



BeWell
Benefits



2024 Benefits Guide for U.S. Associates



Benefits to support your total well-being

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

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Welcome to Your Capital One Benefits

At Capital One, we are committed to providing options that give you what you want from a benefits plan: a wide range of plan options and benefits that allow you to Be Well—physically, emotionally, financially, and socially. Our goal is to provide a comprehensive Total Rewards package that offers flexibility and choice to meet your diverse needs.

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



Eligibility for Benefits

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

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

¹Dependent child(ren) (up to age 26) include your biological children, adopted children, foster children, stepchildren, and children under your legal guardianship.
Note: Older children with mental or physical impairments may be eligible for benefits. You may be asked to provide certification, if applicable.

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

A complete listing of eligibility for all benefit programs can be found on [Pulse](#).

Domestic partner

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

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

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

How to enroll

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

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

You can enroll in benefits by visiting the Benefits application in Workday. Learn more about enrolling in your benefits on the [Enroll in or Change Benefits Pulse page](#).



Enroll in the 401(K) Associate Savings Plan

As a new hire, you are eligible to enroll in the 401(k) Plan immediately. If you do not enroll within 60 days of your hire date, you will be automatically enrolled at an associate elective contribution rate of 3% of your eligible pre-tax compensation. See [page 20](#) for more information.

Changing coverage during the year

If you experience a qualifying life event during the year, such as marriage or the birth/adoption of a child, you can make changes to some of your benefit elections.

Please note: You may not switch medical or dental plans mid-year, but you may add/remove dependents or add/cancel coverage. Otherwise, you must wait until the next Open Enrollment period to make a change effective January 1, 2025. If you experience a qualifying life event, be sure to act quickly. Most events require you to make the changes to your benefits within 31 days. Learn more about qualifying life events on the [Enroll in or Change Benefits Pulse page](#).



Medical and Prescription Drug

Comparing the PPOs with the CDHP

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

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

What's the Same

Covered services

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

Preventive care coverage at 100%

No matter the plan, when you use an in-network provider, you pay nothing for preventive care services—no deductible and no co-pay.

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 covered 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.
- CDHP participants will pay a per visit fee for non-preventive services at the Be Well Health Centers.

Prescription drug coverage

In the CDHP, prescription drug expenses are subject to the plan's deductible, and you'll pay 100% of the out-of-pocket costs until the deductible is met.

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

Note that certain fertility drugs may be subject to coinsurance.

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, advanced imaging, 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 15](#).

Medical

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

The chart below provides a side-by-side comparison of the plans, including how much each plan pays for various services. For more information, please refer to the [Summary Plan Description \(SPD\)](#) Pulse page, or view the Summary of Benefits and Coverage (SBC) for each plan, available on 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/\$3,200	\$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 • 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
Behavioral Health • Psychiatrist • Psychologist	20% coinsurance after deductible	40% coinsurance after deductible	\$30 co-pay	50% coinsurance	\$20 co-pay	40% coinsurance
	Associate Bi-weekly Contributions					
Associate	\$27.10		\$27.10		\$63.79	
Associate + Spouse/ Domestic Partner	\$123.72		\$123.72		\$200.78	
Associate + Child(ren)	\$78.14		\$78.14		\$147.86	
Associate + Spouse/ Domestic Partner + Child(ren)	\$175.40		\$175.40		\$289.14	

*HSA contributions are prorated for mid-year enrollments. While enrolled in the CDHP plan and having an active HSA, Capital One will contribute the following per pay period: \$19.23 for individual coverage and \$38.46 if you cover dependents. Part of opening your HSA account includes a real time CIP check or identity check that clears you to open a bank account. If you receive a communication from WealthCare Savers requesting additional information to verify your identity for your HSA, please respond to the request to ensure your account is established timely. You will forfeit company funding until your account is established.

LGBTQ+ Benefits Guide

To support our LGBTQ+ associates and their families, find out more about Capital One benefits that support the physical, emotional, financial, and social well-being of these communities. Check out mybewellbenefits.com to find a benefit highlights guide tailor made for our LGBTQ+ associates and their loved ones.



Primary Care Physicians—helping you manage your health

Finding a primary care physician (PCP) you can relate to, feel comfortable with, and trust with private matters can make a big difference in your overall health and well-being. A PCP gets to know the “whole you,” and will have a more complete picture of your health needs. They’ll know your medical history and habits, and they’ll recognize changes and be able to recommend action to avoid any serious problems later. If you’re healthy, a PCP helps you stay that way. And if you’re managing an ongoing health problem, they can make sure you have the support you need. Having this kind of care can mean lower health care costs, fewer sick days, and better access to specialized care when you do need it. **To support you in establishing a relationship, all visits to in-network PCPs, including sick appointments, are covered at 100% under the Basic PPO and Enhanced PPO plans.**

Where to go for care

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

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



Blue Distinction Centers of Excellence

Blue Distinction Centers of Excellence are select facilities for cardiac care, spine surgery, knee and hip replacements, bariatric procedures, organ transplant, and substance abuse, that have demonstrated evidence of higher quality of care, resulting in fewer re-admissions, complications and subsequent ER visits.

When you receive care at a Blue Distinction Center facility, you will have a lower cost-share than you would using other in-network facilities—resulting in a 10% savings on in-network coinsurance rates.

Travel benefits are also available should a Blue Distinction Center of Excellence not be within 100 miles from your home. Speak with an Anthem Health Guide at **1-844-390-4133**, Monday through Friday, from 8 a.m. to 11 p.m. ET, for more information.

A closer look at the CDHP

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

PLAN PAYS



PREVENTIVE CARE COVERED 100%

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

YOU PAY



DEDUCTIBLE INDIVIDUAL: \$2,000 FAMILY: \$3,200

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

HEALTH SAVINGS ACCOUNT (HSA)

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

SHARED COST



COINSURANCE YOU PAY 20% PLAN PAYS 80%

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

PLAN PAYS



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

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

Coordination of benefits

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

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

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

Anthem Member Services

Anthem's Member Services, also known as Anthem Health Guides, work closely with health care professionals like nurses, health coaches, social workers, and others, to help you manage chronic conditions, deal with an illness, or provide support for emotional concerns like anxiety or depression, and make the most of your plan's benefits.

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

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

Travel benefits

If you are in need of care and there are no in-network or out-of-network providers or facilities within 100 miles of your home, the Anthem plans provide travel benefits of up to \$4,000 to help cover travel costs. This benefit is separate from travel benefits associated with Blue Distinction Centers of Excellence or the Cancer Concierge program.



Anthem's national network

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

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

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

Prescription Drug 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 2024. 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	Basic PPO	Enhanced PPO
Retail – up to 30-day supply			
• Generic	20% coinsurance after deductible	\$10 co-pay	\$10 co-pay
• Preferred		\$50 co-pay	\$50 co-pay
• Non-preferred		\$100 co-pay	\$100 co-pay
Mail Order or CVS – 90-day supply			
• Generic	20% coinsurance after deductible	\$20 co-pay	\$20 co-pay
• Preferred		\$100 co-pay	\$100 co-pay
• Non-preferred		\$200 co-pay	\$200 co-pay
Specialty** 30-day purchased through CVS Caremark Specialty Program			
• Generic	20% coinsurance after deductible	\$40 co-pay	\$40 co-pay
• Preferred		\$100 co-pay	\$100 co-pay
• Non-preferred		\$200 co-pay	\$200 co-pay

*Coverage applies to in-network providers only. There is no coverage for out-of-network providers.

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

Be Well Pharmacy Discount Program

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

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

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

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



Pharmacy Advisor Counseling

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

Additional Medical Programs Benefits

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

Anthem Health Programs

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

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

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

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

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

Integrated Inclusive Care—Inclusive Care is a care navigation and advocacy program designed to remove barriers and increase confidence, allowing all LGBTQ+ members to have access to high-quality health care.

Monument Alcohol Use Support

Whether you're struggling with alcohol use yourself, are curious about the benefits of cutting back, or need help navigating these conversations with a loved one, Monument has an anonymous and free-to-use membership for Capital One associates and dependents that can help provide guidance and care. Benefit provisions will apply if telehealth services are utilized. Visit joinmonument.com/welcome-1363/ for more information.

Hinge Health

Hinge Health helps you conquer joint and back pain, recover from injuries, or stay healthy and pain free. Your treatment plan will be tailored to you and could include one-on-one physical therapy sessions, and wearable sensors to live feedback on your form in the app. Visit hinge.health/capitalone for more information.

WINFertility

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

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

LiveHealth Online

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

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

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



Dental

You have a choice between two dental plans—the Basic Plan or Enhanced Plan—both administered by Delta Dental. Both options pay the full cost of preventive care and provide coverage for basic and major care services. And neither plan has a deductible, which means they both will begin covering benefits right away. The Enhanced Plan option also covers orthodontia for children and adults.

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/members/capital-one.

Here is an overview of how the plans compare.

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

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

Pre-determination of benefits

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



Healthy Smile, Healthy You® Program

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

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

Vision

The vision plan is administered by Anthem Blue View Vision. This benefit includes routine eye exams, frames, and either eyeglass lenses or contact lenses. Here is an overview of the plan benefits. Find more information on the vision plan and in-network providers by visiting [anthem.com/capitalone](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 15% 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. **Note:** Capital One's contribution will be pro-rated for mid-year enrollments.

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

	Health Savings Account	Health Care FSA	Dependent Care FSA
Who is Eligible	Associates enrolled in the CDHP	Associates enrolled in the Basic PPO, Enhanced PPO, or waived medical coverage	All associates regardless of whether they are enrolled in a medical plan or not
Contribution Limits (maximums include Capital One's contribution)	Individual coverage: \$4,150 Covering dependents: \$8,300 If over age 55, additional \$1,000	Minimum: \$500 Maximum: \$3,050	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, 2024	You and your family members' eligible medical, prescription drug, dental, and vision expenses incurred January 1, 2024, to December 31, 2024	Eligible child and/or adult day care expenses incurred January 1, 2024, to March 15, 2025
Unused Funds	Always belong to you	You may carry over up to \$610 if you enroll in a Health Care FSA for 2025	Forfeited
Claim Submission Deadline	N/A	April 30, 2025	April 30, 2025
Availability of Funds	Funds are not available until deposited into your account	Funds immediately available	Funds are not available until deposited into your account

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

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

***Covered expenses start on January 1, 2024, or your enrollment date, whichever is later.

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

- To participate, you must actively elect to contribute to the Health Care and/or Dependent Care FSA each year.
- You can carry over up to \$610 in unused funds from your 2024 Health Care FSA balance to the next calendar year as long as you enroll in a 2025 Health Care FSA, so be sure to consider this when you are deciding how much to contribute for 2024.
- The Dependent Care FSA has a grace period that allows you to use your 2024 Dependent Care FSA funds for expenses incurred through March 15, 2025. Be sure to submit your claims for reimbursement by April 30, 2025. 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 2024, you and Capital One can make combined annual HSA contributions up to \$4,150 for individual coverage or \$8,300 if you cover dependents. If you'll be 55 or older in 2024, 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 investment 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 and having an active HSA through Anthem, Capital One will contribute the following per pay period: \$19.23 for individual coverage and \$38.46 if you cover dependents.*

***Investing involves risks. Your invested HSA may lose value. You should carefully read fund prospectus before investing your HSA funds. You should carefully and periodically evaluate your investments to make sure that the amount of your investment is appropriate for your individual financial situation.*

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

Life and Disability Insurance

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

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

Basic Coverage

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

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

Supplemental Coverage

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

Dependent Coverage

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

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

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



Don't forget to name a beneficiary!

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



Evidence of Insurability (EOI)

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

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

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

2024 Associate Voluntary Supplemental Life/AD&PL Insurance Costs	
Associate's Age as of January 1, 2024	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

2024 Coverage Options Available for Dependent Life/AD&PL – Spouse/Domestic Partner	
Coverage Option	Bi-weekly Cost (post-tax)
\$25,000	\$1.08
\$50,000	\$2.15
\$75,000	\$3.22
\$100,000	\$4.29
\$125,000	\$5.37
\$150,000	\$6.44
\$175,000	\$7.51
\$200,000	\$8.58
\$225,000	\$9.66
\$250,000	\$10.73

Note: Please refer to the Summary Plan Description for a definition of Annual Benefits Salary.

2024 Coverage Options Available for Dependent Life/AD&PL – Children	
Coverage Option	Bi-weekly Cost (post-tax)
\$10,000 child only	\$0.51
\$20,000 child only	\$1.02

Disability Insurance

In the event you are unable to work due to a non-occupational illness or injury, we 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. Associates must meet all eligibility requirements, be under the care of a practitioner, provide documentation to support your disability, and have an approved claim to receive benefits. Please visit mybewellbenefits.com for more information.

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. STD covers eligible illness/injuries that begin after 90 days of service.

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 longer than 187 days. You may purchase Supplemental LTD coverage, on an after-tax basis, which replaces an additional 20% of your Annual Benefits Salary, to receive a **total of 70% Annual Benefits Salary replacement**. EOI is not required to enroll in Supplemental LTD. LTD coverage has a pre-existing condition limitation.

2024 Coverage Options Available for Supplemental LTD

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



Retirement and Savings

401(k) Associate Savings Plan

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

Associate Contributions

Through automatic payroll deductions, you may contribute up to 50% of your pay (base salary, shift differential, bonuses, commission, incentives, and overtime) to your account. You may contribute any combination of pre-tax and Roth 401(k) contributions up to the annual Internal Revenue Service (IRS) dollar limit of \$23,000 in 2024. If you are age 50 or older in 2024, you may contribute an additional \$7,500 in catch-up contributions.

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

Company Contributions

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

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

Vesting Schedule

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

Enrolling in the 401(k) Plan

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

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

For more information about the 401(k) Plan or to enroll, visit Fidelity NetBenefits® at netbenefits.com or call the Capital One Retirement Savings Center at Fidelity at **1-800-854-4015**. For more information, visit the [Associate Savings Plan \(ASP\)](#) Pulse page.

Log into [Fidelity NetBenefits®](#) to update your 401(k) beneficiaries.

Fidelity Financial Advice

Now that you're saving, how do you manage all your money? Whether you need help building a budget, saving for an event, or preparing for retirement, associates can access free one-on-one financial planning with Fidelity for all your financial planning goals. You can earn ONEderful points through the Be Well Rewards Program for taking action towards your financial future, like completing a Financial Check-up or meeting with a certified Fidelity financial advisor. For more information, visit the [Associate Savings Plan \(ASP\)](#) Pulse page.



Don't leave money on the table!

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

Associate Stock Purchase Plan

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

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

Purchased shares are deposited into your E*TRADE account shortly following the purchase date. There is no fee to purchase shares through the ASPP, however, when you sell shares, E*TRADE deducts a brokerage fee of \$4.95 per trade from stock sale proceeds.

Note: The Capital One match is considered taxable income.

For more information, visit the [Associate Stock Purchase Plan \(ASPP\)](#) Pulse page.

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



Other Benefits

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

Time Off Programs

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

Holidays

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

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

Vacation and Paid Time Off (PTO)

Your time-off benefits depend on your employment status.

Non-Exempt Associates

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

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

- In your first calendar year of service (year 0), your PTO is based on a prorated portion of a 120 hour PTO allotment using date of hire
- After the year in which you were hired, you receive 160 hours of PTO annually (calendar years 1-4)
- Upon completing four full-calendar years, you receive 200 hours of PTO annually (calendar years 5-9)
- Upon completing nine full-calendar years, you receive 240 hours of PTO annually (calendar years 10+)

Purchase additional time off

During Open Enrollment, full-time and eligible part-time associates may purchase either 20 or 40 hours of additional PTO/Vacation for the coming year.

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

Exempt Associates

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

- In your first calendar year of service (year 0), your vacation is based on a prorated portion of an 80 hour vacation allotment using date of hire.
- After the year in which you were hired, you receive 120 hours annually (calendar years 1-4).
- Upon completing four full-calendar years, you receive 160 hours annually (calendar years 5+).

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

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

See Pulse for more details on your [vacation](#) or [PTO](#) benefits.

Parental Leave

Parental Leave options are available to eligible full-time associates who are new parents regardless of how you've grown your family, including birth via a surrogate, adoption, and foster care. All eligible associates can take 8 weeks of leave, paid at 100% of base salary, within one year of the child's birth or placement in the home (adoption and surrogacy only). Associates who give birth are eligible for up to 18 weeks of paid leave—10 weeks of healing time under Short-Term Disability and 8 weeks of paid Parental Leave. You must be employed for 90 days at the time of the child's birth or placement in the home through foster care or adoption to be eligible.

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

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

Other Types of Leave

State and Local Leaves, Bereavement Leave, Jury Duty, Voting Leave—there are too many types of leaves to list them all. Visit the [Take Time Away](#) Pulse page to learn about the many types of leave Capital One offers to its associates.

Other Benefits (Continued)

Family Support Benefits

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

Back-Up Child or Elder Care

If your child care or elder care plans change, you can find alternative care provider options at a nearby Bright Horizons center or at home with 15 free days of back-up care per year.

Whether you need extra support at home or help locating care, Bright Horizons can help connect you to resources that match the care you need, when you need it, through a free Sittercity membership.

If you need additional help with ongoing care, get preferred enrollment at Bright Horizons centers and tuition discounts at network partner centers. For more information, visit the [Back Up Care](#) Pulse page.

Adoption & Surrogacy Reimbursement

If you are a full-time associate and want to explore adoption or surrogacy, Capital One provides up to \$35,000 in reimbursement per child to help ease the financial pressure. For more information, visit the [Adoption Reimbursement](#) and [Surrogacy Reimbursement](#) Pulse pages.

Virtual Tutoring & College Coaching

Take advantage of affordable tutoring and test prep options for your child through Bright Horizons (for a no-cost option, you can even exchange one day of back-up care for four hours of tutoring!). You can also get help navigating the college application process with no-cost, one-on-one guidance from college prep experts. For more information, visit the [Family Care](#) Pulse page.

WINFertility

If your path to parenthood requires some added support, fertility and family planning services through WINFertility have got you covered. WINFertility makes these services more accessible by offering affordable covered services and by removing certain eligibility requirements. For more information, visit managed.winfertility.com/capital-one/ or call 1-844-323-7539.

FertilityIQ

All Capital One associates and their family members also get a free FertilityIQ membership. Fertility IQ is a digital resource that provides on-demand education for those who wish to learn more about up-to-date family building, reproductive health diagnoses, and menopause. Fertility IQ has dedicated free online courses for all people, on all paths to parenthood. It also has a robust library of over 55,000 doctor and clinic reviews for fertility specialists in the US. For more information, visit capitalone.fertilityiq.com.

Nursing Mothers Rooms on Campus and Milk Stork Services When Traveling

Nursing mothers can pump in comfort on campus, with access to mini fridges, sinks, and cubbies to store your equipment in a locked room. You can also pump and ship breastmilk home to your little ones while traveling for work using Milk Stork services. For more information, visit the [Milk Stork](#) Pulse page.



Be Well Rewards Program

Capital One's Be Well Rewards program empowers you to make well-being a part of your daily routine by letting you choose to participate in the most appropriate activities for your personal goals. Earn points for completing well-being related activities like routine preventive exams, financial consulting with Fidelity, team challenges, and more.

All associates, along with their medically enrolled spouses or domestic partners, can each earn up to 350 points / \$350 per year (that's up to 700 points / \$750 per year, per household!) for completing health and well-being related activities and challenges. For more information, visit the [MyEve Benefits Hub](#) Pulse page.

Other Benefits (Continued)

Employee Assistance Program (EAP)

It's okay to ask for help if you are having trouble adjusting to new demands or just life. Capital One's Employee Assistance Program (EAP) can help you find the support you need from the comfort of your own home. Assistance is available 24/7, so reach out for help whenever you may need it. The use of EAP services is completely confidential and free to you and your household members.

To access the Anthem EAP, call **1-855-383-7222** or visit the Anthem EAP online at anthemeap.com for more information. For more information, visit the [Anthem EAP](#) Pulse page.

Educational Assistance

We know your personal and professional development is integral to your total well-being. That's why we provide educational assistance, making it possible to fast-track your degree, debt-free. If you're ready to take the next step in your career, whatever direction that may be, use this benefit to get up to \$5,250 each year for tuition, books, and eligible fees at more than 300 colleges and universities nationwide—plus free educational advising to ensure your education puts you on the path you've been wanting to take.

Full-time and part-time associates can get continuing education assistance for college-credited certifications, undergraduate, and graduate courses—starting on their first day! With an annual budget of \$5,250 for tuition, books, and eligible fees, what will you learn next? For more information, visit the [Educational Assistance](#) Pulse page.

Virtual Second Opinion

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

Commuter Benefits

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

Be Well Health Centers

Whether you're enrolled in a Capital One medical plan or not, our on-site health centers and pharmacies available at certain major campuses are a convenient health and wellness resource for all associates and their eligible dependents (over the age of 2)! Everyone receives free preventive care. Non-preventive care is free for Basic PPO or Enhanced PPO enrollees, and just \$35 for everyone else.

Visit a Be Well Center if you need preventive care, sick care, behavioral health counseling, minor injury treatment, allergy shots, chronic condition management, or healthy living management services, including ergonomic and nutrition services. Many of the services provided by the Be Well Health Centers are offered virtually through a telephonic or video visit. For more information, visit the [Be Well Health Center](#) Pulse page.

Confidentiality

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

Retiree Health Care

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

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

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

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



Contacts

For details about your benefits, contact the HR Benefits Center by calling **1-888-376-8836 (options 2, 2, 0)** or visit the Benefits application in Workday. You can also contact a specific carrier with the information below.

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

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



Compliance Notices

Health Insurance Requirements

Qualified individuals have the opportunity to purchase their 2024 health insurance through the public health insurance marketplace (often referred to as an “exchange”). As a Capital One associate, you’re offered comprehensive, affordable insurance that likely provides better coverage at a lower cost, so selecting one of the company’s health plans may be a better option for you.

Privacy and Your Health Coverage

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

Reminder: HIPAA Description of Special Enrollment Rights

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

Post-Mastectomy Benefits

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

Length of Maternity Hospital Stay

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

Reminder: Women’s Health and Cancer Rights Act

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

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

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

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility.

<p>ALABAMA – Medicaid</p> <p>Website: http://myalhipp.com/ Phone: 1-855-692-5447</p>	<p>COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)</p> <p>Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442</p>
<p>ALASKA – Medicaid</p> <p>The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx</p>	<p>FLORIDA – Medicaid</p> <p>Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268</p>
<p>ARKANSAS – Medicaid</p> <p>Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p>GEORGIA – Medicaid</p> <p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2</p>
<p>CALIFORNIA – Medicaid</p> <p>Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov</p>	<p>INDIANA – Medicaid</p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584</p>

<p align="center">IOWA – Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p align="center">MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov</p>
<p align="center">KANSAS – Medicaid</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>	<p align="center">NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
<p align="center">KENTUCKY – Medicaid</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov</p> <p>KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p align="center">NEVADA – Medicaid</p> <p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>
<p align="center">LOUISIANA – Medicaid</p> <p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p align="center">NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>
<p align="center">MAINE – Medicaid</p> <p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740. TTY: Maine relay 711</p>	<p align="center">NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>
<p align="center">MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>	<p align="center">NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p align="center">MINNESOTA – Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p align="center">NORTH CAROLINA – Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>
<p align="center">MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>	<p align="center">NORTH DAKOTA – Medicaid</p> <p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>

<p align="center">OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p align="center">UTAH – Medicaid and CHIP</p> <p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>
<p align="center">OREGON – Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075</p>	<p align="center">VERMONT– Medicaid</p> <p>Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427</p>
<p align="center">PENNSYLVANIA – Medicaid</p> <p>Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)</p>	<p align="center">VIRGINIA – Medicaid and CHIP</p> <p>Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924</p>
<p align="center">RHODE ISLAND – Medicaid and CHIP</p> <p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)</p>	<p align="center">WASHINGTON – Medicaid</p> <p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>
<p align="center">SOUTH CAROLINA – Medicaid</p> <p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>	<p align="center">WEST VIRGINIA – Medicaid and CHIP</p> <p>Website: https://dhhr.wv.gov/bms/http://mywhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p align="center">SOUTH DAKOTA - Medicaid</p> <p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>	<p align="center">WISCONSIN – Medicaid and CHIP</p> <p>Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002</p>
<p align="center">TEXAS – Medicaid</p> <p>Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493</p>	<p align="center">WYOMING – Medicaid</p> <p>Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269</p>

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

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

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

Medicare Part D Prescription Drug Plan— Notice of Creditable Coverage

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

Important things to know about your rights

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

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

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

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

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

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

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

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

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

You can join a Medicare Part D prescription drug plan when you first become eligible for Medicare and each year from October 15 to December 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare Part D prescription drug plan.

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

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

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

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

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

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

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

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

For more information about Medicare prescription drug coverage:

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

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

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

Date: October 2023

Name of Entity/Sender: Capital One Benefits

Address: 1680 Capital One Drive

McLean, VA 22102-3491

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

This guide is designed to help you learn about and understand the benefits available under the 2024 Plan, which include medical (including prescription drug coverage), wellness, dental and vision coverage (together, referred to as healthcare coverage), as well as flexible spending accounts, life, accident and disability coverage offered by Capital One to eligible associates. If applicable, this guide will serve as a Summary of Material Modification (SMM) outlining any changes which take effect on January 1, 2024.

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

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

All changes go into effect on January 1, 2024, unless otherwise noted.