domestic partner under the CDHP, can I use the funds in my HSA to pay for their eligible health care expenses?

No, you can't use HSA funds to pay for your domestic partner's health care expenses on a tax favored basis, unless they are a tax dependent. Remember you can use your HSA funds for any reason, but if you use them for reasons other than medical expenses of qualified dependents, it will generally be included in income and subject to 20% excise tax.

37. If I cover my spouse as a dependent under the CDHP, can they contribute to their own HSA?

Yes, your spouse can open their own HSA outside of Capital One. You and your spouse are limited to contributing up to the family contribution limit (\$7,300 for 2022). You and your spouse may split the contribution however you wish, as long as your collective contribution does not equal more than \$7,300 in 2022. Keep in mind that Capital One will automatically contribute \$1,000 to your HSA account that counts toward the annual limit, but not to your spouse's HSA account.

38. My spouse is over 55 years old. Can my spouse make catch-up contributions in 2022?

Yes, your spouse can make up to \$1,000 in catch-up contribution to their own HSA account in 2022. Your spouse cannot contribute to your HSA account.

39. If my spouse is over 55 and enrolled in my CDHP but I'm not 55, can I contribute the extra \$1,000 in catch up contributions?

No. But, since your spouse is enrolled in a CDHP, they can establish an HSA on their own with a banking institution and contribute the \$1,000 in catch up contributions. The total limit of what you and your spouse can contribute cannot exceed the Family maximum (\$7,300) plus the catch up (\$1,000) for a total of \$8,300.

If you and your spouse are both 55 as of December 31 of the plan year, you can contribute the \$7,300 to HSA plus the \$1,000 from your paycheck deductions, and then your spouse can contribute the extra \$1,000 in catch up contributions to their own account for a total of \$9,300.

40. If I enroll my domestic partner under the CDHP, can they contribute to an HSA?

Yes, your domestic partner can open their own HSA account outside of Capital One. They can contribute up to the family contribution level (\$7,300 in 2022) to their own HSA account. Keep in mind that Capital One will contribute \$1,000 to your HSA account, but not your domestic partner's HSA account.

41. If I enroll my adult children under the CDHP, can they contribute to their own HSA?

Yes, your child(ren) can open their own HSA account(s) outside of Capital One provided they are not claimed as your federal tax dependent. They can contribute up to the family contribution level (\$7,300 in 2022) to their own HSA account. Keep in mind that Capital One will contribute \$1,000 to your HSA account, but not your child(ren)'s HSA account.

42. If I currently have an HSA from a previous employer, can I enroll in Capital One's HSA?

Yes, if you enroll in Capital One's CDHP, you can maintain multiple HSAs at one time, or you can transfer all of your HSA funds into one account like Capital One's Anthem HSA. If you maintain your previous HSA, you may continue to make contributions on an after-tax basis to your other HSA. You can make pre-tax contributions to Capital One's Anthem HSA through payroll deductions. You choose which HSA to use when you need to pay for health care services.

For associates who are enrolled in the CDHP, we will pay the monthly account fees for the HSA. If you leave Capital One, you will be responsible for the account fees in the Capital One Anthem HSA.

43. What happens to the money in my HSA if I stay with Capital One but switch to another medical plan in the future?

If you enroll in the CDHP for this upcoming plan year and switch to a PPO plan the year after, you'd still be able to use any remaining HSA funds that you have from your time in the CDHP. The HSA funds belong to you and you can use them for medical expenses for you and your tax dependents at any time. However, once you are no longer actively enrolled in a CDHP, you cannot make additional contributions to your HSA.

44. What happens to my HSA if I leave Capital One?

The account goes with you. The funding Capital One deposited into your account, as well as all of your own contributions, is yours to use for future qualified health care expenses. However, once you are no longer an active Capital One employee, you will be responsible for any fees charged by Anthem or the custodial bank to maintain your account.

While you are enrolled in Capital One's CDHP, the company will pay your monthly account fee for your HSA. If you leave Capital One, you will be responsible for the monthly account fee (~\$2.50 per month) for as long as you keep your account open.

45. What happens to my account upon my death?

If you die, ownership of any money in your account will be given to your spouse if they have been designated as your beneficiary. If your estate is the beneficiary, money in your account will be considered taxable income to you for your final tax return. Otherwise, it will be taxable to the non-spouse beneficiary you designated.

Dependent Care Flexible Spending Account (DC FSA)

1. Do I need to keep my receipts or submit more documentation after using my FSA debit card?

Yes! It's important to keep receipts (or statements) from any of your DC FSA debit card transactions because in some situations Anthem may request additional documentation, and if you don't provide the documentation as requested your card will be deactivated and the amount of unsubstantiated claims will be reported as income on your W-2 tax forms. Most transactions will approve automatically, but if a match isn't found, Anthem will ask you to provide back-up documentation for a charge up to three times. If you don't respond, your debit card will be deactivated until you provide documentation or repay the claim.

2. If I have unused funds left in my DC FSA at the end of 2022, will the funds roll over for me to use the next year?

You have until March 15, 2022, to incur expenses for your 2022 DC FSA. Claims must be submitted by April 30, 2022. If you do not use the money by March 15, 2022, it will be forfeited per IRS rules.

3. What is the change to Capital One's contribution to the DC FSA 2022?

In 2022, we are adjusting how we make contributions to your DC FSA. Instead of matching your contributions \$0.50 per \$1.00 you contribute, we'll contribute a lump-sum of \$500 to your DC FSA account when you elect to contribute.

4. Can I change my contribution to a DC FSA mid-year?

Yes. DC FSA elections may be added, dropped, or changed mid-year if you have a change in eligible dependents or if your costs change. However, if you no longer need the account, or if you elected in error and do not have any eligible dependents for the DC FSA, refunds will not be issued for funds already contributed to the account.

Dental

1. Are the dental plans changing for 2022?

For 2022, the Basic Plan will cover major services such as bridges, crown, dentures, and dental implants, at 50%, and will also feature an increased annual maximum of \$1,000. The Enhanced Plan will no longer have a deductible so the plan will begin covering benefits right away.

2. Which dental plan is best if braces are needed for myself or my child this year?

The **Enhanced Dental Plan** has orthodontia coverage (including braces, mouth guards, and TMJ disorders for you and your dependents). The plan is 50% co-insurance, with no deductible and a lifetime benefit maximum of \$2,500 per person. For more coverage, consider contributing pre-tax dollars to a Health Savings Account (HSA) or Health Care Flexible Spending Account (FSA). Also, be sure to continue to elect the Enhanced Dental Plan until the course of treatment is complete.

General Benefits

1. Are there any tools to help me choose my medical plan and estimate my health care expenses for 2022?

Yes! The **Medical Plan Selector** is available to help you find the plan that's best for you. The tool allows you to estimate and compare costs for medical plans based on your past claims and expected needs. Plus, you can calculate contributions to a Health Savings Account (HSA) or Health Care FSA, depending on which medical plan option you enroll in.

2. What is a qualified life event (QLE)?

A QLE is a qualifying change in your family or employment status such as marriage, the birth or adoption of a child, or a change in your or your spouse/domestic partner's working hours that gives you the opportunity to adjust specific parts of your benefits coverage outside of the Open Enrollment period.

3. Who can be considered a dependent?

Dependents must be your qualifying child — a child that you claim as a dependent on your federal tax return or for whom you have legal custody.

4. How do the Capital One medical plans work if my spouse is also eligible for Medicare?

While you are an active associate, our plan will pay as primary coverage before Medicare in most circumstances. **See our SPD for more details.**

5. Have a question we didn't answer?

Don't forget, we are here to help. If you have questions during enrollment, contact the **Capital One Benefit Center** by calling **1-888-376-8836 (options 2, 2, 0)** between the hours of 8 a.m. and 8 p.m. ET, Monday-Friday, or visit the **Capital One online enrollment system** (also accessible through **mybewellbenefits.com**) to send an email or chat live with a service representative.