



CAPCOM[®]

2024
employee benefit guide

Welcome

to Capcom. This guide provides an overview of coverage choices and enrollment information so you can build the best benefits package for you and your family.

Employee Benefits Overview / Eligibility Requirements

Capcom is committed to providing exceptional benefits to our employees. Keeping in mind the unique and diverse needs of our employees, we have put together a benefits program that will help protect the personal and financial well-being of you and your family.

Upon joining Capcom, your benefits will begin the first of the month following date of hire, unless hired on the first, then you are effective that same date. The plan and dependent elections that you make when you are hired or during annual Open Enrollment are effective for the entire plan year unless you experience a qualifying event (marriage, birth, adoption, or loss of coverage).

Capcom holds an annual Open Enrollment for employees with a January 1st effective date. During that time, you can make changes to your benefit plan elections such as adding or deleting your spouse, dependents and/or changing health plans.

If you experience a qualifying event after Open Enrollment, you must notify Human Resources within 30 days, otherwise you will be required to wait until the next Open Enrollment to make any changes to your benefit plan elections.

Eligible Dependents

You may cover your dependents under many of the benefit plans as long as they are one of the following:

- *Your spouse or domestic partner*
- *Your child(ren) up to age 26 regardless of student or marital status*
- *Your disabled child(ren) regardless of age if incapable of self-sustaining employment, and if the disability began before the limiting age*

Medical Insurance

Capcom is proud to offer medical benefits to all eligible employees through Kaiser Permanente and Aetna.

Kaiser Permanente HMO plans offer a wide range of care and support to help you stay healthy. As a Kaiser member you can receive medical care at any Kaiser facility, simply present your ID card to receive services.

Aetna's PPO plan is referred to as Open Access Managed Choice (OAMC) POS. The POS plan gives members the ability to manage their care with a PCP or, if they choose, see any doctor (including specialists) without a referral. Pre-authorizations may be required.

For more information about the plans offered visit mybenefits.cc/capcom/ to review plan designs, required notices, evidence of coverage, documents and much more.

Kaiser Permanente (CA only)	Traditional HMO
Individual Deductible	\$0
Family Deductible	\$0
Individual Out of Pocket Maximum	\$1,500
Family Out of Pocket Maximum	\$3,000
Office Visit	\$10
Specialist Visit	\$10
Preventive Care	No Charge
Acupuncture*/Chiropractic	\$15/\$15 (20 visits per year)
Diagnostic Lab/X-Ray	No Charge
Complex Radiology (CT, MRI, PET)	No Charge
Inpatient Hospital	\$100
Outpatient Surgery	\$10
Urgent Care	\$10
Emergency (waived if admitted)	\$100
Rx Generic	\$10
Rx Brand Name	\$25
Rx Specialty	\$25
Group No. Phone No. Web	48195 800-464-4000 www.kp.org

*available for pain management-physician referred

Aetna	Open Access Managed Choice (OAMC) POS	
	In Network	Out of Network
Individual Deductible	\$250	\$500
Family Deductible	\$500	\$1,000
Individual Out of Pocket Maximum	\$2,500	\$5,000
Family Out of Pocket Maximum	\$5,000	\$10,000
Office Visit	\$10*	30%*
Specialist Visit	\$20*	30%*
Preventive Care	No Charge	30%*
Acupuncture (20 visits per year)	\$10	30%*
Chiropractic (20 visits per year)	\$20	30%*
Diagnostic Lab/ X-Ray	10%*	30%*
Complex Radiology (CT, MRI, PET)	10%*	30%*
Inpatient Hospital	10%*	30%*
Outpatient Surgery	10%*	30%*
Urgent Care	\$35	30%*
Emergency (waived if admitted)	10% after \$250	10% after \$250
Rx Tier 1	\$10	Not Covered
Rx Tier 2/Tier 3	\$30/\$50	Not Covered
Rx Tier 4	30% up to \$250	Not Covered
Group No. Phone No. Web	108765 877-204-9186 www.aetna.com	

*after deductible

Dental Insurance

Dental coverage is provided for you and your family members through Mutual of Omaha. This plan has access to 400,000 general and specialist providers nationwide. To find a participating network dentist, visit www.mutualofomaha.com/dental-insurance. Rollover benefits are available to all enrolled employees. Employees who have at least one cleaning a year and spend less than 50% of the maximum can rollover 25% of the maximum benefit up to 2x the annual maximum.

Dental	In Network	Out of Network
Preventive Care <i>(exams, cleanings, x-rays)</i>	100%	100%
Basic Care <i>(basic fillings, extractions and oral surgery)</i>	90%	80%
Major Care <i>(crowns, inlays and on-lays, bridges and dentures)</i>	60%	50%
Deductible	\$50 individual/\$150 family	\$50 individual/\$150 family
Maximum Benefit	\$1,500 per calendar year (per member)	\$1,500 per calendar year (per member)
Orthodontia (child only)	50% up to \$1,500 lifetime	
Group No. G000BG86	866-480-7566	www.mutualofomaha.com/dental-insurance



Vision Insurance

Capcom employees are offered vision benefits through VSP. The VSP Signature Network has 23,000 doctors, located in rural and metropolitan areas throughout the nation. VSP doctors provide both eye exams and eye wear, making for a convenient “one-stop” means of obtaining eye care benefits. Visit www.vsp.com and search using the VSP Signature Network.

VSP Signature Network	In Network	Out of Network
Office Visit / Examination <i>(every 12 months)</i>	\$10 copay	Plan pays up to \$50
Prescription Glasses Copay	\$30 copay	
Lens Replacement <i>(every 12 months)</i>	100% after copay	Reimbursement Varies
Single Vision	100% after copay	Plan pays up to \$50
Bifocal	100% after copay	Plan pays up to \$75
Trifocal	100% after copay	Plan pays up to \$100
Frame Replacement <i>(every 12 months)</i>	\$150 allowance + 20% discount	Plan pays up to \$70
Contact Lenses <i>(in lieu of glasses, every 12 months)</i>	Up to \$60 copay \$130 allowance	Plan pays up to \$105
Group No. 12270283	800-877-7195	www.vsp.com

Group Term Life / AD&D Insurance

Capcom provides all eligible employees with a Group Term Life/AD&D policy through Mutual of Omaha for 2x your annual salary up to a maximum of \$750,000 with a Guarantee Issue amount of \$425,000.

Voluntary Term Life / AD&D Insurance

You may choose to purchase Voluntary Life Insurance from Mutual of Omaha for yourself, your spouse and/or your child(ren) in amounts between \$10,000 and \$500,000, not to exceed 5x your basic annual salary. Guarantee Issue amount is \$100,000. You must elect coverage for yourself to purchase coverage for your dependents.

Short Term Disability Insurance

Capcom provides all eligible employees with Short Term Disability (STD) coverage through Mutual of Omaha. The STD benefits start on the 8th day following an accident or illness and pays 66.67% of your salary up to \$2,308 per week for 12 weeks.

Long Term Disability Insurance

Capcom also provides employees with Long Term Disability (LTD) coverage through Mutual of Omaha. The LTD benefit provides you with income if you are not able to return to work after 90 days of disability due to an illness or injury.

Mutual of Omaha will pay up to 66.67% of your salary to a maximum benefit of \$10,000 per month. LTD benefits are offset by income from other sources such as Social Security and/or Workers' Compensation.

Employee Assistance Program (EAP)

Capcom offers an Employee Assistance Program for all eligible employees through Mutual of Omaha. This EAP has trained professionals to work with you and your family as you search for solutions to personal and workplace issues. With the EAP you have access to confidential resources day or night by calling 800-316-2796 or visiting www.mutualofomaha.com/eap

Travel Assistance Program

As part of your employee benefits package, your Mutual of Omaha Group Life Insurance includes Worldwide Travel and ID Theft Assistance. While traveling more than 100 miles from home you may access travel assistance services 24/7 by calling 800-856-9947. Your travel assistance benefit automatically includes identity theft assistance at no additional cost.

Flexible Spending Account (FSA)

Capcom provides you the opportunity to pay for out of pocket medical, dental and vision for you and your eligible dependents with pre-tax dollars through Flexible Spending Accounts. Employees may contribute up to the IRS limits for Health Care and Dependent Care Spending Account. We offer this plan as part of your benefits because it is important to help build your financial future.

Qualified Transportation Plan (QTP)

The Qualified Transportation Plan allows you to set aside pre-tax dollars per month to pay for qualified transportation expenses. The Parking Account can be used to pay for eligible parking expenses associated with your workplace. The Transit Account can be used to pay for eligible transit expenses associated with travel to and from work on a licensed public carrier.

Employee Monthly Contributions

Carrier	Aetna PPO	Kaiser HMO	Mutual of Omaha Dental	VSP
Employee Only	\$104.20	\$78.30	\$4.80	\$1.30
Employee+Spouse	\$333.40	\$266.15	\$14.60	EE + 1 \$2.70
Employee+Child(ren)	\$291.75	\$234.85	\$20.45	N/A
Employee+Family	\$520.95	\$391.40	\$32.65	EE + 2 \$5.00

Acrisure Benefits Team

Email: teamohara@filice.com

Visit your benefits website for further detailed information at: mybenefits.cc/capcom/



If you have any questions or unresolved issues after contacting member services with one of our insurance providers, you are welcome to contact our Filice Benefits Team. They will answer any questions you may have concerning your employee benefits and claim issues.