PRIVACY AND YOUR HEALTH COVERAGE

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

To obtain a copy of the privacy notice or for any questions about the plans’ privacy policies, please contact the Capital One HR Help Center at 1-888-376-8836. You can also go online at www.capitalonebenefitsite.com to view a copy of the notice.

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. During a loss of coverage event, associates can enroll in medical, dental, and vision. Contact the Capital One HR Help Center at 1-888-376-8836.

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.

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.
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](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)](http://www.askebsa.dol.gov).

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, 2014. Contact your State for more information on eligibility.

### MEDICAID AND CHIP CONTACT INFORMATION

<table>
<thead>
<tr>
<th>State</th>
<th>Website</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arizona</td>
<td><a href="http://www.azahcccs.gov/applicants">www.azahcccs.gov/applicants</a></td>
<td>1-877-764-5437 (outside of Maricopa County) Phone: 602-417-5437 (Maricopa County)</td>
</tr>
<tr>
<td>Colorado</td>
<td><a href="http://www.colorado.gov">www.colorado.gov</a></td>
<td>1-800-866-3513 (in state) Phone: 1-800-221-3943 (out of state)</td>
</tr>
<tr>
<td>Florida</td>
<td><a href="http://www.fmedicaidtplrecovery.com/">www.fmedicaidtplrecovery.com/</a></td>
<td>Phone: 1-800-869-1150</td>
</tr>
<tr>
<td>Georgia</td>
<td><a href="http://dch.georgia.gov">http://dch.georgia.gov</a></td>
<td>1-800-926-2588</td>
</tr>
<tr>
<td>Idaho</td>
<td><a href="http://healthandwelfare.idaho.gov/Medical/Medicaid/PremiumAssistance/tabid/1510/Default.aspx">http://healthandwelfare.idaho.gov/Medical/Medicaid/PremiumAssistance/tabid/1510/Default.aspx</a></td>
<td>1-800-926-2588</td>
</tr>
<tr>
<td>Indiana</td>
<td><a href="http://www.in.gov/tssa">www.in.gov/tssa</a></td>
<td>1-800-889-9949</td>
</tr>
<tr>
<td>Iowa</td>
<td><a href="http://www.dhs.state.ia.us/hipp">www.dhs.state.ia.us/hipp</a></td>
<td>1-888-346-9562</td>
</tr>
<tr>
<td>Kansas</td>
<td><a href="http://www.kdheks.gov/hcf/">www.kdheks.gov/hcf/</a></td>
<td>1-800-792-4884</td>
</tr>
<tr>
<td>Kentucky</td>
<td><a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570</td>
<td></td>
</tr>
<tr>
<td>Maine</td>
<td><a href="http://www.mass.gov/MassHealth">www.mass.gov/MassHealth</a> Phone: 1-800-462-1120</td>
<td></td>
</tr>
<tr>
<td>Massachusetts</td>
<td><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</td>
<td></td>
</tr>
<tr>
<td>Minnesota</td>
<td><a href="http://www.dhs.state.mn.us/">www.dhs.state.mn.us/</a></td>
<td>Phone: 1-800-657-3629</td>
</tr>
<tr>
<td>Missouri</td>
<td><a href="http://www.healthcare.gov">www.healthcare.gov</a></td>
<td>1-877-751-2005</td>
</tr>
<tr>
<td>Nebraska</td>
<td><a href="http://www.ACCESSNebraska.ne.gov">www.ACCESSNebraska.ne.gov</a></td>
<td>1-855-632-7633</td>
</tr>
<tr>
<td>State</td>
<td>Medicaid Contact Information</td>
<td></td>
</tr>
<tr>
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</tbody>
</table>
| Nevada | Website: [http://dwss.nv.gov/](http://dwss.nv.gov/)  
Phone: 1-800-992-0900 |
CHIP Website: [www.njfamilycare.org/index.html](http://www.njfamilycare.org/index.html)  
CHIP Phone: 1-800-701-0710 |
| New Jersey | Medicaid Website: [http://www.state.nj.us/humanservices/dmhs/clients/medicaid/](http://www.state.nj.us/humanservices/dmhs/clients/medicaid/)  
CHIP Website: [www.njfamilycare.org/index.html](http://www.njfamilycare.org/index.html)  
CHIP Phone: 1-800-701-0710 |
| New York | Website: [www.nyhealth.gov/health_care/medicaid/](http://www.nyhealth.gov/health_care/medicaid/)  
Phone: 1-800-541-2831 |
| North Carolina | Website: [http://www.ncdhhs.gov/dma](http://www.ncdhhs.gov/dma)  
Phone: 919-855-4100 |
| North Dakota | Website: [http://www.nd.gov/dhs/services/medicalserv/medicaid/](http://www.nd.gov/dhs/services/medicalserv/medicaid/)  
Phone: 1-800-755-2604 |
| Oklahoma | Website: [www.insureoklahoma.org](http://www.insureoklahoma.org)  
Phone: 1-888-365-3742 |
| Oregon | Website: [http://www.oregonhealthykids.gov](http://www.oregonhealthykids.gov)  
Phone: 1-800-699-9075 |
| Pennsylvania | Website: [http://www.dpw.state.pa.us/hipp](http://www.dpw.state.pa.us/hipp)  
Phone: 1-800-692-7462 |
| Rhode Island | Website: [www.ohhs.ri.gov](http://www.ohhs.ri.gov)  
Phone: 401-462-5300 |
| South Carolina | Website: [http://www.scdhhs.gov](http://www.scdhhs.gov)  
Phone: 1-888-549-0820 |
| South Dakota | Website: [http://dss.sd.gov](http://dss.sd.gov)  
Phone: 1-888-828-0059 |
| Texas | Website: [www.gethipptexas.com/](http://www.gethipptexas.com/)  
Phone: 1-800-440-0493 |
| Utah | Website: [http://health.utah.gov/up](http://health.utah.gov/up)  
Phone: 1-866-435-7414 |
| Vermont | Website: [www.greenmountaincare.org](http://www.greenmountaincare.org)  
Phone: 1-800-290-8427 |
| Virginia | Medicaid Website: [www.coverva.org/programs_premium_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm)  
CHIP Website: [www.coverva.org/programs_premium_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm)  
CHIP Phone: 1-855-242-8282 |
Phone: 1-800-562-3022 ext. 15473 |
| West Virginia | Website: [www.dhhr.wv.gov/bms/](http://www.dhhr.wv.gov/bms/)  
Phone: 1-877-598-5820,  
HMS Third Party Liability |
| Wisconsin | Website: [www.badgercareplus.org/pubs/p-10095.htm](http://www.badgercareplus.org/pubs/p-10095.htm)  
Phone: 1-800-362-3002 |
| Wyoming | Website: [http://health.wyo.gov/healthcarefin/medicaid/home.html](http://health.wyo.gov/healthcarefin/medicaid/home.html)  
Phone: 307-777-7531 |

To see if any other states have added a premium assistance program since July 31, 2014, or for more information on special enrollment rights, contact either:

**U.S. Department of Labor**
Employee Benefits Security Administration  
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  
1-877-267-2323, Menu Option 4, 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 Capital One HR Help Center at 1-888-376-8836.
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
- 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, 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 2014
Name of Entity/Sender: Capital One Benefits
Address: PO Box 9740
         Providence, RI 02940-9740
Phone Number: 1-888-376-8836