



2022 Open Enrollment October 6 – October 27, 2021

Benefits to Support Your Well-being

This guide is here to help make 2022 Open Enrollment as simple and efficient as possible. Use it to get to know your benefit options, coverage costs, what's new for 2022, 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. If you would like to learn more about the changes for 2022 and all your Capital One benefits, visit mybewellbenefits.com.



Welcome to 2022 Open Enrollment

Since the pandemic began, it feels like the only consistent thing in life has been change. And while many of these changes have been difficult, we have learned a few things along the way about adapting to change, the power of choice, and the advantages of flexibility.

With this in mind, Capital One is committed to providing options for 2022 that give you what you want from a benefits plan: a wider 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.

**IT'S TIME TO ENROLL IN BENEFITS FOR 2022 — OPEN ENROLLMENT BEGINS
OCTOBER 6 AND ENDS OCTOBER 27, 2021.**

We're excited to announce enhancements to our benefit offerings for 2022, including a new medical plan option. Take a look inside this guide to learn about what's new, find information about your benefit options for 2022, and understand what you need to do during Open Enrollment, so you're covered by the benefits you want for the upcoming year.

We encourage you to review all the information carefully. Please pay special attention to your medical plan options for 2022, which will look different from years past. In addition, we have made some enhancements and added a few new programs to ensure we are providing you, and your family, the support and care you need. We have provided comparison charts, key terms, and other helpful tools and resources to help you evaluate your choices.

We have included all the practical facts and figures, but we know that caring for yourself and your loved ones goes deeper than co-pays and deductibles. It's about peace of mind, flexibility, and the ability to evaluate and choose what's best for you.

Thank you for all you've done for Capital One, our communities, and each other. Please continue to let us know how to best support you and your loved ones as we chart a course ahead — wherever that may lead.

Be Well —

Your Capital One Benefits Team



WHAT'S NEW FOR 2022

In 2022, we are enhancing some of our benefits to better support you and your family. Below is an overview of those changes. For more details, visit mybewellbenefits.com.

Medical Plan Option Changes

In 2022, you'll continue to have three medical plan options administered through Anthem Blue Cross and Blue Shield:

- **Staying the same:** the Basic PPO Plan
- **Updated:** the updated Enhanced PPO plan combines features of the current (2021) Enhanced and Premium PPO plans into a second PPO plan option for 2022. The Premium PPO Plan will no longer be offered in 2022
- **New:** Consumer-Driven Health Plan (CDHP) with a Health Savings Account (HSA), which allows you to set aside pre-tax dollars from your paycheck to help pay for eligible health care expenses
 - **Capital One automatically** contributes to your HSA — \$500 for individual coverage and \$1,000 if you cover any dependents (Capital One's contributions will be made per pay period and will be pro-rated for mid-year enrollments)

Easier Access to Diabetic Supplies

- In 2022, diabetic supplies coverage is also available under your pharmacy plan, giving you an additional option to access supplies, including glucose meters, test scripts, and lancets at a participating pharmacy.

Flexible Spending Account Changes

- **Capital One will contribute \$500** to your Health Care and/or Dependent Care Flexible Savings Accounts (FSAs) when you contribute a minimum of \$500 to either or both FSAs. While your annual election for your Health Care FSA is paid for over the course of the year, you have full access to your annual elected contribution (and Capital One's contribution) on January 1. Capital One's contributions will be pro-rated for mid-year enrollments.

Dental Plan Enhancements

- **The Basic Plan will cover major services** such as bridges, crowns, dentures, and dental implants, at 50%, with an increased annual maximum for covered services of \$1,000.
- **The Enhanced Plan will no longer have a deductible** so the plan will begin covering benefits right away.

Life Insurance Changes

- **New limits on coverage:** Instead of a combined maximum, Basic Life and AD&PL and Supplemental Life have separate maximums, \$500,000 for Basic Life and AD&PL and \$2 million for Supplemental Life and AD&PL.
- The Guaranteed Issue (GI) amount that was previously based on your combined Basic and Supplemental Insurance coverage is now only based on your Supplemental Insurance, so you will need to submit Evidence of Insurability (EOI) when you elect Supplemental Life coverage over \$1 million. Other EOI rules still apply.



BEFORE YOU CHOOSE, CHECK OUT THE MEDICAL PLAN SELECTOR TOOL.

The Medical Plan Selector Tool uses your past claims and your expected medical and pharmacy needs to help you estimate and compare costs for each medical plan option. This tool will also help you consider when and how you pay for care by helping you balance per-paycheck deductions with how much you will pay when you go to the doctor, health care provider, or hospital. Visit mybewellbenefits.com to access the tool to figure out which option will best meet your needs and the needs of your family.

Disability Insurance Updates

- New York Life has acquired Cigna, who administers our Long-Term Disability coverage. Please note the name change. Plan provisions and contact information has not changed.
- Starting in 2022, Evidence of Insurability (EOI) is not required to enroll in the Supplemental Long-Term Disability plan.

Simplified Vacation/PTO Buy Options

You will have three options for the Vacation/PTO Buy program, which allows you to purchase up to 40 hours of vacation/PTO time for the coming year:

- Waive your option to purchase additional Vacation/PTO
- Purchase 20 hours of additional Vacation/PTO
- Purchase 40 hours of additional Vacation/PTO

Elections for Vacation/PTO Buy can be made only during Open Enrollment. You must actively enroll in Vacation/PTO Buy and these benefits do not automatically carry over from one year to the next.

Be Well Health Center Updates

Our Be Well Health Centers are still available virtually and/or in-person to all associates and their dependents. To ensure compliance with IRS regulations on HSAs, individuals enrolled in the CDHP will be charged \$35 for non-preventive visits. Associates and dependents not enrolled in our medical plans will also be charged \$35 for non-preventive visits. Preventive visits will still be free of charge for all associates.

Associates and dependents enrolled in the Basic PPO or Enhanced PPO plans can continue to access Be Well Health Centers free of charge for all care.

Health Care Costs

As you think about which health plan is right for you, it's important to look at the full picture — both what you pay from each paycheck and what you will pay when getting care. Together those amounts can help you determine which plan will offer you and your family the best coverage for your individual health care needs.



IMPORTANT REMINDERS ABOUT YOUR FSAs

- The Health Care FSA contribution limit for associates is \$2,750 for 2022.
- If you have unused funds in your 2021 Health Care FSA, you can carry over up to \$550 to your 2022 Health Care FSA, which will be added to your available 2022 balance. To be eligible to carry over funds, you must enroll in a Health Care FSA for 2022 during Open Enrollment.
- If you're enrolled in a Health Care FSA for 2021 and 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. Money in your Limited Purpose FSA can only be used for eligible dental and vision expenses.
- If you enroll in the CDHP for 2022, you can't enroll in a Health Care FSA.

YOUR HEALTH CARE OPTIONS

Comparing the PPOs with the New 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

For 2022, you will have access to three medical plan options administered through Anthem Blue Cross and Blue Shield: the Basic PPO, the updated Enhanced PPO, and a Consumer-Driven Health Plan (CDHP). All three options cover the same services and medications, and provide access to the same great network of providers and medical resources.

The chart below provides a side-by-side comparison of the plans, including your potential medical costs for various services. For more information, view the Summary of Benefits and Coverage (SBC) for each plan, available at [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.**

Prescription Drug Coverage

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 Prescription Drugs	
CDHP	20% coinsurance after the deductible
Basic and Enhanced PPO	Retail – up to 30-day supply
	<ul style="list-style-type: none"> - Generic: \$10 co-pay - Preferred: \$50 co-pay - Non-preferred: \$100 co-pay
	Mail order or CVS – 90-day supply
	<ul style="list-style-type: none"> - Generic: \$20 co-pay - Preferred: \$100 co-pay - Non-preferred: \$200 co-pay
	Specialty* 30-day purchased through CVS Caremark Specialty Pharmacy
	<ul style="list-style-type: none"> - Generic: \$40 co-pay - Preferred: \$100 co-pay - Non-preferred: \$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.*

Remember, prescription drug costs count toward the out-of-pocket maximum of your medical plan.



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, 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 the discount. 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.

A Closer Look at the New 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.

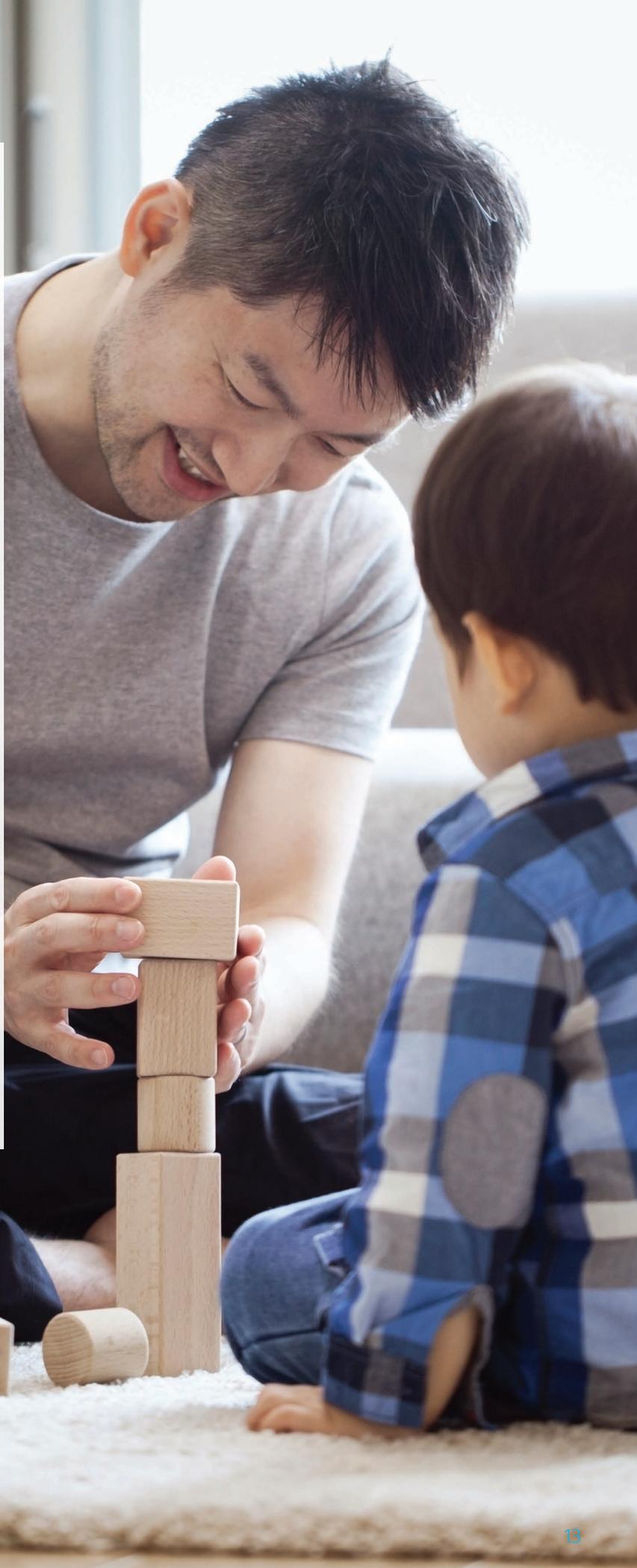
Putting it all together

Like with a PPO, the CDHP covers the cost of routine **preventive care** that you need to stay well and provides protection from the high cost of care if you have a serious illness or injury. In between is the care you need for most illnesses and injuries. In the CDHP, both you and Capital One share the cost of this care through the annual deductible and coinsurance as detailed below:

- **Deductible** — This is the first out-of-pocket expenses you pay, including non-preventive prescription drug expenses. The contributions you and Capital One make to your HSA can help offset the cost of this deductible. Find out more about the HSA on **page 16**.
- **Coinsurance** — After the deductible is met, this is the percentage of the total cost of care that you pay up to the out-of-pocket maximum.

Once you reach the out-of-pocket maximum, the plan pays 100% of any additional eligible expenses for the year, both for medical care and prescription drugs. This is the maximum amount you'll pay in a year for medical expenses. One reason you may want to consider the CDHP is if you know you will reach your out-of-pocket maximum and can afford to pay for your medical expenses until your HSA funds build up.

If you consistently reach your deductible due to high health care expenses and prefer to have those costs spread throughout the year in the form of co-pays and coinsurance, you may want to consider one of the PPO plans. Use the Medical Plan Selector Tool and review other resources to ensure you choose the right plan for you.





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.



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](https://www.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 <ul style="list-style-type: none"> • Single vision lenses • Bi-focal lenses • Tri-focal lenses 	100% after \$20 co-pay	<ul style="list-style-type: none"> - Up to \$45 allowance - Up to \$55 allowance - Up to \$65 allowance
Contact Lenses <ul style="list-style-type: none"> • Elective conventional lenses • Elective disposable lenses • Non-elective contact lenses 	<ul style="list-style-type: none"> - \$130 allowance, then 25% off any remaining balance - \$130 allowance (no additional discount) - Covered in full 	<ul style="list-style-type: none"> - 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.

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.

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 2021 Health Care FSA balance to the next calendar year as long as you enroll in a 2022 Health Care FSA, so be sure to consider this when you are deciding how much to contribute for the upcoming year. Please note, claims must be incurred by December 31, 2021.
- 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 money in your Limited Purpose FSA for eligible dental and vision expenses in 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.



ADDITIONAL BENEFITS

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

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 Supplemental Life and AD&PL Insurance as well as additional coverage for dependents. Here is a summary of your coverage options.

	Capital One Provided Coverage	Voluntary Coverage
Life Insurance	Basic Associate Life — 1x Annual Benefits Salary, rounded to next \$1,000* up to \$500,000	<ul style="list-style-type: none"> • Supplemental Associate Life — 1–8x Annual Benefits Salary up to a maximum of \$2 million • Spouse/Domestic Partner Life — up to \$250,000 in multiples of \$25,000 • Child Life — \$10,000 or \$20,000 per child
AD&PL Insurance	Basic Associate AD&PL — 1x Annual Benefits Salary, rounded to next \$1,000 up to \$500,000	<ul style="list-style-type: none"> • Supplemental Associate AD&PL — 1–8x Annual Benefits Salary, up to \$2 million You automatically receive the same amount of Supplemental Employee AD&PL when you elect Supplemental Employee Life Insurance • Spouse/Domestic Partner AD&PL — up to \$250,000 in multiples of \$25,000 • Child AD&PL — \$10,000 or \$20,000 per child

*For VP+ executives, your Executive Life Insurance Program (ELIP) is calculated separately.

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

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

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

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

EVIDENCE OF INSURABILITY (EOI)

When electing or increasing Supplemental Life and Spouse Life coverage, you may have to show 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.



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 six months 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 six months.

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 the Supplemental Long-Term Disability plan.

2022 Coverage Options Available for Supplemental LTD

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

Purchase Additional Vacation/PTO

During Open Enrollment, full-time and eligible part-time associates may purchase additional PTO/Vacation time for the coming year.

You have three options — you can waive your option to purchase additional vacation/PTO, purchase 20 hours of additional vacation/PTO, or purchase 40 hours of additional vacation/PTO. Your current elections do not carry over from year to year, and you must elect this during Open Enrollment.





HEALTH AND WELL-BEING RESOURCES

Now more than ever, it is so important to prioritize your emotional health and well-being. We created the Pulse page in response to the additional stress we've all been facing — to find it, just search "Caring for you and your family". These benefits are automatically available to you and no action is required during Open Enrollment. Some of the resources on that page include:

Be Well Health Centers

Taking care of your mental and physical health can help you successfully navigate these difficult times. If you are struggling to find the care you need, or you don't have access to your usual health care providers, we can help.

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.

Note: Available services provided at the Be Well Health Centers are 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 and search "Health Centers" to find out more.

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 **[anthem.com](https://www.anthem.com/eap)** for more information. When you go to the site, enter "Capital One" as the login.



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. **All visits are available at no cost to associates and family members covered under the Basic PPO or Enhanced PPO plans. For associates enrolled in the CDHP, the cost for this service is \$59 before the plan's deductible has been met, and then you will pay 20% coinsurance.**

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

Back-Up Child and Family Care

If your child or elder care plans have changed recently, 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 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**.

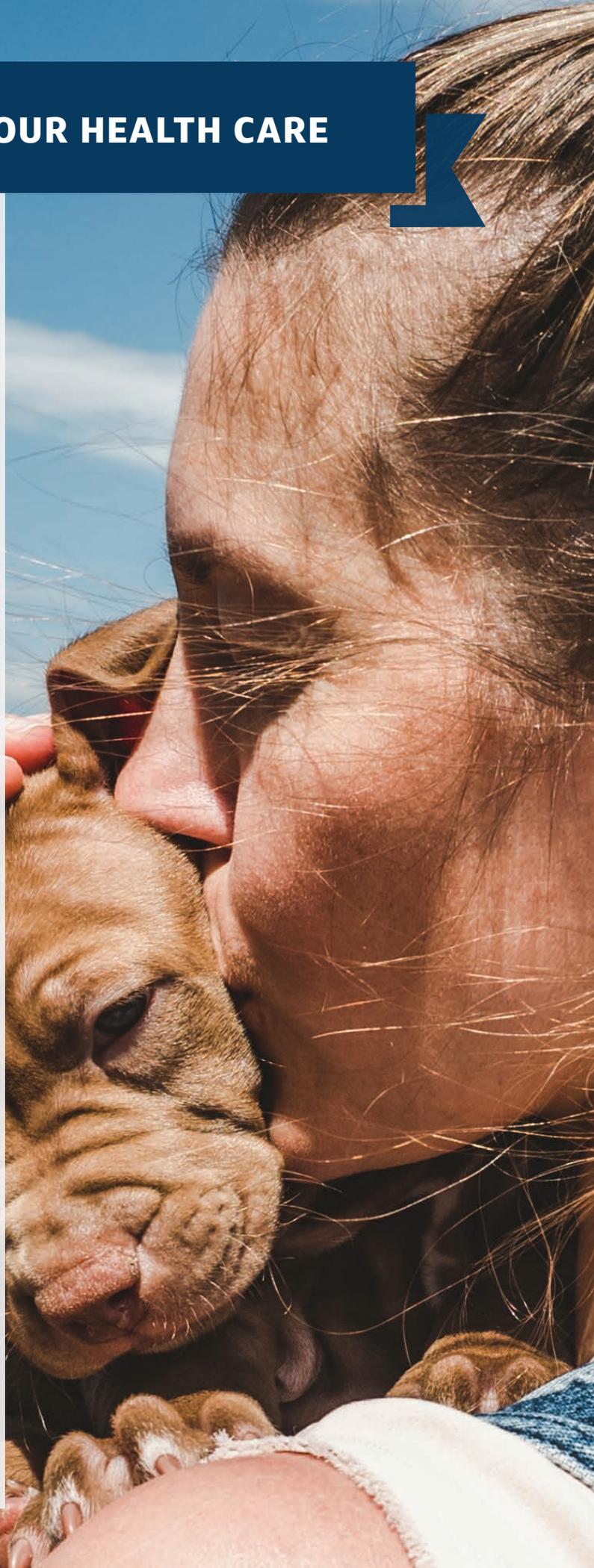
GET THE MOST VALUE FROM YOUR HEALTH CARE

Being a good health care consumer can help you live well and save more. To do this, you need to take an active role in your health care, educating yourself about the options that best fit your needs, so that you can make informed decisions about all aspects of your well-being.

Tips for Being a Good Health Care Consumer

Consider the following tips as you think about how you will use your Capital One medical plan in 2022.

- **Use In-Network Providers:** Using in-network providers can save you money because they have agreed to charge a negotiated, discounted fee. If you use out-of-network providers, you may be charged more than your plan allows. If that happens, you'll have to pay your coinsurance, as well as the difference between what your plan pays and what the provider charges. Anthem offers a broad network of providers, so before seeking care, visit [anthem.com/capitalone](https://www.anthem.com/capitalone) to make sure your provider is in-network.
- **Keep Up with Preventive Care:** Be sure to attend routine appointments, such as annual physicals, well-woman visits, and age-appropriate screenings. When you see an in-network provider, there is no cost to you!
- **Use Telemedicine for Non-Urgent Care:** Visits through LiveHealth Online, the Be Well Health Centers, or virtual visits with your regular doctors are either low or no cost options.
- **Be Proactive with your Health:** When you have a health need, don't delay seeking care. Schedule a visit with your Primary Care Physician to discuss your health concerns.
- **Shop Smart for Prescription Drugs:** Ask your doctor or pharmacist about generic medications and be sure to check CVS Caremark's preferred drug list at [caremark.com](https://www.caremark.com) when you are prescribed a brand-name medication. If you take a maintenance medication, you will save money by filling your prescription for 90 days through mail order or CVS pharmacies.
- **Set Aside Tax-Free Dollars:** Contributing to a Health Care FSA or HSA is easy and helps you save money on medical expenses for you and your family. The money you and the company contribute to your Health Care FSA will be available on January 1. For the HSA, the money Capital One contributes will be deposited with each paycheck.



ENROLLING IN YOUR 2022 BENEFITS

Open Enrollment begins Wednesday, October 6 and ends Wednesday, October 27, 2021.

Open Enrollment is your once-a-year opportunity to make changes to your benefits. Your elections will be in effect January 1 – December 31, 2022.

Remember, if you do not enroll during Open Enrollment, your 2021 benefit elections will roll over to 2022 at the new rates, **with a few exceptions:**

- You must make an election during Open Enrollment each year to contribute to Flexible Spending Accounts and to elect Vacation/Paid Time Off (PTO) Buy benefits.
- Any 2021 benefits elections or changes you make after October 6, 2021, will not be automatically applied to your 2022 benefits. If you are a new hire or experience a life event between October 7, 2021, and December 31, 2021, please review the New to Capital One or Life Event pages on mybewellbenefits.com before enrolling.
- If you are currently enrolled in the Premium PPO medical plan and do not make any changes, you will be enrolled in the new Enhanced PPO Plan in 2022.

Eligibility for Benefits

Your eligibility for Capital One's Health and Welfare plans is based on your employment status:

- Full-time associates scheduled to work 33-40 hours per week are eligible for Capital One benefits on their date of hire.
- Part-time associates scheduled to work at least 20 hours per week are eligible for Capital One benefits (except Short Term Disability) on their date of hire.

You may also cover your eligible dependents (spouse/ domestic partner and/or children) for medical, dental, and vision coverage. Go to mybewellbenefits.com to learn more about who you can cover. You may be asked to verify your dependents' eligibility.

Before You Enroll

- Visit mybewellbenefits.com for quick access to your benefit details.
- Use the **Medical Plan Selector Tool** on mybewellbenefits.com to compare your options and figure out which medical plan is right for you and your family.

When You Are Ready to Enroll

- Go to mybewellbenefits.com or Pulse to access the enrollment system between October 6-27, 2021 where you can make your 2022 benefits elections. If you are a new user, go directly to the site and register.
 - 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.
- Once you have checked out, save a **copy of your confirmation page** for your records and be on the lookout for a confirmation email. You should check both for accuracy. Remember, you can edit your elections until October 27, 2021, even if you have already checked out. A **confirmation statement** will also be mailed to your home.



CHANGING COVERAGE DURING THE YEAR

You cannot make changes to your benefits during the year unless you experience a qualifying life event (birth, adoption, marriage, etc.). Otherwise, you must wait until the next Open Enrollment period to make a change effective January 1, 2023. If you experience a qualifying life event, be sure to act quickly. Most require the benefits changes to be made within 31 days of the event date.

A Complete Set of Tools & Resources

Health care and benefits decisions are personal and specific to your individual needs, and there are many factors that go into making your choice. Access a variety of tools and resources that can help you choose the best plans for you and your family.



2022 OPEN ENROLLMENT GUIDE

Get the “skinny” on your benefits by reviewing plan option highlights in our overview guide. You should receive this guide in your home mail.



INTERACTIVE GUIDES

Learn more about your medical plan options through easy-to-use, interactive digital guides. Visit mybewellbenefits.com and click on the Menu (≡ icon) > Open Enrollment > 2022 Medical Plan Options.



MEDICAL PLAN SELECTOR TOOL

Find out which medical plan is right for you by estimating your future health care costs. Visit mybewellbenefits.com and, from the homepage, click on the “Use The Tool” button in the “Choose The Right Plan For You” tile.



VIDEO LIBRARY

Visit the new video library, where you can watch videos that explain health care definitions, medical plan options, and help you understand your benefit choices. Visit mybewellbenefits.com and, from the homepage, click on the “Go to video library” button in the “Don’t know where to start?” section.



REAL LIFE EXAMPLES

Meet hypothetical Capital One associates, learn about their medical needs, and see what their total costs are under each medical plan option. Visit mybewellbenefits.com and click on the Menu (≡ icon) > Open Enrollment > Real Life Examples.

HEALTH CARE 101

Let's face it, health care can be confusing. Here's a quick explanation of some common terms you'll see as you learn more about your Capital One benefit options.

<p>Co-pay (PPO only) the flat fee you pay for doctor's office visits and prescriptions; co-pays do not count towards your deductible</p>	<p>Coinsurance after you meet the deductible, coinsurance begins — this is the percentage of the cost you pay, and the plan pays the rest</p>
<p>Deductible the amount you pay in medical expenses for certain services before the plan starts paying a portion of your costs Note: For the PPOs, services for which you pay a co-pay, including prescription drugs, don't apply towards your deductible.</p>	<p>Out-of-Pocket Maximum the most you'll have to pay for health care in a year; if you reach this amount, the plan starts paying 100% of your in-network costs Note: For the PPOs, services for which you pay a co-pay, including prescription drugs, apply towards your out-of-pocket maximum.</p>
<p>In-Network/Out-of-Network you can see any doctor you want, but you'll pay less if you go to providers who have agreed to be in your plan's network</p>	<p>Contributions what you pay from your paycheck to have coverage; often called "premiums"</p>
<p>Preferred Provider Organization (PPO) a health plan with a lower deductible and co-pays for things like office visits and prescription drugs, leading to more predictable out-of-pocket costs; you can pay for eligible health care expenses with pre-tax money from your Health Care FSA</p>	<p>Consumer-Driven Health Plan (CDHP) a health plan with a higher deductible that you need to meet for most types of medical care and prescription drugs before the plan begins to pay benefits; you can pay for eligible health care costs using pre-tax dollars from an HSA</p>
<p>Health Care Flexible Spending Account (Health Care FSA) tax-free account you can use to pay for eligible expenses, available to associates who are enrolled in the Basic or Enhanced PPOs, or waive coverage</p>	<p>Health Savings Account (HSA) tax-free savings account you can use to pay for eligible expenses, or build up long-term health care savings; associates enrolled in the CDHP medical plan automatically are enrolled in an HSA</p>

The information included in this guide provides a brief overview of the Capital One benefit changes effective January 1, 2022. You can find more detailed information on mybewellbenefits.com, or the Summary Plan Descriptions, and/or plan documents. If there is a discrepancy between the information provided in this newsletter and the official plan documents, the official plan documents will always govern. Capital One reserves the right to amend, modify, or terminate the benefit plans and programs at any time and for any reason.

