



2025 Benefits Guide for U.S. Associates

Benefits to support your total well-being.

Use this guide to learn more about your benefits options and help you to choose the best coverage and value for you and your family. Please note, this is not a comprehensive list of all the benefits offered. Visit mybewellbenefits.com for additional details.



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Welcome to your Capital One benefits



At Capital One, we are committed to providing a comprehensive, competitive and inclusive Total Rewards package that meets the diverse needs of you and your family.

Take the time to review your benefits options—from medical and prescription drug, dental and vision coverage to benefits that provide financial protection so you can save for the future. 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 Requires enrollment	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) Requires enrollment	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 Long-Term Disability requires enrollment</i>	Short-Term Disability and Parental Leave coverage begins on date of hire		
	Long-Term Disability eligibility begins on date of hire and Long-Term Disability coverage begins when you are unable to work for 187 days		N/A
401(k) Associate Savings Plan Requires enrollment	Eligible to participate upon date of hire		N/A
Associate Stock Purchase Plan Requires enrollment	Eligible to participate upon date of hire		N/A
Time Off Programs	Eligible upon date of hire		N/A
Additional Capital One Benefits: <ul style="list-style-type: none"> Back-Up Child and Family Care Education Assistance College Coach 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
Additional Capital One Benefits: <ul style="list-style-type: none"> Maven 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. Please refer to the Summary Plan Description (SPD) for details.

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.

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.

How to enroll as a new hire

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, Basic Long-Term Disability Insurance, and more (see page 17 for details).

You can enroll in benefits by visiting the Benefits application in Workday.

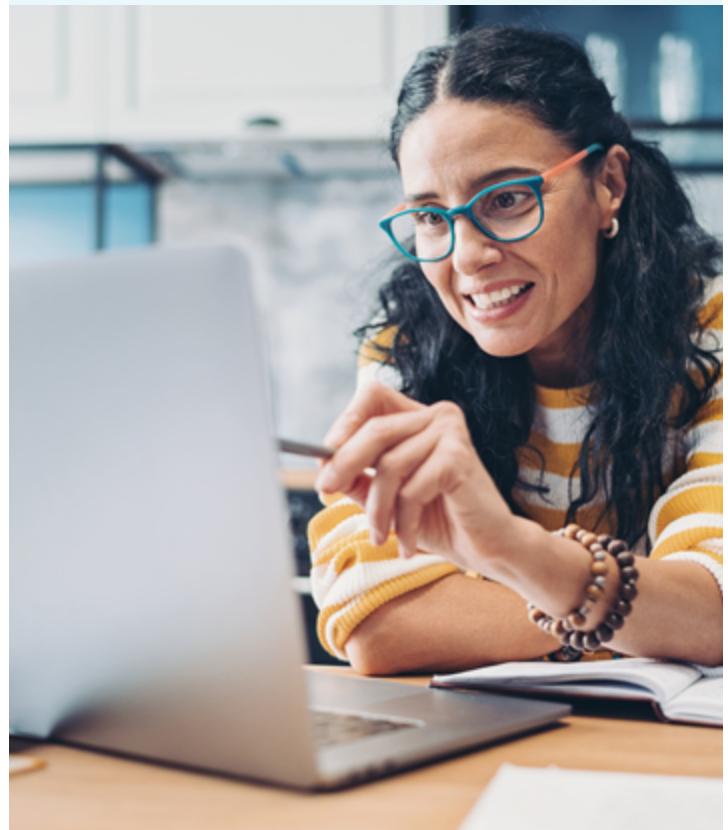
Changing coverage during the year

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. 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.

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 19 for more information.



Medical and prescription drug coverage

Comparing the three medical plans

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 PPO plans compare to the CDHP. Use the information below to learn more about what's the same and how they differ.



What's the same

- All plans cover the same medical services and prescription drugs, and include no-cost preventive care if in-network.
- All plans have the same network of providers, giving you freedom to choose from Anthem in-network providers (typically lower cost) or out-of-network providers (typically a higher cost).
- All plans cap your annual out-of-pocket costs.

What's different

- The CDHP requires you to pay 100% of the negotiated cost of services (other than preventive care) until you meet the deductible—including prescriptions. With the CDHP, you can also contribute to a tax-advantaged HSA.
- In the Basic and Enhanced PPOs, the deductibles only apply to those services where you pay coinsurance, while things like office visits and prescription drugs have set copays. If you enroll in either PPO plan, you can contribute to a Health Care FSA.

Medical

All three medical plan options cover the same services and medications and provide access to the same great network of providers.

Review the chart below for a side-by-side comparison of the plans. For full plan details, you can view the Summary of Benefits and Coverage (SBC) for each plan, available at anthem.com/capitalone. See the 2025 contributions section beginning on page 24 for your per paycheck costs.

	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/\$3,300	\$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%	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Office visits • Primary Care • OBGYN • Specialist	20% coinsurance after deductible	40% coinsurance after deductible	• No Charge • \$30 copay • \$60 copay	50% coinsurance after deductible	• No Charge • \$20 copay • \$40 copay	40% coinsurance after deductible
Behavioral health • Psychiatrist • Psychologist	20% coinsurance after deductible	40% coinsurance after deductible	\$30 copay	50% coinsurance	\$20 copay	40% coinsurance

*If you choose an out-of-network provider or facility, you will pay more for your care and may be subject to balance billing by the provider and/or facility so the cost to you may be more than the coverage/coinsurance amounts listed above.

**HSA contributions are prorated for mid-year enrollments. While you are 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. 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.



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: \$3,300

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*



Coinurance 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.

*These provisions apply to in-network services only. Out-of-network services would be paid out differently.

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 by forming a more complete picture of your health needs.



The best part? All visits to in-network PCPs, including sick appointments, are covered at 100% under both the Basic PPO and Enhanced PPO. Associates enrolled in the CDHP also receive free preventive care. For sick appointments, they pay 20% coinsurance after satisfying the deductible. Associates can also establish care with a PCP virtually through Anthem Virtual Primary Care platform. For more information, go to [Anthem](#) > Care > Virtual Care.

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?

Virtual Care	Retail clinics	Urgent care	Emergency room
Use it for			
A common, non-emergency medical issue that can be diagnosed by phone or online	Quick and convenient access to basic health care services like vaccinations and treatment for minor injuries or illnesses	A condition that needs immediate care but is not life- or limb-threatening	A life-threatening or potentially crippling condition that needs immediate attention
Examples			
✓ Allergies, pink eye ✓ Bronchitis, strep throat, cold sore ✓ UTI, hypertension, rashes	✓ Sore throat, fever ✓ Minor injury or illness treatment ✓ Vaccinations, prescription refill	✓ Broken bone, severe sprain or strain ✓ Cut requiring stitches ✓ Anxiety attack	✓ Sudden weakness, dizziness or loss of consciousness ✓ Significant loss of blood ✓ Chest pain, difficulty breathing
Cost			
PPOs: You pay nothing CDHP: You pay \$	PPOs: You pay nothing CDHP: You pay \$\$	PPOs: You pay \$ CDHP: You pay \$\$	PPOs: You pay \$\$\$ CDHP: You pay \$\$\$\$
Find it			
LiveHealth Online or KHealth: go to Anthem > Care > Virtual Care Be Well Health Centers	Contact retail clinics like CVS MinuteClinic®	Go to Anthem > Find Care	Call 911 or search online for the nearest hospital

Be Well Health Centers

On-site health centers and pharmacies at many major campuses for you and your eligible dependents over the age of two, as well as virtual care. Everyone receives free preventive care. Non-preventive care is free for Basic PPO or Enhanced PPO enrollees, and just \$35 for everyone else. For more information, visit the Health Centers Pulse page.

Blue Distinction Centers of Excellence

Blue Distinction Centers of Excellence are select facilities for cardiac care, spine surgery, knee and hip replacements, 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 may also be available. 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.

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 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 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 Care Engagement 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 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.

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.

Remember, covered prescription drug costs count toward the out-of-pocket maximum of your medical plan. See the comparison chart below for coverage details.*

	CDHP	Basic PPO	Enhanced PPO
Retail (up to 30-day supply) <ul style="list-style-type: none">• Generic• Preferred• Non-preferred	20% coinsurance after deductible	\$10 copay \$50 copay \$100 copay	\$10 copay \$50 copay \$100 copay
Mail Order and Retail** (up to 90-day supply) <ul style="list-style-type: none">• Generic• Preferred• Non-preferred	20% coinsurance after deductible	\$20 copay \$100 copay \$200 copay	\$20 copay \$100 copay \$200 copay
Specialty*** 30-day purchased through CVS Caremark Specialty Program <ul style="list-style-type: none">• Generic• Preferred• Non-preferred	20% coinsurance after deductible	\$40 copay \$100 copay \$200 copay	\$40 copay \$100 copay \$200 copay

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

**Retail availability varies by state.

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

Participating pharmacies

These pharmacies can be used for all short-term medications, which are generally those taken for less than 60 days or that require only two fills at retail.

- CVS pharmacies
- CVS Caremark participating retail chains, including Giant, Walgreens, Walmart, Kroger, Costco, and independent pharmacies
- Capital One's on-site campus pharmacies

Maintenance medications (those taken ongoing—generally longer than 60 days or requiring more than two fills at retail) generally must be filled as a 90-day supply at participating retailers or via CVS Caremark's mail order program.

You can find a network pharmacy at caremark.com or call **1-877-210-3556**.



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.

Tax-advantaged savings and spending accounts

Savings and spending accounts allow you to contribute money before taxes are withheld from your paycheck to help cover the cost of caring for yourself and your dependents. We offer a Health Savings Account (HSA) and two Flexible Spending Accounts (FSAs)—a Health Care FSA and a Dependent Care FSA. These accounts allow you to save money by using pre-tax dollars to pay for qualified expenses. Capital One will also contribute to your FSAs and HSA.

Review the chart below to see an overview of the FSAs and HSA.



	HSA	Health Care FSA	Dependent Care FSA
Who is eligible	Associates enrolled in the CDHP medical plan	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
Your minimum contribution	N/A	\$500	\$500
Contribution limits (includes your contribution + Capital One's contribution)	Individual coverage: \$4,300 Covering dependents: \$8,550 If over age 55, additional \$1,000	Maximum: \$3,200	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, 2025, or your enrollment date (whichever is later)	You and your family members' eligible medical, prescription drug, dental, and vision expenses incurred January 1, 2025, or your enrollment date (whichever is later), to December 31, 2025	Eligible child and/or adult day care expenses incurred January 1, 2025, or your enrollment date (whichever is later), to March 15, 2026
Unused funds	Always belong to you	May carry over up to IRS maximum, which is currently \$660 as long as you enroll in a Health Care FSA for 2026	Forfeited
Claim submission deadline	N/A	April 30, 2026	April 30, 2026
Availability of funds	Funds are not available until deposited into your account	Funds are available as of January 1, or date of enrollment	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 to your savings and spending accounts is pro-rated for mid-year enrollments.

More about the Health Care and Dependent Care FSAs

Keep your receipts

- ✓ 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 backup documentation for a charge. If you do not respond, your debit card will be deactivated until you provide documentation or repay the claim.
- ✓ 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 the IRS maximum each year in unused funds from your 2025 Health Care FSA balance to the next calendar year as long as you enroll in a 2026 Health Care FSA, so be sure to consider this when you are deciding how much to contribute for 2025.
- ✓ The Dependent Care FSA has a grace period that allows you to use your 2025 Dependent Care FSA funds for expenses incurred through March 15, 2026. Be sure to submit your claims for reimbursement by April 30, 2026. There is no carryover of unused Dependent Care FSA funds beyond the grace period.





More about the Health Savings Account (HSA)

START IT

Savings with a triple tax advantage. An HSA is a tax-free savings account only available to associates who enroll in a qualified Consumer-Driven Health Plan. Use your HSA to accumulate tax-free money to spend on eligible medical, prescription, dental and vision expenses anytime—even in retirement.

Money goes in tax-free. You contribute pre-tax dollars, which helps reduce your taxable income.

GROW IT

Money grows tax-free. 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.*

Free money. Capital One will automatically contribute up to **\$500 to your HSA each year for individual coverage or up to \$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.**

USE IT

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

KEEP IT

Money rolls over—no “use it or lose it” rule. Any year-end balance is always yours to keep year over year for future medical expenses. You can even take it with you if you leave or retire from Capital One.

*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.

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

Dental

You have a choice between two Delta Dental plans—the Basic Plan or Enhanced Plan. Both plans 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 offers benefits for 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. Review the chart below to see how the dental plans compare. See the 2025 contributions section beginning on page 24 for your per paycheck costs.

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

*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, to help you avoid surprises.

Healthy Smile, Healthy You® Program

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

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

Special needs benefits

Both dental plan options include benefits for associates and their covered dependents with a qualifying special health care need. This includes coverage for additional dental visits per benefit year and treatment delivery modifications necessary for dental staff to provide care for patients with sensory sensitivities, behavioral challenges, severe anxiety or other barriers to treatment.

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. Find plan design information and in-network providers by visiting anthem.com/capitalone.

Review the chart below to see details on the vision plan. See the 2025 contributions section beginning on page 24 for your per paycheck costs.

Benefits and covered services*	In-network	Out-of-network
Routine eye exam (once per calendar year)	\$0 copay	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 copay	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	\$130 allowance, then 15% off any remaining balance \$130 allowance (no additional discount) Covered in full	Up to \$75 allowance Up to \$75 allowance Up to \$90 allowance

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



Life and disability insurance

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

To ensure protection for your loved ones, we provide full-time and eligible part-time associates (defined as regularly scheduled to work 20 to 32 standard hours per week as maintained in Workday) with Basic Life and AD&PL insurance at no cost, with the option to purchase Supplemental Life and AD&PL insurance as well as additional coverage for dependents.

Review the chart below to see a summary of your coverage options. See the 2025 contributions section beginning on page 24 for your per paycheck costs if you elect voluntary coverage.

Basic Life Insurance	Capital One provided coverage	Voluntary coverage
Accidental Death & Personal Loss Insurance	Basic Associate Life* : 1x Annual Benefits Salary, rounded to next \$1,000* up to \$500,000 Basic Associate AD&PL* : 1x Annual Benefits Salary, rounded to next \$1,000 up to \$500,000	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 Supplemental Associate AD&PL : 1–8x Annual Benefits Salary up to \$2 million You automatically receive the same amount of Supplemental Associate AD&PL when you elect Supplemental Associate 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) and AD&PL are calculated separately.

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. If required, 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.

	EOI required	EOI not required
As a new hire	<ul style="list-style-type: none">Supplemental Insurance over \$1 millionSpouse/Domestic Partner Insurance over \$50,000	<ul style="list-style-type: none">Supplemental Insurance less than or equal to \$1 millionSpouse/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 millionIf no coverage is in place, electing Supplemental Insurance greater than 1x Annual Benefits SalaryIf coverage is already in place, increasing Supplemental Insurance greater than 2x Annual Benefits SalaryAny 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 millionIf no coverage is in place, electing Supplemental Insurance equal to 1x Annual Benefits SalaryIf coverage is already in place, increasing Supplemental Insurance by 2x Annual Benefits SalaryNewly eligible Spouse/Domestic Partner Insurance less than or equal to \$50,000

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

Disability coverage

In the event you are unable to work due to a non-work related injury, illness, or condition, including pregnancy, we automatically provide full-time and eligible part-time associates (defined as regularly scheduled to work 20 to 32 standard hours per week as maintained in Workday) with Short-Term Disability and Basic Long-Term Disability, at no cost. You have the option to purchase Supplemental Long-Term Disability for added income protection. Associates must be working with a covered provider, meet all eligibility requirements, and have an approved claim in order to receive benefits. Long-Term Disability coverage has a pre-existing condition limitation.

Short-Term Disability

Short-Term Disability 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

Capital One provides you with Long-Term Disability benefits that replace 50% of your Annual Benefits Salary after you've been disabled for six months.

You may purchase Supplemental Long-Term Disability 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. See the 2025 contributions section beginning on page 24 for your per paycheck costs if you elect voluntary coverage.



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 \$23,500 in 2025. If you are age 50 or older in 2025, you may contribute an additional \$7,500 in catch-up contributions. If you are between ages 60-63 in 2025, you may contribute an additional \$11,250 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®](#) or call the Capital One Retirement Savings Center at Fidelity at **1-800-854-4015**. Log into [Fidelity NetBenefits®](#) to update your 401(k) beneficiaries.

Fidelity financial advice

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. You can also 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 advisor.

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, and as of October 1, 2024, no commission fees on trades.

Note: The Capital One match is considered taxable income.

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



Additional 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.

Parental leave

Parental Leave options are available to eligible 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.

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 and more are available to associates.

Benefits that support your total well-being

This is a great time to review all the benefits you have available to support you and your family's total well-being year-round. You are automatically eligible for the following benefits just by being a Capital One associate.

Physical well-being

Be Well Health Centers

On-site health centers and pharmacies at many major campuses for you and your eligible dependents over the age of two, as well as virtual care. Everyone receives free preventive care. Non-preventive care is free for Basic PPO or Enhanced PPO enrollees, and just \$35 for everyone else.

Anthem's Virtual Care platform

Virtual primary care and urgent care lets you visit with an online doctor from the comfort of your home or anywhere, while on the go. Concerns like 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. This program is available through enrolling in the Anthem medical plan.

Seasonal vaccines

Covered at 100% in-network and at on-site health centers and pharmacies, with flu vaccine vouchers available if you aren't enrolled in Capital One medical coverage and can't access an on-site health center.

Maven

A comprehensive platform that offers personalized education and coaching for family building (including adoption and surrogacy), fertility, pregnancy (including loss support), postpartum and menopause.

Lactation break rooms on campus

Pump in comfort on campus, with access to mini fridges, sinks, and locked storage available for equipment.

Anthem's Cancer Care Engagement

Cancer Care Engagement (formerly Anthem's Concierge Cancer Care Program) provides 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. This program is available through enrolling in the Anthem medical plan.

Hinge Health

Relieve joint and muscle pain with personalized exercise therapy that can be done anywhere, at any time. Hinge Health also offers pelvic floor care. This program is available through enrolling in the Anthem medical plan.

Financial well-being

Fidelity financial advice

Build a budget, save for an event, or prepare for retirement with access to free one-on-one financial planning with Fidelity.

Adoption and surrogacy

Receive up to \$35,000 in reimbursement per claim to help ease the financial pressure of adoption/surrogacy (lifetime maximum three claims).

Educational assistance

Through Bright Horizons®, you can receive 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.

Back-up child or elder care

Find alternative care provider options at a nearby Bright Horizons center or at home with 15 free days of back-up care per year, plus a free Sittercity membership. Bright Horizons also offers one-on-one personalized care through Family Concierge.

Virtual tutoring and college coaching

Bright Horizons provides free tutoring and test prep for your child, along with help navigating the college process with no-cost, one-on-one guidance from college prep experts.

Emotional and social well-being

Be Well Health Centers

All of our on-site health centers are staffed with behavioral health counselors, who are available in-person or virtually for support.

Employee Assistance Program (EAP)

The Anthem EAP provides completely confidential and free support that's available 24/7 to you and your household members, with up to five face-to-face or telemedicine sessions via LiveHealth Online, Talkspace, or an in-network provider per situation with a qualified professional.

Mental health support

Through LiveHealth Online, you have 24/7 virtual access to a network of licensed doctors, pediatricians, psychologists and therapists who can diagnose, treat and prescribe medication for a wide range of health conditions—all at no cost to associates and family members covered under the Basic PPO or Enhanced PPO (for the CDHP, the deductible and coinsurance will apply). Additionally, through our Employee Assistance Program, Talkspace, in addition to LiveHealth Online, can help you find a mental health professional when you or a loved one needs care.

Be Well Rewards program

Earn points for completing well-being related activities that also help you reach your personal goals, like participating in routine preventive exams, financial consulting with Fidelity, and more.

Monument Alcohol Use Support

Associates and dependents can get online access to anonymous support including therapist-moderated support groups, a community forum, and self-guided resources for cutting back or quitting alcohol. Telehealth appointments with physicians and/or therapists have standard copays and/or deductible/coinsurance.

Time-off benefits

Take advantage of time-off benefits that include Vacation/Paid Time Off, Bereavement Leave, and 14 paid holidays to help you feel balanced.

Paid parental leave

Receive eight weeks of paid parental leave to welcome a new child, including those who grow their family through adoption, foster care, or surrogacy. Associates who give birth are eligible for up to 18 weeks of paid leave—10 weeks of Healing Time under Short-Term Disability and eight weeks of paid Parental Leave.



2025 contributions

Medical

Associate bi-weekly contributions			
	CDHP	Basic PPO	Enhanced PPO
Associate	\$27.91	\$27.91	\$65.70
Associate + spouse/ domestic partner	\$127.43	\$127.43	\$206.80
Associate + child(ren)	\$80.48	\$80.48	\$152.29
Associate + spouse/ domestic partner + child(ren)	\$180.66	\$180.66	\$297.81

Dental

Associate bi-weekly contributions		
	Basic Plan	Enhanced Plan
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

Vision

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

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

2025 associate Voluntary Supplemental Life/ AD&PL insurance costs

Associate's age as of January 1, 2025	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

2025 coverage options available for Dependent Life/AD&PL insurance (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

2025 coverage options available for Dependent Life/AD&PL insurance (children)

Coverage option	Bi-weekly cost (post-tax)
\$10,000 child only	\$0.51
\$20,000 child only	\$1.02

Disability coverage

2025 coverage options available for Supplemental Long-Term Disability

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

Retiree health care support

Associates who meet the eligibility criteria for retirement (10 years of service after age 45) will have access to Aptia365+ Retiree which can help you to select retiree medical coverage through the private exchange. These retiree medical plans are not subsidized by Capital One.

Aptia365+ 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 Aptia365+ 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 Aptia365+ 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.



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
Savings and Spending Accounts	Anthem	1-844-390-4133	anthem.com/capitalone
401(K) Associate Savings Plan	Fidelity	1-800-854-4015	netbenefits.com
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	The Hartford	1-877-867-4790	
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
Maven	Maven	—	mavenclinic.com/join/capitalone
Be Well Rewards Program	MyEvive	—	capitalone.myevive.com
Employee Assistance Program	Anthem EAP	1-855-383-7222	anthemeap.com/capital-one
Educational Assistance Program	EdAssist	1-510-356-0221	capitalone.edassist.com

Compliance Notices

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 plans' 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. Contact the HR Benefits Center at **1-888-376-8836 (options 2, 2, 0)**.

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 vaginal 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.

Post-Mastectomy Benefits

Under the Women's Health and Cancer Rights Act, 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 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.

Medicare Part D Prescription Drug Plan—Notice of Creditable Coverage

Effective since 2006, every individual who is eligible for Medicare has 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**.

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

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

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook.

You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

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

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

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

Date: October 2024

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)

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, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	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
ALASKA – Medicaid	FLORIDA – Medicaid
The AK Health Insurance Premium Payment Program Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
ARKANSAS – Medicaid	GEORGIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	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
CALIFORNIA – Medicaid	INDIANA – Medicaid
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	Healthy Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)	MONTANA – Medicaid
<p>Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366</p> <p>Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563</p> <p>HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562</p>	<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSIPPProgram@mt.gov</p>
KANSAS – Medicaid	NEBRASKA – Medicaid
<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
KENTUCKY – Medicaid	NEVADA – Medicaid
<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: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>
LOUISIANA – Medicaid	NEW HAMPSHIRE – Medicaid
<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>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. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov</p>
MAINE – Medicaid	NEW JERSEY – Medicaid and CHIP
<p>Enrollment Website: https://www.mymaineconnection.gov/benefits/?language=enUS Phone: 1-800-442-6003 TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: https://www.mainegov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>Medicaid Website: http://www.state.nj.us/humanservices/_dmahs/clients/medicaid/ Medicaid Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.nifamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)</p>
MASSACHUSETTS – Medicaid and CHIP	NEW YORK – Medicaid
<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremessaging@accenture.com</p>	<p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
MINNESOTA – Medicaid	NORTH CAROLINA – Medicaid
<p>Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672</p>	<p>Website: https://medicaid.ncdhs.gov/ Phone: 919-855-4100</p>
MISSOURI – Medicaid	NORTH DAKOTA – Medicaid
<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>	<p>Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825</p>

OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
OREGON – Medicaid	VERMONT – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075	Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	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
RHODE ISLAND – Medicaid and CHIP	WASHINGTON – Medicaid
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
SOUTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://dhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
SOUTH DAKOTA - Medicaid	WISCONSIN – Medicaid and CHIP
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, 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)

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.

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This guide is designed to help you learn about and understand the benefits available under the 2025 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, 2025.

This guide, the Welfare Plan document, together with the SPD and any insurance contacts 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, 2025, unless otherwise noted.