

# 2014

## Benefits Guide



**well**  
**and be your own superhero**

Eligibility and Costs  
Health Care Coverage  
Financial Benefits  
Time-Off Programs  
Getting Answers  
And More ...



# YOUR 2014 CAPITAL ONE BENEFITS PROGRAM



## BE YOUR OWN SUPERHERO

You have the power to take charge of your well-being with Capital One's comprehensive benefits program.

Capital One offers a benefits program that is focused on helping you be well—physically, financially and emotionally. The program is designed to be:

- Responsive to our diverse associate population by providing the flexibility to select different benefits based on your personal situation and needs.
- Competitive with other leading employers to ensure Capital One can attract and retain talented associates.
- Consistent across the organization, where possible, to simplify administration, ensure high-quality service, achieve economies of scale and make it easier for associates to move among our businesses as career development and business needs require.
- Consumer-oriented, with a rate structure that encourages informed decision making and where costs equitably reflect utilization of services.
- Focused on plan changes that save money for you and Capital One, but do not sacrifice quality of service.
- Supportive and engaging to help associates be well.

We know cost is a priority for you, as it is for Capital One. Some benefits, such as Basic Life Insurance, are entirely company paid. For other programs, like medical coverage, you and the company share the cost. You can also choose to buy additional benefits, such as Supplemental Life Insurance and Long Term Care Insurance, that are fully funded by you.

Our benefits program provides multiple choices within a standard cost-sharing structure for all associates, as well as tools and resources to help you make the best decisions possible for your physical and financial health.

# Questions

IF YOU HAVE QUESTIONS THAT AREN'T ANSWERED IN THIS GUIDE, VISIT [WWW.CAPITALONEBENEFITSITE.COM](http://WWW.CAPITALONEBENEFITSITE.COM) OR USE THESE TELEPHONE AND ONLINE RESOURCES TO GET ANSWERS.

## Have Questions About ...

## Contact ...

Benefits	
Medical	Aetna One 1-800-882-3461 or <a href="http://www.aetna.com">www.aetna.com</a>
Prescription Drug	CVS Caremark 1-877-210-3556 or <a href="http://www.caremark.com">www.caremark.com</a>
Dental	Aetna One 1-800-882-3461 or <a href="http://www.aetna.com">www.aetna.com</a>
Vision	Davis Vision Member Services 1-888-897-9377 or <a href="http://www.davisvision.com">www.davisvision.com</a>
Flexible Spending Accounts	Aetna One 1-800-882-3461 or <a href="http://www.aetna.com">www.aetna.com</a>
Life and AD&PL Insurance	Aetna Life Insurance Company 1-800-523-5065 or <a href="http://www.aetna.com">www.aetna.com</a>
Short Term or Long Term Disability	Aetna One 1-800-882-3461 or <a href="http://www.aetna.com">www.aetna.com</a>
Long Term Care Insurance	CNA 1-877-777-9072 or <a href="http://www.ltcbenefits.com">www.ltcbenefits.com</a> (password: capitalone)
401(k) Associate Savings Plan	Fidelity Investments 1-800-854-4015 or <a href="http://www.netbenefits.com">www.netbenefits.com</a>
Commuter Benefits	WageWorks 1-877-924-3967 or <a href="http://www.wageworks.com">www.wageworks.com</a>
Associate Stock Purchase Plan	E*Trade 1-800-838-0908 or <a href="http://www.etrade.com">www.etrade.com</a>
Educational Assistance Benefit	Capital One HR Help Center Call 1-804-284-6600 or 1-888-376-8836
Employee Assistance Program	Aetna 1-866-551-6253 or <a href="http://www.aetna.com">www.aetna.com</a>
Back-up Child and Family Care	Bright Horizons Call 1-877-242-2737 Or go to <a href="http://backup.brighthorizons.com">http://backup.brighthorizons.com</a> – User name: CapitalOne – Password: Bewell
Other	
Enrolling or Making Health and Welfare Benefits Changes	Access <a href="http://www.capitalonebenefitsite.com">www.capitalonebenefitsite.com</a> or contact the Capital One HR Help Center at 1-804-284-6600 or 1-888-376-8836
Enrolling or Making Benefit Changes to your 401(k) Participation (may be done at any time during the year)	Fidelity Investments 1-800-854-4015 or <a href="http://www.netbenefits.com">www.netbenefits.com</a>
Open Enrollment (general questions and eligibility)	Capital One HR Help Center Call 1-804-284-6600 or 1-888-376-8836
Passwords (for help with eID or Capital One Benefit Site passwords)	Capital One HR Help Center Call 1-804-284-6600 or 1-888-376-8836
COBRA Coverage and Enrollment	Aetna 1-800-429-9526 or <a href="http://www.memberiba.com">www.memberiba.com</a>
Claims Advocacy Service (for assistance with medical or pharmacy claims process)	Starting January 1, 2014, go to <a href="http://www.capitalonebenefitsite.com">www.capitalonebenefitsite.com</a> or contact the Capital One HR Help Center at 1-804-284-6600 or 1-888-376-8836

# INSIDE THIS GUIDE

2014 Program Overview .....	4
Health and Welfare Plan Eligibility .....	5
Cost of Coverage.....	6
Medical Coverage .....	10
Prescription Drug Coverage .....	16
Help Choosing a Medical Option .....	18
Dental Coverage .....	19
Vision Coverage .....	21
Flexible Spending Accounts.....	23
Life Insurance and Accidental Death and Personal Loss Insurance (AD&PL) .....	27
Disability Benefits .....	29
Long Term Care Insurance .....	31
Wellness Programs.....	32
Employee Assistance Program.....	33
Time-Off Programs .....	34
401(k) Associate Savings Plan .....	36
Voluntary Benefits.....	38
Appendix .....	39

## HOW TO USE THIS GUIDE

Inside you will find an overview of your 2014 benefits, including coverage costs. This guide also provides examples and tips to help you think about your needs and choose benefits that work best for your family and finances.

Be sure to read this Benefits Guide before enrolling. Keep it handy so you can refer to it during the year. Refer to the chart inside the front cover to learn where to go for answers to specific benefits questions.

This is a summary document designed to help you make informed decisions about enrollment. Additional eligibility requirements may apply. To the extent this document relates to the Capital One Financial Corporation Welfare Benefits Plan (the Welfare Plan), it is intended to serve as a summary of material modifications (SMM) applicable to the 2014 plan year. The governing documents for the Welfare Plan include the text of the Welfare Plan, the Summary Plan Description and any applicable SMMs. The Capital One Financial Corporation Associate Savings Plan (the 401(k) Plan) is governed by the text of that document, the trust agreement and any other formal plan documents that govern the rights and benefits of participants, beneficiaries and Capital One, without regard to the applicable Summary Plan Description. In the event of any questions or disputes related to the Welfare Plan or the 401(k) Plan (including any conflict between any benefit communications and the Plans), the applicable plan documents will govern. Capital One reserves the right to modify or terminate benefits at its discretion at any time.

# 2014 PROGRAM OVERVIEW

Benefit	Options Available to Eligible Associates
Medical and Prescription Drug Coverage— Aetna and CVS Caremark	<ul style="list-style-type: none"> <li>▪ Basic Plan</li> <li>▪ Enhanced Plan</li> <li>▪ Premium Plan</li> <li>▪ Out-of-Area Plan</li> <li>▪ Waive coverage</li> </ul>
Dental Coverage—Aetna	<ul style="list-style-type: none"> <li>▪ Basic Plan</li> <li>▪ Enhanced Plan</li> <li>▪ Waive coverage</li> </ul>
Vision Coverage—Davis Vision	<ul style="list-style-type: none"> <li>▪ Vision Plan</li> <li>▪ Waive coverage</li> </ul>
Health Care Flexible Spending Account (FSA)—Aetna Dependent Care Flexible Spending Account (FSA)—Aetna	<ul style="list-style-type: none"> <li>▪ Set aside from \$50 to \$5,000 in pre-tax pay to cover eligible expenses in the Dependent Care FSA or from \$50 to \$3,500 in pre-tax pay in the Health Care FSA inclusive of both the associate contribution and match. Capital One matches \$0.50 for every \$1 you set aside—up to a combined total of \$1,000 a year in company match between the two accounts.</li> </ul>
Basic and Supplemental Life Insurance—Aetna	<ul style="list-style-type: none"> <li>▪ Basic Life Insurance coverage of one times “pay” is automatically provided at no cost to you</li> <li>▪ Supplemental Life Insurance: <ul style="list-style-type: none"> <li>– Additional coverage you purchase of one to five times pay to a combined benefit (between Basic Life and Supplemental Life) of up to six times pay or \$1 million, whichever is less</li> <li>– Waive additional coverage</li> </ul> </li> </ul>
Accidental Death and Personal Loss Insurance (AD&PL)—Aetna	<ul style="list-style-type: none"> <li>▪ Basic AD&amp;PL coverage of one times pay is automatically provided at no cost to you</li> <li>▪ Supplemental AD&amp;PL coverage: <ul style="list-style-type: none"> <li>– Matches your Supplemental Life Insurance coverage level; your cost is included in the Supplemental Life rates</li> <li>– Waive additional coverage</li> </ul> </li> </ul>
Dependent Life Insurance—Aetna	<ul style="list-style-type: none"> <li>▪ Coverage you purchase: <ul style="list-style-type: none"> <li>– \$25,000 or \$50,000 for your spouse or domestic partner</li> <li>– \$10,000 for each child</li> </ul> </li> <li>▪ Waive coverage</li> </ul>
Disability—Aetna	<ul style="list-style-type: none"> <li>▪ Short Term Disability: Automatically provided at no cost to you; replaces a percentage of your pay for up to six months if you are disabled</li> <li>▪ Basic Long Term Disability: Automatically provided at no cost to you; replaces 50% of pay after six months if you are disabled</li> <li>▪ Supplemental Long Term Disability: <ul style="list-style-type: none"> <li>– Option to purchase additional 20% of coverage to bring replacement income to 70% of pay</li> <li>– Waive additional coverage</li> </ul> </li> </ul>
Long Term Care Insurance—CNA	<ul style="list-style-type: none"> <li>▪ Several options you can purchase to help pay for custodial care (for example, nursing home care) for you or a family member as result of an illness, accident or advanced age</li> <li>▪ Waive coverage</li> </ul>
Paid Time-Off (PTO) and Vacation Benefits	<ul style="list-style-type: none"> <li>▪ PTO bank for non-exempt associates: <ul style="list-style-type: none"> <li>– You earn a set amount of PTO days each year, based on your years of service, to be used for vacation, floating holidays and sick time</li> </ul> </li> <li>▪ Traditional vacation and holiday schedule for exempt associates: <ul style="list-style-type: none"> <li>– You earn a set amount of vacation days each year, based on your years of service</li> <li>– Set holiday schedule in addition to vacation time off</li> </ul> </li> <li>▪ Option to purchase additional PTO or vacation available during Open Enrollment only</li> </ul>
401(k) Associate Savings Plan—Fidelity	<ul style="list-style-type: none"> <li>▪ Contribute 1%–50% of your pre-tax W-2 pay, up to IRS limits</li> <li>▪ Earn up to 7.5% company match, comprised of 3% company basic non-elective contribution and up to a 4.5% company matching contribution</li> <li>▪ Choose to contribute either on a pre-tax basis or Roth (post-tax) basis</li> <li>▪ Decide how contributions from you and Capital One are invested among the plan's variety of investment options</li> </ul>
Educational Assistance Benefit	<ul style="list-style-type: none"> <li>▪ Offers you an annual budget to use for tuition, books and fees at accredited institutions</li> <li>▪ Variety of offerings for undergraduate, graduate and Special Development Programs</li> </ul>
Employee Assistance Program (EAP)	<ul style="list-style-type: none"> <li>▪ The EAP provides support, advice and resources on a wide range of subjects</li> <li>▪ The program can even help you with things like moving, coping with change or finding a pet sitter</li> </ul>
Back-up Child & Family Care—Bright Horizons	<ul style="list-style-type: none"> <li>▪ Back-up Child Care</li> <li>▪ Back-up Family Care</li> <li>▪ Priority Access</li> </ul>

# Health and Welfare Plan Eligibility

## WHAT'S NEW:

- The waiting period for part-time associates has been reduced from six months to 90 days.
- Domestic partners are now eligible to be covered under the Dependent Life Insurance coverage.
- Dependent children up to age 26 are now eligible for coverage, regardless of their access to coverage in a non-Capital One plan.

Your eligibility for Capital One benefits is based on your employment status:

- If you are a full-time associate, you are eligible for Capital One benefits on your date of hire.
- If you are a part-time associate (regularly scheduled to work at least 20 “standard hours” per week as maintained in Capital One’s system of record, Global One), you are eligible for Capital One health benefits (except Short Term Disability) after 90 days of employment.
- If you are rehired any time by Capital One as a part-time associate, you must have completed 90 days of full-time or part-time service before your original departure to be eligible for health benefits on date of rehire.

## FOR YOUR DEPENDENTS

Eligible dependents include:

- Your spouse or domestic partner
- Dependent children (natural and adopted, married and unmarried) up to their 26th birthday, including stepchildren and children of a domestic partner who reside with you who are your dependents for federal tax purposes.
- Other minor children if you are a legal guardian
- Older children with mental or physical impairments may be eligible, as certified by Aetna.

Ineligible dependents include, but are not limited to:

- Divorced spouses—if you are legally required to provide medical coverage for your divorced spouse, you must purchase individual coverage outside of the Capital One plans.
- Parents, grandparents, siblings, aunts, uncles and cousins — are not eligible under any circumstance.
- Spouses of dependent children

## DOMESTIC PARTNER

Eligible associates may enroll their domestic partners for medical, dental, vision and life insurance coverage.

A domestic partner is a person of the same or opposite gender as you, 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 independent
- Not be legally married to anyone else

You also may cover your domestic partner’s biological or adopted children if:

- You cover your domestic partner
- The children are under age 26. Older children with mental or physical impairments may be eligible, as certified by Aetna.
- They live in your household
- You provide more than 50% of the child’s support

## CHANGING YOUR COVERAGE DURING THE YEAR

Based on IRS rules, you can generally make changes during the year only if you have a qualifying change in your family or employment status. This includes events such as:

- Marriage or divorce
- Death of your spouse or dependent
- Gaining or losing a domestic partner
- Birth or adoption of a child
- Your spouse ending or starting employment when that affects coverage eligibility
- You or your spouse changing from full-time to part-time employment status or vice versa, when the change affects coverage eligibility.
- Change in health coverage (or cost) by your spouse’s employer
- Loss of eligibility for your dependent because of exceeding the age eligibility requirements
- Loss of eligibility (for you or your eligible dependents) for another group health plan or a state/federal insurance program such as Medicaid or the Children’s Health Insurance Program (CHIP).

Benefits changes must be consistent with the eligible life event. You must make changes by logging in to [www.capitalonebenefitsite.com](http://www.capitalonebenefitsite.com) or contacting the HR Help Center at 1-804-284-6600 or 1-888-376-8836 within 31 days of the event (60 days after birth or adoption of a child). If you do not, you must wait until the next benefits Open Enrollment period to make updates.



# \$ COST OF COVERAGE

## WHAT'S NEW:

- There will be a 3.4% increase in premiums for all four medical plans.
- There will be an 8% increase in premiums for buy-up Long Term Disability coverage.
- There will be relief for negative tax implications imposed upon associates who cover domestic partners. See the callout box on the next page for more information.

## HOW YOUR COSTS ARE DETERMINED

Capital One's medical and dental benefit plans are self-insured. This means that Capital One pays for health claims from the organization's budget and we outsource the administration of our medical and dental plans to Aetna.

Capital One has a health care cost-sharing model where the company and associates share the total cost of coverage and the related administrative costs supporting our plan. Associates contribute funding to cover these costs through monthly premiums withheld each paycheck. However, this covers only a fraction of the total cost. Most of the cost is paid by the company (approximately 80%).

Overall, the cost of health and welfare benefits is shared by associates and Capital One. You pay for your share of health coverage (medical, dental and vision), Flexible Spending Accounts and Supplemental Long Term Disability on a pre-tax basis. This means your paycheck deductions are made before taxes are withheld, so you pay less in income taxes because you're taxed on a lower income amount.

In accordance with IRS regulations, you pay with post-tax dollars for domestic partner coverage. See the callout box on the next page for more detail.

Capital One's total health care costs are expected to increase in the coming years. Capital One will remain focused on programs and initiatives to reduce your cost and the company's cost of health care coverage in the future.

## 2014 Associate Benefits Contributions—Medical Coverage

Plan	Coverage Tier	Bi-weekly Associate Contribution
Basic	Associate	\$15.27
	Associate + Spouse or domestic partner	\$56.32
	Small Family, No Spouse or domestic partner (1–2 Children)	\$51.54
	Medium Family, No Spouse or domestic partner (3–4 Children)	\$55.36
	Large Family, No Spouse or domestic partner (5+ Children)	\$59.18
	Small Family, With Spouse or domestic partner (1–2 Children)	\$92.59
	Medium Family, With Spouse or domestic partner (3–4 Children)	\$96.41
	Large Family, With Spouse or domestic partner (5+ Children)	\$100.23
Enhanced	Associate	\$37.00
	Associate + Spouse or domestic partner	\$106.12
	Small Family, No Spouse or domestic partner (1–2 Children)	\$97.36
	Medium Family, No Spouse or domestic partner (3–4 Children)	\$104.18
	Large Family, No Spouse or domestic partner (5+ Children)	\$110.02
	Small Family, With Spouse or domestic partner (1–2 Children)	\$166.49
	Medium Family, With Spouse or domestic partner (3–4 Children)	\$173.30
	Large Family, With Spouse or domestic partner (5+ Children)	\$179.15
Premium and Out-of-Area	Associate	\$67.50
	Associate + Spouse or domestic partner	\$174.72
	Small Family, No Spouse or domestic partner (1–2 Children)	\$162.80
	Medium Family, No Spouse or domestic partner (3–4 Children)	\$173.72
	Large Family, No Spouse or domestic partner (5+ Children)	\$180.67
	Small Family, With Spouse or domestic partner (1–2 Children)	\$270.02
	Medium Family, With Spouse or domestic partner (3–4 Children)	\$280.94
	Large Family, With Spouse or domestic partner (5+ Children)	\$287.89



## 2014 Associate Benefits Contributions—Dental Coverage

Plan	Coverage Tier	Bi-weekly Associate Contribution
Basic	Associate	\$5.15
	Associate + Spouse or domestic partner	\$10.30
	Small Family, No Spouse or domestic partner (1–2 Children)	\$9.27
	Medium Family, No Spouse or domestic partner (3–4 Children)	\$11.33
	Large Family, No Spouse or domestic partner (5+ Children)	\$13.39
	Small Family, With Spouse or domestic partner (1–2 Children)	\$14.42
	Medium Family, With Spouse or domestic partner (3–4 Children)	\$16.48
	Large Family, With Spouse or domestic partner (5+ Children)	\$18.54
Enhanced	Associate	\$9.27
	Associate + Spouse or domestic partner	\$18.54
	Small Family, No Spouse or domestic partner (1–2 Children)	\$16.48
	Medium Family, No Spouse or domestic partner (3–4 Children)	\$19.57
	Large Family, No Spouse or domestic partner (5+ Children)	\$21.63
	Small Family, With Spouse or domestic partner (1–2 Children)	\$25.75
	Medium Family, With Spouse or domestic partner (3–4 Children)	\$28.84
	Large Family, With Spouse or domestic partner (5+ Children)	\$30.90

## 2014 Associate Benefits Contributions—Vision Coverage

Plan	Coverage Tier	Bi-weekly Associate Contribution
Basic	Associate	\$1.09
	Associate + Spouse or domestic partner	\$2.19
	Small Family, No Spouse or domestic partner (1–2 Children)	\$2.64
	Medium Family, No Spouse or domestic partner (3–4 Children)	\$2.64
	Large Family, No Spouse or domestic partner (5+ Children)	\$2.64
	Small Family, With Spouse or domestic partner (1–2 Children)	\$3.92
	Medium Family, With Spouse or domestic partner (3–4 Children)	\$3.92
	Large Family, With Spouse or domestic partner (5+ Children)	\$3.92

### COST CONSIDERATIONS FOR DOMESTIC PARTNER COVERAGE

In accordance with IRS regulations, there are unique cost considerations for those associates who cover a domestic partner. The key considerations are:

- The portion of the associate's premium that is attributable to covering the domestic partner is paid on a post-tax basis rather than on a pre-tax basis like for the associate's own coverage or that of other dependents.
- The company's contribution toward the cost of the domestic partner's coverage (called the fair market value) is added to your earnings for the year and is subject to the applicable taxes.
- The Supreme Court ruling that facilitated acknowledgement of same-sex marriages is expected to yield the same tax treatment as opposite-sex spouses. Taxation for same-sex spouses through Capital One payroll will be addressed following further guidance from the IRS.

New in 2014, Capital One will provide associates covering a domestic partner (under our medical, dental and visions plans) with a gross-up amount, to help cover the taxes owed on these benefits.

# COST OF COVERAGE {continued}

## DEFINITION OF “PAY” FOR LIFE AND DISABILITY (FORMERLY REFERRED TO AS “MANAGED INCOME PROTECTION”)

For life and disability insurance, except as noted in the text, “pay” is defined as select cash and incentive compensation you receive during the calendar year. Please also note that disability includes Short Term and Long Term Disability Insurance. For purposes of the 401(k) program, “pay” includes all of your W-2 earnings with the exception of any payout to you of vested long-term incentive awards.

### What “pay” includes:

- Base pay as of October 1, 2013
- Incentives/commissions for one year prior—that is, October 1, 2012, to September 30, 2013; incentive/commission earnings codes are reviewed annually

### What “pay” does not include:

- Annual performance bonus
- Long-term incentives
- Operational, less than annual or achievement awards
- Overtime pay

## VOLUNTARY SUPPLEMENTAL LIFE INSURANCE AND ACCIDENTAL DEATH AND PERSONAL LOSS

You can buy, with post-tax dollars, additional life and AD&PL insurance for yourself of up to five times your “pay.” Together with company-provided Basic Life Insurance, that means that you can have up to six times your “pay” up to \$1 million. The minimum coverage amount is \$5,000.

For VPs and above:

- If the combined Executive Life Insurance Program (ELIP) and Supplemental Life/AD&PL benefits (as a multiple of your annual benefits salary) exceeds \$5,000,000, your total life/AD&PL benefit will be lowered to \$5,000,000.

Associate's Age as of Jan. 1, 2014	Bi-Weekly Cost per \$1,000 of Coverage (post-tax)
<30	\$0.025
30–34	\$0.030
35–39	\$0.035
40–44	\$0.044
45–49	\$0.064
50–54	\$0.093
55–59	\$0.136
60–64	\$0.184
65–69	\$0.264
70–74	\$0.543
75–79	\$0.859
80+	\$0.859

## COVERAGE OPTIONS AVAILABLE FOR DEPENDENT LIFE—SPOUSE/DOMESTIC PARTNER AND/OR CHILDREN

Coverage Option	Bi-Weekly Cost (pre-tax)
\$25,000 spouse or domestic partner	\$0.92
\$50,000 spouse or domestic partner	\$1.85
\$10,000 child only	\$0.46

## SUPPLEMENTAL LONG TERM DISABILITY

The annual cost for the additional 20% coverage is \$0.184 per \$100 of your “pay.” The rate takes into account that you are buying just 20% of your “pay” in coverage.

Coverage Option	Bi-Weekly Cost (pre-tax)
Additional 20% of base “pay” to provide 70% total replacement income	\$0.184 per \$100 of your monthly base “pay”

### SAMPLE CALCULATION FOR SUPPLEMENTAL LONG TERM DISABILITY

Keith earns \$60,000 per year. Keith is covered at no cost to him for 50% of his base pay, or \$30,000. Keith purchases the extra 20% coverage and will pay \$4.25 per paycheck.

## 2014

$\$60,000 / 12 = \$5,000$  monthly pay  
 $\$5,000 / \$100 = \$50$  (your monthly pay / \$100)  
 $\$50 \times 0.184 = \$9.20$  per month  
 $\$9.20 \times 12$  months a year = \$110.40  
 $\$110.40 / 26$  pay periods = \$4.25



# MEDICAL COVERAGE

Administered by Aetna

## WHAT'S NEW:

You and your enrolled spouse/partner can each earn up to \$350 in wellness incentives—that's up to \$700 total by completing healthy actions. Visit [www.capitalonebenefitsite.com](http://www.capitalonebenefitsite.com) starting 1/1/14 for more information about the Be Well Incentives Program.

The Telemedicine Program allows you to be treated for many common minor illnesses by speaking with a certified physician at any time.

Our new "Claims Advocacy Program" gives you external, unbiased assistance to help you work with Aetna or CVS Caremark to appeal any claims you may have, help facilitate the claims process and help you understand our plans. Starting January 1, 2014:

- Contact Aetna or CVS Caremark to make sure your claim was received and processed.
- Confirm whether the claim was approved or denied for payment.
- If you're denied, ask Aetna or CVS Caremark for assistance in resolving the claim.
- If you need further assistance navigating the appeals process, please contact the Capital One HR Help Center at 1-804-284-6600 or 1-888-376-8836.

## Plan Coverage Enhancements:

- Dietician visits covered through your regular co-pay (rather than being subject to deductible and co-insurance).
- In order to support our associates struggling to start/grow their family, fertility coverage will now be on a per-cycle basis, rather than having a total dollar limit. For Artificial Insemination and Ovulation Induction, there is a six-cycle limit and for Advance Reproductive Therapy there is a two-cycle limit.
- Coverage through your primary care co-pay for behavioral health counseling (visits with psychiatrists will remain at the specialist co-pay).

## WHAT YOU NEED TO THINK ABOUT

- Remember to leverage the Aetna Cost of Care tools to model your potential out-of-pocket costs before you schedule services.
- Your cost of coverage—that's your per-paycheck contribution.
- Your cost of care—for example, co-payments, co-insurance, deductible amounts and out-of-pocket costs.

## THE AETNA ONE MODEL

Aetna One is a premier health care service model—providing you with a personal health concierge and health advocate team to help you navigate your health needs. With Aetna One, you get:

- One toll-free number to call about any part of your Aetna insurance plan: **1-800-882-3461**
- One Aetna Health Concierge who will help answer your questions fast—and guide you to the right resources as needed
- One Aetna Care Advocate who can help guide you through the health care system
- One program that revolves around you

## YOU HAVE FOUR MEDICAL PLAN OPTIONS ADMINISTERED BY AETNA:

- Basic
- Enhanced
- Premium
- Out-of-Area

All cover the same basic medical services and use the same provider network, but financial features—such as deductible amounts, co-insurance levels and out-of-pocket maximums—differ. In general, as you increase the plan level (move from Basic to Enhanced or from Enhanced to Premium), the monthly per-paycheck premiums increase, while the out-of-pocket costs for services rendered decrease.

Capital One's medical plan offers a network of doctors, hospitals and other health care specialists who deliver quality care according to network standards and have agreed to preferred rates for covered services. When you use network providers, you receive the highest level of benefits.

You also have the flexibility to go outside the network, but you receive a lower level of benefits and may pay more. If your out-of-network provider's charge exceeds the reasonable or the "going rate" for specific services in your area, you will be responsible for paying the costs above the reasonable rate.

## Key Health Care Terms

Co-payment or Co-pay	Set dollar amount you pay for network doctor office visits and mail-order prescriptions. No other fees or deductibles apply.
Deductible	Dollar amount an individual or family must pay for covered care each calendar year before the medical plan pays benefits for most services—the deductible does not apply to network doctor office visits, preventive or wellness care, prescriptions or routine lab work.
Co-insurance	Percentage of the cost for eligible medical expenses that you pay after you meet the deductible.
Co-insurance Out-of-Pocket Maximum	Annual dollar limit an individual or family pays in co-insurance in a calendar year—plan pays 100% of eligible expenses when the out-of-pocket maximum is reached. This feature provides financial protection for you by limiting your out-of-pocket expenses in a given calendar year.
Lifetime Maximum	The amount an insurance plan will pay over the course of the associate's lifetime.
Reasonable & Customary (R&C)	The usual cost or "going rate" for a particular health service in your geographic area—R&C applies to out-of-network charges.
Urgent Care	Conditions or services that are non-preventive or non-routine, and needed in order to prevent the serious deterioration of a member's health following an unforeseen illness, injury or condition. Urgent care includes conditions that could not be adequately managed without immediate care or treatment, but do not require the level of care provided in the emergency room.
Walk-In Clinics	Clinics that can be found in certain retail settings like in a CVS store, Walgreens, Kroger or one of many other retailers. Care for minor acute conditions can be sought in this setting. These clinics offer high-quality care at a lower cost. Zero co-pay applies.

## PREVENTIVE CARE AT NO COST TO YOU

Regular preventive care can help you identify health risks before they lead to more serious medical issues. To encourage regular routine physical exams, screenings and immunizations, the Capital One plans pay the full cost of covered preventive care—with no expense to you. This includes the cost of preventive care office visits and any related preventive care lab services. If you live outside the network's covered service area, your preventive care is offered at no cost to you too—your deductible and co-insurance are waived.

- All preventive care is covered at 100%, regardless of age or restrictions, based on AMA guidelines.
- Associates and their dependents may get preventive care screenings at any age, and at their desired intervals, with no out-of-pocket cost.
- Routine physicals
- Well-child exams
- Routine annual OB/GYN exams and Pap tests and mammograms
- Routine PSA and DRE screenings
- Colonoscopies (in some cases a consultation with a specialist is required and a co-pay will apply)
- Immunizations
- Annual vision exams
- Routine hearing exams
- Certain female contraception
- Breastfeeding support
- Coverage for aspirin, certain supplements and oral fluorides
- Aetna ID cards include the \$0 co-pay provision for preventive care to help remind you and your doctor.
- Remember:
  - Make sure your doctor codes all eligible claims as preventive care in order to be eligible for the 100% coverage.
  - This includes both a Preventive Procedure Code (a five-digit code that identifies the type of procedure) and the Preventive Diagnosis Code (a three- to five-digit code that identifies the reason the service is being performed).

# MEDICAL COVERAGE {continued}

## USING THE NETWORK

When you enroll in a medical plan option, you generally save out-of-pocket costs when you use doctors, hospitals and other providers in Aetna's network. The medical plan options offer:

- Flexibility to refer yourself to any health care provider in the network—you don't need to select a primary care physician or request a referral to see a specialist. You also have the additional flexibility to receive care from a non-network provider at a lower level of benefits.
- Typically lower cost of care when you use network providers, because your share of the cost (co-insurance) is based on Aetna's negotiated discounted cost of services rather than the billed charges.
- Freedom from claim forms, since network providers file claims and bill the plan for payment—as a result, your money isn't tied up waiting for reimbursement.
- Relief from balance billing—your doctor won't charge you the difference between the negotiated service rate and the regular rate.

## FINDING A NETWORK PROVIDER

You can find out if your doctor or other providers participate in the Aetna plans by going to Find a Doctor at [www.aetna.com](http://www.aetna.com). Select the link to Find a Doctor from Aetna's homepage, or go to [www.aetna.com/docfind](http://www.aetna.com/docfind).

Follow the instructions to search by location (i.e., city, zip code). Under "search for," select the type of provider you need (e.g., primary care doctor) and then for "Type." You will narrow your search to the specific type of doctor you need (e.g., pediatrician). For select a plan, select Aexcel Plus Choice POS II.

You may also search by provider name or by conditions or procedures.

The Aetna Mobile app (free via iTunes or Android shop) allows you to view your health plan information via an iPhone or Android. Use your existing Aetna Navigator username and password after you download the app.

You can find a doctor, check benefits and coverage information, pull up your medical card information, use the urgent care finder, search claims, track your health and claims and view your disability or leave information.

## AETNA'S AEXCEL HIGH PERFORMANCE SPECIALIST NETWORK

The Aexcel High Performance Network allows you to identify and access the top physicians in 12 specialty care areas. Take the time to identify a specialist in your area and:

- Be treated by one of the top physicians in their specialty care areas—proven to have strong medical results/outcomes, based on clinical evaluation.
- Lower health care costs—while you still pay a co-pay for specialist visits, the Aexcel evaluation process showed the total cost of care with these specialists to be lower than other specialists in the same area.

Aetna selected specialists for this Aexcel designation based on standards from leading organizations like the American Heart Association, American College of Obstetricians and Gynecologists, Agency for Health Research and Quality, Society of Thoracic Surgeons and the Centers for Medicare & Medicaid Services.

The evaluation looked at:

- Medical results/outcomes (30-day hospital readmission rates, rates of health complications during hospital care, other specialty-specific measures of treatment shown to improve outcomes).
- The total cost of providing care, compared to other specialists in the same area—inpatient, outpatient, diagnostic, lab and pharmacy claims associated with the managing specialist.

You can find Aexcel network specialists listed on the DocFind™ online provider directory at [www.aetna.com](http://www.aetna.com). The blue star on the results page identifies specialists who are Aexcel designated.

## IF YOU LIVE OUTSIDE THE NETWORK'S COVERED SERVICE AREA

Although most Capital One associates live in areas served by the network, the plan for associates who live outside the network area pays 80% after the deductible for most covered services. Associates participating in this plan pay the remaining cost, up to the co-insurance out-of-pocket maximum.

- If you live outside the network area and receive care from a participating network provider, you still benefit from the network's discounted rates.
- For providers who don't participate in the network, the plan pays 80% of reasonable and customary charges after the deductible, and you may be responsible for any charges above the reasonable and customary rate.

## WALK-IN CLINICS

Walk-in clinics are those that are found within certain retail environments like CVS Minute Clinics or Walgreens Take Care Clinics. There is no co-pay for services rendered at an in-network walk-in clinic. Walk-in clinics generally:

- Have longer hours than most local doctors' offices and are open weekends and holidays.
- Are staffed by knowledgeable nurse practitioners or physician assistants who treat common illnesses and injuries, as well as provide sports and camp physicals and wellness screenings.
- Have comparable quality to primary care offices, cost less and have higher patient satisfaction scores.
- Are convenient to where the majority of our associates live or work.

To find a walk-in clinic near you, log in to [www.aetna.com](http://www.aetna.com) and select "Find a doctor," log in, select "Find a Doctor, Pharmacy or Facility," select "Walk-in Clinics" and then indicate the location for which you are searching.

## AUTISM COVERAGE

To help families that cope with Autism, Capital One offers additional support under its medical plans:

- Applied Behavior Analysis (ABA) is covered whether you use an in-network or out-of-network therapist. There are no plan dollar limits or age limits, and ABA therapy is covered at 100% under the plans. These services are subject to pre-certification through Aetna.
- Speech Therapy, Occupational Therapy and Physical Therapy. There are no dollar maximums, visit limits or age limits. Subject to deductibles and co-insurance of the plan in which you are enrolled. Out-of-network therapists are covered as in-network.

## PAYING FOR ...

### Network Office Visits and Routine Lab Services

You pay a set dollar amount (co-payment) for frequently used services like network doctor office visits. Routine X-ray and lab services are covered at 100%. More complex tests and imaging such as PET and CT scans, MRIs and MRAs are subject to deductible and co-insurance.

Co-payments don't count toward the annual deductible or co-insurance out-of-pocket maximum, since they are generally for expenses you can predict, but they are eligible Flexible Spending Account expenses, so you can get reimbursed with pre-tax dollars if you participate in the Health Care Flexible Spending Account (please reference the Flexible Spending Accounts section).

### Other Covered Care

For all the medical plan options, you must first meet the individual or family calendar-year deductible before the plan begins paying most benefits. After the deductible, you pay a percentage of the cost—or co-insurance—for most other care.

Eligible expenses count toward both your individual and family deductible:

- When an individual meets the deductible, the plan begins paying benefits for that person.
- When combined eligible expenses for covered family members reach the family deductible, the plan pays benefits for all covered family members. No additional individual deductible amounts are required that year.

You are protected from catastrophic medical expenses by the annual co-insurance out-of-pocket maximum. Here's how it works: When your co-insurance during a calendar year reaches the out-of-pocket maximum, the plan pays the full cost for any covered care you receive for the rest of the year. Co-payments, penalties and deductible amounts do not count toward reaching your annual co-insurance out-of-pocket maximum.

### Gender Reassignment

Capital One's health plans cover gender reassignment surgery at the same level as other surgeries that are covered by the plans. We will also cover the associated prescription drugs required for gender reassignment as we do other similarly situated drugs. Covered Medical Expenses include charges in connection with a medically necessary Transgender (Sex Change) Surgery as long as you or a covered dependent have obtained pre-certification from Aetna and meet the clinical criteria set forth by the plan.

This coverage is reflective of an increasing trend in the marketplace to cover gender reassignment procedures and more importantly reinforces Capital One's commitment to diversity and our Values.



# COMPARE YOUR MEDICAL PLAN OPTIONS

## COMPARE YOUR MEDICAL PLAN OPTIONS

The chart below provides a side-by-side comparison of the plans and how much each plan pays for various services.

	Basic Aetna POS II Network		Enhanced Aetna POS II Network	
	In-Network	Out-of-Network	In-Network	Out-of-Network
OFFICE VISITS AND PREVENTIVE CARE (Co-payments in-network; deductibles and co-insurance out-of-network)				
*Office Visits	100% after co-pay of \$30 PCP/\$60 Specialist	60% after deductible	100% after co-pay of \$25 PCP/\$50 Specialist	70% after deductible
Wellness/Preventive Care Visits, Including Related X-ray and Lab	100%	100%	100%	100%
Annual Vision Exam	100%	100%	100%	100%
**Routine Diagnostic Laboratory and X-ray	100%	100%	100%	100%
CALENDAR YEAR DEDUCTIBLE (Does NOT apply to services with co-pay)				
Individual	\$1,000	\$3,000	\$500	\$2,000
Family	\$2,000	\$6,000	\$1,000	\$4,000
CO-INSURANCE OUT-OF-POCKET MAXIMUM (Deductibles, co-pays and penalties do not apply)				
Individual	\$3,500	\$7,000	\$2,500	\$5,000
Family	\$7,000	\$14,000	\$5,000	\$10,000
Maximum Lifetime Benefit	Unlimited		Unlimited	
SERVICES SUBJECT TO DEDUCTIBLE AND CO-INSURANCE				
INPATIENT SERVICES				
Hospital	70% after deductible	60% after deductible	80% after deductible	70% after deductible
Professional Services	70% after deductible	60% after deductible	80% after deductible	70% after deductible
Surgical Fees: Select Minimally Invasive Procedures***	80% after deductible	70% after deductible	90% after deductible	80% after deductible
OUTPATIENT SERVICES				
Complex Diagnostic, (MRI, MRA, PET and CT)	70% after deductible	60% after deductible	80% after deductible	70% after deductible
Outpatient Surgery	70% after deductible	60% after deductible	80% after deductible	70% after deductible
Surgical Fees: Select Minimally Invasive Procedures***	80% after deductible	70% after deductible	90% after deductible	80% after deductible
MATERNITY CARE				
Office Visits	100% after \$60 co-pay for initial visit, then 70% after deductible for remaining visits and delivery	60% after deductible	100% after \$50 co-pay for initial visit, then 80% after deductible for remaining visits and delivery	70% after deductible
Hospital	70% after deductible	60% after deductible	80% after deductible	70% after deductible
EMERGENCY SERVICES				
Urgent Care	100% after \$60 co-pay	60% after deductible	100% after \$50 co-pay	70% after deductible
Emergency Room (Non-Emergency Use of ER Not Covered)	70% after deductible and \$100 co-pay (waived if admitted to hospital)	70% after deductible and \$100 co-pay (waived if admitted to hospital)	80% after deductible and \$100 co-pay (waived if admitted to hospital)	80% after deductible and \$100 co-pay (waived if admitted to hospital)
Ambulance	70% after deductible	70% after deductible (Non-emergency use covered 60% after deductible)	80% after deductible	80% after deductible (Non-emergency use covered 70% after deductible)
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES				
Inpatient	70% after deductible	60% after deductible	80% after deductible	70% after deductible
Limit per Calendar Year	No specific day or dollar limits apply.		No specific day or dollar limits apply.	
Outpatient	100% after \$30 co-pay for counseling with psychologist; 100% after \$60 co-pay for visit with psychiatrist	60% after deductible	100% after \$25 co-pay for counseling with psychologist; 100% after \$50 co-pay for visit with psychiatrist	70% after deductible
Limit per Calendar Year	No specific day or dollar limits apply.		No specific day or dollar limits apply.	
OTHER SERVICES				
Chiropractic Services	100% after \$60 co-pay/visit	60% after deductible	100% after \$50 co-pay/visit	70% after deductible
Physical, Occupational, Speech Therapy	70% after deductible	70%	80% after deductible	80%
Combined Physical, Occupational and Speech Therapy Limit per Calendar Year	No limit		No limit	
ABA Therapy	100%	100%	100%	100%
	No limit		No limit	

\*Visit for acute/episodic care to a retail or walk-in clinic has zero co-pay and no co-insurance.

\*\*Routine lab work includes simple blood tests and X-rays performed in the doctor's office or at an outside lab.

\*\*\*Minimally invasive procedures with higher benefit include colectomy (laparoscopic treatment of colon diseases), hysterectomy (laparoscopic or vaginal), esophagogastric fundoplasty (surgical treatment of acid reflux), breast biopsy and hemorrhoidectomy (versus hemorrhoidectomy).

	Premium Aetna POS II Network		Out-of-Area
	In-Network	Out-of-Network	No Network
OFFICE VISITS AND PREVENTIVE CARE (Co-payments in-network, deductibles and co-insurance out-of-network)			
*Office Visits	100% after co-pay of \$20 PCP/\$40 Specialist	80% after deductible	80% after deductible
Wellness/Preventive Care Visits, Including Related X-ray and Lab	100%	100%	100%
Annual Vision Exam	100%	100%	100%
**Routine Diagnostic Laboratory and X-ray	100%	100%	100%
CALENDAR YEAR DEDUCTIBLE (Does NOT apply to services with co-pay)			
Individual	\$300	\$1,000	\$500
Family	\$600	\$2,000	\$1,000
CO-INSURANCE OUT-OF-POCKET MAXIMUM (Deductibles, co-pays and penalties do not apply)			
Individual	\$1,500	\$3,000	\$2,500
Family	\$3,000	\$6,000	\$5,000
Maximum Lifetime Benefit	Unlimited		Unlimited
SERVICES SUBJECT TO DEDUCTIBLE AND CO-INSURANCE			
INPATIENT SERVICES			
Hospital	90% after deductible	80% after deductible	80% after deductible
Professional Services	90% after deductible	80% after deductible	80% after deductible
Surgical Fees: Select Minimally Invasive Procedures***	100% after deductible	90% after deductible	90% after deductible
OUTPATIENT SERVICES			
Complex Diagnostic, (MRI, MRA, PET and CT)	90% after deductible	80% after deductible	80% after deductible
Outpatient Surgery	90% after deductible	80% after deductible	80% after deductible
Surgical Fees: Select Minimally Invasive Procedures***	100% after deductible	90% after deductible	90% after deductible
MATERNITY CARE			
Office Visits	100% after \$40 co-pay for initial visit, then 90% after deductible for remaining visits and delivery	80% after deductible	80% after deductible
Hospital	90% after deductible	80% after deductible	80% after deductible
EMERGENCY SERVICES			
Urgent Care	100% after \$40 co-pay	80% after deductible	80% after deductible
Emergency Room (Non-Emergency Use of ER Not Covered)	90% after deductible and \$100 co-pay (waived if admitted to hospital)	90% after deductible and \$100 co-pay (waived if admitted to hospital) 90% after deductible	80% after deductible
Ambulance	90% after deductible	(Non-emergency use covered 70% after deductible)	80% after deductible
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES			
Inpatient	90% after deductible	80% after deductible	80% after deductible
Limit per Calendar Year	No specific day or dollar limits will apply in 2014.		No specific day or dollar limits will apply in 2014.
Outpatient	100% after \$20 co-pay for counseling visits with the psychologist; 100% after \$40 co-pay for psychiatrist visits	80% after deductible	80% after deductible
Limit per Calendar Year	No specific day or dollar limits will apply in 2014.		No specific day or dollar limits will apply in 2014.
OTHER SERVICES			
Chiropractic Services	100% after \$40 co-pay/visit	80% after deductible	100% after deductible
Physical, Occupational, Speech Therapy	90% after deductible	90%	80% after deductible
Combined Physical, Occupational and Speech Therapy Limit per Calendar Year	No limit		No limit
ABA Therapy	100%	100%	100%
	No limit		No limit

## 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 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.

## Coordination of Benefits

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



# PRESCRIPTION DRUG COVERAGE

Administered by CVS Caremark

## WHAT'S NEW:

Beginning **January 1, 2014**, certain non-formulary brand drugs will no longer be covered under the plan unless prior approval is obtained by your physician:

- CVS Caremark will proactively reach out to you if you are taking one of these drugs prior to January 1, 2014. They'll identify which particular drug will no longer be covered, when the change in coverage will occur, and provide you with a list of recommended generics and/or formulary therapeutic brand alternative drugs available at a lower co-pay.
- To check and see if your drug is covered or on the formulary, you can view the formulary by visiting [www.caremark.com](http://www.caremark.com) beginning January 1, 2014, or calling **1-877-210-3556** to speak to a CVS Caremark customer care representative.

New requirements placed on select, newly prescribed specialty medications to ensure that patients take the most clinically appropriate medication for their condition:

- Certain newly prescribed specialty drugs will require prior approval by your physician.
- Patients with certain newly prescribed non-formulary brand specialty drugs may be encouraged to try a clinically effective specialty formulary brand drug at a lower co-pay.
- For questions or help regarding your specialty condition or medication, please visit [www.caremark.com/specialty](http://www.caremark.com/specialty) or call **1-800-237-2767** to speak with a representative from CVS Caremark's Specialty Pharmacy.

## HOW THE PROGRAM WORKS:

When you enroll in a Capital One medical plan, you may fill prescriptions:

- At a participating pharmacy for up to a 30-day supply. When you do, you pay a percentage of the cost of the prescription—or co-insurance—with a minimum and maximum co-insurance amount.
- Through CVS Caremark's Maintenance Choice program for a 90-day supply. Under the Maintenance Choice program, you can order your maintenance medications from CVS Caremark's mail-order pharmacy and have them shipped to your home or address of your choosing. Or, you can elect to have your maintenance medications dispensed in a 90-day supply at a CVS pharmacy. CVS can work with you on payment options for your medications. Please contact CVS Caremark at **1-877-210-3556** or log in to [www.caremark.com](http://www.caremark.com) for more information regarding signing up for these programs.

You do not need to enroll separately in the prescription plan. Enrollment in the prescription plan is included as part of your enrollment in the medical plan, and pharmacy coverage is the same for all four medical plans.

Your CVS Caremark information can be found on your Aetna ID card.

Your cost also reflects the type of medication used in your prescription:

- **Tier 1: Generic**—drugs that are chemically and therapeutically equivalent to their brand-name counterparts but cost less.
- **Tier 2: Formulary brand**—brand-name drugs selected by the plan based on cost and effectiveness.
- **Tier 3: Non-formulary brand**—brand-name drugs not included in the plan's formulary.
- **Specialty**—specific drugs selected by the plan based on their limited use and high cost.

Your prescription drug payments do not count toward the medical plan's annual deductible or the co-insurance out-of-pocket maximum.

If you use a retail pharmacy that's not in the CVS Caremark network or do not use the Specialty Pharmacy for eligible prescriptions, you pay the full cost of your prescription; no part of the cost is covered by the plan.

For prescriptions that are not noted as "Dispense as Written" or "DAW," indicating that a brand must be dispensed, and there is a generic available, the pharmacist will automatically dispense a generic equivalent. If, however, you request that the brand drug be filled, you will pay, in addition to the brand cost share under the plan, the difference between the brand and the generic equivalent.

If you enroll in health coaching through Aetna, you will receive three prescription smoking cessation aids at no co-pay.

Certain generic and single-source brand female contraceptives are also covered at no co-pay.

## PARTICIPATING PHARMACIES

CVS Caremark provides a broad selection of participating retail chains, including Giant, Walgreens, Wal-Mart and many independent pharmacies, in addition to CVS pharmacies. These pharmacies can be utilized for all short-term medications—generally those taken less than 60 days or two fills at retail.

For all maintenance medications (those taken ongoing—generally longer than 60 days or after two fills at retail), you must have those filled as a 90-day supply either at your local CVS or via CVS Caremark's mail-order program. To find out if a pharmacy is part of the plan's network, check CVS Caremark's website ([www.caremark.com](http://www.caremark.com)) or call **1-877-210-3556**.

Type of Drug	Cost You Pay	
	Retail—up to 30-day supply	Mail order—up to 90-day supply
<b>Generic</b>	\$5 co-pay	\$10 co-pay
<b>Formulary Brand</b>	30% of retail cost (\$30 min./\$60 max.)	\$60 co-pay
<b>Non-Formulary Brand</b>	50% of retail cost (\$50 min./\$100 max.)	\$100 co-pay
<p><b>Specialty</b>            You pay for most* Specialty medications based on the retail co-insurance rates above, even though Specialty medications are delivered via mail order.</p> <p>* Your cost for these non-medically necessary medications is 50% co-insurance with no minimum or maximum.</p> <p>The Specialty Pharmacy is designed to provide associates who routinely take medications for the following conditions with access to the best discounts and highest quality of medication available:</p> <ul style="list-style-type: none"> <li>▪ Anemia</li> <li>▪ Crohn's disease</li> <li>▪ Cystic fibrosis</li> <li>▪ Growth hormone, related disorders and other hormonal therapies</li> <li>▪ Hemophilia, von Willebrand disease and related bleeding disorders</li> <li>▪ Hepatitis C</li> <li>▪ HIV</li> <li>▪ Immune disorders</li> <li>▪ Infertility</li> <li>▪ Macular degeneration</li> <li>▪ Multiple sclerosis</li> <li>▪ Oncology</li> <li>▪ Osteoporosis</li> <li>▪ Pulmonary arterial hypertension</li> <li>▪ Pulmonary disorders</li> <li>▪ Rheumatoid arthritis/Psoriasis</li> <li>▪ RSV prevention</li> <li>▪ Transplants</li> </ul> <p>Medication for these conditions can be purchased only through the CVS Caremark Specialty Pharmacy—no part of the cost is covered by the plan if purchased from a retail pharmacy.</p>		
<p><b>Be Well Pharmacy Discount Program</b>            For patients who have one of the following conditions and who engage with Aetna's Care Management nurses at least three times:</p> <ul style="list-style-type: none"> <li>▪ Diabetes</li> <li>▪ Hypertension</li> <li>▪ High cholesterol</li> <li>▪ COPD/Asthma</li> <li>▪ Congestive Heart Failure</li> </ul> <p>Available for 90-day prescriptions filled at CVS or via mail order only:</p> <ul style="list-style-type: none"> <li>▪ Generic are \$0.</li> <li>▪ Brand formulary are \$10.</li> <li>▪ Non-formulary brand are \$60.</li> </ul>		

## WHEN YOU NEED PRESCRIPTIONS, CONSIDER SEVERAL THINGS TO HELP CONTROL YOUR COSTS:

Ask your doctor or pharmacist about generic medications and pay less—only \$10 for a 90-day supply. Generics generally cost between 20% and 70% less than their brand-name counterparts. When you buy generic, the active ingredient is exactly the same, but the cost to you is lower. Generics are approved by the Food and Drug Administration (FDA). They have to meet the same quality standards as brand-name drugs. Simply asking your doctor or pharmacist whether generics will work for you can make a big difference.

When a generic drug isn't recommended by your doctor, ask your doctor to prescribe a brand-name medication on the plan's preferred drug list on [www.caremark.com](http://www.caremark.com). Your cost for brand-name drugs on the preferred drug list is lower than for those that aren't on the list.

Use the mail-order pharmacy for all maintenance prescriptions for ongoing conditions such as diabetes or high blood pressure. By ordering your prescriptions through the mail, you can receive up to a 90-day supply—and spend much less than you would

at a retail pharmacy. Mail service delivers medications to your home, providing an added convenience. You can also have your 90-day maintenance prescriptions filled at your local participating CVS pharmacy. Note: You may only fill your maintenance medications via mail order or at your local CVS retail pharmacy.

## WHAT IS A PREFERRED DRUG LIST?

A preferred drug list is a formulary list of drugs the plan has determined to be reasonable in cost and effective for treatment. A non-formulary drug also is effective for treatment, but isn't as cost-effective as a formulary or generic drug. A group of practicing physicians and pharmacists routinely reviews drugs to include in a formulary. If clinical data shows several drugs are equally effective, the most cost-effective drug is usually chosen. The formulary may change from time to time. You can view CVS Caremark's formulary at [www.caremark.com](http://www.caremark.com).

# HELP CHOOSING A MEDICAL OPTION

Generally, the higher your cost of coverage, the lower your out-of-pocket costs for care—and vice versa.

As you consider your medical plan options, you'll also want to:

- Identify the kind of health care services you expect to use—based on the historical use of medical care by you and your covered dependents, and your anticipated needs for the year.
- Think about whether you and your covered dependents are likely to use medical services often or have high out-of-pocket costs.
- Consider other coverage options you may have—for example, through your spouse's employer—and compare the estimated total cost of using that plan versus the Capital One plan.

You should strongly consider the Basic Plan for your health care needs by considering your annual average claim costs, not including preventive care services, lab services, X-rays and prescriptions.

Seventy to eighty percent of associates use little to no health care services over the course of the year, and this plan helps ensure that you will not overspend on your health coverage.

## PLAN SELECTION

For associates enrolled in the medical plan, please take advantage of the personalized Informed Enrollment tool now available during Open Enrollment online via [www.capitalonebenefitsite.com](http://www.capitalonebenefitsite.com). You can model your anticipated health care needs by viewing and modifying your historical health care claims to help guide your health care plan and FSA selections for 2014. The tool will provide you with:

- An estimate of 2014 total health care costs for each of the health care plan options, based on your historical health care usage from August 2012 through July 2013.
- An estimated amount to consider putting aside in a Health Care FSA in 2014 to help offset projected expenses based on your historical health care usage.
- An opportunity to modify your historical health care usage to include expected expenditures.

# DENTAL COVERAGE

Administered by Aetna

## WHAT'S NEW:

Mouth guard coverage is available for patients who suffer from Temporomandibular Joint (TMJ) disorders under the orthodontia benefit.

## HOW THE DENTAL PLAN WORKS

Oral health is closely linked to overall wellness. Capital One provides two dental plan options to help you care for your teeth and gums:

- Basic Dental Plan
- Enhanced Dental Plan

Aetna administers both dental plan options. When you enroll in either option, you use Aetna network providers and benefit from Aetna's negotiated discount costs.

You also have the flexibility to receive care from any licensed dental provider.

Both options pay the full cost of preventive care and provide coverage for basic service. The Enhanced Dental option also covers eligible major care, as well as orthodontia for children and adults.

The chart (on the next page) highlights some commonly used covered services and shows how the dental plan options compare.

## BEFORE YOU CHOOSE, CONSIDER:

- The kind of dental services you expect to use (e.g., will your child need braces this year? Are you finally going to get those wisdom teeth pulled?).
- What your overall cost is likely to be under each option, by adding up your likely dental expenses and the coverage cost for the year.
- The Health Care Flexible Spending Account—you can use it to reimburse yourself in pre-tax dollars for most dental costs your plan option does not cover, even deductible amounts.
- Even if you don't think you need to buy dental coverage because your expenses are small, you might want to put money in a Health Care FSA for cleanings, for example, so you get the tax break.
- You can also use that FSA to reimburse yourself for eligible expenses that exceed the annual maximum.

## DENTAL NETWORK

The Aetna dental network includes a wide variety of dentists and dental care providers—offering you an abundance of opportunities to benefit from Aetna's negotiated discount costs. You can find an Aetna network dentist by going to Find a Doctor at [www.aetna.com](http://www.aetna.com) and selecting the Dental PPO option.

You may also use any dentist outside of the Aetna network if you wish—the plan benefits are the same. However, when you use a non-network provider, any amounts above reasonable charges are your responsibility.

# DENTAL COVERAGE {continued}

Coverage	Basic Dental	Enhanced Dental
Annual Deductible	None	\$50/person, \$100/family
Annual Maximum	\$500/person	\$2,000/person
Preventive Care <ul style="list-style-type: none"> <li>▪ Two routine exams and cleanings each year</li> <li>▪ Two sets of bitewing X-rays a year; one full set of X-rays every 36 months</li> <li>▪ Sealants and space maintainers for dependents under age 19</li> </ul>	100%, no deductible	100%, no deductible
Basic Care <ul style="list-style-type: none"> <li>▪ Fillings, extractions, root canals, periodontal therapy and oral surgery</li> </ul>	80%, no deductible	80% after deductible
Major Care <ul style="list-style-type: none"> <li>▪ Bridges, crowns and dentures</li> </ul>	Not covered	50% after deductible
Orthodontia (Covers Children and Adults) <ul style="list-style-type: none"> <li>▪ Braces</li> <li>▪ Mouth guards</li> </ul>	Not covered	50% after separate \$50 lifetime deductible. The lifetime orthodontia benefit maximum is \$2,500 per person.

## PRE-DETERMINATION OF BENEFITS

If you need dental care that is expected to cost \$350 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.





# VISION COVERAGE

Administered by Davis Vision

## BEFORE YOU CHOOSE, CONSIDER:

- Whether you need to participate in the vision program (e.g., if you have perfect vision and don't wear glasses, the annual eye checkup provided through all Aetna plans will likely meet your needs).
- Your eye care needs and what kind of vision services you expect to use. Add up your likely vision expenses and what each plan option would cover, so you can compare what your overall cost would be. Also, think about whether you can take advantage of the vision plan's provider network to lower your costs.
- Your anticipated expenses and whether it's better to make contributions each paycheck for vision coverage or to pay for vision services out of your pocket—perhaps through the Health Care FSA. You can use it to reimburse yourself with pre-tax dollars for most vision costs your plan does not cover—even co-payments and deductibles.

## LEARN MORE

- Call Davis Vision at **1-888-897-9377** and enter the code **7978** when prompted.
- Go online to **www.davisvision.com** and select "Open Enrollment," then click "Open Enrollment Login" and enter "7978" as the client control code.
- The Davis Vision plan provides coverage for eye exams, frames and lenses, including eyeglass and contacts.
- When you enroll, you receive the highest level of benefits when you use a participating Davis Vision provider.
- You have the flexibility to go to a non-participating provider, but you will maximize your benefits by using a participating provider.

## TO START USING VISION COVERAGE

- Once you are enrolled in the plan, visit **www.davisvision.com**, click on "Member" and enter either your six-digit employee ID or Social Security number to gain access to the website, or call **1-888-897-9377** and enter the code **7978** to find a provider, review the plan coverage and much more.
- Visit your provider and tell them that you are a Capital One associate and provide them with your Davis Vision ID card or your six-digit employee ID.

# VISION COVERAGE {continued}

## Vision Benefits

Benefit	In-Network	Out-of-Network
One eye exam every 12 months, including dilation	100%	Up to \$35*
One pair of frames every 12 or 24 months*	100% after \$20 co-pay from the Davis Collection or \$130 plus 20% off** a frame from the provider's collection	Up to \$40*
▪ Glasses, polycarbonate lenses**	100%	\$35*
▪ Glasses, lenses once every 12 months <ul style="list-style-type: none"> <li>– Single vision lenses</li> <li>– Bi-focal lenses</li> <li>– Tri-focal lenses</li> <li>– Lenticular lens</li> </ul> Or <ul style="list-style-type: none"> <li>– One pair of contact lenses every 12 months (Disposable or planned replacement are permitted)</li> </ul>	100% after \$20 co-pay	\$45* \$55* \$35*
▪ Anti-reflective coating (ARC)	100% (standard) after \$13 co-pay from the Premium ARC or \$25 co-pay from the Ultra ARC	
▪ Plan contact lenses	100% after \$20 co-pay	Up to \$75
▪ Non-plan contact lenses	\$130 allowance plus 15% off***	
▪ Medically necessary contact lenses	Covered in full	Up to \$90

\*Adults receive a frame every 24 months; dependent children up to age 19 will receive a frame every 12 months.

\*\*Additional lens options available at fixed co-payments.

\*\*\*Additional discounts do not apply at Wal-Mart.

## CONTACT LENS FITTINGS

Routine eye exams generally do not include contact lens fittings. Any applicable fees for the contact lens fittings are the responsibility of the member.



# FLEXIBLE SPENDING ACCOUNTS

Administered by Aetna

## WHAT'S NEW

The total Health Care Flexible Spending Account (FSA) contribution limit has been increased to \$3,500 for 2014 (this includes your contribution, plus the company matching contribution). Health Care Reform requires Capital One to cap your contributions to the Health Care FSA at \$2,500 annually; therefore, any contribution to your Health Care FSA over that amount will be company contribution only. If you participate in both the Health Care and Dependent Care FSAs, it is possible that the company match will be paid in full in only one of these accounts to help us stay compliant.

## FLEXIBLE SPENDING ACCOUNTS

Capital One offers two Flexible Spending Accounts (FSAs):

- Health Care Flexible Spending Account
- Dependent Care Flexible Spending Account

These accounts are designed to help you pay for specific health care and dependent care expenses on a pre-tax basis. By contributing to an FSA, you can reimburse yourself for eligible expenses with untaxed money, including federal and, in most states, state and local taxes.

## BE WELL FINANCIALLY: USE FSAs TO STRETCH YOUR INCOME

FSAs let you set aside dollars tax free to use for eligible health care expenses—and for the cost of dependent day care for eligible children or adults—so you can work. In addition to the tax savings, Capital One contributes up to a total of \$1,000 to your accounts. Take time to review the advantages FSAs provide.

Please also note it is a violation of the Internal Revenue Code to use the dependent care FSA for child care expenses if you have a stay-at-home spouse or partner but still use outside day care or summer camp programs for your child. The Dependent Care FSA is only to be used if both parents work or if your spouse is a full-time student.

## BEFORE YOU CHOOSE, CONSIDER:

- How much you are likely to spend out of your pocket for health care during the year.
- If you plan on using your Health Care FSA account for orthodontia or similar services, please contact Aetna to discuss reimbursement eligibility.
- If you will have eligible dependent care costs (e.g., day care expenses). Will your children start school or reach age 13 in 2014? Do you have a parent or elderly relative living with you who needs supervised care?
- The matching contribution Capital One will provide when estimating how much you will set aside for the year. The company's contribution counts toward the maximum amount that can be contributed to each FSA.
- The tax break you get when you use pre-tax dollars from Flexible Spending Accounts to pay for expenses you would have to pay out of your pocket anyway.
- Domestic partner expenses are not eligible for reimbursement.

## HOW THE FSAs WORK

- You contribute to the account(s) with pre-tax dollars deducted from your paycheck. No taxes (federal, state or Social Security) will be withheld from any of those dollars.
- To maximize the company matching contribution, you need to contribute at least \$3,000 in one or both FSAs. Please note that the new maximum target election for the Health Care FSA for 2014 is \$3,500.

# FLEXIBLE SPENDING ACCOUNTS {continued}

## ELECTION REMINDER

When making your elections to participate in one or both of the FSAs, you elect the total amount that you wish to set aside, not how much you wish to contribute from your paychecks. In other words, you name your target total dollar amount and we will do the math on how much you put in and how much the company puts in.

Remember that you need to elect a target contribution amount of a minimum of \$3,000 in one or both FSAs in order to earn the maximum company contribution of \$1,000.

## FSA CALCULATOR

You can use the FSA calculator tool located on [www.capitalonebenefitsite.com](http://www.capitalonebenefitsite.com) to help determine per-pay-period deductions and to see how much will be deducted from your pay and how much Capital One will contribute to your account. An FSA contribution calculator is available at Aetna's website to help you run a custom analysis of your annual health care and dependent care contributions.

If you need assistance planning how much to set aside for 2014, please:

- Go to [www.aetnafsa.com](http://www.aetnafsa.com).
- Click on "Calculate Savings" tab at the top of the page.

## USE IT OR LOSE IT

Remember to calculate your health care and/or dependent care expenses conservatively when making your selections. IRS regulations require you to forfeit any money left in your FSA after the claim deadline.

Based on IRS rules, you will lose any money left in an FSA that is not used to reimburse expenses you have incurred during the calendar year. Capital One's plan does allow participants who have balances left at the end of the calendar year to use their money for claims incurred during an additional 2½-month grace period following the close of the calendar year. In order to be reimbursed from your FSA account, you must submit claims for each plan year by the following April 30, or you lose any unused balance.

Expenses are based on the date of service and payment received, not the date billed. You must provide all information required for reimbursement by the deadline. Any money you have in your account at the end of the grace period will be forfeited based on IRS rules.

## WHAT HAPPENS TO MY FSAs IF I LEAVE THE COMPANY?

It is important to understand what happens to your FSAs if you were to terminate your employment with Capital One during the year:

- For the Health Care FSA, you may elect to continue your participation on a post-tax basis for the remainder of the calendar year under COBRA. If you do not continue your participation under COBRA, any amount left in your account will be forfeited if you do not have any eligible expenses incurred prior to your termination date.
- For the Dependent Care FSA, you may file for reimbursement of eligible claims incurred anytime in the calendar year (even after your termination date), as long as you file by the April 30 deadline noted above.

## HEALTH CARE FLEXIBLE SPENDING ACCOUNT

You can use this account to help pay for eligible health care expenses that your medical, dental or vision plans do not cover. Since the money you set aside goes into your account before income taxes are withheld, you get the pre-tax advantage.

You can set aside \$50 to \$3,500 per year. As you decide how much to set aside, keep in mind Capital One will match 50 cents of every \$1 you contribute to the FSAs, up to a combined maximum company contribution of \$1,000 each year between the Health Care FSA and the Dependent Care FSA. The company's contribution counts toward the maximum amount that can be contributed to each FSA.

Eligible expenses include:

- Medical, vision and dental co-payments, deductibles and co-insurance you pay for covered services
- Expenses you pay above the reasonable and customary rates or plan maximums
- Prescription drug co-insurance
- Expenses for glasses or contact lenses

Over-the-counter medications cannot be reimbursed through your FSA, unless you have a doctor's letter of medical necessity.

See IRS Publication 502 at [www.irs.gov](http://www.irs.gov) for a complete list of reimbursable Health Care FSA expenses.

Expenses you or your eligible dependents have are eligible for reimbursement under the FSA, even if your dependent(s) is not covered under your medical, dental or vision plan. Only expenses you have while employed and during the plan year in which you made the contribution may be reimbursed. Due to IRS regulations, a domestic partner's expenses are not eligible for reimbursement.

To receive reimbursements:

- They are automatically provided for in-network medical and dental claims.
- You can use your FSA debit card for prescriptions.
- For other eligible expenses (such as vision or out-of-network medical or dental claims), you'll have to submit a form and the appropriate receipts directly to Aetna.

## DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

You can use this account to help pay for eligible dependent care (i.e., day care expenses). Capital One matches 50 cents of every \$1 you contribute to the FSAs, up to a combined maximum company contribution of \$1,000 each year between the Health Care FSA and the Dependent Care FSA.

Generally, you can use the Dependent Care Flexible Spending Account to be reimbursed for eligible dependent care expenses for:

- Dependents under age 13 whom you can claim as dependents on your federal income tax return, or have legal custody of even if you cannot claim a tax exemption.
- Spouse or other dependent, such as an elderly parent, if they are physically or mentally incapable of caring for themselves and spend at least eight hours a day in your home.

**Expenses must be necessary so you and your spouse can work, or so you can work full time if your spouse is a full-time student or disabled.**

Eligible dependent care expenses include:

- Child care centers
- Family day care providers
- Babysitters
- Nursery schools
- Day camps
- Caregivers for a disabled dependent or spouse who lives with you
- Some household services for a qualifying dependent

To receive reimbursements, you must submit a form and the appropriate receipts, where applicable.

See IRS Publication 503 at [www.irs.gov](http://www.irs.gov) for a complete list of reimbursable Dependent Care FSA expenses.

Before deciding to use the Dependent Care FSA, compare its tax benefit to the Dependent Care Tax Credit. Generally, the Dependent Care FSA saves you more in taxes, but it depends on your income. For assistance deciding which provides more savings for you, consult your accountant or tax advisor.

# FLEXIBLE SPENDING ACCOUNTS {continued}



## HOW MUCH YOU CAN SET ASIDE FOR DEPENDENT CARE

If you are single or married filing jointly .....Up to \$5,000 (including match)

If you are married and file a separate tax return .....Up to \$2,500 (including match)

If you are married and your spouse contributes to a similar account through his or her employer, you can contribute a maximum of \$5,000 between both accounts.

## SPECIAL RULE FOR CHILD OF DIVORCED OR SEPARATED PARENTS

Work-related expenses of the custodial parent are eligible for reimbursement, even if the custodial parent does not claim the child as a tax dependent. Work-related child care expenses of a non-custodial parent are not eligible for reimbursement, however, even if the child is claimed as a tax dependent.

## IMPORTANT REMINDER ABOUT THE DEPENDENT CARE FSA FOR MARRIED ASSOCIATES

You may only submit for dependent care expenses that allow you and your spouse to work or so you can work full time while your spouse goes to school full time. NOTE: If your spouse is a stay-at-home mother/father, for example, and you send your child(ren) to pre-school, camp or day care, you are not eligible for this benefit per IRS regulations.

# LIFE INSURANCE AND ACCIDENTAL DEATH AND PERSONAL LOSS INSURANCE (AD&PL)

## WHAT'S NEW

Effective January 1, 2014, Dependent Life Insurance will be available for domestic partners. Spouse and domestic partner coverage will now have income imputed on the value of the coverage per IRS regulations.

## Eligibility

If you are a full-time or eligible part-time associate, Capital One provides Basic Life and Accidental Death and Personal Loss Insurance (AD&PL) at no cost to you, and the option to purchase additional life and AD&PL insurance for yourself and voluntary life insurance for your dependents.

## BEFORE YOU CHOOSE, CONSIDER:

- How much of your current paycheck is used for day-to-day living expenses for your household. This can provide a guideline for the amount of income you need life insurance to replace.
- Other coverage you have—including individual coverage, coverage through your spouse's employer and other insurance that provides a death benefit, such as mortgage insurance.
- What savings and investments you have, and how many people depend on you for financial support.

## BASIC COVERAGE

You automatically have Basic Life and AD&PL coverage equal to one times your annual pay, rounded to the next \$1,000. For VP+ executives, your Executive Life Insurance Program (ELIP) is calculated separately. NOTE: If you are covered under the Executive Bank Insurance Plan (EBIP), your coverage follows that of all non-executives (one times your "pay").

Injury	You receive this percentage of your Basic Life Insurance amount as an additional AD&PL benefit:
Loss of hand	50%
Loss of foot	50%
Loss of eye or eyesight	50%
Loss of speech or hearing	50%
Loss of thumb or index finger	25%
Multiple losses or loss of life	100%

Total life insurance coverage will be incrementally reduced as associates reach ages 65, 70 and 75 years of age. The reduction applies to all Basic and Supplemental Life Insurance coverage except the ELIP. Please refer to the SPD for additional information.

## SUPPLEMENTAL LIFE INSURANCE

Supplemental Life Insurance is a voluntary benefit offered in addition to the basic coverage that the company automatically provides. With Supplemental Life Insurance, you can buy, with post-tax dollars, additional life and AD&PL insurance for yourself of up to five times your "pay." Together with Basic Life Insurance, that means you can have coverage up to six times your "pay" or \$1 million, whichever is less. The minimum coverage amount is \$5,000.

For those enrolled in the ELIP, you can purchase Supplemental Life Insurance for up to five times your "pay." Combined with ELIP, your life insurance coverage can be up to \$5 million.

Please reference the Voluntary Supplemental Life Insurance and Accidental Death and Personal Loss Insurance section for Supplemental life and AD&PL insurance rates.

If you are not actively at work, any change made to your life insurance coverage, including increases to your annual benefits salary, will not go into effect until you actively return to work.

## DEPENDENT LIFE INSURANCE

You may purchase Dependent Life Insurance for your spouse or domestic partner and your dependent children up to age 26.

Dependents in active, full-time military service are not eligible for dependent life coverage.

Payments will be made to you in the event of a dependent's death. If you are not living at the time of payment, it will be made to the executors or administrators of your estate.

Your choices for dependent life coverage for your family are:

- \$25,000 or \$50,000 spouse or domestic partner
- \$10,000 child only



# LIFE INSURANCE AND ACCIDENTAL DEATH AND PERSONAL LOSS INSURANCE (AD&PL)

## {continued}

### EVIDENCE OF INSURABILITY

Some situations require Evidence of Insurability (EOI), or proof of good health, for Supplemental Life/AD&PL coverage, and spousal/DP life. Supplemental Life Insurance elections made as a new hire are not subject to Evidence of Insurability (EOI) with the exception of VP+ associates with Supplemental Life Insurance elections in excess of \$1,000,000.

When making life insurance elections, you may be asked to provide EOI to Aetna. The following are some of the instances that would require this action:

#### Non-Executives:

- If you are not currently enrolled in Supplemental Life Insurance, you can increase your coverage by 1x your pay; no EOI will be required in this case.
- At any time, if your coverage increases beyond 2x your pay, EOI will be required.

#### VP+ Associates:

- If your current coverage is below \$1,000,000 and you increase coverage beyond \$1,000,000, then the portion of coverage above \$1,000,000 will require EOI.
- If your current coverage is above \$1,000,000, then an EOI is not required to maintain your current coverage, but EOI will be required for any increase.
- If you are not currently enrolled in Supplemental Life Insurance, you can increase your coverage by 1x your pay; no EOI will be required in this case, provided the amount does not exceed \$1,000,000. Any coverage beyond 1x your pay will require EOI.
- At any time, if your coverage increases beyond 2x your pay, EOI will be required.

If EOI is required, the enrollment system and your confirmation statement will reflect the highest level of coverage you are allowed without EOI rather than your actual election. Aetna will review the EOI, and if the higher level of coverage is approved, your election will be updated at that time.

### FOR DEPENDENT LIFE

- If you are not currently enrolled in dependent life, your spouse or domestic partner will be required to submit an EOI for any new election.
- If you are currently enrolled in dependent life for \$25,000 and you are electing to increase the election to \$50,000, your dependent will be required to submit an EOI for the increase in the coverage.

### DESIGNATING A BENEFICIARY

When you enroll for coverage, you are asked to name a beneficiary—someone who receives your benefits if you die. If you wish, you can name more than one beneficiary.

Your beneficiary designations apply to both your Life/AD&PL Insurance and Business Travel Accident Insurance.

There are two ways you may designate/change your beneficiary at any time after January 1, 2014:

1. Log on to Aetna Life Insurance at <http://www.aetna.com/group/capitalone> and enter your new information by following the steps below:

- Click on “Life.”
- Click on “Beneficiary Management.”
- Click on “Designate/Change Your Beneficiary.”
- Click on “First Time Registration” if you have never used the Aetna life insurance web page before, or log on if you are a current user of this site.
- Enter the required information to set up a username and password.
- Follow the online instructions.

– Or –

2. For telephone assistance with life insurance designations or to request a form, call **1-800-523-5065** and press option 6 for information and then 0 for a representative. They can mail you a form as well as answer any questions .

Your online designation/change takes effect immediately. Changes made on the Designation of Beneficiary Form take effect once you date, sign and submit the form to Aetna.

Because family situations change, you may want to review your beneficiary designation from time to time.



# DISABILITY BENEFITS

## (formerly “Managed Income Protection”)

### WHAT'S NEW

- For new Short Term Disability claims beginning on or after January 1, 2014, tenure-based pay design will be eliminated and replaced with a more streamlined approach.
- Pay for non-maternity related disability cases will be 100% for the first two weeks followed by a reduction to 70%. Associates may earn an additional 15% (for a total of 85% of pay) by completing/updating their Aetna Simple Steps HRA and engaging with an Aetna Care Management Nurse.
- Pay for maternity-related disability cases will be 100% for the first two weeks followed by a reduction to 70%. Associates may earn an additional 30% (for a total of 100% of pay) by completing/updating their Aetna Simple Steps HRA and participating in Aetna's Beginning Right Program or engaging with an Aetna Care Management Nurse.

### DISABILITY BENEFITS

- Short Term Disability
- Long Term Disability

### BEFORE YOU CHOOSE, CONSIDER:

Whether you need supplemental Long Term Disability coverage:

- How many people depend on you for financial support?
- How long would you be able to pay household expenses from savings if you couldn't work?
- How much of your current paycheck goes to pay household expenses?

### PAY

- First two weeks of disability following the 5-day waiting period will be paid at 100%.
- For non-maternity disability leave, income replacement will be 70%, with the opportunity to earn an additional 15% (for a total of 85% of pay) by completing/updating your Aetna Simple Steps HRA and engaging with an Aetna Care Management Nurse.
- For maternity disability leave, income replacement will be 70%, with the opportunity to earn an additional 30% (for a total of 100% of pay) by participating in Aetna's Beginning Right program or engaging with an Aetna Care Management Nurse.

### Example

An associate who is out for five weeks gets:

- five days/week at 100% under Paid Time-Off
- two weeks at 100% under disability
- one week at 70% under disability
- The remainder of time is paid at 85% upon completion or updates to your HRA and engagement with In Touch Care nurse

### HOW “PAY” IS DEFINED FOR SHORT TERM DISABILITY

“Pay” is defined as select cash and incentive compensation you receive during the calendar year. It includes base pay (annualized for exempt and non-exempt), commissions and other sales incentives. It does not include overtime pay, annual performance bonuses, long-term incentives or operational, non-annual performance or achievement awards.

### ABOUT YOUR DISABILITY BENEFITS

Both Short Term and Long Term Disability Protection benefits are reduced by income you receive from other benefits sources because of disability, such as state-mandated disability plans, Workers' Compensation, Social Security, third-party reimbursements, unemployment and other employer wages.

### SHORT TERM DISABILITY

(FULL-TIME ASSOCIATES ONLY)

Short Term Disability provides income replacement if you are unable to perform your job due to a non-work related injury, illness or condition, including pregnancy. The benefit is provided at no cost to you. The plan may replace all or part of your income for up to six months.

If you are going to be out for more than five sick days (e.g., for surgery), you must apply for Short Term Disability certification.

Benefits begin after five consecutive PTO days for non-exempt and five consecutive sick days for exempt associates. To be eligible for this plan, you must be full time and have more than 90 days of service with the company, and the disability must be after the 90th day of service.

# DISABILITY BENEFITS

## (formerly “Managed Income Protection”) {continued}

### LONG TERM DISABILITY PROTECTION

This plan provides income replacement protection to both full-time and part-time associates in case you have an illness or injury that keeps you out of work for more than six months:

- Coverage that replaces 50% of your pay is provided at no cost to you.
- You may purchase additional coverage to bring total replacement income up to 70% of your pay.

Please reference the Cost of Coverage section for the cost of supplemental coverage. Long Term Disability benefits are based on insurance provider’s evaluation of your medical situation.

If you are not actively at work, any change made to your Long Term Disability coverage, including increases to your annual benefits salary, will not go into effect until you actively return to work.

### EVIDENCE OF INSURABILITY

If you have been eligible, but not enrolled for additional Supplemental Long Term Disability coverage up to now, you will have to provide Evidence of Insurability (EOI) in order to be approved for the 70% of pay benefit. Long Term Disability elections made as a new hire are not subject to EOI.

### PRE-EXISTING CONDITIONS

Certain pre-existing conditions are excluded from the plan. If you are disabled within your first 12 months of employment by an illness or injury that was diagnosed or treated within 90 days before your date of hire, you are not eligible for Long Term Disability benefits for that disability.

A pre-existing condition is a mental or physical condition causing or contributing to your disability for which you have consulted a doctor, been treated or taken prescription drugs during the 90 days before benefit coverage takes effect.



# LONG TERM CARE INSURANCE

Administered by CNA

While more and more Americans need long-term care, obtaining quality care can be a financial hardship for many. Capital One offers optional coverage that helps pay for care that you or a family member may need as a result of an illness, accident or advanced age. Eligible family members include your spouse, parents, parents-in-law, grandparents and grandparents-in-law.

Care may be provided in your home, a nursing home or other facility. Generally, you or your covered family members receive help with routine daily living activities, such as bathing, eating, getting out of bed or dressing.

To receive this benefit, you enroll directly with CNA Insurance. You will have a choice of coverage levels based on several daily maximum benefit options.

The plan covers:

Type of Care	How the Plan Pays
Nursing Home/Facility Care	100% of daily maximum benefit
Assisted Living Facility	60% of daily maximum benefit
Community-Based Care	60% of daily maximum benefit

The cost for each person you cover is calculated separately, based on:

- The coverage option selected
- The lifetime maximum benefit amount selected—either 1,095 times or 2,000 times the daily maximum benefit
- The person's age at the time the person is first enrolled for coverage. The cost remains the same for as long as the person is covered, unless the cost for all individuals in the same group is changed.

## HOW TO ENROLL

You can contact CNA to apply for Long Term Care Insurance during Open Enrollment. Evidence of insurability is required for you and any family member you enroll, and the person must be approved by CNA to have coverage. If you are a new hire, you are guaranteed coverage without evidence of insurability, if you sign up within 31 days of your date of hire.

For more information, go to [www.ltcbenefits.com](http://www.ltcbenefits.com). The password is capitalone. You may also call **1-877-777-9072**.

# WELLNESS PROGRAMS

Capital One wants all of our associates to be well. That's why we offer a variety of programs throughout the year to help you improve or maintain your health in ways that fit your lifestyle.

## **BE WELL INCENTIVE PROGRAM**

You and your enrolled spouse/partner can each earn up to \$350 in wellness incentives—that's up to \$700 total by completing healthy actions. Visit [www.capitalonebenefitsite.com](http://www.capitalonebenefitsite.com) starting 1/1/14 for more information.

## **BE WELL PHARMACY DISCOUNT PROGRAM**

You and your enrolled dependents may be eligible to receive reduced costs for the prescription drugs that help manage certain chronic conditions, including diabetes, hypertension, high cholesterol, asthma/COPD or congestive heart failure. Contact Aetna if you are interested. Please refer to the Prescription Drug Coverage section of this document for more details on the discount.

## **SMOKING CESSATION AIDS**

If you desire to quit smoking, you and your enrolled dependents may be eligible for 100% coverage of smoking cessation medications through the CVS Caremark pharmacy plan by participating in Aetna's smoking cessation coaching program. Contact Aetna if you are interested.

## **GET ACTIVE CAPITAL ONE**

Get Active is a fun online social networking program that connects associates through fitness and health. The Get Active platform is a resource to you year-round. Challenges are offered throughout the year to motivate associates and earn rewards. This is an easy way to get fit, and it's FREE to all associates. Visit Pulse to learn more.

## **HEALTH AND FITNESS CENTERS**

Many of our major locations have health and fitness centers. Our health centers offer a variety of medical services for you and your family. And our fitness centers include state-of-the-art equipment, personal training and group exercise classes. Visit [www.capitalonebenefitsite.com](http://www.capitalonebenefitsite.com) to learn more.

## **OFFSITE FITNESS REWARD PROGRAM**

The Offsite Fitness Reward Program rewards you for being physically active. All full-time and part-time associates are eligible. Simply record your non-Capital One fitness facility attendances with the appropriate program forms and submit a reimbursement request to WageWorks to be rewarded up to \$240 annually (up to \$60 quarterly). There will be minimum fitness center attendance requirements that you will need to meet to receive reimbursement. Visit [www.capitalonebenefitsite.com](http://www.capitalonebenefitsite.com) starting 1/1/14 for more information.



# EMPLOYEE ASSISTANCE PROGRAM

Administered by Aetna

You spend time every day focused on what is most important to you—your family, your life and your work. If you could use some support with everything you manage, consider Capital One's Employee Assistance Program (EAP).

The program offers face-to-face or telephone counseling and provider referrals. EAP also provides information and services for a wide range of needs, such as moving, coping with change or even finding a pet sitter.

The program is available to all Capital One associates. It is completely voluntary, confidential and free of charge. Assistance is available online or by phone 24 hours a day, every day.

## TYPES OF SERVICES

During the year, keep EAP in mind. Whether you are looking for quality child/elder care, trying to organize your personal finances or coping with a family or personal issue, EAP is available to help.

Parenting and Child Care	Education	Disability	Financial
Consultants can help you research and connect with various resources, from supporting you in growing your family to helping you take the best care of your kids, including: <ul style="list-style-type: none"><li>▪ Adoption</li><li>▪ Becoming a parent</li><li>▪ Child care services</li><li>▪ Children's health</li><li>▪ Children's mental health</li><li>▪ Infertility</li><li>▪ Parenting skills</li></ul>	EAP provides resources for all types of educational needs, including: <ul style="list-style-type: none"><li>▪ Career planning</li><li>▪ Choosing a school</li><li>▪ Preparing for college</li><li>▪ Talking with teachers</li></ul>	EAP consultants will work closely with you to identify programs to help your dependents who have special needs. The programs cover dependents of any age with special cognitive and/or physical needs. General family resources are available for help with specific issues, such as: <ul style="list-style-type: none"><li>▪ Autism</li><li>▪ Independent living</li><li>▪ Living with a disability</li><li>▪ Specific disabilities</li></ul>	Consultants can help you make important decisions, such as purchasing a new car or home, planning a move to a new community or preparing for a trip or vacation. You can get assistance with: <ul style="list-style-type: none"><li>▪ Budgeting</li><li>▪ Credit and collections</li><li>▪ Financial emergencies</li><li>▪ Home buying or renting</li><li>▪ Saving and investing</li><li>▪ Taxes</li></ul>

## HOW TO ACCESS AETNA EAP

A call to the EAP toll-free number—**1-866-551-6253**—connects you with consultants who can provide practical information and help with family or personal questions. Free resources, such as books, kits, articles and resource guides are also available.

Visit Aetna EAP online at **[www.AetnaEAP.com](http://www.AetnaEAP.com)** for additional information. When you go to the site, you will need to enter "BeWellCOF" under Company ID.

There you can:

- View and print helpful articles, publications, webinars and podcast/audio recordings.
- See interactive health tools, checklists and tips about your interests and needs.
- Access the Discount Center, offering discounts on a variety of products and services such as movie tickets, theme parks, electronics and much more.
- Search for child care, wellness programs and nursing homes with easy-to-use locators and maps.

# TIME-OFF PROGRAMS

## NON-EXEMPT ASSOCIATES

The Paid Time-Off (PTO) program provides non-exempt associates with a “bank” of time that they can use at their discretion, such as for a vacation, illness or other time-off needs. With your manager’s approval, four of the PTO days you receive each calendar year may be taken as “emergency days” (on short notice) and can be used for urgent or sudden needs, such as a child’s illness.

## HOW PTO IS EARNED

If you are a newly hired associate, you are eligible to use PTO after 90 days of service. Time-off will be considered “earned” at the end of each month. If you have less than one year of service, the amount of PTO you earn is prorated based on your date of hire.

The table below shows how full-time, non-exempt associates earn PTO. A “day” is considered eight hours. If you are a part-time, non-exempt associate, PTO is prorated based on the “standard hours” you work. As a reminder, “standard hours” are the number of hours associates are scheduled to work each week, as maintained in Capital One’s system of record (Global One). “Standard hours” are used to determine benefits eligibility and are maintained by managers in Global One. “Standard hours” may not be reflective of actual hours worked in any given week.

“Draw Associates” (who are at 100% commission), including Mortgage Consultants–Retail Sales and Sr. Mortgage Consultants–Retail Sales, do not receive a set PTO bank of time and are not required to track time-off. While not expected to track time, draw associates are still required to notify their manager and get approval before taking time-off.

If your service is:	Your PTO* is:	Total with fixed holidays:
1–4 years	20 days	30 days
5–9 years	25 days	35 days
10+ years	30 days	40 days

NOTE: The 2014 holiday schedule will be released in November 2013.

\*PTO allotment may be adjusted if your line of business recognizes a different number of fixed holidays.

All full-time associates are eligible for up to 24 hours of Bereavement Leave each calendar year in the event of the death of a family member. This time can be taken over three scheduled work days. Please note, if your scheduled work day is 10 hours, your maximum bereavement time-off is still 24 hours. You may take up to eight hours per day over three days. This leave is in addition to other granted vacation (exempt associates) or Paid Time-Off (non-exempt associates).

## CARRYING OVER PTO

Capital One encourages you to use PTO in the year in which it is earned. You may carry over up to one week (five days/40 hours) of unused earned PTO. Carry-over time is based upon your standard hours. As a reminder, “standard hours” are the number of hours associates are scheduled to work each week, as maintained in Capital One’s system of record (Global One).

You have a full calendar year of the following year to use this unused PTO. Earned PTO must be used before purchased PTO, according to the IRS regulation—Section 125. If you choose to purchase PTO, you will not be able to carry over ANY hours of unused purchased PTO (again, based on the IRS regulation—Section 125). You should, however, get your manager’s approval prior to purchasing PTO during Open Enrollment.



# TIME-OFF PROGRAMS {continued}

## EXEMPT ASSOCIATES

Capital One provides exempt associates the opportunity to earn vacation month by month from the date of hire. You can use vacation time after satisfying a 90-day probationary period. If your employment ends before the probationary period is over, you will not be deemed to have earned any vacation during the probationary period.

## HOW VACATION IS EARNED

This table shows how vacation time is earned for full-time, exempt associates. If you are a part-time, exempt associate, vacation is prorated based on your standard hours as maintained in Global One.

If your length of service is:	Your are eligible for:
Less than one full year	Up to two weeks of vacation (after completion of 90-day probationary period) prorated from your date of hire until year end
First full year through four years	three weeks of vacation
five or more years	four weeks of vacation

If you are a full-time, exempt associate, you may take vacation time in half-day increments or as approved by your manager or department. The amount of advance notice you must give to schedule your vacation depends on your department or work group's scheduling needs.

## CARRYING OVER VACATION TIME

Unused purchased vacation may not be carried over into another calendar year. Earned vacation must be used before purchased vacation, according to the IRS regulation—Section 125. If you choose to purchase vacation, you will not be able to carry over ANY hours of unused purchased vacation.

Please remember, before you purchase vacation, it is strongly recommended that you notify your manager of your intent to purchase vacation time during Open Enrollment.

## CALIFORNIA ASSOCIATES ONLY

If you are a California associate, any unused vacation time greater than one week will be paid out the first quarter of the following year. Vacation of up to one week will automatically be carried over into the next calendar year. California part-time, exempt associates cannot carry over vacation. All unused vacation for part-time California associates will be paid out.

## SICK TIME-OFF

Pursuant to Capital One's policy, sick leave is limited to five consecutive business days per illness/event. In addition, you must apply for Short Term Disability (STD) after being out on sick leave for five consecutive work days. If you are going to be out for more than five sick days (e.g., for surgery), you must apply for Short Term Disability certification. This applies to both exempt and non-exempt associates.

Exempt associates also receive sick time as needed (and should work with their managers to determine the appropriate usage under the circumstances) and fixed holidays (the full 2014 holiday schedule will be released in November). Three family care days and three bereavement days are available for each calendar year.

## PURCHASING ADDITIONAL PTO/VACATION

During the annual Open Enrollment period, associates may purchase up to one week of PTO/vacation time for the coming year, in one-hour increments. "One week" is based on your standard hours reflected in Global One. Before you purchase additional PTO/vacation, please make sure you talk to your manager.

Your annual base salary as of January 1 (of the coming year) will be used to calculate the value of the PTO time you buy. The cost for PTO Buy is deducted from your paycheck in equal installments during the year. Please note that you must earn a base salary in order to participate in PTO/vacation buy.

Unused purchased vacation may not be carried over into another calendar year. Earned PTO/vacation must be used before purchased PTO/vacation, according to the IRS regulation—Section 125. If you choose to purchase PTO/vacation, you will not be able to carry over ANY hours of unused purchased PTO.

Please remember, before you purchase PTO/vacation, it is strongly recommended that you notify your manager of your intent to purchase PTO/vacation time during Open Enrollment.

# 401(k) ASSOCIATE SAVINGS PLAN AT-A-GLANCE

Contributing to the Capital One 401(k) Associate Savings Plan (the 401(k) Plan) can help you move closer to your retirement goals. Your participation in the 401(k) Plan allows you to benefit from:

- Company contributions
- Flexible ways to save
- A variety of investment options
- Tax-deferred savings
- Portability (the ability to take your savings with you if you leave the company)

## What Is the Capital One 401(k) Associate Savings Plan?

The 401(k) Plan is a convenient, tax-effective way to help save for retirement. There are multiple ways contributions go into your 401(k) Plan account. The following are the various contribution types that can help your account balance grow over time.

## Your Employee Elective 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 (\$17,500 for 2013).

## Company Contributions:

In addition to your contributions, Capital One helps grow your retirement savings by contributing to your 401(k) Plan account:

- **3% Basic Non-Elective Company Contributions**—Capital One automatically contributes 3% of your pay (base salary, shift differential, bonuses, commission, incentives and overtime) each pay period. You automatically receive this contribution, regardless of whether you choose to participate in the 401(k) Plan.
- **Matching Contributions**—Capital One will match 100% of the first 3% of pay that you contribute, plus 50% of the next 3% of pay that you contribute, for a total matching contribution of 4.5% on 6% of pay. You must contribute through employee elective contributions to receive this match. The table on the next page illustrates how this works.

## Rollover Contributions:

Within the plan's provisions, you may roll pre-tax, after-tax or Roth 401(k) assets from another qualified retirement plan into your account. For more information on how to roll over another account, contact the Capital One Retirement Savings Center at Fidelity at **1-800-854-4015**.

## Don't Leave Money on the Table!

Contributing to the 401(k) Plan results in more money in your account from Capital One than if you don't contribute—that much you know. But everyone loves free money, so how do you maximize the company matching contribution?

Simply contribute at least 6% of your pay (base salary, shift differential, bonuses, commission, incentives and overtime) to your 401(k) Plan account. Capital One will then contribute a total of 7.5% of your 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%!

**Please note:** To maximize the company match, you must actively increase your employee elective contributions at [www.netbenefits.com](http://www.netbenefits.com). You will not be maximizing company contributions at the automatic associate elective 3% pre-tax rate. (See next page regarding Automatic Enrollment.)

# 401(k) ASSOCIATE SAVINGS PLAN

## AT-A-GLANCE {continued}

AN EXAMPLE: An associate earning \$50,000 (\$45,000 in base salary and \$5,000 in annual bonus) and currently contributing 6% of their pay to the 401(k) Plan.

Associate Elective Contributions	
Associate Contribution (6% of eligible compensation)	\$3,000
Associate Non-Elective Contributions	
3% Basic Non-Elective Company Contribution (3% of eligible compensation, regardless of whether or not you participate)	\$1,500
Company Match	
Company Matching Contribution (100% of the first 3% you contribute plus 50% of the next 3% you contribute)	\$2,250
<b>Total Annual Contributions to the 401(k) Plan</b>	<b>\$6,750</b>

By deferring 6% (\$3,000, in this example), this associate is maximizing the company match.

### Enrollment in the 401(k) Plan

You will receive an enrollment kit approximately one week after you start with Capital One, but you are eligible to enroll in the 401(k) Plan immediately. You can do so by visiting Fidelity NetBenefits® at [www.netbenefits.com](http://www.netbenefits.com) and following the easy step-by-step instructions to create a new user account and choose a contribution rate, as well as select your investment options and beneficiaries. (Please note: You may need to wait up to a week after your hire date in order to enroll.)

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 you complete your new hire benefit enrollment elections, typically within three pay periods following your date of hire. If you do not elect to contribute to the 401(k) Plan, you are still eligible for the 3% Basic Non-Elective contributions, which will begin as soon as administratively possible following the end of your new hire election period.

### Automatic Enrollment

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.

The LifePath Fund will then invest your money in such a way that takes your age and retirement date into account. The investment direction will be somewhat more aggressive if you are younger and will move to a more conservative path as your expected retirement date nears.

### When Contributions Are Yours?

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.

### For More Information

If you have questions or would like further information regarding the Capital One Financial Corporation 401(k) Associate Savings Plan, refer to your SPD, available at One Place, or call the Capital One Retirement Savings Center at Fidelity at **1-800-854-4015**. More detailed information can also be found on the One Place: Just type “Associate Savings Plan” or “401(k)” in the “find info” box.

This is only a basic summary of the Associate Savings Plan. In the event of a conflict between this summary and the Associate Savings Plan document, the Plan document will control.

# VOLUNTARY BENEFITS

## WHAT'S NEW

Starting on January 1, 2014, Capital One will offer the following child care and family care benefits (through our partnership with Bright Horizons):

- Back-up Child Care Advantage Program includes temporary care provided during a lapse or breakdown in normal care arrangements. This program is designed to provide alternative care for your children until normal care arrangements can resume.
- Back-up Family Care Advantage Program provides alternative care for other family members whom you have care responsibilities for (such as a spouse, parent or grandparent) who needs interim care after a medical event, or a parent or grandparent who requires care until normal care arrangements can resume.
- Priority Child Care Access Program puts you at the top of the waiting list for full- and part-time child care at a network of high-quality Bright Horizons centers.

The back-up care programs are provided free of charge to associates, but have a 15-day annual limit. It is also important to pre-register for this service (can be done at any time) so the care is available when you need it, up to the morning of the date of need. For more information, check out Pulse or contact Bright Horizons at **1-877-242-2737**, or go to:

<http://backup.brighthouse.com>  
Username = CapitalOne  
Password = Bewell

## ASSOCIATE STOCK PURCHASE PROGRAM

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

### Contributions/Company Match

You can elect to contribute between 1% and 15% of your paycheck to the Associate Stock Purchase Plan.

The combination of your payroll deductions and your lump-sum purchase amounts can't exceed 15% of your base compensation for the time during which you were participating.

For every \$1 that you invest in Capital One stock through the Associate Stock Purchase Plan, Capital One provides a match of 17.65 cents. It's the same as getting a 15% discount. Your elected amount, from 1% to 15% of your salary, is deducted from your paycheck and, along with the match, is used to buy Capital One stock. The Capital One match is reflected in your pay so it can be taxed.

### Dividends

Dividends are paid in cash by our transfer agent and then used to buy additional shares.

## COMMUTER BENEFITS

The plan allows you to set aside a portion of your paycheck before taxes are deducted, which WageWorks—our benefit provider—uses to pay your commuting expenses, such as parking, mass transit and van pool. You see your savings in the form of reduced tax withholding.

The more you spend, the more you can save on your taxes—up to the IRS limits. There is no Open Enrollment period for commuter benefits. You may sign up or make changes to your account whenever you choose. Unlike some other pre-tax programs, you can cancel at any time before the monthly cutoff (the 10th of each month), so you don't need to worry about spending your account by the end of the year. If you miss the monthly cutoff, however, you will need to wait until the following month to cancel your enrollment. When you reach your pre-tax savings limit, you don't have to leave the plan. WageWorks provides convenience by then using post-tax dollars to continue paying eligible commuting costs for you.

Capital One pays for program administration of the commuter benefits offering. You pay only the cost of your transit or parking.

## EDUCATIONAL ASSISTANCE

This plan allows you to be reimbursed for eligible degree or non-degree academic courses taken during the calendar year for personal or career growth. Full-time and part-time associates (who work at least 20 standard hours/week) are eligible on their date of hire for educational assistance reimbursement. As a reminder, "standard hours" are the number of hours associates are scheduled to work each week, as maintained in Capital One's system of record (Global One). Standard hours are used to determine benefits eligibility and are maintained by managers in Global One. Standard hours may not be reflective of actual hours worked in any given week.

### Undergraduate Benefits:

- Associates may take degree or non-degree academic courses at any accredited school, provided college credit is earned upon course completion.
- Tuition, books and eligible fees are reimbursed when you earn a grade of "C" or higher.

Courses may be taken at public or private schools; 100% of the tuition, books and eligible fees paid for by an associate for an eligible course will be reimbursed, up to the \$5,000 per-calendar-year limit for full-time associates and up to the \$2,500 per-calendar-year limit for part-time associates.

### Graduate Benefits:

- Associates may take degree or non-degree academic courses for career growth. Eligible graduate courses are required to relate to the business purpose of Capital One, and college credit must be earned upon course completion.
- Tuition, books and eligible fees are reimbursed when you earn a grade of "B" or higher.

Courses may be taken at public or private schools; 100% of the tuition, books and eligible fees paid for by an associate for an eligible course will be reimbursed up to the \$5,000 per-calendar-year limit for full-time associates and up to the \$2,500 per-calendar-year limit for part-time associates.

Please visit Pulse for full details on the various Educational Assistance programs.

# APPENDIX

## REMINDER: HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) provides important medical insurance coverage rights to certain employees, including employees who move from one company to another or who have pre-existing health conditions.

Because Capital One's medical plans do not limit coverage for pre-existing conditions, the changes enacted by HIPAA in this regard will not affect your coverage under Capital One's medical plan. However, if you leave Capital One for another employer, your new employer's medical plan might limit coverage for certain pre-existing conditions.

Under HIPAA, most medical plans must now cover a pre-existing condition after 12 months. Your new employer must give you credit for this purpose for coverage that you had at your previous employer(s) if your time without coverage is less than 63 days. So for example, if at the time you leave Capital One you already have had 12 months of coverage [either at Capital One alone or together with former employer(s)], your new employer's medical plan cannot impose a pre-existing condition limitation on you.

To help your new employer administer this rule, you will be provided with a certificate of "Creditable Coverage" when you leave Capital One. The certificate will tell your new employer how much prior coverage you had. You are also entitled to request such a certificate under some circumstances.

Full HIPAA language is available on [www.capitalonebenefitsite.com](http://www.capitalonebenefitsite.com).

## 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. 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.

## 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:

- 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 Aetna Member Services at 1-800-882-3461 or [www.aetna.com](http://www.aetna.com).

## Important notice from Capital One about grandfathered health plans

The Capital One Employee Welfare Benefit Plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain plan benefits afforded by the Affordable Care Act that apply to other plans. For example, the requirement for the provision of another layer of external claims review for claim denials and appeals and coverage for associate cost for participating in clinical trials will not be provided under our plans. However, many of the Affordable Care Act provisions are already provided by our plans such as free preventive health services without any cost sharing and no coverage denials for pre-existing conditions. However, grandfathered health plans must comply with certain other plan benefits mandated in the Affordable Care Act, for example, the elimination of lifetime limits on benefits and providing for the option to cover adult children up to age 26.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to Aetna One at **1-800-882-3461** or [www.aetna.com](http://www.aetna.com).

# APPENDIX {continued}

## 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 are eligible for health coverage from Capital One, your state may have a premium assistance program that can help pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through Capital One. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, you can 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, you can contact your state Medicaid or CHIP office, dial 1-877-KIDS NOW or visit **[www.insurekidsnow.gov](http://www.insurekidsnow.gov)** to find out how to apply. If you qualify, you can ask the state if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, Capital One must permit you to enroll in your employer plan if you are not 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 Capital One's plan, you can contact the Department of Labor electronically at **[www.askebsa.dol.gov](http://www.askebsa.dol.gov)** or by calling toll free **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying Capital One health plan premiums. The following list of states is current as of January 31, 2013. You should contact your state for further information on eligibility.**

### MEDICAID AND CHIP CONTACT INFORMATION

Alabama (Medicaid)	Website: <a href="http://www.medicaid.alabama.gov">www.medicaid.alabama.gov</a> Phone: 1-855-692-5447	Georgia (Medicaid)	Website: <a href="http://dch.georgia.gov">http://dch.georgia.gov</a> (Click on Programs, then Medicaid) Phone: 1-800-869-1150
Alaska (Medicaid)	Website: <a href="http://health.hss.state.ak.us/dpa/programs/medicaid/">http://health.hss.state.ak.us/dpa/programs/medicaid/</a> Phone: 1-888-318-8890 (Outside of Anchorage) Phone: 907-269-6529 (Anchorage)	Idaho (Medicaid and CHIP)	Website: <a href="http://www.accesstohealthinsurance.idaho.gov">www.accesstohealthinsurance.idaho.gov</a> (Medicaid) Phone: 1-800-926-2588 (Medicaid) Website: <a href="http://www.medicaid.idaho.gov">www.medicaid.idaho.gov</a> (CHIP) Phone: 1-800-926-2588 (CHIP)
Arizona (CHIP)	Website: <a href="http://www.azahcccs.gov/applicants">www.azahcccs.gov/applicants</a> Phone: 1-877-764-5437 (Outside of Maricopa County) Phone: 602-417-5437 (Maricopa County)	Indiana (Medicaid)	Website: <a href="http://www.in.gov/fssa">www.in.gov/fssa</a> Phone: 1-800-889-9948
Colorado (Medicaid)	Website: <a href="http://www.colorado.gov">www.colorado.gov</a> Phone: 1-800-866-3513 (in state) Phone: 1-800-221-3943 (out of state)	Iowa (Medicaid)	Website: <a href="http://www.dhs.state.ia.us/hipp/">www.dhs.state.ia.us/hipp/</a> Phone: 1-888-346-9562
Florida (Medicaid)	Website: <a href="http://www.flmedicaidtplecovery.com">www.flmedicaidtplecovery.com</a> Phone: 1-877-357-3268	Kansas (Medicaid)	Website: <a href="http://www.kdheks.gov/hcf/">www.kdheks.gov/hcf/</a> Phone: 1-800-792-4884



## MEDICAID AND CHIP CONTACT INFORMATION

Kentucky (Medicaid)	Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570	New York (Medicaid)	Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">www.nyhealth.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
Louisiana (Medicaid)	Website: <a href="http://www.lahipp.dhh.louisiana.gov">www.lahipp.dhh.louisiana.gov</a> Phone: 1-888-695-2447	North Carolina (Medicaid and CHIP)	Website: <a href="http://www.ncdhhs.gov/dma">http://www.ncdhhs.gov/dma</a> Phone: 919-855-4100
Maine (Medicaid)	Website: <a href="http://www.maine.gov/dhhs/OIAS/public-assistance/index.html">www.maine.gov/dhhs/OIAS/public-assistance/index.html</a> Phone: 1-800-572-3839	North Dakota (Medicaid)	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-800-755-2604
Massachusetts (Medicaid and CHIP)	Website: <a href="http://www.mass.gov/MassHealth">www.mass.gov/MassHealth</a> Phone: 1-800-462-1120	Oklahoma (Medicaid and CHIP)	Website: <a href="http://www.insureoklahoma.org">www.insureoklahoma.org</a> Phone: 1-888-365-3742
Minnesota (Medicaid)	Website: <a href="http://www.dhs.state.mn.us/">www.dhs.state.mn.us/</a> (Click on Health Care, then Medical Assistance) Phone: 1-800-657-3629	Oregon (Medicaid and CHIP)	Website: <a href="http://www.oregonhealthykids.gov">www.oregonhealthykids.gov</a> <a href="http://www.hijossaludablesoregon.gov">www.hijossaludablesoregon.gov</a> Phone: 1-877-314-5678
Missouri (Medicaid)	Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	Pennsylvania (Medicaid)	Website: <a href="http://www.dpw.state.pa.us/hipp">www.dpw.state.pa.us/hipp</a> Phone: 1-800-692-7462
Montana (Medicaid)	Website: <a href="http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml">http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml</a> Phone: 1-800-694-3084	Rhode Island (Medicaid)	Website: <a href="http://www.ohhs.ri.gov">www.ohhs.ri.gov</a> Phone: 401-462-5300
Nebraska (Medicaid)	Website: <a href="http://dhhs.ne.gov/medicaid/Pages/med_kidsconx.aspx">http://dhhs.ne.gov/medicaid/Pages/med_kidsconx.aspx</a> Phone: 1-877-255-3092	South Carolina (Medicaid)	Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> Phone: 1-888-549-0820
Nevada (Medicaid)	Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a> Phone: 1-800-992-0900	South Dakota (Medicaid)	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
New Hampshire (Medicaid)	Website: <a href="http://www.dhhs.nh.gov/ombp/index.htm">www.dhhs.nh.gov/ombp/index.htm</a> Phone: 603-271-5218	Texas (Medicaid)	Website: <a href="http://www.gethipptexas.com/">www.gethipptexas.com/</a> Phone: 1-800-440-0493
New Jersey (Medicaid and CHIP)	Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> (Medicaid) Phone: 1-800-356-1561 (Medicaid) Website: <a href="http://www.njfamilycare.org/index.html">www.njfamilycare.org/index.html</a> (CHIP) Phone: 1-800-701-0710 (CHIP)	Utah (Medicaid and CHIP)	Website: <a href="http://health.utah.gov/upp">http://health.utah.gov/upp</a> Phone: 1-866-435-7414

# APPENDIX {continued}

## MEDICAID AND CHIP CONTACT INFORMATION

Vermont (Medicaid)	Website: <a href="http://www.greenmountaincare.org">www.greenmountaincare.org</a> Phone: 1-800-250-8427	West Virginia (Medicaid)	Website: <a href="http://www.dhhr.wv.gov/bms/">www.dhhr.wv.gov/bms/</a> Phone: 1-877-598-5820, HMS Third Party Liability
Virginia (Medicaid)	Website: <a href="http://www.dmas.virginia.gov/rcp-HIPP.htm">www.dmas.virginia.gov/rcp-HIPP.htm</a> (Medicaid) Phone: 1-800-432-5924 (Medicaid) Website: <a href="http://www.famis.org">www.famis.org</a> (CHIP) Phone: 1-866-873-2647 (CHIP)	Wisconsin (Medicaid)	Website: <a href="http://www.badgercareplus.org/pubs/p-10095.htm">www.badgercareplus.org/pubs/p-10095.htm</a> Phone: 1-800-362-3002
Washington (Medicaid)	Website: <a href="http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm">http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm</a> Phone: 1-800-562-3022 ext. 15473	Wyoming (Medicaid)	Website: <a href="http://health.wyo.gov/health_carefin/equalitycare">http://health.wyo.gov/health_carefin/equalitycare</a> Phone: 307-777-7531

To see if any more states have added a premium assistance program since January 31, 2013, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/ebsa](http://www.dol.gov/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Ext. 61565



## **IMPORTANT NOTICE FROM CAPITAL ONE FINANCIAL ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE**

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 Help Center at **1-888-376-8836**.

# APPENDIX {continued}

## IMPORTANT NOTICE FROM CAPITAL ONE FINANCIAL ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

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 associate and you drop your current coverage either at Open Enrollment or due to a qualifying event, you can re-enroll in coverage during the next Open Enrollment period.

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

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

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

<b>Date:</b>	<b>October 2013</b>
<b>Name of Entity/Sender:</b>	<b>Capital One Benefits</b>
<b>Address:</b>	<b>PO Box 9740</b>
	<b>Providence, RI 02940-9740</b>
<b>Phone Number:</b>	<b>1-888-376-8836</b>



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