Your Guide to 2020 DaVita Rewards

Use this interactive guide to explore DaVita Rewards. More information is available at DaVitaRewards.com.

Get Started
Your 2020 DaVita Rewards

Much more than your pay and benefits, DaVita Rewards is designed to:

- Provide great value for you and your family
- Support you throughout all stages of life
- Be easy to access and easy to use
- Help you connect to what matters

DAVITA REWARDS

Designed with your needs in mind for every stage of life.

My Health
Becoming the healthiest version of myself

My Future
Planning and preparing for my financial future

My Career
Reaching my professional goals

My Pay
Making the most of my compensation

My Vitality
Achieving life alignment through my social and emotional well-being

The information included in this document is to be used as a quick reference tool. For specific information about these plans/benefits refer to DaVitaRewards.com. For specific policies, refer to the DaVita Teammate Policies, found on the People Services page of VillageWeb, for the most updated policy revisions.
Eligibility

DaVita offers benefits to full- and part-time teammates.

- Full-time teammates are those regularly scheduled to work at least 30 hours per week.
- Part-time teammates are those regularly scheduled to work 24–29 hours per week. Part-time teammates are eligible for all benefits except medical and disability.

Benefits Start Date

As a new hire, if you meet the eligibility requirements, you will be eligible for benefits on the first of the month following one month of employment. Note: Teammates in Hawaii will not follow this rule and will be eligible for benefits on the first of the month following active employment status start date, plus four weeks.

As a rehire, your benefits start date depends on how long you were away from DaVita.

- If you are rehired within 90 days, your previous benefits will be reinstated your first day back to work.
- If you are rehired within 90 days but in a different year, you will need to make new benefit elections, and they will start on your first day back to work or the default election rules will apply. Default elections are options that are automatically assigned to you if you don’t enroll. The default election may not satisfy your and your family’s needs.
- If you are rehired after 90 days, your benefits start date will follow the new hire rule above.
- If you return from a leave after more than 12 months, your benefits start date will follow the new hire rule above.

Eligibility for newly enrolled dependents will be verified.
The Dependent Verification Center will send you a request for supporting documentation once you enroll your dependent(s) online. If verification is not provided within 45 days of enrollment, coverage for the new dependent(s) will be terminated on the last day of the month following the verification deadline. Note: Spouse/domestic partner eligibility is verified every two years.

Questions?
Contact the Dependent Verification Center at 1-855-614-0188, select Benefits Eligibility > Dependent Verification.

As an acquired teammate, your benefits start date is determined by the terms and conditions of the Agreement and will be:

1. The date you are acquired by DaVita, or
2. The day after the Transition Services Agreement ends.

Once final, your People Services representative will let you know your benefits effective date. You are given credit for your service at the acquired company, so any benefits based on length of service, like (Paid Time Off (PTO), will be based on your hire date with the acquired company.

After a qualified life event, benefit changes will start on the date of the life event if reported within 31 days of the event. Retroactive benefit deductions may be applied depending on when the status change is processed. There will be no changes to DaVita-provided Health Savings Account (HSA) funding as a result of a status change.

As a transfer from per diem to full- or part-time, your benefits start date will be on the date of your transfer or after you have met the new hire benefit eligibility requirements above, whichever is later.

As a transfer from full- or part-time to per diem, your benefits will end at the end of the month in which you transfer. If you transfer back to a benefit-eligible status within 90 days, your benefits will be reinstated according to the rehire rules above.

Continued...
**Dependent Eligibility**

A dependent is defined as your legal spouse, common law or equivalent, or domestic partner (additional documentation will be required) and your children.

**Your spouse** – All marriages will be recognized for benefit purposes if they are valid under the laws of the jurisdiction in which they were entered.

**Your domestic partner** – Domestic partners are eligible for medical, dental, vision and voluntary life insurance coverage; however, due to IRS rules, their expenses may not be reimbursed by a Flexible Spending Account or Health Savings Account. Teammates and their domestic partners need to complete an Affidavit of Domestic Partnership during enrollment. (See the “Domestic Partner Coverage, Imputed Income and Your Taxes,” content below.)

**Your children** – Children, including step- and adopted children, a domestic partner’s dependent children, and children whose legal guardianship has been granted to you by the state, are eligible for medical, dental, vision and voluntary life insurance coverage; however, their expenses may or may not be reimbursed by a Flexible Spending Account or Health Savings Account (see page 23 for details). Dependent children can be up to age 26. Spouses and children of the adult child are not eligible for coverage. If you have a disabled dependent over the age of 26, please call the Benefits Support Team at 1-855-614-0188.

If you, your spouse/domestic partner or child works at DaVita – Anyone who is enrolled as a teammate will not be considered as a dependent. No one may be considered as a dependent of more than one teammate.

**Domestic Partner Coverage, Imputed Income and Your Taxes**

According to IRS regulations, the “value of the coverage” of domestic partner benefits is generally taxable. The value of the coverage is the total premium cost attributable to your domestic partner. You cannot pay for this coverage on a pre-tax basis under the Flexible Benefit Plan. Each bi-weekly pay period, DaVita will include the value of this coverage in your gross income subject to applicable taxes on your paycheck. At year’s end, this coverage will be reported on your W-2. Income tax withholding rates will be reported in accordance with your W-4. If you have questions about your individual tax situation, consult a tax professional.

In addition to the larger payroll deduction resulting from increasing your level of coverage, your net take-home pay will be further reduced by the additional withholding. Before enrolling, consider this additional cost when comparing the cost of your domestic partner and children enrolling in coverage at their own places of employment with the cost of enrolling in the DaVita Plan.

**Domestic Partner Definition:**

A domestic partnership is defined as two people who both meet the following criteria:

- Are at least 18 years of age, are not prohibited from legal marriage and do not have any other domestic partner, spouse or spouse equivalent
- Are financially interdependent on each other
- Have resided together as a cohabiting couple for a period of at least one year

**Domestic Partnership Requirements:**

1. Have signed an affidavit;
2. Have not signed an affidavit or declaration with any other person within 12 months prior to designating the current partner; and
3. Have registered as a domestic partner or civil union partner, if state provides for such registration.

**Documents can be submitted in one of three ways:**

1. Mail: Dependent Verification Center
   P.O. Box 1401, Lincolnshire, IL 60069-11401
2. Secure Fax: 1-877-965-9555
3. Online Upload: Follow the link in the “Action Needed” message center on DaVitaRewards.com

Check verification status at yourdependentverification.com/plan-smart-info.
## Benefit Eligibility

The following chart explains the benefits eligibility requirements for 2020.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Initial Eligibility Requirement</th>
<th>Full-time (30 hours or more per week)</th>
<th>Part-time (24-29 hours per week)</th>
<th>Per diem or part-time (&lt;24 hours per week)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Available benefits; enrollment necessary:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Medical Plans</td>
<td>On benefits start date*</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>• Dental Plans</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>• Vision Plans</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>• Voluntary Life and AD&amp;D Insurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Health Care and Dependent Day Care Flexible Spending Accounts (FSAs)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>• Accident Insurance</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>• Critical Illness Insurance</td>
<td></td>
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<td></td>
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<tr>
<td>• Legal Services</td>
<td></td>
<td></td>
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<tr>
<td>• Hospital Care Plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Supplemental Short-Term Disability</td>
<td>On benefits start date*</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>• Supplemental Long-Term Disability</td>
<td>On benefits start date*</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>DaVita provided; no enrollment necessary:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Basic Short-Term Disability</td>
<td>On benefits start date*</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>• Basic Long-Term Disability; DaVita Pays 75%</td>
<td>On benefits start date*</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>• Basic Life and AD&amp;D</td>
<td>On benefits start date*</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>• Paid Time Off (PTO)</td>
<td>Immediately</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>• Travel Accident Insurance</td>
<td>Immediately</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>• Employee Assistance Program (EAP)</td>
<td>Immediately</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Family resources:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Parental leave</td>
<td>On benefits start date*</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>• Caregiver leave</td>
<td>On benefits start date*</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>• MilkStork (breast milk storage and shipping program)</td>
<td>Immediately</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>• College Coach</td>
<td>Immediately</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>• Back-up child care and elder care</td>
<td>Immediately</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>• Discounted pet insurance and pet sitting</td>
<td>Immediately</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>• Village Market Place (discount program)</td>
<td>Immediately</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

*See page 3 to determine your benefits start date.
## Benefit Eligibility Continued

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Initial Eligibility Requirement</th>
<th>Full-time (30 hours or more per week)</th>
<th>Part-time (24-29 hours per week)</th>
<th>Per diem or part-time (&lt;24 hours per week)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligibility for additional benefits:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 401(k) Retirement Plan</td>
<td>Auto-enrolled at 6% contribution after 45 days of service</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>• 401(k) company match</td>
<td>After 1 year of service**</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>• Adoption Assistance</td>
<td>On benefits start date*</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>• Auto and Home Insurance</td>
<td>Immediately</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>• Purchasing Power</td>
<td>After 9 months of service** and $16,000 annual salary</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Education Assistance:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Tuition Reimbursement/Assistance</td>
<td>After 90 days of service**</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>• Bridge to your Dreams Nursing Program</td>
<td>After 6 months of service** (selection criteria apply)</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>• Redwood Scholars</td>
<td>After 1 year of service** (selection criteria apply)</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

*See page 3 to determine your benefits start date. **Based on hire date with acquired company.
Enrolling in Your Benefits

**Acquired Teammates**
Go to digital.alight.com/DaVita
1. Click “Are you a New User?”
2. Complete requested personal information.
3. Create a username and password and set up security questions. People Services will let you know when you can log in and make benefit elections.

**All Other Teammates**
Go to DaVitaRewards.com
- Log in with your DaVita username and password.
- You can make your benefit elections immediately following your hire date.
- Benefits will be effective on the first of the month following, or coinciding with, one month of continuous employment.

If you cannot log in, contact the Benefits Support Team at 1-855-614-0188.

In addition to making benefit elections on DaVitaRewards.com, you can:
- Access Vitality Points
- Access personalized callout messages relevant to your health
- Visit the Village Market Place for great discounts
- Access your account to see your 401(k) balance and deferral rate
- Access Family Resources
- Grant your spouse/domestic partner access to his/her DaVita benefits
- View your current PTO balance, access your paycheck and explore your DaVita Rewards statement
- Print your benefit summary
- View your HSA balance and access your account
- Contribute to Village Programs
Making Changes During the Year

Elections for Medical, Dental, Vision, Supplemental Short-Term Disability, Long-Term Disability, Life, Accidental Death and Dismemberment, Flexible Spending Accounts and the Legal Plan chosen during enrollment remain in effect for the entire calendar year.

The only time you can make changes to these benefit elections during the year is if you have a qualified life event which would impact eligibility, such as:

- Birth or adoption of a child
- Change in a child's dependent status
- Change in dependent care needs
- Death of your spouse/domestic partner or dependent child
- Employment or benefit status change for you or your spouse/domestic partner
- Leave of absence
- Marriage or divorce (or change in domestic partner status)
- Relocating out of a regional plan area

Any time after you have a qualified life event change that may affect your benefits, go to DaVitaRewards.com to make the appropriate benefit changes.

**Benefit changes become effective on the date of the life event, if reported within 31 days of the event.** In most cases, benefit deduction changes are effective in the pay period containing the new benefits effective date. As a result, retroactive benefit deductions may be applied depending on when the status change is processed.

**Elections for Health Savings Account (HSA) payroll contributions and charitable donations may be started, stopped or changed at any time during the year.** Visit the Life & Work Changes tab on the DaVita Rewards site for more details. DaVita does not make any additional contributions to, or withdrawals from, your HSA as a result of a status change. Critical Illness, Accident, Hospital Care and Identity Theft coverage can be dropped at any time during the year.

All changes must be completed online within 31 days after the qualified life event and must be consistent with the nature of the event.

Always check with the Benefits Support Team at 1-855-614-0188 if you have any questions about a qualified life event.

**Continued...**
Have a life event? Start here.

Go to DaVitaRewards.com within 31 days after the change event.

2. Choose the event that corresponds with your situation.
3. Make sure to add/drop all applicable dependents before closing your browser window.
4. Review the summary for accuracy.
5. Review/update your beneficiaries.
6. Confirm your benefit deductions for the pay period, including your effective date.

Teammates are responsible for contributions beginning with their benefits effective date.

If you go on a leave of absence, you will be billed directly and monthly in advance for your benefit premiums beginning with the first pay period after your leave starts.

IMPORTANT

Do not wait for the Social Security card to arrive before enrolling your newborn or a spouse if coming from another country. You can add the Social Security number at a later date.
DaVita Supports Your Health

DaVita’s comprehensive well-being program is designed to:

- Help teammates and their families achieve a sense of well-being in every aspect of their lives; and
- Introduce tools and resources to assist teammates and their families in living a healthy, balanced life.

Vitality Points

Vitality Points is a voluntary health incentive program for teammates and spouses/domestic partners enrolled in a DaVita medical plan. Take action annually to save up to $800 per person on the following year’s medical insurance premiums.

How it works

Each year DaVita sets health insurance premiums for our medical plans. To qualify for the lowest premium we ask teammates, and their spouses/domestic partners covered under a DaVita medical plan, to complete healthy actions.

When teammates and spouses/domestic partners complete their healthy actions, they earn Vitality Points. When all Vitality Points are earned, the teammate and spouse/domestic partner will get an $800 credit towards health insurance premiums for the following year. Vitality Points credit is reflected on paychecks as a separate credit.

Vitality Points eligibility is based on your previous DaVita health plan participation and benefits start date in a DaVita medical plan.

- If your benefits start date is on Sept. 1 or before, completion of a Vitality Screening will be necessary to earn all of your Vitality Points for the following year.
- If your benefits start date is after Sept. 1, you will automatically earn all of your Vitality Points for the following year.

For more information on Vitality Points and healthy actions, visit the Vitality Points tile on DaVitaRewards.com.

Continued...
Cigna Wellness Team

Sometimes asking for help or knowing where to start can be difficult. That’s why DaVita has partnered with Cigna to create a dedicated team that includes health educators, nurses, exercise physiologists, dietitians, EAP counselors and Wellness Coaches. All DaVita teammates have access to Wellness Coaches.

One-on-one coaching

Cigna Wellness Coaches are Cigna representatives who have access to your Vitality Screening results. Whether your goal is to lose weight, quit tobacco or lower stress levels, you have the power to make it happen. Cigna Lifestyle Management Programs can help at no additional cost to you. You don’t have to be a Cigna plan member to be eligible. Each program is easy to use and available where and when you need it. And you can use each program online, over the phone or both.

Confidentiality is important. We comply with all HIPAA guidelines that guarantee the privacy of your Protected Health Information.

Why is Cigna calling me?

If your Vitality Screening results indicate a health risk, you may receive a call from a Cigna Wellness Coach.

<table>
<thead>
<tr>
<th>Triggers could include:</th>
<th>Cigna participants can receive additional coaching for:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• High cholesterol</td>
<td>• Chronic conditions</td>
</tr>
<tr>
<td>• High blood sugar</td>
<td>• Inpatient care</td>
</tr>
<tr>
<td>• High blood pressure</td>
<td>• Tobacco cessation</td>
</tr>
<tr>
<td>• High body mass index</td>
<td>• Weight management</td>
</tr>
<tr>
<td></td>
<td>• Care gaps such as:</td>
</tr>
<tr>
<td></td>
<td>- A missed preventive screening</td>
</tr>
<tr>
<td></td>
<td>- Potential for adverse effects with specific medication combinations or drug dosage error</td>
</tr>
<tr>
<td></td>
<td>- Doctor-submitted medical claims or referrals from other programs indicating you could benefit from working with a Vitality Coach</td>
</tr>
</tbody>
</table>

We Are Well Award

The We Are Well Award recognizes teammates each year who are improving their health and life alignment. Winners receive free teammate-only health insurance premiums for coverage under a DaVita medical plan for one year. Winning teammates will be chosen by a committee.

Who can win?

Any DaVita teammate who:

• Is participating in a medical plan in the new year; and
• Remains a teammate (premiums will not be paid out if the teammate leaves DaVita).

What qualifies as a We Are Well story?

A personal story about striving to live a healthy life. Examples include:

• New and/or lasting commitments to health or finances
• Overcoming unhealthy habits
• Actions you took to improve your life alignment
• Motivating someone else to live a healthy life

Go to VillageWeb and search "We Are Well" to learn more.

Call a Wellness Coach:

1-855-BE-WELL-1 (1-855-239-3551)
Medical Plan Options

Cigna is DaVita’s national provider. All Cigna options are Preferred Provider Organizations, more commonly known as PPO plans. They offer the flexibility of seeing providers both in and out of the Cigna Open Access Plus network. However, you will receive a greater benefit when you use an in-network provider. Some areas may also have access to a smaller, high-quality network of providers called Local Plus. Teammates who participate in this network pay lower premiums.

Because no one plan can cover everyone, DaVita offers regional plans in some areas. When you enroll online, you will see which plans are available to you based on your home zip code.

Available Options

High-Deductible Health Plan (HDHP) with Health Savings Account (HSA)
This plan offers the lowest bi-weekly premiums by using a higher deductible. It uses coinsurance and an out-of-pocket maximum that are the same as the other Cigna plans. DaVita helps offset the deductible by contributing money to an HSA on your behalf. Contributions by DaVita to your HSA are only available to eligible teammates enrolling in the HDHP.

Cigna PPO Basic
This is the Cigna plan with the highest bi-weekly premiums and lowest deductible. Like the Cigna PPO Mid, preventive care is covered at 100%, and you’ll pay only a copay for primary care ($25) and specialty care ($40) visits. Copays apply to only in-office services and do not apply to your deductible. You must meet a deductible before the plan pays for any other services, then the plan has coinsurance and out-of-pocket maximums (see page 17 for details).

Cigna PPO Mid
The premiums and deductible are more moderate than the other Cigna plans. Preventive care is covered at 100%, and you’ll pay only a copay for primary care ($25) and specialty care ($40) visits. Copays apply to only in-office services and do not apply to your deductible. You must meet a deductible before the plan pays for any other services, then the plan has coinsurance and out-of-pocket maximums (see page 17 for details).

Regional Plans (Kaiser, Kaiser Washington, BCBS AL, Empire BCBS)
Depending on where you live, you may have access to a regional plan. For Kaiser and Empire BCBS EPO, only visits to providers within the network are covered. All visits, prescriptions, referrals and other care must be approved by the plan in order to be covered. BCBS AL is a PPO plan and provides coverage for out-of-network providers.

Hospital Care Plan
Available to all teammates, this plan pays cash benefits for hospitalizations overnight admission for a covered injury or illness. Teammates earning up to $50,000 and enrolled in a Cigna plan will receive this coverage at no cost and will automatically cover the same dependents as medical coverage. All other teammates can buy this coverage on a voluntary basis when first eligible, during Open Enrollment or after a qualifying life event.

Continued...
How Does a PPO Work?

For in-network eligible services:

1. Before most benefits are paid by the plan, you must meet your deductible (unless coverage is mandated by the Affordable Care Act); this is the annual amount you pay before most benefits can be paid by the plan. Each of DaVita’s PPO plans has a different deductible amount.

   **Note:** With the Cigna PPO Basic and Mid plans, you will pay only a copay for primary care ($25) and specialty care visits ($40)—meeting the deductible first is not required. Copays apply to only in-office services and do not apply to your deductible.

2. Once you’ve met your deductible, benefits kick in and you pay coinsurance; you are responsible for 20% of your bill, and the insurance company pays the remaining 80%. All of DaVita’s Cigna plans have the same coinsurance.

3. After you meet the out-of-pocket maximum, the plan will pay 100% of your expenses. The out-of-pocket maximum is in place to protect you from catastrophic medical expenses by limiting the amount you will pay in any plan year. Copays will apply to your out-of-pocket maximum.

**DaVita’s PPO plans**

DaVita’s PPO plans provide coverage for out-of-network providers as well. However, if you choose to use out-of-network providers, your deductible, coinsurance and out-of-pocket maximum will be higher, and copays do not apply. In some instances, certain services performed by out-of-network providers will not be covered at all. Details about out-of-network coverage can be found at DaVitaRewards.com.
How the HDHP Works

The Cigna HDHP, coupled with an interest-bearing Health Savings Account (HSA), gives you a medical plan that provides you more control over how your health care dollars are spent. For more information, review the Key Points About Health Savings Accounts found on DaVitaRewards.com under Health & Insurance > Learn About.

The HDHP works like any other PPO, with a deductible, coinsurance and out-of-pocket maximum. What sets this plan apart is the HSA.

Benefits of the HSA

- DaVita contributes money on your behalf. You may be eligible to receive an annual, up-front contribution of $600, $900 or $1,200 based on your coverage tier. This amount is prorated based on your benefits start date.
- You have the option of contributing your own money, up to the IRS limit, through pre-tax payroll deductions.
- After you open your account, you will receive a welcome kit and a debit card that can be used to pay for eligible expenses.
- Unused amounts automatically roll over for use in future years and go with you should you leave the Village.
- Contributions are securely held in trust for your use and can grow through simple interest or be transferred to an HSA investment account once your account reaches $1,000.
- Money in your HSA can be used for all the same expenses as a Health Care Flexible Spending Account (FSA). It can also be used for these additional expenses:
  - Individual long-term care
  - COBRA insurance coverage
  - Health plan coverage while receiving unemployment insurance and, if you're 65 or older, any health insurance except Medicare supplemental policy
- You can elect to have your expenses automatically paid directly from your HSA to your health care providers after your claims are processed.
- You can increase, decrease or drop your payroll deductions at any time during the year by going to DaVitaRewards.com and selecting the “Change Your HSA Contribution” tile on the home page.

Not sure where to start?
DaVitaRewards.com offers tools to help you figure it out. Closed captioning in English, Spanish and Tagalog is available on the MyBeneFIT Quiz.

MyBeneFIT Quiz*
Answer a few short questions for a medical plan recommendation.

Medical Expense Estimator
Compare up to three medical plans, and forecast future expenses.

*If you’re enrolled in Kaiser, BCBS Alabama or Empire BCBS EPO, take the MyBeneFIT Quiz for a recommendation.

Over 300 free generic preventive medications for Cigna PPO Mid and HDHP with HSA participants.
HSA limitations:

- You are NOT eligible to contribute, or receive contributions on your behalf, if you are enrolled in any coverage that is not a High-Deductible Health Plan (HDHP), for example, a spouse’s non-HDHP plan, Medicare, or if you can be claimed as another person’s tax dependent.

- Funds cannot be used for expenses incurred before your HSA was opened.

- Due to IRS regulations, funds cannot be used for a domestic partner or domestic partner’s children (unless they otherwise meet the definition of dependent under IRS guidance). As a result, DaVita will not make a contribution for these dependents.

- If you are eligible to contribute to an HSA and you have elected to participate in the Health Care FSA, your FSA money is limited to use for dental and vision expenses until your medical deductible has been met.

Medicare-Eligible Teammates:

Participation in any type of Medicare plan makes you ineligible to contribute or receive contributions to an HSA; however, you can continue to use your HSA for qualified medical expenses tax-free and penalty-free for as long as you have funds in your HSA. At age 65, withdrawals made for other purposes are allowable and may be subject to income tax.

DaVita contributes to your HSA:

DaVita’s contribution will generally be made around the 15th of the month in which your benefits start.

- Teammate Only: $600
- Teammate + Spouse: $900
- Teammate + Child(ren): $900
- Family: $1,200
**Teammate 2020 Medical Premiums**

Medical premiums will vary on Vitality Points earned in 2019. The table below displays the range of rates. The lowest rate represents 800 Vitality Points earned, and the highest rate represents 0 Vitality Points earned in 2019.

**All premiums are bi-weekly**

<table>
<thead>
<tr>
<th>Health</th>
<th>Full-Time (per pay period)</th>
<th>Plan Features</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigna High-Deductible Health Plan (HDHP)</td>
<td></td>
<td>• Free preventive generic Rx*</td>
</tr>
<tr>
<td>with Health Savings Account (HSA)</td>
<td></td>
<td>• HSA automatically funded by DaVita</td>
</tr>
<tr>
<td></td>
<td>$39.78 – $70.55</td>
<td>• Accident, Critical Illness, and Hospital Care Plan coverage available</td>
</tr>
<tr>
<td></td>
<td>$102.47 – $164.01</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$101.54 – $132.31</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$152.67 – $214.21</td>
<td></td>
</tr>
<tr>
<td>Cigna PPO Mid</td>
<td>$48.42 – $79.19</td>
<td>• Free preventive generic Rx*</td>
</tr>
<tr>
<td></td>
<td>$109.41 – $170.94</td>
<td>• Copays for primary and specialty care visits</td>
</tr>
<tr>
<td></td>
<td>$107.60 – $138.37</td>
<td>• Accident, Critical Illness, and Hospital Care Plan coverage available</td>
</tr>
<tr>
<td></td>
<td>$164.32 – $225.86</td>
<td></td>
</tr>
<tr>
<td>Cigna PPO Basic</td>
<td>$87.99 – $118.76</td>
<td>• Highest premium, lowest deductible</td>
</tr>
<tr>
<td></td>
<td>$199.23 – $260.77</td>
<td>• Copays for primary and specialty care visits</td>
</tr>
<tr>
<td></td>
<td>$195.18 – $225.95</td>
<td>• Accident, Critical Illness, and Hospital Care Plan coverage available</td>
</tr>
<tr>
<td></td>
<td>$312.90 – $374.44</td>
<td></td>
</tr>
<tr>
<td>Kaiser</td>
<td>$87.92 – $118.69</td>
<td>• Regional plans available only in certain states</td>
</tr>
<tr>
<td></td>
<td>$199.56 – $261.10</td>
<td>• Accident, Critical Illness, and Hospital Care Plan coverage available</td>
</tr>
<tr>
<td></td>
<td>$194.61 – $225.38</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$314.12 – $375.66</td>
<td></td>
</tr>
<tr>
<td>BCBS of Alabama</td>
<td>$87.92 – $118.69</td>
<td>• Available in Alabama only</td>
</tr>
<tr>
<td></td>
<td>$199.56 – $261.10</td>
<td>• Accident, Critical Illness, and Hospital Care Plan coverage available</td>
</tr>
<tr>
<td></td>
<td>$194.61 – $225.38</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$314.12 – $375.66</td>
<td></td>
</tr>
<tr>
<td>Empire Blue Cross EPO</td>
<td>$113.68 – $144.45</td>
<td>• Available in some New York counties</td>
</tr>
<tr>
<td></td>
<td>$250.75 – $312.29</td>
<td>• Accident, Critical Illness, and Hospital Care Plan coverage available</td>
</tr>
<tr>
<td></td>
<td>$245.48 – $276.25</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$391.64 – $453.18</td>
<td></td>
</tr>
</tbody>
</table>

*Preventive generic medications are subject to Cigna's approved generic drug list, which is subject to change and may not include all preventive medications. Please refer to the plan's prescription drug list for a complete and up-to-date drug listing.

**Hospital Care Plan Coverage**

Being admitted to the hospital can be stressful. Even with medical coverage, you may still be responsible for out-of-pockets costs. Hospital Care Plan coverage can help you manage your expenses by sending you a check to cover a portion of your out-of-pocket expenses. There are no copays, deductibles, coinsurance or network requirements. Teammates earning up to $50,000 and enrolled in a Cigna plan will receive this coverage at no cost and will be automatically enrolled at the same coverage tier as medical. All other teammates can buy this coverage on a voluntary basis.
2020 Cigna National In-Network Medical Plan Comparison

This chart reflects the plans’ responsibility for in-network coverage only. Out-of-network and detailed benefits information are available under the “Summary of Benefits & Plan Documents” tile on DaVitaRewards.com. Deductibles do not carry over to the next plan year and are not prorated based on effective date.

<table>
<thead>
<tr>
<th>In-Network* Coverage</th>
<th>HDHP with Health Savings Account (HSA)</th>
<th>PPO Mid</th>
<th>PPO Basic</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>Individual: $2,100</td>
<td>Individual: $1,400</td>
<td>Individual: $750</td>
</tr>
<tr>
<td></td>
<td>Family: $4,200 (not to exceed $2,800 per family member)</td>
<td>Family: $2,800 (not to exceed $1,400 per family member)</td>
<td>Family: $1,500 (not to exceed $750 per family member)</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>Individual: $5,200</td>
<td>Individual: $4,300</td>
<td>Individual: $4,200</td>
</tr>
<tr>
<td></td>
<td>Family: $10,400</td>
<td>Family: $8,600</td>
<td>Family: $8,400</td>
</tr>
<tr>
<td><strong>DaVita HSA Contribution</strong></td>
<td>Teammate only: $600</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td></td>
<td>Teammate plus spouse: $900</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td></td>
<td>Teammate plus child(ren): $900</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td></td>
<td>Teammate plus family: $1,200</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td><strong>Preventive Care</strong></td>
<td>Plan pays 100%</td>
<td>Plan pays 100%</td>
<td>Plan pays 100%</td>
</tr>
<tr>
<td><strong>Office Visits</strong></td>
<td>Plan pays 80% after deductible</td>
<td>PCP: You pay $25</td>
<td>PCP: You pay $25</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Specialist: You pay $40</td>
<td>Specialist: You pay $40</td>
</tr>
<tr>
<td><strong>In/Outpatient</strong></td>
<td>Plan pays 80% after deductible</td>
<td>Plan pays 80% after deductible</td>
<td>Plan pays 80% after deductible</td>
</tr>
</tbody>
</table>

*View detailed benefits information, including out-of-network coverage, at DaVitaRewards.com.

You may be eligible to save 25% with LocalPlus

In addition to the plans detailed above, you may be eligible to choose from one of the following:
- Basic PPO LocalPlus
- PPO Mid LocalPlus
- HDHP with HSA LocalPlus

With a LocalPlus plan, you’ll use a specific, smaller network of high-quality doctors, specialists and hospitals with the same benefits coverage as the HDHP and PPO plans, including preventive care services covered at 100%.

Use the Find a Doctor tool on DaVitaRewards.com to find out if your provider participates in LocalPlus. If your provider is not listed, find a new provider in the LocalPlus network if you want to save 25% on medical plan premiums.
Pharmacy Program

Cigna plans have a three-tiered formulary that covers generic, preferred and non-preferred name-brand medications.

<table>
<thead>
<tr>
<th>Prescription Drug Benefits</th>
<th>HDHP with HSA</th>
<th>PPO Mid</th>
<th>PPO Basic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic (30-day supply)</td>
<td>20% after deductible for all drugs.</td>
<td>$10</td>
<td>$10</td>
</tr>
<tr>
<td>Preferred (30-day supply)</td>
<td>20% after deductible for all drugs.</td>
<td>35% up to $120/Rx max</td>
<td>35% up to $120/Rx max</td>
</tr>
<tr>
<td>Non-preferred (30-day supply)</td>
<td>20% after deductible for all drugs.</td>
<td>55% (up to $180/Rx max)</td>
<td>55% (up to $180/Rx max)</td>
</tr>
<tr>
<td>Mail Order Generic (90-day supply)</td>
<td>20% after deductible for all drugs.</td>
<td>$15</td>
<td>$15</td>
</tr>
<tr>
<td>Mail Order Preferred (90-day supply)</td>
<td>20% after deductible for all drugs.</td>
<td>35% (up to $300/Rx max)</td>
<td>35% (up to $300/Rx max)</td>
</tr>
<tr>
<td>Mail Order Non-Preferred (90-day supply)</td>
<td>20% after deductible for all drugs.</td>
<td>55% (up to $450/Rx max)</td>
<td>55% (up to $450/Rx max)</td>
</tr>
</tbody>
</table>

Step Therapy is a prior authorization program to ensure that teammates are being treated with therapeutically appropriate medications that are also the most cost-effective. If you fill a prescription that has a more cost-effective and therapeutic equivalent, you and your provider will receive a letter explaining one of two options for your next fill:

1. Try a lower-cost alternative; or
2. Have your provider request authorization from Cigna to continue on your current medication due to medical necessity.

Teammates can see if their prescription is included in the Step Therapy program by visiting cigna.com. Click on the Prescription Drug List and enter the name of your medication. An “ST” designation will appear if your medication is included.

Preferred Lab Savings

Use a preferred lab, including those ordered in your office visit, and pay less. Quest and LabCorp are preferred labs.

Tiered Lab Benefit For Cigna Medical Plans

<table>
<thead>
<tr>
<th></th>
<th>Tier 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>80%</td>
<td>at preferred labs</td>
</tr>
<tr>
<td>60%</td>
<td>at other in-network labs</td>
</tr>
<tr>
<td>50%</td>
<td>at out-of-network labs</td>
</tr>
</tbody>
</table>

Support with Your Medications

CoachRx helps you stick with your medication plan. That means better results for you!

CoachRx can help you with:
- Interactions
- Side effects
- Other options

Continued...
How do I fill my prescriptions?

Fewer than four fills:
Teammates should use a Cigna-contracted retail pharmacy for any prescriptions that are needed for a short period of time, like antibiotics, or medications for an acute condition. Contracted pharmacies can be found at cigna.com.

Four or more fills:
The Cigna 90 Now program allows you to fill your 90-day maintenance medications at select retail pharmacies or Cigna Home Delivery Pharmacy℠. Maintenance medications are typically prescribed for continuing periods, for a chronic condition or one that may take a long time to stabilize. To find a network pharmacy near you, visit cigna.com/rx90network.*

Mail order fills and refills
Call 1-800-TEL-DRUG (1-800-835-3784), and select option 4. You can order new prescriptions, refill existing prescriptions or transfer prescriptions by using mycigna.com. You can also use the Prescription Drug Price Quote tool on mycigna.com to find out the cost of your medication and other similar medications.

*Teammates enrolled in a Cigna Out-of-Area (OOA) plan are not eligible.

Free Prescriptions for Treatment of Chronic Conditions
There are over 300 free preventive prescriptions for chronic conditions such as:

- Arthritis
- Heart disease
- High cholesterol
- Asthma
- High blood pressure
- Osteoporosis
- Diabetes

Find the list of free medications at DaVitaRewards.com. Go to Summary of Benefits & Plan Documents > Summary Plan Descriptions (SPD) & Other Benefit Information > Medical > Rx Information > Preventive Generics Drug List.
Specialty Medications

When you have a chronic or difficult health condition, like multiple sclerosis or rheumatoid arthritis, you may need specialty drugs.

Here's what you need to know about these medications under the Cigna plans:

- You'll be allowed one fill of your specialty medication at your retail pharmacy. Refills of this prescription at a retail pharmacy won't be covered, and you'll have to pay the full price of the medication.

- To avoid paying the full price of the medication, you'll need to refill your specialty prescription through Cigna Specialty Pharmacy Services.

- Because specialty medications can change often, you'll only be able to fill a 30-day supply. The cost of a 30 day-supply of medication filled through Cigna Specialty Pharmacy Services will be the same as the cost you're used to paying at a retail pharmacy.

Exclusions

There is no coverage for prescriptions filled at out-of-network pharmacies. If you choose to fill a prescription at an out-of-network pharmacy, you will be responsible for 100% of the cost. In-network pharmacies can be found at cigna.com. Over-the-counter medications, such as proton pump inhibitors and oral allergy medications, are not covered.

Cigna Specialty Pharmacy Services wants to make it as easy for you as possible.

Call 1-800-351-3606 to get help transferring your prescription. Ask questions and get advice from experienced pharmacists. Call 1-800-BE-WELL-1.
### Regional Medical Plans

Summary Plan Descriptions including more plan details can be found at DaVitaRewards.com under Health & Insurance > Summary of Benefits and Coverage > Medical.

<table>
<thead>
<tr>
<th></th>
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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>$450</td>
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<tr>
<td>Family</td>
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<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>$900</td>
</tr>
<tr>
<td><strong>Annual Out-of-Pocket Max</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$1,500</td>
<td>$1,500</td>
<td>$1,500</td>
<td>$1,500</td>
<td>$1,500</td>
<td>$1,500</td>
<td>$1,500</td>
<td>$2,000</td>
<td>$5,080</td>
</tr>
<tr>
<td>Family</td>
<td>$3,000</td>
<td>$3,000</td>
<td>$3,000</td>
<td>$4,500</td>
<td>$3,000</td>
<td>$3,000</td>
<td>$3,000</td>
<td>$4,000</td>
<td>$12,700</td>
</tr>
<tr>
<td><strong>General Services</strong></td>
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<td></td>
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<td></td>
<td></td>
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<td></td>
<td>($35 specialist)</td>
<td>($35 specialist)</td>
<td>($35 specialist)</td>
<td>($20 specialist)</td>
<td>($35 specialist)</td>
<td>($35 specialist)</td>
<td>($35 specialist)</td>
<td>80% after deductible</td>
<td></td>
</tr>
<tr>
<td>Mammography/Preventive</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Hospitalization</td>
<td>No charge after</td>
<td>No charge after</td>
<td>No charge after</td>
<td>90% covered</td>
<td>No charge after</td>
<td>No charge after</td>
<td>No charge after</td>
<td>80% after deductible</td>
<td>$500/$1,250 per admission/maximum per calendar year</td>
</tr>
<tr>
<td></td>
<td>$500 copay per admission</td>
<td>$500 copay per admission</td>
<td>$500 copay per admission</td>
<td></td>
<td>$500 copay per admission</td>
<td>$500 copay per admission</td>
<td>$500 copay per admission</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Services</td>
<td>$250 copay</td>
<td>$250 copay</td>
<td>$250 copay</td>
<td>$100 copay</td>
<td>$250 copay</td>
<td>$250 copay</td>
<td>$250 copay</td>
<td>80% after deductible</td>
<td>$100 copay (waived if admitted)</td>
</tr>
<tr>
<td></td>
<td>(waived if admitted)</td>
<td>(waived if admitted)</td>
<td>(waived if admitted)</td>
<td></td>
<td>(waived if admitted)</td>
<td>(waived if admitted)</td>
<td>(waived if admitted)</td>
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</tbody>
</table>

Continued...
# Prescription Drug Benefits

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic/Brand/Non-Preferred Brand (30-day supply)</td>
<td>$15/$30/NA at Kaiser pharmacies</td>
<td>$15/$30/30 at Kaiser pharmacies</td>
<td>$15/$30/NA at Kaiser pharmacies, $15/$30/NA at network pharmacy</td>
<td>$10/$35/$35 when medically necessary</td>
<td>$15/$30/NA at Kaiser pharmacies, $16/$32/NA at network pharmacy</td>
<td>$15/$30 up to 30-day supply at Kaiser pharmacies</td>
<td>$5/$35/$50</td>
<td>$10/$35/$70</td>
<td></td>
</tr>
<tr>
<td>Mail Order 90-day</td>
<td>$20/$40</td>
<td>$20/$40/$40 for each 100-day supply</td>
<td>$15/$30/NA</td>
<td>$35</td>
<td>$20/$40/NA</td>
<td>$20/$40</td>
<td>$20/$40</td>
<td>$10/$70/$100</td>
<td>$20/$70/$140</td>
</tr>
</tbody>
</table>

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## Paladina

**Colorado, Florida, Kentucky, Ohio, New Jersey, North Carolina, South Carolina, Texas, Washington & Wisconsin Teammates**

Paladina Health is in your area to provide you convenient, high-quality, low-cost health care.

Call Paladina Member Services at **1-866-808-6005** for participating locations and enrollment information.
Flexible Spending Accounts

Contributing to a Flexible Spending Account (FSA) allows you to pay for certain out-of-pocket health care and dependent care expenses with tax-free dollars. You can choose to contribute to the Health Care Spending Account, the Dependent Care Spending Account, or both through pre-tax payroll deduction. Participation is voluntary. Enrollment is for the entire calendar year and cannot be changed unless you have a qualifying life event.

Use It or Lose It

Plan your contributions to the spending accounts carefully, and deposit only the money you expect to use. You may carry over up to $500 of unused health care account contributions into the next plan year. Any unused balance in your dependent care account is forfeited at the end of each calendar year.

Health Care Flexible Spending Account

You may use this account to pay for:

- Deductibles, coinsurance and copayments for the medical, dental and vision plans
- Prescription drug copayments for both retail and mail order fills
- Over-the-counter drugs for which you have a prescription
- Expenses for eye exams, glasses and contacts in excess of eligible vision plan benefits
- Hearing exams and hearing aids
- Orthodontic services not covered by dental plan benefits
- Expenses that exceed medical or dental plan limits

Your Health Care Flexible Spending Account options

Contribute pre-tax dollars up to the IRS limits per plan year or waive participation

When you have a qualified expense, file for reimbursement from Your Spending Account (YSA) by submitting your receipt and a claim form. You can also pay for qualified health care expenses with your FSA debit card. No tax is paid on the money deposited or withdrawn from the account(s).

Manage your account at DaVitaRewards.com > Other Benefits > Save With Spending Accounts > Your Spending Account > Manage Your Account to check eligible expenses.

Take Note

If you choose the HDHP with HSA for your medical plan coverage and you also elect a Health Care FSA, that FSA account will be limited to use for dental and vision expenses until your HDHP deductible is met. Most expenses that are eligible for reimbursement through a Health Care FSA are also eligible through your HSA.

Continued...
Dependent Care Spending Account
You may use this account to pay for:

- Child (under 13 years old) or adult day care that complies with state and local regulations
- Babysitting during the day, either inside or outside your home
- Housekeeper whose duties include dependent care
- Preschool
- Day camp
- Care for an elderly or disabled dependent who spends at least eight hours each day in your home
- A relative who cares for dependents if the relative is age 19 or older and not your dependent for income tax purposes

Your Dependent Care Flexible Spending Account options
Contribute pre-tax dollars up to the IRS limits per plan year or waive participation

When you incur an eligible dependent care expense, you can file a claim via YSA. If you have paid for future services, they will be eligible for reimbursement once services have been provided.

Contribution limitations may apply based on compliance with IRS regulations.

Participants can submit claims for eligible plan year expenses incurred after they leave the Village.

Back-up care, administered by Bright Horizons, will help you locate back-up care when your regular care arrangements fall through. See Family Resources on page 39.

The IRS has established limits around the amount of dependent care, including back-up care, and education assistance benefits that employers can provide without including them in taxable wages. If the benefit you receive exceeds the IRS limit, the excess value must be added to your wages as taxable income. The taxable amount would be added to your wages as imputed income in the earnings section of your pay slip.

Continued...
## Consumer-Driven Accounts At-A-Glance

<table>
<thead>
<tr>
<th>Consumer Account</th>
<th>HSA</th>
<th>FSA Health Care &amp; Dependent Care</th>
<th>Limited-Purpose Health Care FSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reimbursement</td>
<td>You can use your HSA debit card or checks to pay for qualified expenses</td>
<td>You must submit receipts for eligible expenses incurred in 2019 by March 31, 2020</td>
<td>You must submit receipts for eligible expenses incurred in 2019 by March 31, 2020</td>
</tr>
</tbody>
</table>
| Examples of Eligible Expenses | • Medical plan deductible  
• Certain over-the-counter drugs that you have a prescription for  
• Out-of-pocket expenses for dental and vision care | Health care  
• Medical deductible  
• Dental and vision costs  
• Dependent day care  
• Child or adult day care  
• Day camp | Out-of-pocket expenses for dental and vision care |
| DaVita Funding*           | TM Only: $600  
TM + Spouse: $900  
TM + Child(ren): $900  
Family: $1,200  
(Note: Combined employer and teammate contributions cannot exceed IRS 2020 limits.) DaVita's contribution will generally be made the third Thursday of the month following your benefits start date. | N/A | N/A |
| Annual IRS Contribution Limit | The maximum annual contributions allowed by the IRS for 2020 are:  
$3,550 Teammate/$7,100 Family | $2,750  
Health Care Flexible Spending Account  
$5,000 Dependent Care Spending Account | $2,750 |
| Catch-Up Contribution     | If you will be 55 or older in 2020, you can contribute $1,000 above the IRS maximum. | N/A | N/A |
| Roll Over to Next Year    | At the end of the year, leftover amounts will roll over. | *Use it or lose it* rule applies to unreimbursed contributions over $500 for health care only. | *Use it or lose it* rule applies to unreimbursed contributions over $500. |
| Portability               | If you leave DaVita, your account balance will go with you. | Coverage can continue for health care only, if COBRA elected and paid. If COBRA not elected, eligible health care expenses must be incurred prior to leaving DaVita; eligible dependent care expenses can be incurred after leaving but in the plan year. | Coverage can continue if COBRA elected and paid. If COBRA not elected, eligible health care expenses must be incurred prior to leaving DaVita, |

*DaVita funding prorated based on benefits start date with DaVita.
Dental Plan Options

The dental plan options provide complete dental care services for yourself and your family, under two different types of plans. While three plans are offered, not all may be available in your area. When enrolling, only plans based on your home zip code will be displayed.

Cigna DPO

This plan gives you the option of going to an in-network or out-of-network provider; however, if you go to an in-network provider, you will have a lower deductible and higher level of coverage. There is no ID card issued for this plan, but you can print one from mycigna.com or access it on your mobile device with the myCigna app.

DMO (Cigna or Aetna)

You must designate a primary care dentist by calling Cigna or Aetna directly. Your primary care dentist must be designated prior to receiving services in order for the visit to be covered. All visits to a specialist must have a referral. You must seek services from an in-network dentist in order to receive benefits.

<table>
<thead>
<tr>
<th>Dental</th>
<th>Full-Time &amp; Part-Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TM Only</td>
</tr>
<tr>
<td>AETNA</td>
<td>$9.92</td>
</tr>
<tr>
<td>CIGNA DMO</td>
<td>$10.15</td>
</tr>
<tr>
<td>CIGNA DPO</td>
<td>$16.69</td>
</tr>
</tbody>
</table>

Work In Progress?

If you are already receiving orthodontia or other ongoing dental care and are considering new coverage under a DaVita dental plan, contact Aetna or Cigna for details about your new benefit coverages.

Deductibles do not carry over to the next plan year and are not prorated based on effective date.

For a list of dentists who participate in the Cigna DMO or DPO networks, go to the Cigna provider directory at cigna.com or call 1-855-239-3551. The Aetna DMO provider directory is located at aetna.com or at 1-877-238-6200.
## Comparing Dental Plans

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Aetna DMO Plan</th>
<th>Cigna DMO Plan (Patient Copay Schedule)</th>
<th>Cigna DPO Plan In-Network</th>
<th>Cigna DPO Plan Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar Year Deductible</td>
<td>None</td>
<td>None</td>
<td>$50 Individual</td>
<td>$75 Individual</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$150 Family</td>
<td>$225 Family</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Waived for preventive</td>
<td>Waived for preventive</td>
</tr>
<tr>
<td>Preventive Services</td>
<td>100%</td>
<td>Copay schedule available through the carrier.</td>
<td>100%</td>
<td>80%</td>
</tr>
<tr>
<td>Basic Services</td>
<td>80%</td>
<td>Copay schedule available through the carrier.</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>Major Services</td>
<td>60%</td>
<td>Copay schedule available through the carrier.</td>
<td>50% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Calendar Year Maximum</td>
<td>None</td>
<td>None</td>
<td>$1,500</td>
<td>$1,500</td>
</tr>
<tr>
<td>Lifetime Orthodontic Maximum</td>
<td>None</td>
<td>None</td>
<td>$1,500 per member</td>
<td>$1,500 per member</td>
</tr>
</tbody>
</table>

**Orthodontics:** (24-month treatment fee, pre-ortho visit, retention, report and banding fees)

<table>
<thead>
<tr>
<th>Type</th>
<th>Child</th>
<th>Adult (age 19 and over)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Adult (age 19 and over)</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Stainless steel crowns</td>
<td>80%</td>
<td>60%</td>
</tr>
</tbody>
</table>

**Preventive and Diagnostic:**

<table>
<thead>
<tr>
<th>Type</th>
<th>Aetna DMO Plan</th>
<th>Cigna DMO Plan</th>
<th>Cigna DPO Plan In-Network</th>
<th>Cigna DPO Plan Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prophylaxis</td>
<td>100%</td>
<td>$0</td>
<td>100%</td>
<td>80%</td>
</tr>
<tr>
<td>Topical fluoride (child)</td>
<td>100%</td>
<td>$0</td>
<td>100%</td>
<td>80%</td>
</tr>
</tbody>
</table>

**Restorative:**

<table>
<thead>
<tr>
<th>Type</th>
<th>Aetna DMO Plan</th>
<th>Cigna DMO Plan</th>
<th>Cigna DPO Plan In-Network</th>
<th>Cigna DPO Plan Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fillings (amalgams and composites)</td>
<td>80%; composite fillings could cost more</td>
<td>$0 to $115</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td>Stainless steel crowns</td>
<td>80%</td>
<td>$105 to $165</td>
<td>80%</td>
<td>60%</td>
</tr>
</tbody>
</table>
# Comparing Dental Plans

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Aetna DMO Plan</th>
<th>Cigna DMO Plan (Patient Copay Schedule)</th>
<th>Cigna DMO Plan In-Network</th>
<th>Cigna DPO Plan Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Oral Surgery:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single extraction</td>
<td>80%</td>
<td>$12</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td>Impaction (partial bony)</td>
<td>60%</td>
<td>$91</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td>Impaction (full bony)</td>
<td>60%</td>
<td>$115</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td><strong>Periodontics:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gingivectomy (per quadrant)</td>
<td>80%</td>
<td>$91 to $180</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td>Scaling/root planning (per quadrant)</td>
<td>80%</td>
<td>$42 to $83</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td>Osseous surgery (per quadrant)</td>
<td>60%</td>
<td>$240 to $400</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td><strong>Endodontics:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Root canal (60% for molar root canals)</td>
<td>80%</td>
<td>$210 to $335</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td><strong>Prosthodontics:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inlays/crowns</td>
<td>60%</td>
<td>$390 to $500</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Complete denture</td>
<td>60%</td>
<td>$625</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Partial denture</td>
<td>60%</td>
<td>$525 to $715</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Denture reline (chair side)</td>
<td>60%</td>
<td>$145</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Denture – broken tooth repair</td>
<td>60%</td>
<td>$81</td>
<td>50%</td>
<td>50%</td>
</tr>
</tbody>
</table>
Vision Plan Options

Vision Service Plan (VSP) provides coverage for eye exams, lenses, frames and contact lenses each calendar year. You may see in-network or out-of-network vision care providers, but will receive greater benefits when staying in-network.

Laser Vision Program

- VSP has contracted with specific laser centers to provide a discounted fee for laser surgery.
- Laser surgery includes PRK, LASIK and custom LASIK. Discounts vary by location, but average 15% off the contracted laser center’s usual and customary price.
- If the laser center is offering a temporary price reduction, VSP members receive 5% off the promotional price.
- If you have had corrective eye surgery, you may use your annual frame allowance to purchase non-prescription sunglasses.

Exclusions

The following materials and services are not covered under the program:

- Orthoptics or vision training
- Non-prescription glasses or contacts
- Two pairs of glasses instead of bifocals
- Replacement of glasses that are lost or broken
- Medical or surgical treatment of the eyes (excluding discounts for laser vision correction)
- Experimental vision services, treatments and materials

For a list of in-network vision care providers, go to the Choice directory at www.vsp.com/choice.
Life and Accidental Death and Dismemberment (AD&D) Insurance

**Basic Life**
- Full-time teammates receive coverage equal to one times annual base salary up to $500,000.
- Eligible part-time teammates receive coverage of 50% of annual base salary up to $250,000.

**Basic AD&D**
- Coverage is identical to Basic Life Insurance amounts. Benefits are paid in addition to Basic Life if you die or are injured in an accident.

**Business Travel Accident Plan**
- Pays benefits for eligible full-time and part-time teammates who get injured or die while traveling for DaVita.

**Voluntary Life and AD&D**

**Teammate Life is available in $10,000 increments up to $1,000,000.**
- Newly eligible teammates can elect up to $300,000 without providing evidence of insurability, during their initial enrollment only.
- Increases of up to $20,000 can be made without providing evidence of insurability (this does not apply to new elections after initial eligibility).
- Any election over $300,000 requires evidence of insurability.
- Age restrictions may apply.

**Spouse/Domestic Partner Life is available in $5,000 increments up to $500,000.**
- The amount of spouse/domestic partner cannot exceed 50% of the teammates’ combined basic and supplemental life.
- During initial enrollment only, teammates can elect up to $150,000 without providing evidence of insurability.
- Enrollments or increases at any other time may be subject to evidence of insurability.
- Age restrictions may apply.

**Child Life is available in the amount of $10,000 or $20,000.**
- Evidence of insurability is not required.

**Voluntary AD&D is available in increments of $25,000 up to the lesser of 10 times your annual base salary or $500,000.**
- Evidence of insurability is not required.
- Age restrictions may apply for teammates.
- Spouses/domestic partners are not eligible for coverage once age 70 is reached.

**Take your coverage with you**
Teammates whose Basic or Voluntary Life coverage ends may be able to continue their coverage through portability. You have the option to convert your life insurance coverage to an individual policy. You have 31 days to apply for portability and conversion from the date your coverage ends.
Disability Coverage

Short-Term Disability
DaVita provides Basic Short-Term Disability (STD) benefits at no cost for all full-time teammates. This benefit provides income protection if you are unable to work due to your own extended, non-work-related illness, injury or pregnancy for more than seven calendar days. This benefit provides income protection for up to 26 weeks with an approved claim. If you become eligible for a Basic STD benefit, you receive 60% of your base pay, to a maximum benefit of $1,000 per week.

You can enhance your Basic STD coverage by electing Supplemental STD coverage that increases your benefit to 75% of your base pay to a maximum benefit of $1,250 per week. Pre-existing conditions apply.

Long-Term Disability
DaVita provides you the opportunity to purchase Basic Long-Term Disability (LTD) benefits. This benefit provides income protection if you are unable to work due to your own extended, non-work-related illness, injury or pregnancy for more than 26 weeks. If you become eligible for a Basic LTD benefit, you receive 50% of your base pay, to a maximum benefit of $10,000 per month. Teammates pay 25% of the cost for this coverage. DaVita pays the rest. You will be auto-enrolled in Basic LTD, and must opt out if you do not want this benefit.

You can enhance your Basic LTD coverage by electing Supplemental LTD coverage that increases your benefit to 60% of your base pay to a maximum benefit of $12,000 per month. Pre-existing conditions apply.

Know Before You Elect
If you live in a state (such as California) which provides a public state disability insurance program, your state-mandated benefit under that program may be in excess of 60% of your wages. If you purchase Supplemental Short-Term Disability benefits through DaVita, the state disability program may “offset” (reduce) any benefit it pays by the amount you receive under the DaVita Supplemental Short-Term Disability Plan. However, there may be circumstances where DaVita Supplemental Short-Term Disability pays benefits when public state disability will not, which is why DaVita still wants to make the benefit available to all teammates. Everyone’s situation is different, and you should consult an advisor if you have questions.

Acquired teammates:
To file an STD or LTD claim for a pre-existing condition during your first year with DaVita, you must have had STD or LTD with your previous employer.

Continued...
Caregiver Leave

Receive 60% of pay for up to two weeks off to care for a loved one who is ill up to a maximum of $1,000 per week. You can use this time to focus on them with peace of mind, knowing your job is protected. You can also supplement your time off with PTO and receive 100% of your pay.

For additional details on caregiver leave, contact Sedgwick at 1-877-209-8401 or visit the Family Resources page on DaVitaRewards.com.

Paid Parental Leave

Whether it’s through birth or adoption, we want you to take the time you need to bond with your new child. You will receive six weeks of leave at 60% of pay for up to a maximum of $1,000 per week. You can also supplement your time off with PTO and receive up to 100% of your pay.

Little Star Gift

As a family-friendly Village, we are excited to offer the Little Star gift providing financial support for DaVita parents to help them spend more time with their new little ones.

Parents who are managers and below, and meet the eligibility requirements for the program, can choose the Little Star gift of $2,500 or the Paid Parental Leave to celebrate the birth of a child(ren) or placement of an adopted child(ren) in the home. For more information, visit the Family Resources page on DaVitaRewards.com.

Teammates who have given birth:

- $2,500 Little Star gift; or
- Up to 60% of pay for up to an additional six weeks of leave (in addition to STD and medical leave).
- That means new moms can take up to 12 weeks off.

Other new parents:

- $2,500 Little Star gift; or
- 60% of pay for up to six weeks.*
- Can be taken in one-week increments during the first year with manager approval.

*As a reminder, new parents can take 12 weeks of FMLA-eligible leave.

Eligibility for Caregiver Leave, Paid Parental Leave and Little Star gift is the first of the month following one month of employment.
**Paid Time Off (PTO)**

DaVita has created a Paid Time Off program to allow teammates the flexibility to use their time off in a way that best meets their personal needs. The PTO program incorporates vacation time, sick time and holidays into one accrual rate. As a full-time or part-time teammate working a minimum of 24 hours per week, you may begin using your PTO as soon as it is accrued.

<table>
<thead>
<tr>
<th>Length of Service</th>
<th>Accrual Rate per Hour Paid</th>
<th>Maximum Hours</th>
<th>Maximum 8-Hour Days</th>
<th>Maximum PTO Balances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hire through year 1</td>
<td>0.0846</td>
<td>176</td>
<td>22</td>
<td>240 hours</td>
</tr>
<tr>
<td>Beginning year 2</td>
<td>0.0923</td>
<td>192</td>
<td>24</td>
<td>240 hours</td>
</tr>
<tr>
<td>Beginning year 3</td>
<td>0.0962</td>
<td>200</td>
<td>25</td>
<td>240 hours</td>
</tr>
<tr>
<td>Beginning year 4</td>
<td>0.1000</td>
<td>208</td>
<td>26</td>
<td>240 hours</td>
</tr>
<tr>
<td>Beginning year 5</td>
<td>0.1038</td>
<td>216</td>
<td>27</td>
<td>240 hours</td>
</tr>
<tr>
<td>Beginning year 6</td>
<td>0.1077</td>
<td>224</td>
<td>28</td>
<td>240 hours</td>
</tr>
<tr>
<td>Beginning year 7</td>
<td>0.1115</td>
<td>232</td>
<td>29</td>
<td>240 hours</td>
</tr>
<tr>
<td>Beginning year 8</td>
<td>0.1154</td>
<td>240</td>
<td>30</td>
<td>240 hours</td>
</tr>
<tr>
<td>Beginning year 9</td>
<td>0.1192</td>
<td>248</td>
<td>31</td>
<td>248 hours</td>
</tr>
<tr>
<td>Beginning year 10+</td>
<td>0.1231</td>
<td>256</td>
<td>32</td>
<td>256 hours</td>
</tr>
</tbody>
</table>

**PTO Annual Cash-Out Option**

Each year, at the start of Open Enrollment through Dec. 31, DaVita allows eligible teammates to make an election to cash out a portion of their PTO to be accrued in the following year. Due to IRS regulations, exceptions cannot be made.

**Tenured schedule** – Annual elective cash-out limits are based on years of service.

**Holidays** – Your PTO accrual includes time for DaVita designated holidays; however, teammates who are required to work on a designated DaVita premium pay holiday will be compensated at a premium rate of one and one-half times their hourly rate of pay for all hours worked on the actual day.

**Acquired teammates:** Maximum PTO balance is based on your original hire date with your current employer or DaVita’s original hire date or the adjusted hire date (whichever is earlier for dual teammates or rehires).
Investing for the Future

It is important to invest in your future and save for your retirement. By offering a 401(k) plan with a match and an Employee Stock Purchase Plan (ESPP), DaVita helps you save for the future through payroll deductions.

**401(k) Plan**

The DaVita Retirement Savings Plan offers a convenient, pre-tax way to save for retirement.

The 401(k) auto-enrollment feature helps by enrolling you at a 6% pre-tax deferral rate. Information about the plan and auto-enrollment will be sent to your home address shortly after your start date.

DaVita will match up to 6% of teammate contributions at a rate of $.50 for every $1.00. In order to maximize this benefit, teammates need to contribute at least 6% of each paycheck for the entire year. DaVita’s matching dollars are calculated on a per-paycheck basis and funded annually, each January.

You have the option to:

- Select a different deferral percentage from 1–75%.
- Opt out within the first 45 days of employment before contributions start.
- Opt out within the first 90 days following your first contribution and request those contributions be returned to you (subject to market gains or losses).
- Stop contributing at any time (contributions will remain in your account).

The default auto-increase feature helps you save more over time by increasing your deferral rate by 1% each January up to 10%. Participants may opt out of this feature at any time.

This is a qualified retirement plan, and only money from another qualified plan can be rolled into DaVita’s plan. Contact Voya with questions or to obtain a rollover kit.

<table>
<thead>
<tr>
<th>401(k) Match Design</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligibility</td>
<td>After 12 months of service</td>
</tr>
<tr>
<td>Vesting</td>
<td>4 years</td>
</tr>
<tr>
<td>Match timing</td>
<td>Match contributions will be funded annually each January following the end of the plan year.</td>
</tr>
<tr>
<td>Maximum match</td>
<td>Applies only to Directors and VPs earning above a specific base salary threshold per year. Please email <a href="mailto:match@davita.com">match@davita.com</a> for more information.</td>
</tr>
<tr>
<td>DaVita match</td>
<td>$0.50 for every $1.00 up to 6% of teammate contributions</td>
</tr>
</tbody>
</table>

**Example:** $40,000 annual pay

| Per pay period earnings | USD | $1,538.46 |
| teammate 6% contribution | USD | $92.31 |
| x 0.50                   |     | $46.15 |

---

**Connect to Your 401(k)**

Online: DaVitaRewards.com
Call: 1-844-DVA-401K (1-844-382-4015)
Email: match@davita.com

**Additional Support and Resources**

For videos, training sessions, FAQs and more, search “match” on VillageWeb.

Continued...
Employee Stock Purchase Plan (ESPP)

ESPP gives you the opportunity to purchase company stock at a discount. All DaVita teammates regularly scheduled to work at least 20 hours per week, and who have worked for three consecutive months prior to the first day of a Purchase Right Period, are eligible to participate in ESPP during that specific Purchase Right Period.

You can enroll in ESPP in June and December of each year through Workday. Visit DaVita Rewards > Other Benefits for more information. The minimum contribution amount per paycheck is $10; the maximum annual contribution is $25,000.

The sum of your contributions for each purchase period will be used to purchase shares on your behalf, and these shares will be issued to you within 45 days after the Purchase Right Period has closed. The two Purchase Right Periods are January – December and/or July – December.

### ESPP Eligibility Chart for Acquired Teammates

<table>
<thead>
<tr>
<th>Hired/Acquired Between</th>
<th>Eligible to Enroll in ESPP</th>
<th>Purchase Right Period Begin Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct. 2 – April 1</td>
<td>June</td>
<td>July 1</td>
</tr>
<tr>
<td>April 2 – Oct. 1</td>
<td>December</td>
<td>Jan. 1</td>
</tr>
</tbody>
</table>
DaVita Voluntary Benefits

Village Market Place
The Village Market Place is an online site sponsored by DaVita that provides links to a wide variety of brand-name products, services and discounts:

- Unique voluntary benefits such as pet, home and auto insurance
- DaVita-specific discount offers such as amusement park tickets, movie passes, wireless phone service and more!
- Household items

InfoArmor
Every minute, 19 people are victims of identity theft. InfoArmor’s PrivacyArmor Plus provides industry-leading protection services to fight evolving identity fraud. And in the event of identity theft, InfoArmor provides insurance that covers any out-of-pocket expenses, lost wages or legal fees.

<table>
<thead>
<tr>
<th>Option</th>
<th>Coverage</th>
<th>TM Only</th>
<th>TM + Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>PrivacyArmor Essential</td>
<td>Single credit agency monitoring</td>
<td>$3.67</td>
<td>$6.44</td>
</tr>
<tr>
<td>PrivacyArmor Plus</td>
<td>Three credit agency monitoring</td>
<td>$4.59</td>
<td>$8.28</td>
</tr>
</tbody>
</table>

You can purchase select items using payroll deduction!
See page 5 for eligibility requirements.

Voluntary Accident and Critical Illness Insurance
Cigna provides voluntary accident and critical illness coverage for DaVita teammates to help protect you from the unexpected. Eligibility for these benefits includes having medical coverage, but it does not have to be with DaVita. Cigna will verify coverage at the time a claim is submitted. If you or a covered dependent is in an accident or develops a critical illness, this innovative option helps you cover the plan’s out-of-pocket maximums. You can enroll during Open Enrollment or your initial enrollment.

Accident Insurance
The plan pays a cash benefit for accidental injuries (e.g., concussions, fractures, lacerations and ambulance rides) treated by a medical professional. You also get a wellness benefit—a $50 check for completing a wellness-related visit.

Critical Illness Insurance
Cigna Critical Illness Insurance provides you with a lump-sum cash payment if you or your covered dependent is diagnosed with certain conditions, such as cancer, heart attack, stroke or kidney failure, or needs a major organ transplant. There are an additional 22 listed conditions covered under this plan. Benefits are available at $10,000, $20,000 or $30,000 per condition, per covered person, and some conditions include a recurrence benefit. You also get a wellness benefit—a $50 check for completing a wellness-related visit.
Auto and Home Insurance
You can purchase insurance for your home, mobile home, condo, apartment, car or recreational vehicle any time during the year. Discounts for mature homeowners, new home buyers, good drivers, security devices in your home and car, and multiple insurance policies are offered. You’ll receive additional discounts based on your years of service. You can elect to have premiums deducted from your paycheck.
For more information, visit Village Market Place on DaVitaRewards.com.

Legal Services Plans
DaVita offers teammates two Hyatt Legal Plans: Legal Basic and Legal Premier. These plans provide prepaid legal services such as will preparation, power of attorney, divorce coverage and trusts. The Legal Premier plan allows your parents to use your legal plan for things such as review of Medicare/Medicaid documents, nursing home agreements and estate planning documents.
Questions? Call a Client Services Representative at 1-800-821-6400.

Pet Insurance
Every member of your family is important, and you want all of them to be protected—including your pets. Veterinary Pet Insurance (Nationwide) offers discounted services and covers thousands of medical issues including accidents, illness and poisonings.
For more information, visit Village Market Place on DaVitaRewards.com.

Commuter Benefits
DaVita offers teammates working 20 or more hours per week within the previous calendar month the opportunity to use pre-tax dollars to pay for qualified work-related transit and parking expenses.
Eligible forms of transportation include train, commuter rail, shuttle bus, bus, light rail, parking, vanpool, ferry and boat.
IRS pre-tax maximum allowable employee contributions for 2020:
• Transit – $270 per month
• Parking – $270 per month
Commuter benefits will be administered by our FSA administrator, Your Spending Account (YSA). You can make changes to your order at any point throughout the year to meet your changing commuting needs. The ordering deadline is monthly on the 10th of the prior month.

For additional information, visit DaVitaRewards.com > Other Benefits > Commuter Benefits.
You may also contact the YSA Service Center at 1-855-614-0188. Representatives are available Monday through Friday from 7 a.m. to 7 p.m. CT.
Employee Assistance Program (EAP)

Our lives can be stressful, and sometimes we need expert advice. EAP can help. It’s provided to you at no cost starting on your first day of work. All DaVita teammates and members of your household have access to discounts and referrals, local life resources and immediate help during a crisis. EAP provides up to five mental health visits per issue (at no charge) with an EAP counselor.

When treatment is needed beyond the EAP, Cigna EAP providers will assist in coordination of care with your health plan.

Consultation and referrals available to you include:

- Legal
- Parenting
- Senior care
- Identity theft
- Child care
- Pet care

EAP is a completely confidential service (managed by Cigna). Trained counselors are just a phone call away. To reach an EAP counselor, simply call **1-855-BE-WELL1 (1-855-239-3551)** anytime (24 hours a day, seven days a week), or log in to **mycigna.com** and enter your employer ID: **davita.**
Family Resources

Care for Your Family at Every Stage

Whether your family includes children, parents or pets, DaVita has you covered.

Bright Horizons (Family Support)

- **College Coach**: Get guidance on the college admissions process—including essay review and financial aid—through live webinars, personalized one-on-one sessions and online resources. You also have access to tutoring, SAT preparation and more.

- **Bright Horizons Special Needs**: Expert guidance to handle bullying, setting screen time limits, and much more. Get support for children with ADHD, autism and those having difficulty in school.

- **Back-up Care (Child and Elder)**: Care for when your regularly scheduled care is unavailable when you need to be at work. Back-up care includes center-based and in-home options. Teammates receive 10 days per calendar year, free of charge. And new parents receive 10 additional days to be used during the child's first year.

- **Bright Horizons Childcare Centers**: Teammates receive preferred enrollment in addition to 20% subsidy at Bright Horizons-owned centers and 10% discounts at partner centers.

- **Additional Family Support**: DaVita pays for a Sittercity subscription for all teammates to access a database of nannies, housekeepers, pet sitters, dog groomers and more.

Education Assistance

DaVita provides education assistance for both full- and part-time teammates.

**Tuition Reimbursement**

Teammates can receive up to $3,000 reimbursement each calendar year upon completion of job-related courses.

Teammates are eligible after 90 days of service.

**Tuition Assistance**

Up to $3,000 in prepaid tuition assistance each calendar year when enrolled at partner universities.

More for Parents and Parents-To-Be

**Milk Stork**

The first and only breast milk delivery service for business-traveling moms paid for by DaVita. It provides refrigerated, express shipping or easy toting of breast milk. Learn more at [milkstork.com/DaVita](http://milkstork.com/DaVita).

**Healthy Pregnancies, Healthy Babies**

Cigna-enrolled expecting moms and eligible spouses/domestic partners who enroll in this program during the first trimester receive $300 upon completion. If you enroll during the second trimester, you get $150 upon program completion.
DaVita Helps

**DaVita Village Network (DVN)**

DVN provides financial support to teammates experiencing a specific tragedy or hardship and helps cover additional costs that local fundraising and insurance do not fully cover.

Teammates can apply for assistance in situations such as:
- Natural disasters
- Funeral/bereavement
- Acute/major medical diagnosis
- Military deployment

DVN contributions and deductions are not tax-deductible. Your voluntary donation commitment can be updated or changed at any time on DaVitaRewards.com.

**Adoption Assistance**

Once an adoption is final, DaVita will reimburse 100% of eligible adoption expenses, up to $5,000 for each child. Eligible expenses include adoption agency fees and placement fees. All full-time teammates are eligible for adoption assistance the first of the month following or coinciding with one month of continuous employment. For more information on adoption assistance, contact Teammate Support & Connections at 1-877-7-DAVITA (1-877-732-8482).

**Donations to Charitable/Political Causes**

DaVita provides you a convenient way to contribute a minimum of $.50 per paycheck, on a voluntary, confidential basis, to these organizations. Changes to your contribution can be made at any time at DaVitaRewards.com. All donations are strictly voluntary.

**DaVita Village Trust**

Inspired by DaVita’s goal of becoming the greatest health care community the world has ever seen. DaVita Village Trust aims:

- To improve community health, wellness and vitality, including chronic kidney disease education and prevention.
- To support strong communities, education, organizational culture and diversity, the arts, and environmental causes in the U.S. and around the world.

**Dialysis Patient Citizens (DPC)**

DPC was founded to provide a strong, united voice in advocating for dialysis patients and those who suffer from kidney disease.

Since its founding in 2004, DPC has attracted more than 23,000 members nationwide and continues to grow. Your contribution will help continue DPC’s mission to elevate the patient’s voice with elected officials and improve dialysis patients’ quality of life through education and advocacy. Contributions to DPC are not tax-deductible.

**DaVita Political Action Committee (DAPAC)**

DaPAC contributes to federal and state candidates of any party who share a commitment to quality kidney care. DaPAC is not associated with any one candidate, campaign or party.

Contributions to DaPAC are limited, voluntary and non-tax-deductible. By law, DaPAC may only solicit support from members of the DaPAC Restricted Class, which includes FAs, managers, directors, VPs and other teammates with supervisory authority over salaried personnel. The maximum annual contribution is $5,000 per year. For more information, visit: DaVitaAdvocacy.com.

You can choose to initiate, change or stop your donations any time after your benefits start. Find more details by clicking the “DaPAC and Other Village Initiatives” tile on DaVitaRewards.com.
Health Care Dictionary

Below are a few of the key terms used throughout the health care section of this guide and their definitions.

**Annual deductible** is the amount of money you pay out of pocket each year before your plan starts paying benefits.

**Coinsurance** is the percentage of the cost of health care services you pay, up to the annual out-of-pocket maximum.

**Copay** is the set dollar amount you pay for certain health care services or prescriptions.

**EAP (Employee Assistance Program)** provides assessment, referral or counseling to help make you happier, healthier and more productive. EAP is paid for by DaVita and is available to all teammates, their dependents and household members.

**FSA (Flexible Spending Account)** contributions allow you to pay for certain out-of-pocket health care and dependent day care expenses with tax-free dollars.

**HDHP (High-Deductible Health Plan)** offers lower bi-weekly premium contributions, but a higher deductible and out-of-pocket maximum. DaVita helps offset the higher deductible by contributing money to a Health Savings Account (HSA) on your behalf.

**HMO (Health Maintenance Organization)** provides care for a flat monthly rate and copayment, with no deductibles; however, only visits to providers within the HMO network are covered. All visits, prescriptions, referrals and other care must be approved by the HMO in order to be covered.

**HSA (Health Savings Account)** contributions are allowed, in most cases, when participating in a High-Deductible Health Plan (HDHP). Money in your HSA can be used to pay for the same health care expenses that are allowed under a Health Care Flexible Spending Account.

**In-network** means receiving care from a provider who has contracted with a health plan to deliver care at a discounted fee.

**Maintenance drugs** are typically prescribed for continuing periods, for a chronic condition or one that may take a long time to stabilize.

**OAP (Open Access Plus) network** is a national network of physicians and facilities contracted to provide services under DaVita’s Cigna medical plans.

**Out-of-network** means receiving care from a provider who has not contracted with the health plan to provide services at a discounted fee.

**OOP (Out-of-Pocket) Maximum** is the most you’ll pay for eligible medical expenses during the year, typically in addition to copays and deductibles (unless you are enrolled in the High-Deductible Health Plan). Once you reach this limit, the plan will cover most eligible services at 100%.

**PCP (Primary Care Physician)** is a doctor who practices in the field of family medicine, general practice, internal medicine and pediatrics.

**PPO (Preferred Provider Organization)** uses a deductible and coinsurance structure, with an extensive network, and does not require you to select a PCP. If you go to an in-network provider, you will have a lower deductible and higher level of coverage.

**Specialists** are doctors who practice in any field of medicine other than those listed under primary care physician.

**AD&D - Accidental Death and Dismemberment**

**EPO - Exclusive Provider Organization**

**FSA - Flexible Spending Account**

**HDHP - High-Deductible Health Plan**

**HMO - Health Maintenance Organization**

**HSA - Health Savings Account**

**LTD - Long-Term Disability**

**OOP - Out-of-Pocket**

**PPO - Preferred Provider Organization**

**STD - Short-Term Disability**
Teammate Support

Need help choosing and using your DaVita Rewards? Contact the Benefits Support Team

The Benefits Support Team is available to help you understand, enroll in and use your DaVita Rewards. Answers to your questions are just a phone call away at 1-855-614-0188, Monday through Friday from 7 a.m. to 7 p.m. CT. Or you can live chat a member of the Benefits Support Team at DaVitaRewards.com.

Health Pro Advocates: Personal benefit experts, at your service

Health Pro Advocates can answer your health insurance and other benefits-related questions, and offer family, financial and educational resources.

And it doesn’t stop there! Advocates can save you time by helping to resolve health care claims and billing issues. They are also available to answer questions, help with a prescription or a diagnosis—and remove barriers to care.

You and your family members can speak with a Health Pro Advocate at 1-855-614-0188, Monday through Friday from 7 a.m. to 7 p.m. CT.

This benefits guide is an overview of the benefits provided by DaVita for the 2020 calendar year. It is not a summary plan description. If a question arises about the nature and extent of your benefits under the plans and policies, or if there is a conflict between the information in this guide and the plans and policies, the Summary Plan Descriptions and General Provisions Document will govern. Please note that the benefits in this guide are subject to change at any time. It does not represent a contractual obligation on the part of DaVita.

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