



# 2026 Benefits Guide for U.S. Associates

## **Benefits designed to empower you to thrive.**

At Capital One, we know that life is so much more than what happens at work, which is why we offer a comprehensive benefits package designed to help you thrive in your career and in life. This guide provides key information about your benefits options. Please note, this is not a comprehensive list of all the benefits offered. Visit the Benefits homepage on One Place for additional details.





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# Welcome to your Capital One benefits

To meet the unique needs of our associates, we offer comprehensive benefits designed to help you step away during moments that matter, access care and support when, where and how you need it, and build a benefits package that best supports you and your family.

Take the time to review your benefits options—from medical and prescription drug, dental and vision coverage to benefits that support your financial well-being—so you can get the best coverage and value from your benefits.



# Eligibility for benefits



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

BENEFIT	FULL-TIME ASSOCIATES	PART-TIME ASSOCIATES (20-32 HRS/WK UNLESS OTHERWISE NOTED)	ELIGIBLE DEPENDENTS
<b>Medical, Dental, and Vision</b> <i>Requires enrollment</i>	Eligible on date of hire		<ul style="list-style-type: none"> <li>Spouse or domestic partner</li> <li>Dependent child(ren)<sup>1</sup></li> </ul>
<b>Flexible Spending Accounts (FSAs) and Health Savings Account (HSA)</b> <i>Requires enrollment</i>	Eligible on date of hire		N/A
<b>Life and Accidental Death &amp; Personal Loss (AD&amp;PL) Insurance</b> <i>Supplemental Life requires enrollment</i>	Eligible on date of hire		<ul style="list-style-type: none"> <li>Spouse or domestic partner<sup>2</sup></li> <li>Dependent child(ren)<sup>1,2</sup></li> </ul>
<b>Disability and Leave</b> <i>Supplemental Long-Term Disability requires enrollment</i>	Short-Term Disability and Parental Leave coverage begins on date of hire		
	Long-Term Disability eligibility begins on date of hire and Long-Term Disability coverage begins when you are unable to work for 187 days		N/A
<b>401(k) Associate Savings Plan</b> <i>Requires enrollment</i>	Eligible to participate upon date of hire		N/A
<b>Associate Stock Purchase Plan</b> <i>Requires enrollment</i>	Eligible to participate upon date of hire		N/A
<b>Time Off Programs</b>	Eligible upon date of hire		N/A
<b>Additional Capital One Benefits:</b> <ul style="list-style-type: none"> <li>Back-Up Child and Family Care</li> <li>Education Assistance</li> <li>College Coach</li> <li>Commuter Benefits</li> <li>Lifestyle Spending Account (LSA)</li> </ul>	Eligible on date of hire		<ul style="list-style-type: none"> <li>Back-Up Care can be used for dependents</li> <li>College Coach can be used for dependent children</li> <li>Lifestyle Spending Account cannot be used by dependents</li> </ul>
<b>Additional Capital One Benefits:</b> <ul style="list-style-type: none"> <li>Maven</li> <li>Employee Assistance Program</li> <li>Be Well Health Centers</li> <li>Virtual Second Opinion</li> </ul>	Eligible on date of hire		Dependents are able to use these programs, however, eligibility varies by program

<sup>1</sup>Dependent child(ren) (up to age 26) include your biological children, adopted children, foster children, stepchildren and children, under your legal guardianship.  
**Note:** Older children with mental or physical impairments may be eligible for benefits. Please refer to the Summary Plan Description (SPD) for details.

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

A complete listing of eligibility for all benefit programs can be found on the Benefits Eligibility for Associates and Dependent Eligibility One Place pages.

## Domestic partner

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

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

You may also cover your domestic partner's biological or adopted children. For more details, visit the Benefits Eligibility for Dependents One Place page.

## How to enroll as a new hire

If you would like to enroll in Capital One benefits, you must take action within 31 days of your date of hire. If you do not take action within 31 days, you will default to no coverage for all benefits, except for the benefits in which the company pays the full cost, such as Basic Life and Accidental Death & Personal Loss (AD&PL) Insurance, Short-Term Disability Insurance, Basic Long-Term Disability Insurance, and more (see page 17 for details).

You can enroll in benefits by visiting the Benefits application in Workday. Learn more about enrolling in your benefits on the Enroll in or Change Benefits One Place page.

### Enroll in the 401(K) Associate Savings Plan

As a new hire, you are eligible to enroll in the 401(k) Plan immediately. If you do not enroll within 60 days of your hire date, you will be automatically enrolled at an associate elective contribution rate of 3% of your eligible pre-tax compensation. See page 19 for more information.

## Changing coverage during the year

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

Please note: You may not switch medical or dental plans mid-year, but you may add/remove dependents or add/cancel coverage. Otherwise, you must wait until the next Open Enrollment period to make a change. If you experience a qualifying life event, be sure to act quickly. Most events require you to make the changes to your benefits within 31 days. Learn more about qualifying life events on the Qualifying Life Events One Place page.

# Medical and prescription drug coverage



## Comparing the three medical plans

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

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

### What's the same

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

### What's different

- The CDHP requires you to pay 100% of the negotiated cost of services (other than preventive care) until you meet the deductible—including prescriptions. With the CDHP, you can also contribute to a tax-advantaged HSA. You may want to consider the CDHP if you can afford to pay for your medical expenses, up to your out-of-pocket maximum, before your HSA funds build up, and you plan to use your HSA as a long-term savings vehicle.
- In the Basic and Enhanced PPOs, in-network primary care and mental health office visits are covered at 100%. Other types of office visits and prescription drugs have copays. For services such as surgeries or advanced imaging, you will pay the deductible and co-insurance. You may want to consider one of the PPO Plans if you prefer to have more predictable costs spread throughout the year, and \$0 in-network primary care and mental health office visits.

**If you are considering the CDHP:** The most significant difference with a CDHP is the deductible. Unlike the PPO plans, where you may have copays for doctors visits and prescriptions, with a CDHP you are responsible for paying 100% of the cost for most medical services and prescriptions until you meet your deductible. If you cover any dependents, the full family deductible must be met before the plan will begin paying benefits for any one person. This means you must be prepared to pay for care out of pocket—up to the full deductible—before the plan begins to share in any costs.

# Medical

Review the chart below for a side-by-side comparison of the plans. For full plan details, you can view the Summary of Benefits and Coverage (SBC) for each plan, available at [anthem.com/capitalone](https://www.anthem.com/capitalone). See the 2026 contributions section beginning on page 24 for your per paycheck costs.

**Utah associates** will use the Anthem BCBS Traditional network for expanded access to Utah's largest health care system, Intermountain Health. The three Utah plans offer the same coverage as the standard plans shown below, but with a broader provider network. Please note that the PPO plans will appear as POS (Point of Service).

## Download the Sydney Health mobile app

Use Anthem's [Sydney Health App](#) to keep track of your health and your benefits—all in one place. On the app you can:

- View your digital ID cards
- Find in-person care
- Directly connect with virtual care
- View your Health Dashboard
- Chat with your dedicated Anthem Family Advocate
- Find community resources

	CDHP		BASIC PPO		ENHANCED PPO	
	In-network	Out-of-network*	In-network	Out-of-network*	In-network	Out-of-network*
<b>Capital One HSA contribution</b>	\$500 individual \$1,000 if you cover dependents		Not eligible for an HSA		Not eligible for an HSA	
<b>Annual deductible</b> (individual/family)	\$2,000/\$3,400	\$4,000/\$6,000	\$1,000/\$2,000	\$3,000/\$6,000	\$500/\$1,000	\$1,500/\$3,000
<b>Annual out-of-Pocket maximum</b> (individual/family)	\$3,400/\$6,400	\$6,800/\$12,800	\$4,000/\$8,000	\$10,000/\$20,000	\$3,000/\$6,000	\$6,000/\$12,000
<b>Coinsurance</b>	20%	40%	30%	50%	20%	40%
<b>Preventive care</b>	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
<b>Office visits</b> • Primary Care • OB-GYN • Specialist	20% coinsurance after deductible	40% coinsurance after deductible	• No Charge • \$30 copay • \$60 copay	50% coinsurance after deductible	• No Charge • \$20 copay • \$40 copay	40% coinsurance after deductible
<b>Behavioral health</b> • Office visits • All other outpatient	20% coinsurance after deductible	40% coinsurance after deductible	• \$0 copay • 30% coinsurance after deductible	• 50% coinsurance • 50% coinsurance after deductible	• \$0 copay • 20% coinsurance after deductible	• 40% coinsurance • 40% coinsurance after deductible
<b>LiveHealth Online</b> (virtual primary care, sick visits, mental health, and dermatology)	Covered at 100%	N/A	Covered at 100%	N/A	Covered at 100%	N/A

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

## A closer look at the CDHP

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



### Plan pays\*

#### Preventive care

Covered 100%

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



### You pay

#### Deductible\*\*

Individual: \$2,000  
Family: \$3,400

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

#### Health savings account (HSA)

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



### Shared cost\*

#### Coinsurance

You pay 20%  
Plan pays 80%

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



### Plan pays\*

#### Out-of-pocket maximum\*\*

Individual: \$3,400  
Family: \$6,400

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

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

\*\*The individual deductible and out-of-pocket maximum only apply to associates enrolled in associate-only coverage. If you cover any family members, the full family deductible and out-of-pocket maximum will apply. The full family deductible must be met before the plan pays benefits for any family member. The full out-of-pocket maximum can be satisfied by a single person or a combination of covered family members.



# Primary care physicians—helping you manage your health

Finding a primary care physician (PCP) you can relate to, feel comfortable with, and trust with private matters can make a big difference in your overall health and well-being by forming a more complete picture of your health needs.

**The best part?** All visits to in-network PCPs, including sick appointments, are covered at 100% under both the Basic PPO and Enhanced PPO. Associates enrolled in the CDHP also receive free preventive care. For sick appointments, they pay 20% coinsurance after satisfying the deductible. Associates can also establish care with a PCP virtually through Anthem Virtual Primary Care platform, and each time you use LiveHealth Online for virtual care, it's covered 100%, no matter which plan you enroll in. For more information, go to [Anthem > Care > Virtual Care](#).

## Where to go for care

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

LIVEHEALTH ONLINE	RETAIL CLINICS	URGENT CARE	EMERGENCY ROOM
<b>Use it for</b>			
A common, non-emergency medical issue that can be diagnosed by phone or online	Quick and convenient access to basic health care services like vaccinations and treatment for minor injuries or illnesses	A condition that needs immediate care but is not life- or limb-threatening	A life-threatening or potentially crippling condition that needs immediate attention
<b>Examples</b>			
<ul style="list-style-type: none"> <li>✓ Allergies, pink eye</li> <li>✓ Bronchitis, strep throat, cold sore</li> <li>✓ UTI, hypertension, rashes</li> </ul>	<ul style="list-style-type: none"> <li>✓ Sore throat, fever</li> <li>✓ Minor injury or illness treatment</li> <li>✓ Vaccinations, prescription refill</li> </ul>	<ul style="list-style-type: none"> <li>✓ Broken bone, severe sprain or strain</li> <li>✓ Cut requiring stitches</li> <li>✓ Anxiety attack</li> </ul>	<ul style="list-style-type: none"> <li>✓ Sudden weakness, dizziness or loss of consciousness</li> <li>✓ Significant loss of blood</li> <li>✓ Chest pain, difficulty breathing</li> </ul>
<b>Cost</b>			
<b>PPOs: You pay nothing</b> <b>CDHP: You pay nothing</b>	<b>PPOs: You pay nothing</b> <b>CDHP: You pay \$\$</b>	<b>PPOs: You pay \$</b> <b>CDHP: You pay \$\$</b>	<b>PPOs: You pay \$\$\$</b> <b>CDHP: You pay \$\$\$\$</b>
<b>Find it</b>			
LiveHealth Online: go to <a href="#">Anthem &gt; Care &gt; Virtual Care</a>	Contact retail clinics like CVS MinuteClinic®	Go to <a href="#">Anthem &gt; Find Care</a>	Call 911 or search online for the nearest hospital

## Be Well Health Centers

On-site health centers and pharmacies at many major campuses for you and your eligible dependents over the age of two, as well as virtual care. Everyone receives free preventive care. Non-preventive care is free for Basic PPO or Enhanced PPO enrollees, and just \$35 for everyone else. Plus, telehealth visits at health centers are free for CDHP enrollees. Legacy Discover site health clinics offer in-person visits only for associates. For more information, visit the [Health Centers One Place](#) page.

## Blue Distinction Centers of Excellence

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

When you receive care at a Blue Distinction Center facility, you will have a lower cost-share than you would using other in-network facilities—resulting in a 10% savings on in-network coinsurance rates. Travel benefits may also be available. Contact your Anthem Family Advocate through your Anthem Sydney app, or by calling them at 1-844-390-4133, Monday through Friday, from 8 a.m. to 11 p.m. ET, for more information.

## Coordination of benefits

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

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

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

## Anthem Family Advocates

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

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

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

## Travel benefits

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

## Anthem's national network

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

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

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

## Prescription drug coverage

When you enroll in a Capital One medical plan, you automatically receive prescription drug coverage administered by CVS Caremark. You can find your CVS Caremark information on your Anthem ID card.

What you pay for prescription drugs depends on which medical plan you enroll in, the type of medication, and where your prescription is filled. You'll pay less for prescriptions that are included on CVS Caremark's preferred drug list. You can view CVS Caremark's complete preferred drug list at [caremark.com](https://www.caremark.com).

Remember, covered prescription drug costs (what you pay out of pocket, not including coupons) count toward the out-of-pocket maximum of your medical plan. See the comparison chart below for coverage details.\*

	CDHP	BASIC PPO	ENHANCED PPO
<b>Retail (up to 30-day supply)</b> <ul style="list-style-type: none"> <li>Generic</li> <li>Preferred</li> <li>Non-preferred</li> </ul>	20% coinsurance after deductible	\$10 copay \$35 copay \$100 copay	\$10 copay \$35 copay \$100 copay
<b>Mail Order and Retail** (up to 90-day supply)</b> <ul style="list-style-type: none"> <li>Generic</li> <li>Preferred</li> <li>Non-preferred</li> </ul>	20% coinsurance after deductible	\$20 copay \$70 copay \$200 copay	\$20 copay \$70 copay \$200 copay
<b>Specialty*** 30-day purchased through CVS Caremark Specialty</b> <ul style="list-style-type: none"> <li>Generic</li> <li>Preferred</li> <li>Non-preferred</li> </ul>	20% coinsurance after deductible	\$40 copay \$100 copay \$200 copay	\$40 copay \$100 copay \$200 copay

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

\*\*Retail availability varies by state.

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

## Participating pharmacies

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

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

Maintenance medications (those taken ongoing—generally longer than 60 days or requiring more than two fills at retail) generally must be filled as a 90-day supply at participating retailers or via CVS Caremark's mail order program. Weight management medications can only be filled as a 30-day supply.

You will have an option each year to "opt out" of the Maintenance Choice program for your 90-day prescription for your maintenance drugs. If you choose to opt out, which you can do by calling CVS Caremark Member Services, you will be able to get your prescription from any in-network pharmacy as a 30-day fill.

You can find a network pharmacy at [caremark.com](https://www.caremark.com) or call 1-877-210-3556.

## Pharmacy Advisor Counseling

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

# Tax-advantaged savings and spending accounts

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

Review the chart below to see an overview of the FSAs and HSA. To access a complete list of eligible expenses, refer to IRS publication 969 (health care) and publication 503 (dependent day care).

	HEALTH CARE FSA	DEPENDENT DAY CARE FSA	HSA
<b>Who is eligible</b>	Associates enrolled in the Basic PPO, Enhanced PPO, or waived medical coverage	All associates regardless of whether they are enrolled in a medical plan or not	Associates enrolled in the CDHP medical plan
<b>Your minimum contribution</b>	\$250	\$250	N/A
<b>Contribution limits</b> (includes your contribution + Capital One's contribution)	Maximum: \$3,300	Maximum: \$7,500*	Individual coverage: \$4,400 Covering dependents: \$8,750 If over age 55, additional \$1,000
<b>Capital One contribution**</b>	N/A	N/A	Individual coverage: \$500 Covering dependents: \$1,000
<b>Covered expenses</b>	You and your family members' eligible medical, prescription drug, dental, and vision expenses incurred January 1, 2026, to December 31, 2026	Eligible child and/or adult day care expenses incurred January 1, 2026, to March 15, 2027	You and your family members' eligible medical, prescription drug, dental, and vision expenses incurred beginning January 1, 2026
<b>Unused funds</b>	May carry over up to IRS maximum, which is currently \$660, as long as you enroll in a Health Care FSA for 2027	Forfeited	Always belong to you
<b>Claim submission deadline</b>	April 30, 2027	April 30, 2027	N/A
<b>Availability of funds</b>	Funds are available as of January 1, or date of enrollment	Funds are not available until deposited into your account	Funds are not available until deposited into your account

\*If you are single or married filing jointly. The contribution limit is \$3,750 if you are married and file a separate tax return. For spouses who both contribute to a Dependent Day Care FSA, the maximum amount that can be contributed between both accounts is \$7,500.

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

# More about the Health Care and Dependent Day Care FSAs

## Keep your receipts

- When you use your FSA debit card, be sure to keep all of your receipts (or statements). Many transactions will approve automatically.
- If a match is not found, Fidelity will ask you to provide backup documentation for the charge. If you do not respond, your debit card will be deactivated until you provide documentation or repay the claim.
- Unsubstantiated amounts spent will be reported as taxable income on your IRS W-2 Form.

## Important FSA reminders

- To participate, you must actively elect to contribute to the Health Care and/or Dependent Day Care FSA each year.
- You can carry over up to the IRS maximum each year in unused funds from your 2026 Health Care FSA balance to the next calendar year as long as you enroll in a 2027 Health Care FSA, so be sure to consider this when you are deciding how much to contribute for 2026.
- The Dependent Day Care FSA has a grace period that allows you to use your 2026 Dependent Day Care FSA funds for expenses incurred through March 15, 2027. Be sure to submit your claims for reimbursement by April 30, 2027. There is no carryover of unused Dependent Day Care FSA funds beyond the grace period.







## More about the Health Savings Account (HSA)

### 01

#### START IT

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

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

### 02

#### GROW IT

**Money grows tax-free.** Your account balance earns interest tax-free and you can choose from a variety of investment funds available to maximize your savings opportunity.\*

**Free money.** Capital One will automatically contribute up to \$500 to your HSA each year for individual coverage or up to \$1,000 if you cover any dependents. HSA contributions are made on a per-paycheck basis and you can use the funds as they are available.\*\*

### 03

#### USE IT

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

### 04

#### KEEP IT

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

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

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

# Dental

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

You have the flexibility to receive care from any licensed dental provider, but your out-of-pocket costs will be lower when you use an in-network, or participating, dentist. Find an in-network dentist by going to [deltadentalva.com](https://deltadentalva.com). Review the chart below to see how the dental plans compare. See the 2026 contributions section beginning on page 24 for your per paycheck costs.

BENEFITS AND COVERED SERVICES	BASIC PLAN	ENHANCED PLAN
<b>Deductible</b>	None	None
<b>Annual maximum</b>	\$1,000/person	\$2,000/person
<b>Preventive care</b> (routine exams, cleanings, x-rays)	Plan pays 100%	Plan pays 100%
<b>Basic care</b> (fillings, root canals, periodontal therapy, oral surgery)	Plan pays 80%, subject to the annual maximum	Plan pays 80%, subject to the annual maximum
<b>Major care</b> (bridges, crown, dentures, dental implants)	Plan pays 50%, subject to the annual maximum	Plan pays 50%, subject to the annual maximum
<b>Orthodontia* for covered children and adults</b> (braces, mouth guards, temporomandibular joint (TMJ) disorders)	Not covered	Plan pays 50% coinsurance The lifetime orthodontia benefit maximum is \$2,500 per person

\* You must be enrolled in the Enhanced Plan to receive orthodontia benefits. Be sure to stay enrolled in the Enhanced plan until the course of orthodontia treatment is complete.

## Pre-determination of benefits

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

## Healthy Smile, Healthy You® Program

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

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

## Special needs benefits

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

# Vision

The vision plan is administered by Anthem Blue View Vision. This benefit includes routine eye exams, frames, and either eyeglass lenses or contact lenses. Find plan design information and in-network providers by visiting [anthem.com/capitalone](https://anthem.com/capitalone).

Review the chart below to see details on the vision plan. See the 2026 contributions section beginning on page 24 for your per paycheck costs.

BENEFITS AND COVERED SERVICES*	IN-NETWORK	OUT-OF-NETWORK
<b>Routine eye exam</b> (once per calendar year)	\$0 copay	Up to \$35 reimbursement
<b>Eyeglass frames</b> (one pair of frames every two calendar years for adults and one pair of frames every calendar year for children under 19)	\$175 allowance, then 20% off any remaining balance	Up to \$45 reimbursement
<b>Eyeglass lenses</b> <ul style="list-style-type: none"> <li>• Single vision lenses</li> <li>• Bi-focal lenses</li> <li>• Tri-focal lenses</li> </ul>	100% after \$20 copay	Up to \$45 reimbursement Up to \$55 reimbursement Up to \$65 reimbursement
<b>Contact lenses</b> <ul style="list-style-type: none"> <li>• Elective conventional lenses</li> <li>• Elective disposable lenses</li> <li>• Non-elective contact lenses</li> </ul>	\$175 allowance, then 15% off any remaining balance  \$175 allowance (no additional discount) Covered in full	Up to \$75 reimbursement Up to \$75 reimbursement Up to \$90 reimbursement

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



# Life and disability insurance

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

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

Review the chart below to see a summary of your coverage options. See the 2026 contributions section beginning on page 24 for your per paycheck costs if you elect voluntary coverage.

	CAPITAL ONE PROVIDED COVERAGE	VOLUNTARY COVERAGE
Basic Life Insurance	<b>Basic Associate Life*:</b> 1x Annual Benefits Salary, rounded to next \$1,000* up to \$500,000	<b>Supplemental Associate Life:</b> 1–8x Annual Benefits Salary up to a maximum of \$2 million <b>Spouse/Domestic Partner Life:</b> up to \$250,000 in multiples of \$25,000 <b>Child Life:</b> \$10,000 or \$20,000 per child
Accidental Death & Personal Loss Insurance	<b>Basic Associate AD&amp;PL*:</b> 1x Annual Benefits Salary, rounded to next \$1,000 up to \$500,000	<b>Supplemental Associate AD&amp;PL:</b> 1–8x Annual Benefits Salary up to \$2 million You automatically receive the same amount of Supplemental Associate or Dependent AD&PL when you elect Supplemental Associate or Dependent Life Insurance <b>Spouse/Domestic Partner AD&amp;PL:</b> up to \$250,000 in multiples of \$25,000 <b>Child AD&amp;PL:</b> \$10,000 or \$20,000 per child

\*For VP+ executives, your Executive Life Insurance Program (ELIP) and AD&PL are calculated separately.

## Evidence of Insurability (EOI)

When electing or increasing Supplemental Life and Spouse Life coverage, you may have to show Evidence of Insurability (EOI) or proof of good health. If required, you will be covered at the highest level of coverage you are allowed without EOI until it is approved. Once approved, you will be covered at your elected coverage level.

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

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

# Disability coverage

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

## Short-Term Disability

Short-Term Disability benefits replace all or part of your income for up to six months. You must apply for benefits and, if approved, your coverage begins after you've missed seven consecutive days of your scheduled work hours. Short-Term Disability pays 100% of your annual salary from weeks 2-10, then 85% of your annual salary from weeks 11-26.

## Long-Term Disability

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

You may purchase Supplemental Long-Term Disability coverage, on an after-tax basis, which replaces an additional 20% of your Annual Benefits Salary, to receive a total of 70% Annual Benefits Salary replacement. See the 2026 contributions section beginning on page 24 for your per paycheck costs if you elect voluntary coverage.



# Retirement and savings

## 401(k) Associate Savings Plan

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

### Associate contributions

Through automatic payroll deductions, you may contribute up to 50% of your pay (base salary, shift differential, bonuses, commission, incentives, and overtime) to your account. You may contribute any combination of pre-tax and Roth 401(k) contributions up to the annual Internal Revenue Service (IRS) dollar limit of \$24,500 in 2026. If you are age 50 or older in 2026, you may contribute an additional \$8,000 in catch-up contributions. If you are between ages 60-63 in 2026, you may contribute an additional \$11,250 in catch-up contributions.

Beginning January 1, 2026, if your earnings in the prior year were greater than \$150,000, catch-up contributions are required to be made as Roth 401(k) contributions.

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

### Company contributions

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

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

### Vesting schedule

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

### Enrolling in the 401(k) Plan

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

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

For more information about the 401(k) Plan or to enroll, visit [Fidelity NetBenefits®](#) or call the Capital One Retirement Savings Center at Fidelity at 1-800-854-4015. For more information, visit the Associate Savings Plan (ASP) One Place page. Log into [Fidelity NetBenefits®](#) to update your 401(k) beneficiaries.

### Fidelity financial advice

Whether you need help building a budget, saving for an event, or preparing for retirement, associates can access free one-on-one financial planning with Fidelity. For more information, visit the Associate Savings Plan (ASP) One Place page.

## Don't leave money on the table!

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



## Associate Stock Purchase Plan

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

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

Purchased shares are deposited into your E\*TRADE account shortly following the purchase date. There is no fee to purchase shares through the ASPP, and no commission fees on trades.

Note: The Capital One match is considered taxable income.

For more information, visit the Associate Stock Purchase Plan (ASPP) One Place page.

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

# Additional benefits

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

## Time off programs

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

## Holidays

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

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

## Vacation and Paid Time Off (PTO)

Your time-off benefits depend on your employment status.

## Non-exempt associates

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

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

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

## Exempt associates

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

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

## Exempt associates are granted paid sick time on an as-needed basis.

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

See One Place for more details on your vacation or PTO benefits.

## Parental leave

Parental Leave options are available to eligible associates who are new parents regardless of how you've grown your family, including birth via a surrogate, adoption, and foster care. All eligible associates can take 12 weeks of leave, paid at 100% of base salary, within one year of the child's birth or placement in the home (adoption and surrogacy only). Associates who give birth are eligible for up to 20 weeks of paid leave—8 weeks of healing time under Short-Term Disability and 12 weeks of paid Parental Leave.

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

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

## Other types of leave

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



# Benefits that support your total well-being



This is a great time to review all the benefits you are automatically eligible for just by being a Capital One associate. For more detailed program information visit [One Place](#).

## Physical well-being

### **Be Well Health Centers**

On-site health centers and pharmacies at many major campuses for you and your eligible dependents (over the age of 2), as well as virtual care. Everyone receives free preventive care. Non-preventive care is free for Basic PPO or Enhanced PPO enrollees, and just \$35 for everyone else. Plus, telehealth visits at health centers are free for CDHP enrollees.

### **Anthem's Virtual Care platform**

Virtual primary care and urgent care through LiveHealth Online lets you visit with an online doctor from anywhere. This program is free for anyone enrolled in a Capital One medical plan.

### **Seasonal vaccines**

Covered at 100% in-network and at on-site health centers and pharmacies.

### **Virtual Second Opinion services**

This program connects you with leading specialists for a second opinion on serious health issues or recommended surgeries to help you make informed decisions from the comfort of your home.

### **Maven**

Maven is a comprehensive, virtual platform that provides the next generation of education and coaching for reproductive health and family building that complements your in-person care.

### **Lactation break rooms on campus**

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

### **Anthem's Cancer Care Engagement**

Cancer Care Engagement provides those with a cancer diagnosis access to extra support services, available clinical trials, and top cancer treatment centers to help you get the best care possible. This program is available to anyone enrolled in a Capital One medical plan.

### **Hinge Health**

Relieve joint and muscle pain with personalized exercise therapy that can be done anywhere, at any time. Hinge Health also offers pelvic floor care. This program is available to anyone enrolled in a Capital One medical plan.

# Financial well-being

## **Lifestyle Spending Account (LSA)**

The Capital One LSA, administered by Fidelity, makes it easier to support your well-being, your way. Through the LSA, you'll receive \$800 a year, tax-free and fully funded by Capital One, to use on eligible expenses that support your physical, financial, social and emotional well-being throughout the year.

## **401(k) company contribution of up to 7.5%**

Capital One contributes 3% of your salary to your 401(k) automatically, then matches what you contribute (100% match of the first 3%, then 50% match on the next 3%).

## **Fidelity financial advising**

Build a budget, save for an event, or prepare for retirement with access to free one-on-one financial planning with Fidelity. For more information, visit the Associate Savings 401(k) Plan One Place page.

## **Associate Stock Purchase Plan (ASPP)**

Contribute between 1% and 15% of your base salary to buy Capital One stock and receive a 15% company match on your contributions.

## **Adoption and surrogacy**

Full-time and eligible part-time associates can receive up to \$35,000 in reimbursement to help ease the financial pressure of adoption and surrogacy. (Lifetime max of three claims.)

## **Educational assistance**

Through Bright Horizons EdAssist, you can receive up to \$5,250 each year for tuition, books, and eligible fees at more than 300 colleges and universities nationwide. EdAssist also offers financial advising, and options for prepaid tuition, tuition reimbursements, debt-free degrees, and certificate programs.

## **Back-up child or elder care**

Through Bright Horizons, you can take advantage of up to 15 days of free back-up child or adult care if your normal caretaking routine is disrupted. Bright Horizons also offers a free Sittercity membership and a family concierge.

## **Virtual tutoring**

You can convert your Back-Up Care days into one-on-one virtual tutoring sessions at no additional cost.

## **College Coach**

Get access to a team of college admissions and finance experts who can help you maximize your child's chances of admissions success and plan for college costs.

# Emotional well-being

## **Mental health support**

Capital One offers many options for virtual or in-person mental health care including on-site behavioral health counselors, LiveHealth Online, Talkspace, EAP professionals, and free in-network visits for PPO members.

## **Employee Assistance Program (EAP)**

The Anthem EAP provides a range of 24/7, confidential, free support to you and your household members. This includes up to five virtual or in-person counseling sessions per issue through LiveHealth Online, Talkspace, or an in-network provider. Additionally, the program offers legal resources, referrals for dependent care and more.

## **Time-off benefits**

Take advantage of time-off benefits that include Vacation/ Paid Time Off, Bereavement Leave, and 14 paid holidays, including 2 floating holidays, to help you feel balanced.

## **Paid parental leave**

Full-time and eligible part-time associates can receive 12 weeks of paid parental leave to welcome a new child, including those who grow their family through adoption, foster care, or surrogacy. Birthing parents are eligible for an additional 8 weeks to heal, for a total of 20 weeks of fully paid leave.

# 2026 contributions



MEDICAL ASSOCIATE BI-WEEKLY CONTRIBUTIONS			
	CDHP	BASIC PPO	ENHANCED PPO
Associate	\$29.10	\$29.10	\$68.50
Associate + spouse/ domestic partner	\$132.85	\$132.85	\$215.60
Associate + child(ren)	\$83.90	\$83.90	\$158.77
Associate + spouse/ domestic partner + child(ren)	\$188.34	\$188.34	\$310.49

DENTAL ASSOCIATE BI-WEEKLY CONTRIBUTIONS			VISION ASSOCIATE BI-WEEKLY CONTRIBUTIONS
	BASIC PLAN	ENHANCED PLAN	
Associate	\$7.55	\$11.37	\$1.51
Associate + spouse/ domestic partner	\$15.85	\$23.87	\$3.04
Associate + child(ren)	\$14.34	\$21.60	\$3.66
Associate + spouse/ domestic partner + child(ren)	\$23.40	\$35.24	\$5.44



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

### 2026 ASSOCIATE VOLUNTARY SUPPLEMENTAL LIFE/AD&PL INSURANCE COSTS

ASSOCIATE'S AGE AS OF JANUARY 1, 2026	BI-WEEKLY COST PER \$1,000 OF COVERAGE (POST-TAX)
<30	\$0.02
30-34	\$0.03
35-39	\$0.03
40-44	\$0.04
45-49	\$0.06
50-54	\$0.09
55-59	\$0.13
60-64	\$0.18
65-69	\$0.25
70-74	\$0.52
75-79	\$0.82
80+	\$0.82

### 2026 COVERAGE OPTIONS AVAILABLE FOR DEPENDENT LIFE/AD&PL (SPOUSE/DOMESTIC PARTNER)

COVERAGE OPTION	BI-WEEKLY COST (POST-TAX)
\$25,000	\$1.08
\$50,000	\$2.15
\$75,000	\$3.22
\$100,000	\$4.29
\$125,000	\$5.37
\$150,000	\$6.44
\$175,000	\$7.51
\$200,000	\$8.58
\$225,000	\$9.66
\$250,000	\$10.73

### 2026 COVERAGE OPTIONS AVAILABLE FOR DEPENDENT LIFE/AD&PL (CHILDREN)

COVERAGE OPTION	BI-WEEKLY COST (POST-TAX)
\$10,000 child only	\$0.51
\$20,000 child only	\$1.02

### DISABILITY COVERAGE 2026 COVERAGE OPTIONS AVAILABLE FOR SUPPLEMENTAL LTD

COVERAGE OPTION	BI-WEEKLY COST (POST-TAX)
Additional 20% of Annual Benefits Salary to provide total of 70% Annual Benefits Salary replacement	\$0.128 per \$100 of your monthly benefits salary

# Retiree health care support



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

Aptia365+ Retiree, a trusted partner of Capital One, is a service that will assist you in choosing coverage from a variety of individual health insurance options based on where you live. You will have access to both national insurance companies and regional insurers who administer these coverages. Through Aptia365+ Retiree, you and your eligible dependents will have:

- More than one medical plan option to choose from, which will allow you to choose coverage that best meets your individual health needs.
- Access to one-on-one support from a licensed Aptia365+ Retiree benefits counselor. Benefits counselors will walk you through the entire decision-making process and help you choose the coverage that best meets your needs and your budget. They will take into account the area where you live, the doctors you use, the medications you take, and other healthcare needs and preferences.
- The potential to reduce your health insurance costs.

If you are considering retirement and want to learn more, visit the [Retiring from Capital One One Place](#) page.

# Contacts



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

BENEFIT/RESOURCE	CONTACT	PHONE NUMBER	WEBSITE
Medical	Anthem	1-844-390-4133	<a href="https://anthem.com/capitalone">anthem.com/capitalone</a>
Prescription Drugs	CVS Caremark	1-877-210-3556	<a href="https://caremark.com">caremark.com</a>
Dental	Delta Dental	1-844-344-8006	<a href="https://deltadentalva.com">deltadentalva.com</a>
Vision	Anthem Blue View Vision	1-866-723-0515	<a href="https://anthem.com/capitalone">anthem.com/capitalone</a>
Telemedicine	LiveHealth Online	1-888-LiveHealth (548-3432)	<a href="https://livehealthonline.com">livehealthonline.com</a> <a href="mailto:help@livehealthonline.com">help@livehealthonline.com</a>
Savings and Spending Accounts	Fidelity	1-800-854-4015	<a href="https://netbenefits.com">netbenefits.com</a>
401(K) Associate Savings Plan	Fidelity	1-800-854-4015	<a href="https://netbenefits.com">netbenefits.com</a>
Life and AD&PL Insurance	The Hartford	1-877-867-4790	—
Short-Term Disability	Sedgwick	1-844-324-CAP1	<a href="https://claimlookup.com/capitalone">claimlookup.com/capitalone</a>
Long-Term Disability	The Hartford	1-877-867-4790	—
Back-Up Child and Family Care	Bright Horizons	1-855-789-3852	<a href="https://backup.brighthouse.com/capitalone">backup.brighthouse.com/capitalone</a>
Adoption & Surrogacy Reimbursement	Anthem EAP	1-855-383-7222	<a href="https://anthemeap.com">anthemeap.com</a> (Login: Capital One)
College Coach	College Coach	1-855-789-3852	<a href="https://passport.brighthouse.com/capitalone">passport.brighthouse.com/capitalone</a>
Maven	Maven	—	<a href="https://mavenclinic.com/join/capitalone">mavenclinic.com/join/capitalone</a>
Employee Assistance Program	Anthem EAP	1-855-383-7222	<a href="https://anthemeap.com/capital-one">anthemeap.com/capital-one</a>
Educational Assistance Program	EdAssist	1-510-356-0221	<a href="https://capitalone.edassist.com">capitalone.edassist.com</a>

# Compliance notices

## **Privacy and Your Health Coverage**

The privacy rules under the Health Insurance Portability and Accountability Act (HIPAA) require that the Capital One health plans periodically remind you about the availability of the Privacy Notice and how to obtain that notice. The Privacy Notice explains participants' rights and the plans' legal duties with respect to protected health information (PHI) and how the plan may use and disclose PHI.

To obtain a copy of the Privacy Notice or for any questions about the plans' privacy policies, please contact the HR Benefits Center at 1-888-376-8836 (options 2, 2, 0).

## **Reminder: HIPAA Description of Special Enrollment Rights**

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

## **Length of Maternity Hospital Stay**

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

## **Reminder: Women's Health and Cancer Rights Act**

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

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

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

## **Post-Mastectomy Benefits**

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

# Medicare Part D Prescription Drug Plan—Notice of Creditable Coverage

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

## Important things to know about your rights

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

For more information about Medicare prescription drug coverage:

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

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

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

**Date: October 2025**

**Name of Entity/Sender: Capital One Benefits**

**Address: 1680 Capital One Drive**

**McLean, VA 22102-3491**

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

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility –

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="https://hcpf.colorado.gov/chp">https://hcpf.colorado.gov/chp</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a> HIBI Customer Service: 1-855-692-6442
ALASKA – Medicaid	FLORIDA – Medicaid
The AK Health Insurance Premium Payment Program Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>	Website: <a href="https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html">https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268
ARKANSAS – Medicaid	GEORGIA – Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162, Press 1 GA GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a> Phone: (678) 564-1162, Press 2
CALIFORNIA – Medicaid	INDIANA – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>	Healthy Insurance Premium Payment Program All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> <a href="http://www.in.gov/fssa/dfr/">http://www.in.gov/fssa/dfr/</a> Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)	MONTANA – Medicaid
<p>Medicaid Website:  <a href="#">Iowa Medicaid   Health &amp; Human Services</a> Medicaid  Phone: 1-800-338-8366  Hawki Website:  <a href="#">Hawki - Healthy and Well Kids in Iowa   Health &amp; Human Services</a>  Hawki Phone: 1-800-257-8563  HIPP Website: <a href="#">Health Insurance Premium Payment (HIPP)   Health &amp; Human Services (iowa.gov)</a>  HIPP Phone: 1-888-346-9562</p>	<p>Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>  Phone: 1-800-694-3084  Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a></p>
KANSAS – Medicaid	NEBRASKA – Medicaid
<p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>  Phone: 1-800-792-4884  HIPP Phone: 1-800-967-4660</p>	<p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>  Phone: 1-855-632-7633  Lincoln: 402-473-7000  Omaha: 402-595-1178</p>
KENTUCKY – Medicaid	NEVADA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)  Website:  <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>  Phone: 1-855-459-6328  Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a>  KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a>  Phone: 1-877-524-4718  Kentucky Medicaid Website: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a></p>	<p>Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a>  Medicaid Phone: 1-800-992-0900</p>
LOUISIANA – Medicaid	NEW HAMPSHIRE – Medicaid
<p>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/la hipp">www.ldh.la.gov/la hipp</a>  Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p>Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a>  Phone: 603-271-5218  Toll free number for the HIPP program: 1-800-852-3345, ext. 15218  Email: <a href="mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov">DHHS.ThirdPartyLiabi@dhhs.nh.gov</a></p>
MAINE – Medicaid	NEW JERSEY – Medicaid and CHIP
<p>Enrollment Website: <a href="https://www.mymaineconnection.gov/benefits/s/?language=enUS">https://www.mymaineconnection.gov/benefits/s/?language=enUS</a>  Phone: 1-800-442-6003  TTY: Maine relay 711  Private Health Insurance Premium Webpage:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>  Phone: 1-800-977-6740  TTY: Maine relay 711</p>	<p>Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>  Medicaid Phone: 1-800-356-1561  CHIP Premium Assistance Phone: 609-631-2392  CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>  CHIP Phone: 1-800-701-0710 (TTY: 711)</p>
MASSACHUSETTS – Medicaid and CHIP	NEW YORK – Medicaid
<p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>  Phone: 1-800-862-4840  TTY: 711  Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a></p>	<p>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>  Phone: 1-800-541-2831</p>
MINNESOTA – Medicaid	NORTH CAROLINA – Medicaid
<p>Website: <a href="https://mn.gov/dhs/health-care-coverage/">https://mn.gov/dhs/health-care-coverage/</a>  Phone: 1-800-657-3672</p>	<p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>  Phone: 919-855-4100</p>
MISSOURI – Medicaid	NORTH DAKOTA – Medicaid
<p>Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>  Phone: 573-751-2005</p>	<p>Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a>  Phone: 1-844-854-4825</p>



OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Utah's Premium Partnership for Health Insurance (UPP) Website: <a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a> Email: <a href="mailto:upp@utah.gov">upp@utah.gov</a> Phone: 1-888-222-2542 Adult Expansion Website: <a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a> Utah Medicaid Buyout Program Website: <a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a> CHIP Website: <a href="https://chip.utah.gov/">https://chip.utah.gov/</a>
OREGON – Medicaid	VERMONT– Medicaid
Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> Phone: 1-800-699-9075	Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: <a href="https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a> Phone: 1-800-692-7462 CHIP Website: <a href="#">Children's Health Insurance Program (CHIP) (pa.gov)</a> CHIP Phone: 1-800-986-KIDS (5437)	Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> Medicaid/CHIP Phone: 1-800-432-5924
RHODE ISLAND – Medicaid and CHIP	WASHINGTON – Medicaid
Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct Rl te Share Line)	Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022
SOUTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a>   <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
SOUTH DAKOTA - Medicaid	WISCONSIN – Medicaid and CHIP
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a> Phone: 1-800-440-0493	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

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

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

### Paperwork Reduction Act Statement

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

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

This guide is designed to help you learn about and understand the benefits available under the 2026 Plan, which include medical (including prescription drug coverage), wellness, dental and vision coverage (together, referred to as healthcare coverage), as well as flexible spending accounts, life, accident and disability coverage offered by Capital One to eligible associates. If applicable, this guide will serve as a Summary of Material Modification (SMM) outlining any changes which take effect on January 1, 2026.

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

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

All changes go into effect on January 1, 2026, unless otherwise noted.