At DaVita, what matters to you matters to us.

DaVita. Benefits Guide 2017

VillageVitality.DaVita.com • 1-855-614-0188
Welcome, teammate!

As you take time to choose a plan that meets your needs, think about how you can get the most out of your healthcare “dollar.” Consider new ways of planning for your healthcare needs and give some thought to what you can do to stay healthy.

One for All and All for One!
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.

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, or coinciding with, two months of continuous employment, not to exceed 90 days. In some cases, where months have 31 days, you will be eligible on the 90th day.

As a re-hire, your benefit start date depends on how long you were away from DaVita.
- If you are re-hired within 90 days, your previous benefits will be reinstated your first day back to work.
- If you are re-hired 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.
- If you are re-hired outside of 90 days, your benefits start date will follow the new hire rule above.

As an acquired teammate, your benefit 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 benefit 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, 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 HSA or HRA funding as a result of a status change.

As a transfer from per diem to full- or part-time, your benefit 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 re-hire rules above.

*These benefits do not apply to teammates at DaVita DPC Holding CO (Paladina) or DaVita Medical Group or their subsidiaries, unless a special rule applies.

<table>
<thead>
<tr>
<th>IF YOU WERE HIRED ON</th>
<th>YOUR BENEFITS WILL START</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 1</td>
<td>May 1</td>
</tr>
<tr>
<td>March 2</td>
<td>May 30</td>
</tr>
<tr>
<td>March 3</td>
<td>May 31</td>
</tr>
</tbody>
</table>

NOTE: 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.
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 the Flexible Spending Account or Health Savings Account. Teammates and their domestic partners need to complete an Affidavit of Domestic Partnership during enrollment.

Your 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 the Flexible Spending Account or Health Savings Account. Dependent children can be up to age 26. Spouses and children of the adult child are not eligible for coverage.

If you, your spouse or domestic partner or child work 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 DEFINITION:

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

✔ Are at least 18 years of age, not prohibited from legal marriages 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.

3. 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:
   VillageVitality.DaVita.com

Check verification status by going to:
www.yourdependentverification.com/plan-smart-info
## BENEFIT ELIGIBILITY

The following chart explains the benefits you will be eligible for in 2017:

### INITIAL ELIGIBILITY REQUIREMENT

<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>Medical Plans</td>
<td>On benefits start date*</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Dental Plans</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision Plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voluntary Life, and AD&amp;AD Insurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthcare and Dependent Day Care Flexible Spending Accounts (FSA)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Critical Illness Insurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Indemnity***</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplemental Short-Term Disability</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Supplemental Long-Term Disability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### DAVITA PROVIDED, NO ENROLLMENT NECESSARY:

<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>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></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Life and AD&amp;AD</td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Paid Time Off</td>
<td>After 90 days of service**</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Travel Accident Insurance</td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Employee Assistance Program (EAP)</td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>VillageCare</td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Village Market Place</td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### ELIGIBILITY FOR OTHER BENEFITS:

<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>401(k) Retirement Plan Eligibility</td>
<td>Immediately</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>401(k) 5% Auto-Enrollment</td>
<td>45 days of service</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Adoption Assistance</td>
<td>After the first of the month following, or coinciding with, two months of continuous employment, not to exceed 90 days. In some cases, where months have 31 days, you will be eligible on the 90th day.</td>
<td>Yes</td>
<td>No</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>Pet Insurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purchasing Power</td>
<td>After 9 months of service** $16,000/yr. min. 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</td>
<td>After 90 days of service**</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Redwood Scholars</td>
<td>After 1 year of service**</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

* See page 1 to determine your benefit start date. **Based on hire date with acquired company. ***Only available to teammates enrolled in a Cigna Medical Plan.
In addition to making benefit elections at the Benefits Portal at VillageVitality.DaVita.com you can:

- Access Vitality Points
- Add and modify your personal and dependent information
- Designate and modify beneficiaries
- Sign up for email communications and select health and welfare plans
- Print your benefit summary
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 or domestic partner
- Leave of absence
- Marriage or divorce (or change in domestic partner status)
- Relocating out of a regional plan area

Any time you have a qualified life event change that may affect your benefits, start by going to VillageVitality.DaVita.com to begin the change process.

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 benefit 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 events tab at VillageVitality.DaVita.com for more details. DaVita does not make any additional contributions to, or withdrawals from, your HSA or HRA as a result of a status change. Critical illness can be dropped at any time during the year but can only be elected when newly eligible or during Open Enrollment.

Teammates are responsible for contributions beginning with the benefit effective date. If you go on a leave of absence, you will be direct billed for your benefit premiums beginning with the first pay period after your leave starts.

HAVE A LIFE EVENT? START HERE.

Go to VillageVitality.DaVita.com within 31 days of the change event.

> Select Life & Work Changes tab at top.
> Choose the event that corresponds with your situation.
> Make sure to add/drop all applicable dependents before closing your browser window.
> Review the summary for accuracy.
> Review/update your beneficiaries.
> Confirm your benefit deductions for the pay period, including your effective date.

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.
VITALITY POINTS

Vitality Points is a voluntary wellness program that encourages health awareness while rewarding participants for taking an active role in their health. Teammates and covered spouse/domestic partner complete Healthy Actions to earn Vitality Points.

HOW IT WORKS

Each year DaVita sets base premiums for our medical plans. To qualify for the base premium we ask teammates, and their spouse or domestic partners covered under a DaVita medical plan, to complete a few healthy actions. When teammates and spouses or domestic partners complete their healthy actions, they automatically earn Vitality Points. When all Vitality Points are earned, the teammate will pay the base medical premiums for the following year. Unearned Vitality Points are reflected on paychecks as a separate deduction.

Vitality Points eligibility is based on your previous DaVita health plan participation and benefits start date in a DaVita health plan. Teammates receive the base healthcare premiums when they become benefits eligible.

Teammates and their spouse/domestic partners have access to the Vitality Points program at VillageVitalityPoints.com, with links to all healthy actions and a Vitality Points tracking tool.

Additional information about Vitality Points is communicated to teammates throughout the year.

If your benefit start date is on Sept. 1 or before, completion of the healthy actions will be necessary to receive the base medical premiums for the following year.

If your benefit start date is after Sept. 1, you will automatically receive the base medical premiums for the following year. You will be mailed information about the Vitality Points program when it starts each year.

VILLAGE VITALITY

Village Vitality is a comprehensive wellness program designed to:

- Introduce tools and resources to assist teammates and spouses in living a healthier life.
- Help teammates identify health issues they may or may not be aware of, through programs and educational information.

Village Vitality includes programs and resources for teammates regarding:

- Nutrition
- Physical activity
- Tobacco cessation
- Stress management
- Weight management

For more information, log on to the Village Vitality page on the VillageWeb: VillageWeb > People Services > Benefits/Village Vitality.
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, and EAP counselors called Vitality 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.

Confidentiality is important. We comply with all HIPAA guidelines that guarantee the privacy of your Protected Health Information. If your Vitality Screening results indicate a health risk, you may receive a call from a Cigna Wellness Coach.

Triggers could include:
- High cholesterol
- High blood sugar
- High blood pressure
- High body mass index
- Tobacco use

Cigna participants can receive additional coaching for:
- Chronic conditions
- In-patient care
- Care gaps such as:
  - A missed preventive screening
  - Potential for adverse effects with specific medication combinations or drug dosage error
  - Doctor-submitted medical claims or referrals from other programs indicating you could benefit from working with a Vitality Coach

WE ARE WELL

The We Are Well award recognizes up to 50 teammates who are doing the right things for their health and life alignment. Winners receive FREE teammate-only health insurance premiums for coverage under a DaVita medical plan in 2017. Winning teammates will be chosen by a committee and announced at the beginning of the plan year.

WHO CAN WIN?

Any DaVita teammate who:
- Has completed all Vitality Points healthy actions;
- Is participating in a 2017 medical plan; 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
- Overcoming unhealthy habits
- Actions you took to improve your life alignment
- Motivating someone else to live a healthy life

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.

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 a Health Savings Account (HSA) on your behalf. Contributions by DaVita to your HSA are only available to eligible teammates enrolling in the HDHP. See page 9 for more detailed information on the HDHP and HSA.

CIGNA PPO WITH HEALTH REIMBURSEMENT ACCOUNT (HRA)

This plan uses a deductible and co-insurance structure with an out-of-pocket maximum. The premiums and deductible are more moderate than the other Cigna plans. For teammates earning less than $50,000, DaVita, will contribute to an HRA on your behalf. See page 10 for additional information. Teammates earning over $50,000 can still participate in this plan but will not receive funding toward an HRA. The HRA is only available to teammates enrolled in this plan and earning less than $50,000.

CIGNA BASIC PPO

This is the Cigna plan with the highest bi-weekly premiums and lowest deductible. It also uses a deductible, co-insurance and out-of-pocket maximum structure. DaVita does not provide any funding with this option.

REGIONAL PLANS (KAISER, BCBS AL, EMPIRE BCBS, GHC)

Depending on where you live, you may have access to a regional plan. For Kaiser, Empire BCBS, and GHC, 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. DaVita does not provide any funding with these options.

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.

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 devastating medical expenses by limiting the amount you will pay in any plan year.

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. 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 VillageVitality.DaVita.com.

All of DaVita’s plans include prescription coverage and FREE preventive services.
HOW THE HIGH DEDUCTIBLE HEALTH PLAN (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 healthcare dollars are spent. For more information, review the Key Points About Health Savings Account found on the benefits enrollment portal under Health & Insurance > Learn About.

The HDHP works like any other PPO, with a deductible, co-insurance and out-of-pocket maximum. What sets this plan apart is the Health Savings Account (HSA) that accompanies it.

BENEFITS OF A HEALTH SAVINGS ACCOUNT (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 pro-rated based on your benefit start date.
- You have the option of contributing your own money, up to the IRS limit, through pre-tax payroll deductions.
- When your account is opened 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 even 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 $2,000.
- Money in your HSA can be used for all the same expenses as a Healthcare 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 age 65+, any health insurance except Medicare supplemental policy
- You can elect to have your expenses automatically paid directly from your HSA to your healthcare providers after your claims are processed.
- You can increase, decrease or drop your payroll deductions at any time during the year by going to VillageVitality.DaVita.com and selecting the Change your HSA Contribution tile on the home page.

Over 300 FREE generic preventive medications for PPO w/HRA and HDHP w/HSA participants!

Not sure where to start? The Benefits Portal offers tools to help you figure it out. New this year, closed captioning in English, Spanish and Tagalog is available on the My BeneFIT Quiz and the What’s new in 2017 video.

My Benefit Quiz — now in video! Answer a few short questions for a medical plan recommendation.

Health Care Cost Summary*
Uses your 2016 healthcare costs to summarize your out-of-pocket expenses. To get there, click “Health & Insurance.”

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

What’s new in 2017 video
Answer a few short questions for a medical plan recommendation.

* The Health Care Cost Summary is only available to teammates enrolled in a Cigna medical plan. If you’re enrolled in Kaiser, BCBS Alabama or Empire BCBS, take the MyBeneFIT Quiz for a recommendation.
HOW THE PPO WITH HEALTH REIMBURSEMENT ACCOUNT (HRA) WORKS

This plan also has a deductible, co-insurance and out-of-pocket maximum. DaVita teammates are eligible to participate in this plan regardless of their annual salary. However, only teammates earning less than $50,000 per year are eligible for DaVita funding into an HRA. Teammates earning less than $30,000 per year will be funded up to $800 based on their coverage tier and teammates earning $30,000 to $50,000 per year will be funded up to $400 based on their coverage tier.

DAVITA HRA FUNDING

<table>
<thead>
<tr>
<th>PPO WITH HEALTH REIMBURSEMENT ACCOUNT (HRA)</th>
<th>TM Only</th>
<th>TM + Spouse</th>
<th>TM + Child(ren)</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual DaVita Salary*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>less than $30,000</td>
<td>$500</td>
<td>$650</td>
<td>$650</td>
<td>$800</td>
</tr>
<tr>
<td>$30,000-$50,000</td>
<td>$250</td>
<td>$325</td>
<td>$325</td>
<td>$400</td>
</tr>
<tr>
<td>More than $50,000</td>
<td>$0, but all eligible teammates can participate in this plan.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Health Reimbursement Account (HRA) funding based on annual salary as of Oct. 1, 2016

DAVITA CONTRIBUTES TO YOUR HSA:

<table>
<thead>
<tr>
<th>TEAMMATE ONLY:</th>
<th>TEAMMATE + SPOUSE:</th>
<th>TEAMMATE + CHILD(REN):</th>
<th>FAMILY:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$600</td>
<td>$900</td>
<td>$900</td>
<td>$1,200</td>
</tr>
</tbody>
</table>

IMPORTANT

Health Savings Account (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 spouses’ 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 Health Savings Account 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 Healthcare FSA, your FSA money is limited to use for dental and vision expenses until your medical deductible has been met.

DAVITA CONTRIBUTES TO YOUR HSA:

<table>
<thead>
<tr>
<th>TEAMMATE ONLY:</th>
<th>TEAMMATE + SPOUSE:</th>
<th>TEAMMATE + CHILD(REN):</th>
<th>FAMILY:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$600</td>
<td>$900</td>
<td>$900</td>
<td>$1,200</td>
</tr>
</tbody>
</table>

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.

Health Reimbursement Account (HRA) Features:

- HRA funds are available to pay deductibles and co-insurance only.

- Deductible and co-insurance amounts are paid to providers automatically after claims are processed.

- Funds can roll over up to the amount of the deductible.

- Teammates cannot contribute their own money.

- If you change plans or leave DaVita, you no longer have access to any HRA funds unless COBRA is elected.

Remember, all benefit eligible teammates can participate in the plan, but DaVita funding is only available to teammates earning less than $50,000 per year.

If you, your spouse or domestic partner or child work 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.
HOSPITAL INDEMNITY COVERAGE

A trip to the hospital can be stressful. How would you pay for a hospital stay? Even with medical coverage, you may still be responsible for out-of-pocket costs. If you’re enrolled in Cigna, Hospital Indemnity 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. Hospital Indemnity is separate from your Cigna plan and there is a fee for this coverage.

BENEFIT | COVERAGE
--- | ---
Initial Hospital Admission | $500*
Daily Hospital Confinement | $100 per day; up to 30-day maximum
Daily ICU Confinement | $200 per day; up to 30-day maximum

*Up to $625 per admission for teammates in Washington.

HOSPITAL INDEMNITY RATES

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Covered by Group Health</th>
<th>Covered by Kaiser</th>
<th>Covered by BCBS of Alabama</th>
<th>Covered by Empire Blue Cross</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Hospital Admission</td>
<td>$500*</td>
<td>$475</td>
<td>$475</td>
<td>$475</td>
</tr>
<tr>
<td>Daily Hospital Confinement</td>
<td>$100 per day; up to 30-day maximum</td>
<td>$100 per day; up to 30-day maximum</td>
<td>$100 per day; up to 30-day maximum</td>
<td>$100 per day; up to 30-day maximum</td>
</tr>
<tr>
<td>Daily ICU Confinement</td>
<td>$200 per day; up to 30-day maximum</td>
<td>$200 per day; up to 30-day maximum</td>
<td>$200 per day; up to 30-day maximum</td>
<td>$200 per day; up to 30-day maximum</td>
</tr>
</tbody>
</table>

TEAMMATE 2017 BASE PREMIUMS

Medical premiums listed below assume you and your covered spouse/domestic partner have earned all Vitality Points.

BASE PREMIUMS - ALL PREMIUMS ARE BI-WEEKLY*

<table>
<thead>
<tr>
<th>HEALTH</th>
<th>FULL-TIME (PER PAY PERIOD)</th>
<th>PL AN FEATURES</th>
</tr>
</thead>
</table>
| Cigna High Deductible Health Plan (HDHP) with Health Savings Account (HSA) | TM Only $35.24 | • Free preventive generic Rx***
| | + Spouse $90.78 | • HSA automatically funded by DaVita
| | TM + Child(ren) $89.95 | |
| | Family $135.26 | |
| Cigna PPO with Health Reimbursement Account (HRA) | TM Only $42.90 | • Free preventive generic Rx***
| | + Spouse $96.93 | • HRA funded by DaVita (those with annual salary of <$50,000)
| | TM + Child(ren) $95.33 | |
| | Family $145.57 | |
| Cigna Basic PPO | TM Only $77.95 | • Highest premium, lowest deductible
| | + Spouse $176.51 | |
| | TM + Child(ren) $172.92 | |
| | Family $277.20 | |
| Kaiser & Group Health** | TM Only $73.49 | • Regional plans available only in certain states
| | + Spouse $166.80 | |
| | TM + Child(ren) $162.65 | |
| | Family $262.54 | |
| BCBS of Alabama | TM Only $73.49 | • Available in Alabama only
| | + Spouse $166.80 | |
| | TM + Child(ren) $162.65 | |
| | Family $262.54 | |
| Empire Blue Cross | TM Only $95.01 | • Available in some New York Counties
| | + Spouse $209.57 | |
| | TM + Child(ren) $205.17 | |
| | Family $327.33 | |

*All premiums are bi-weekly; part-time premiums are doubled (24 – 29.99 hours).
**Does not include Hawaii.
***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.
2017 CIGNA HEALTH PLAN COMPARISON

Chart reflects the plans’ responsibility for in-network coverage only. Out-of-network and detailed benefit information available under the Health/Life/Disability tab on the enrollment site.

<table>
<thead>
<tr>
<th>IN-NETWORK COVERAGE ONLY</th>
<th>HDHP WITH HEALTH SAVINGS ACCOUNT (HSA)</th>
<th>PPO WITH HEALTH REIMBURSEMENT ACCOUNT (HRA)</th>
<th>BASIC PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>Individual: $1,800 Family: $3,600</td>
<td>Individual: $1,200 Family: $2,400</td>
<td>Individual: $600 Family: $1,200</td>
</tr>
<tr>
<td>Out-Of-Pocket Max</td>
<td>Individual: $4,500 Family: $9,000</td>
<td>Individual: $3,600 Family: $7,200</td>
<td>Individual: $3,500 Family: $7,000</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>plan pays 100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office Visits</td>
<td>plan pays 80% after deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In/Outpatient</td>
<td>plan pays 80% after deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Free Rx, Generic Mail-Order</td>
<td>$10 Generics; 35% Preferred up to $120 max per Rx; 55% Non-Preferred up to $180 max per Rx</td>
<td>$15 Generics; 35% Preferred up to $300 max per Rx; 55% Non-Preferred up to $450 max per Rx</td>
<td>Not Available</td>
</tr>
<tr>
<td>Rx, 30-Day Supply*</td>
<td>20% after deductible for all drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rx Mail-Order Only, 90-Day Supply*</td>
<td>$0, but all eligible teammates can participate in this plan.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Detailed plan information for all regional plans including Kaiser, Group Health and Blue Cross are available on VillageVitality.DaVita.com.

*Co-pay and coinsurance amounts reflect the members responsibility.

DAVITA FUNDING

DaVita’s contribution will generally be made the third Thursday of the month following your benefit start date.

<table>
<thead>
<tr>
<th>HDHP WITH HEALTH SAVINGS ACCOUNT (HSA)</th>
<th>PPO WITH HEALTH REIMBURSEMENT ACCOUNT (HRA)</th>
<th>BASIC PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Savings Account (HSA)</td>
<td></td>
<td>Not Available</td>
</tr>
<tr>
<td>TM Only: $600</td>
<td>$500</td>
<td></td>
</tr>
<tr>
<td>TM + Spouse: $900</td>
<td>$650</td>
<td></td>
</tr>
<tr>
<td>TM + Child(ren): $900</td>
<td>$650</td>
<td></td>
</tr>
<tr>
<td>Family: $1,200</td>
<td>$800</td>
<td></td>
</tr>
<tr>
<td>Annual DaVita Salary*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>less than $30,000</td>
<td>$250</td>
<td></td>
</tr>
<tr>
<td>$30,000-$50,000</td>
<td>$325</td>
<td></td>
</tr>
<tr>
<td>More than $50,000</td>
<td>$400</td>
<td></td>
</tr>
</tbody>
</table>

*Annual Salary is based on hourly rate and standard work hours, as of Oct. 1, 2016.

Summary Plan Descriptions are available on VillageVitality.DaVita.com under Health & Insurance, or you may call the Benefit Support Team at 1-855-614-0188 to request a copy.
PHARMACY PROGRAM

Cigna plans have a 3-tiered formulary that covers generic, preferred and non-preferred name-brand medications.

<table>
<thead>
<tr>
<th>PRESCRIPTION DRUG BENEFITS</th>
<th>HIGH DEDUCTIBLE HEALTH PLAN</th>
<th>PPO WITH HEALTH REIMBURSEMENT ACCOUNT</th>
<th>PPO BASIC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-Network</td>
<td>In-Network</td>
</tr>
<tr>
<td>Generic/Preferred/Non-Preferred (30-day supply)</td>
<td>20% after deductible for all drugs.</td>
<td>Not covered</td>
<td>$10, 35%, 55% ($120/Rx max)</td>
</tr>
<tr>
<td>Mail Order Generic/Preferred/Non-Preferred (90-day supply)</td>
<td>Generic medications are required when available.</td>
<td>Not covered</td>
<td>$15, 35%, 55% ($300/Rx max)</td>
</tr>
</tbody>
</table>

**Example of chronic conditions include:**
- Arthritis
- Asthma
- Diabetes
- Heart disease
- High blood pressure
- High cholesterol
- Osteoporosis

**How do I fill my prescriptions?**

**FEWER THAN 4 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 on www.cigna.com.

**4 OR MORE FILLS:**
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.*

**Questions about the Cigna Home Delivery Pharmacy or maintenance drugs?**
Call 800-TEL-DRUG (800-835-3784), select option 4. You can order new prescriptions, refill existing prescriptions, or transfer prescriptions by using www.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.

**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>TIER 1</th>
<th>TIER 1</th>
<th>TIER 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>80% at preferred labs</td>
<td>60% at other in-network labs</td>
<td>50% at out-of-network labs</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 www.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.
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 www.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.

SUPPORT WITH YOUR MEDICATIONS

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

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

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>KAISER COLORADO</th>
<th>KAISER CALIFORNIA</th>
<th>KAISER GEORGIA</th>
<th>KAISER MID-ATLANTIC</th>
<th>KAISER NORTHWEST</th>
<th>GROUP HEALTH COOPERATIVE</th>
<th>BCBS/ALABAMA PPO (IN-NETWORK)</th>
<th>EMPIRE BCBS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td></td>
<td></td>
<td></td>
<td></td>
<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>$450</td>
</tr>
<tr>
<td>TM – Spouse or TM – Child(ren)</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>$900</td>
</tr>
<tr>
<td>Family</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>$900</td>
</tr>
<tr>
<td>Annual Out-of-Pocket Max</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<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>$2,000</td>
<td>N/A</td>
</tr>
<tr>
<td>Family</td>
<td>$3,000</td>
<td>$3,000</td>
<td>$3,000</td>
<td>$3,000</td>
<td>$3,000</td>
<td>$3,000</td>
<td>$4,000</td>
<td>N/A</td>
</tr>
<tr>
<td>General Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office Visits</td>
<td>$25 co-pay ($35 specialist)</td>
<td>$25 co-pay ($35 specialist)</td>
<td>$25 co-pay ($35 specialist)</td>
<td>$25 co-pay ($35 specialist)</td>
<td>$25 co-pay ($50 specialist)</td>
<td>80% after deductible</td>
<td>$30 co-pay ($50 specialist)</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>
</tr>
<tr>
<td>Hospitalization</td>
<td>No charge after $250 co-pay per admission</td>
<td>No charge after $250 co-pay per admission</td>
<td>No charge after $250 co-pay per admission</td>
<td>No charge after $250 co-pay per admission</td>
<td>No charge after $250 co-pay per admission</td>
<td>80% after deductible</td>
<td>$500/$1250 per admission/maximum per calendar year</td>
<td></td>
</tr>
<tr>
<td>Emergency Services</td>
<td>$100 co-pay (waived if admitted), not covered if an out-of-network ER used for non-emergency</td>
<td>$100 co-pay (waived if admitted)</td>
<td>$100 co-pay (waived if admitted)</td>
<td>$100 co-pay (waived if admitted)</td>
<td>$100 co-pay (waived if admitted)</td>
<td>$100 co-pay at GHC facility; $100 co-pay at non-GHC facility</td>
<td>80% after deductible</td>
<td>$100 co-pay (waived if admitted)</td>
</tr>
<tr>
<td>Prescription Drug Benefits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic/Brand/Non-Preferred Brand (30-day supply)</td>
<td>$10 • $20 • NA at Kaiser pharmacies</td>
<td>$10 • $20 • $20 at Kaiser pharmacies</td>
<td>$10 • $20 • NA at Kaiser pharmacies, $10/$20 at network pharmacy</td>
<td>$10 • $20 • NA at Kaiser pharmacies, $16/$32/NA at network pharmacy</td>
<td>$10 • $20 up to 30-day supply at Kaiser pharmacies</td>
<td>$10/$20 at GHC pharmacies</td>
<td>$5 • $35 • $50</td>
<td>$5 • $35 • $70</td>
</tr>
<tr>
<td>Mail Order 90-day</td>
<td>$20 • $40</td>
<td>$20 • $40 • $40 for each 100-day supply</td>
<td>$20 • $40 • NA</td>
<td>$20 • $40 • NA</td>
<td>$20 • $40</td>
<td>$20 • $40</td>
<td>$10 • $70 • $100</td>
<td>$10 • $70 • $140</td>
</tr>
</tbody>
</table>

---

**Regional Medical Plans**

Summary Plan Descriptions including more plan details can be found on the DaVita benefits portal at VillageVitality.davita.com under Health & Insurance > Summary of Benefits and Coverage > Medical.

**DENVER, COPPEL & TACOMA TEAMMATES**

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

**Denver:** 303-532-1536
**Coppell:** 972-646-2398
**Tacoma:** 253-272-0269

VillageWeb > People Services > Benefits/Village Vitality > Additional Benefits
FLEXIBLE SPENDING ACCOUNTS

Contributing to a Flexible Spending Account (FSA) allows you to pay for certain out-of-pocket healthcare and dependent care expenses with tax-free dollars. You can choose to contribute to the Healthcare Spending Account, the Dependent Care Spending Account, or both through pre-tax payroll deduction. Participation is voluntary.

USE IT OR LOSE IT...

You need to 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 healthcare account contributions into the next plan year. Any unused balance in your dependent care account is forfeited at the end of each calendar year.

HEALTHCARE FLEXIBLE SPENDING ACCOUNT

You may use this account to pay for:

• Deductibles, co-insurance and co-payments for the medical, dental, and vision plans
• Prescription drug co-payments 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

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
• Baby-sitting 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 Healthcare Flexible Spending Account options

Contribute $130 – $2,550 per plan year
OR waive participation

You can also use the Reimburse Me app, available at your favorite app store to manage your account and submit photo’s of receipts.

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

Your Dependent Care Flexible Spending Account options

Contribute $130 – $5,000 per plan year
OR waive participation

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

Backup Care Connection, administered by LifeCare, will help you locate backup care when your regular care arrangements fall through.

Manage your account on the Benefits Portal > Other Benefits > Save With Spending Accounts Other Benefits > Your Spending Account > Manage Your Account to check eligible expenses.

IMPORTANT

If you choose the HDHP with HSA for your medical plan coverage and you also elect a Healthcare 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 healthcare FSA are also eligible through your HSA.
### CONSUMER-DRIVEN ACCOUNTS AT-A-GLANCE

<table>
<thead>
<tr>
<th>CONSUMER ACCOUNT</th>
<th>HSA</th>
<th>HRA</th>
<th>FSA HEALTHCARE &amp; DEPENDENT CARE</th>
<th>LIMITED-PURPOSE HEALTHCARE FSA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REIMBURSEMENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You can use your HSA debit card or checks to pay for qualified expenses.</td>
<td>Cigna will request reimbursement directly for expenses.</td>
<td>You must submit receipts for eligible expenses incurred in 2016 by March 31, 2017.</td>
<td>You must submit receipts for eligible expenses incurred in 2016 by March 31, 2017.</td>
<td></td>
</tr>
<tr>
<td><strong>EXAMPLES OF ELIGIBLE EXPENSES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Medical plan deductible</td>
<td>Medical deductibles and co-insurance</td>
<td>Healthcare expenses</td>
<td>Out-of-pocket expenses for dental and vision care</td>
<td></td>
</tr>
<tr>
<td>• Certain over-the-counter drugs that you have a prescription for</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Out-of-pocket expenses for dental and vision care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DAVITA FUNDING</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TM Only: $600</td>
<td>Funding is based on annual salary:</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>TM + Sp: $900</td>
<td>&lt; $30,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TM + Child(ren): $900</td>
<td>• TM Only: $500</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family: $1,200</td>
<td>• TM + Sp: $650</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Note: Combined employer and teammate contributions cannot exceed IRS 2017 limits.)</td>
<td>• TM + Child(ren): $650</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DaVita’s contribution will generally be made the third Thursday of the month following your benefit start date.</td>
<td>Family: $800</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ANNUAL IRS CONTRIBUTION LIMIT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The maximum annual contributions allowed by the IRS for 2017 are:</td>
<td>$2,550 Healthcare Flexible Spending Account</td>
<td>$2,550</td>
<td>$5,000 Dependent Care Spending Account</td>
<td></td>
</tr>
<tr>
<td>• $3,400/Teammate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• $6,750/Family</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CATCH-UP CONTRIBUTION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If you are 55 or older in 2017, you can contribute $1,000 above the IRS max.</td>
<td></td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td><strong>ROLL OVER TO NEXT YEAR</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At the end of the year, leftover amounts will roll over.</td>
<td>Roll over to maximum deductible.</td>
<td>“Use it or lose it” rule applies to unreimbursed contributions over $500 for healthcare only.</td>
<td>“Use it or lose it” rule applies to unreimbursed contributions over $500.</td>
<td></td>
</tr>
<tr>
<td><strong>PORTABILITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If you leave DaVita, your account balance will go with you.</td>
<td>Coverage can continue if COBRA is elected and paid. If COBRA is not elected, eligible healthcare expenses must be incurred prior to leaving DaVita.</td>
<td>Coverage can continue for healthcare only, if COBRA elected and paid. If COBRA not elected, eligible healthcare expenses must be incurred prior to leaving DaVita, eligible dependent care expenses can be after leaving but in the plan year.</td>
<td>Coverage can continue if COBRA elected and paid. If COBRA not elected, eligible healthcare expenses must be incurred prior to leaving DaVita.</td>
<td></td>
</tr>
</tbody>
</table>

*DaVita funding prorated based on benefit 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 3 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 www.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.

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

<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>$10.23</td>
</tr>
<tr>
<td>Cigna DMO</td>
<td>$10.15</td>
</tr>
<tr>
<td>Cigna DPO</td>
<td>$17.21</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.
## Comparing Dental Plans

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

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

<table>
<thead>
<tr>
<th>Child</th>
<th>Adult (age 19 and over)</th>
</tr>
</thead>
<tbody>
<tr>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>$3,147</td>
<td>$3,498</td>
</tr>
</tbody>
</table>

**Preventive and Diagnostic:**

<table>
<thead>
<tr>
<th>Service</th>
<th>Aetna DMO Plan</th>
<th>Cigna DMO Plan</th>
<th>Cigna DPO Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prophylaxis</td>
<td>100%</td>
<td>$0</td>
<td>100%</td>
</tr>
<tr>
<td>Topical fluoride (child)</td>
<td>100%</td>
<td>$0</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Restorative:**

<table>
<thead>
<tr>
<th>Service</th>
<th>Aetna DMO Plan</th>
<th>Cigna DMO Plan</th>
<th>Cigna DPO Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fillings (amalgams and composites)</td>
<td>80%</td>
<td>$0 to $115</td>
<td>80%</td>
</tr>
<tr>
<td>Stainless steel crowns</td>
<td>80%</td>
<td>$105 to $165</td>
<td>80%</td>
</tr>
</tbody>
</table>

**Oral Surgery:**

<table>
<thead>
<tr>
<th>Service</th>
<th>Aetna DMO Plan</th>
<th>Cigna DMO Plan</th>
<th>Cigna DPO Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single extraction</td>
<td>80%</td>
<td>$12</td>
<td>80%</td>
</tr>
<tr>
<td>Impaction (partial bony)</td>
<td>60%</td>
<td>$91</td>
<td>80%</td>
</tr>
<tr>
<td>Impaction (full bony)</td>
<td>60%</td>
<td>$115</td>
<td>80%</td>
</tr>
</tbody>
</table>

**Periodontics:**

<table>
<thead>
<tr>
<th>Service</th>
<th>Aetna DMO Plan</th>
<th>Cigna DMO Plan</th>
<th>Cigna DPO Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gingivectomy (per quadrant)</td>
<td>80%</td>
<td>$91 to $180</td>
<td>80%</td>
</tr>
<tr>
<td>Scaling/root planning (per quadrant)</td>
<td>80%</td>
<td>$42 to $83</td>
<td>80%</td>
</tr>
<tr>
<td>Osseous surgery (per quadrant)</td>
<td>60%</td>
<td>$240 to $400</td>
<td>80%</td>
</tr>
</tbody>
</table>

**Endodontics:**

<table>
<thead>
<tr>
<th>Service</th>
<th>Aetna DMO Plan</th>
<th>Cigna DMO Plan</th>
<th>Cigna DPO Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Root canal</td>
<td>80% (60% for molar root canals)</td>
<td>$210 to $335</td>
<td>80%</td>
</tr>
</tbody>
</table>

**Prosthodontics:**

<table>
<thead>
<tr>
<th>Service</th>
<th>Aetna DMO Plan</th>
<th>Cigna DMO Plan</th>
<th>Cigna DPO Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inlays/crowns</td>
<td>60%</td>
<td>$390 to $500</td>
<td>50%</td>
</tr>
<tr>
<td>Complete denture</td>
<td>60%</td>
<td>$625</td>
<td>50%</td>
</tr>
<tr>
<td>Partial denture</td>
<td>60%</td>
<td>$525 to $715</td>
<td>50%</td>
</tr>
<tr>
<td>Denture reline (chair side)</td>
<td>60%</td>
<td>$145</td>
<td>50%</td>
</tr>
<tr>
<td>Denture - broken tooth repair</td>
<td>60%</td>
<td>$81</td>
<td>50%</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>BENEFIT FREQUENCY</th>
<th>DESCRIPTION</th>
<th>COPAY</th>
<th>FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Well Vision Exam</td>
<td>Focuses on your eyes and overall wellness</td>
<td>$25 for exam and glasses</td>
<td>Every calendar year</td>
</tr>
</tbody>
</table>

**Prescription Glasses**

| Frame | $160 allowance for a wide selection of frames  
|       | $180 allowance for featured frame brands  
|       | 20% savings on the amount over your allowance |
| Lenses | Single vision, lined bifocal, and lined trifocal lenses  
|        | Polycarbonate lenses for dependent children |
| Lens Enhancements | Standard progressive lenses  
|                   | Premium progressive lenses  
|                   | Custom progressive lenses  
|                   | Average savings of 20-25% on other lens enhancements |

| Contacts (instead of glasses) | $160 allowance for contacts and contact lens exam (fitting and evaluation)  
|                               | 15% savings on a contact lens exam (fitting and evaluation) |

| Glasses and Sunglasses | Extra $20 to spend on featured frame brands. Go to vsp.com/specialoffers for details.  
|                       | 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last Well Vision Exam. |

| Retinal Screening | No more than a $39 copay on routine retinal screening as an enhancement to a Well Vision Exam. |

| Laser Vision Correction | Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.  
|                         | After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor. |

VISION: VSP

<table>
<thead>
<tr>
<th>FULL-TIME &amp; PART-TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>TM Only</td>
</tr>
<tr>
<td>TM + Spouse</td>
</tr>
<tr>
<td>TM + Child(ren)</td>
</tr>
<tr>
<td>Family</td>
</tr>
</tbody>
</table>

Your coverage with Out-of-Network Providers

- Exam: up to $45  
- Frame: up to $70  
- Single Vision Lenses: up to $30  
- Lined Bifocal Lenses: up to $50  
- Lined Trifocal Lenses: up to $65  
- Progressive Lenses: up to $50  
- Contacts: up to $105

For a list of in-network vision care providers, go to the Choice directory at www.vsp.com/choice.
LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

**BASIC LIFE**
- Full-time teammates receive coverage equal to 1 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 can not 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 does not apply.

- **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 does not apply.
  Age restrictions may apply for teammates.
  Spouses/Domestic partners are not eligible for coverage once age 70 is reached.
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.

Note for acquired teammates only: In order 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.

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 the Basic LTD benefit. You 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.

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.

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 60% of pay for up to a maximum of $1,000 per week. You can also supplement your time off with PTO and receive 100% of your pay. DaVita is proud to make how you spend time with your new addition your choice, as it should be.

Eligibility for Caregiver Leave, Paid Parental Leave and Little Star gift is first of the month following 60 days.

LITTLE STAR GIFT
As a family-friendly Village, we are excited to offer the Little Star Gift providing financial support for DaVita parents to support them in spending more time with their little ones.

Parents who are managers and below, and meet the eligibility requirements for the program will receive a gift of $2,500 to celebrate the birth of a child(ren) or placement of an adopted child(ren) in the home. For more information, visit VillageWeb > People Services > Benefits/Village Vitality.

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 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.
*As a reminder, new parents can take 12 weeks of FMLA-eligible leave.
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></td>
</tr>
<tr>
<td>Beginning year 3</td>
<td>0.0962</td>
<td>200</td>
<td>25</td>
<td></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></td>
</tr>
<tr>
<td>Beginning year 6</td>
<td>0.1077</td>
<td>224</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>Beginning year 7</td>
<td>0.1115</td>
<td>232</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>Beginning year 8</td>
<td>0.1154</td>
<td>240</td>
<td>30</td>
<td></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>

*Teammates hired prior to Jan. 1, 2010: Maximum PTO balance = 320 hours. Teammates hired on or after January 1, 2010: Maximum PTO balance = 240 hours.

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.

CLINIC BASED

Tenured schedule (Annual elective cash-out limits are based on years of service.) Only applies to certain clinic-based teammates: FAs, Group FA’s, RNs, PCTs, Reuse Technicians, Clinic Administrative Assistants, Biomed Technicians, Social Workers and Dietitians.

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.

Directors and Vice Presidents are entitled to receive 4 weeks of PTO annually, but PTO does not accrue.

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 re-hires).

YRS OF SERVICE | HOURS LIMIT
---|---
0 - 1 | 40
1 - 2 | 56
2 - 3 | 64
3 - 4 | 72
4 - 5 | 80
5 - 6 | 88
6 - 7 | 96
7 - 8 | 104
8 - 9 | 112
10+ | 120

Teammates not included in this clinic-based tenured schedule may elect each year to cash-out up to 40 hours to be accrued in the following year.
INVESTING FOR THE FUTURE

It is important to invest in your future and save for your retirement. By offering a 401(k) Plan 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 5% pre-tax deferral rate. Information about the Plan and auto-enrollment will be sent to your home address shortly after your start date.

You have the option to:

• Select a different deferral percentage from 1 – 75% (for deferral of your Triple Crown Bonus, you can select a percentage from 1-100%).
• 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.

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 VillageWeb > People Services > Village Vitality > ESPP for more information. The maximum annual contribution is $25,000.

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 – Apr. 1</td>
<td>June</td>
<td>July 1</td>
</tr>
<tr>
<td>Apr. 2 – Oct. 1</td>
<td>December</td>
<td>Jan. 1</td>
</tr>
</tbody>
</table>

Contact Voya:
1-844-DVA-401K (1-844-382-4015)
https://DaVita401k.voya.com
TRIPLE CROWN PROFIT SHARING PROGRAM

Triple Crown profit sharing program is a unique way we demonstrate our belief that sharing success with our teammates is important.

There are three ways for teammates to earn awards:

- **Village**: The Village goals are met.
- **Victory**: Facility, department and clinical goals are met.
- **Value**: You demonstrate DaVita’s core values at work.

Teammates are rewarded for the contributions they make to the success of the Village. It is an important part of the benefits DaVita offers teammates.

A UNIQUE APPROACH TO PROFIT SHARING

- Triple Crown gives teammates multiple opportunities to earn awards.
- Triple Crown gives teammates flexibility; they can choose a cash award or defer up to 100% to their 401(k).
- We don’t know of any of our competitors who offer this type of opportunity and flexibility.

Eligibility varies per award program.
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 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

Metropolitan Property and Casualty Insurance Co. (MetLife) provides the following voluntary benefits for DaVita teammates:

**Auto and Home Insurance:**
Enroll any time during the year

**Critical Illness Insurance:**
Enroll during Open Enrollment or initial enrollment

**Legal Services Plan:**
Enroll during Open Enrollment or initial enrollment

AUTO AND HOME INSURANCE
You can purchase insurance through MetLife for your home, mobile home, condo, apartment, car or recreational vehicle any time during the year. MetLife gives discounts for mature homeowners, new home buyers, good drivers, security devices in your home and car and multiple insurance policies. You'll receive additional discounts based on your years of service. You can elect to have premiums deducted from your paycheck.

INFOARMOR
Every minute, 19 people are victims of identity theft. InfoArmor’s PrivacyArmor Plus provides industry-leading protection services to fight evolving identity fraud.

<table>
<thead>
<tr>
<th>OPTION</th>
<th>COVERS</th>
<th>TM ONLY</th>
<th>TM + FAMILY</th>
</tr>
</thead>
<tbody>
<tr>
<td>PrivacyArmor Essential</td>
<td>Single credit agency monitoring</td>
<td>$7.95</td>
<td>$9.95</td>
</tr>
<tr>
<td>PrivacyArmor Plus</td>
<td>Three credit agency monitoring</td>
<td>$13.95</td>
<td>$17.95</td>
</tr>
</tbody>
</table>

MetLife

CRITICAL ILLNESS INSURANCE
Are you concerned that an unexpected health issue might be more than your finances can handle? Eligibility for this benefit includes having medical coverage, but it does not have to be with DaVita. MetLife will verify coverage at the time a claim is submitted. If you or a covered dependent develop a critical illness, this innovative option helps you cover the plan's out-of-pocket maximums.

MetLife 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, 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 or $20,000 per condition, per covered person and some conditions include a recurrence benefit. Pre-existing conditions may apply.

HAVE MORE QUESTIONS?
CALL 800-GET-MET 8 (800-438-6388), Mon. through Fri., 8 a.m.-11 p.m. ET, to speak with a MetLife Customer Service Representative.

LEGAL SERVICES PLAN
The Hyatt Legal plan, through MetLaw, offers prepaid legal services such as will preparation, power of attorney and trusts. When you face a situation that you think may have legal implications, simply pick up the phone. A knowledgeable Client Services Representative will be able to assist you with locating a plan attorney near your home or workplace.

You can purchase select items using payroll deductions! See page 3 for eligibility requirements.
DAVITA HELPS

DAVITA VILLAGE NETWORK (DVN)

Teammates who apply and meet hardship criteria may receive help to offset costs for:
- Food, lodging, and clothing after a natural disaster
- Financial assistance due to military deployment
- Memorial grants in honor of deceased teammates

DVN donations may be used to meet other community needs, including donations to non-profit organizations during natural disasters, teammate focused programs (Camp Courage, Military Vets, etc) and other external worthy causes.

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 two months of continuous employment, not to exceed 90 days. In some cases, where months have 31 days, you will be eligible on the 90th day. For more information on adoption assistance, contact the Teammate Support Center at 1-800-381-7063.

PET INSURANCE

Every member of your family is important, and you want all of them to be protected — including your pets. Veterinary Pet Insurance (VPI) offers discounted services and covers thousands of medical issues including accidents, illness and poisonings.

For more information visit The Village Market Place at VillageWeb.DaVita.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 2017:
- Transit – $130 per month
- Parking – $255 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 the Benefits Portal at VillageVitality.DaVita.com > Other Benefits > Commuter Benefits. You may also contact the YSA Service Center at 1-855-614-0188. Representatives are available from 8 a.m. to 8 p.m., Eastern Time, Mon.-Fri.
DAVITA VILLAGE CARE

Backup Care Connection, administered by LifeCare, will help you locate backup care when your regular care arrangements fall through. This benefit provides:

- Backup care for children (including mildly ill children) and older loved ones
- Low co-pays of only $15 for a full day of care, payable by debit or credit card only
- Up to five visits of backup care per year
- 24/7 access to the program via a toll-free number and web site

Plus, since regular child care can be costly, this program will also help you locate child care centers that offer a discount (for regular care) exclusively for DaVita teammates.

CALL TOLL-FREE TO PRE-REGISTER TODAY:
Call 866-572-1086 (or TDD/TTY 800-873-1322) any time of the day or night.

OR, LOG ON TO LEARN MORE:
1. Log on to http://member.lifecare.com and enter your screen name and password.
2. Not registered yet? Follow the “New Users” link and enter registration code: villagecare
3. Trouble logging in? Call the Help Desk at 888-604-9565.
Check the website regularly to learn about discounts at child care centers.

EDUCATION ASSISTANCE

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

Tuition Reimbursement  Up to $3,000 reimbursed to teammates each calendar year upon successful completion of job-related courses. Teammates are eligible after 90 days of service.

Redwood Scholars Award  Up to $25,000 per academic year for Nursing, Associate, Undergraduate and Graduate or other job-related degrees. Teammates will share in the cost of their education and are eligible after one year of service.

- Special emphasis on educating our Village nurses.
- Awarded by the award selection committee.
EMPLOYEE ASSISTANCE PROGRAM (EAP)

Our lives can be stressful, and sometimes we need expert advice. The EAP (provided by DaVita) at no cost to you, starting on your first day of work, can help. All DaVita teammates and members of your household have access to discounts and referrals, local life resources and immediate help during a crisis. The 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.

A few examples of the support available to you include:

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

The EAP program 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 CignaBehavioral.com and enter your employer ID: davita.

DONATIONS TO CHARITABLE AND 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 VillageVitality.DaVita.com. All donations are strictly voluntary.

DAVITA VILLAGE TRUST:

Inspired by DaVita’s goal of becoming the greatest healthcare 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. 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 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 please go to: www.davitaadvocacy.com.

You can choose to initiate, change or stop your donations any time after your benefits start. Find more details at VillageVitality.DaVita.com.
HEALTHCARE DICTIONARY

**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 healthcare services you pay, up to the annual out-of-pocket maximum.

**Co-pay** is the set dollar amount you pay for certain healthcare 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 healthcare 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 co-payment, 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 healthcare expenses that are allowed under a flexible healthcare spending account.

**HRA (Health Reimbursement Account)** DaVita funding to pay for medical deductible and co-insurance. Available only to teammates enrolled in the PPO w/HRA plan and earning no more than $50,000 per year.

**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 co-pays and deductibles (unless you are enrolled in the High Deductible 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.

**SPELL IT OUT**

- AD&D - Accidental Death & Dismemberment
- FSA - Flexible Spending Account
- HDHP - High Deductible Health Plan
- HMO - Health Maintenance Organization
- HSA - Health Savings Account
- HRA - Health Reimbursement Account
- LTD - Long-Term Disability
- OOP - Out-of-Pocket
- PPO - Preferred Provider Organization
- STD - Short-Term Disability

This benefits guide is an overview of the benefits provided by DaVita for the 2017 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.