Benefits and programs designed with you in mind.

VillageVitality.DaVita.com | 1-855-614-0188
As you take time to choose a plan that meets your needs, think about how you can get the most out of your health care “dollar.” Consider new ways of planning for your health care needs and give some thought to what you can do to stay healthy.

*One for All, 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 rehire, your benefit 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.
- If you are rehired 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 rehire rules above.

If you were hired on: | Your benefits will start on:
---|---
March 1 | May 1
March 2 | May 30
March 3 | May 31

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.

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

*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.
**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. (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 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

---

**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.

---

**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 at** www.yourdependentverification.com/plan-smart-info.
## Benefit Eligibility

The following chart explains the benefits you will be eligible for in 2018:

<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>Yes</td>
<td>No</td>
</tr>
<tr>
<td>• Dental Plans</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Vision Plans</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<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 (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></td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>• Supplemental Long-Term Disability</td>
<td></td>
<td></td>
<td></td>
<td></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></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Basic Life and AD&amp;D</td>
<td></td>
<td>Yes</td>
<td>Yes</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>• Bright Horizons Care Advantage</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>
<tr>
<td>Eligibility for other benefits:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<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) 6% Auto-Enrollment</td>
<td>After 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***</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>$16,000/yr. min. salary</td>
<td></td>
<td></td>
<td></td>
<td></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>

*Only available to teammates enrolled in a Cigna Medical Plan. ** See page 1 to determine your benefit start date. ***Based on hire date with acquired company.
Enrolling in Your Benefits

Acquired Teammates

Go to Resources.Hewitt.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.

Your People Services representative will notify you when you can log in and make benefit elections.

All Other Teammates

Go to VillageVitality.DaVita.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, two months of continuous employment.

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

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 the Benefits Portal 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 on the Benefits Portal 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 the Benefits Portal within 31 days of the change event.

1. Select Life & Work Changes tab at top.
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.

All changes must be completed online within 31 days of 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.

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.
**Village Vitality**

Village Vitality is a comprehensive wellness program designed to:

- Help teammates and their family achieve a sense of wellbeing in every aspect of their lives – physical, financial, social and emotional.
- Introduce tools and resources to assist teammates and their family in living a healthy life.

Village Vitality includes programs and resources for teammates regarding:

- Nutrition
- Physical activity
- Stress management
- Work-life integration
- Weight management
- And more

**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 their 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 partner covered under a DaVita medical plan, to complete a few healthy actions.

When teammates and spouses or domestic partners complete their healthy actions, they 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 medical plan.

- If your benefit start date is on Sept. 2 or before, completion of a Vitality Screening will be necessary to receive the base medical premiums for the following year.
- If your benefit start date is after Sept. 2, you will automatically receive the base medical premiums for the following year.

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

Information about Vitality Points is communicated to teammates throughout the year.

For more information, visit the Village Vitality page on VillageWeb:

VillageWeb > People Services > Benefits/Village Vitality.
**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

**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 Vitality 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.

**We Are Well Award**

The **We Are Well Award** 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 2018. 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 2018 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 w/Health Reimbursement Account (HRA)
This plan uses a deductible and coinsurance 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 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, coinsurance and out-of-pocket maximum structure. DaVita does not provide any funding with this option.

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, 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 on the Benefits Portal.

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 health care dollars are spent. For more information, review the Key Points About Health Savings Accounts found on the Benefits Portal 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 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 prorated 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 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 the Benefits Portal and selecting the Change your HSA Contribution tile on the home page.

Not sure where to start?
The Benefits Portal offers tool to help you figure it out. Closed captioning in English, Spanish and Tagalog is available on the MyBenefIT Quiz and the What’s new in 2018 video.

MY BENEFIT QUIZ
Answer a few short questions for a medical plan recommendation.

MEDICAL EXPENSE ESTIMATOR
Compare up to three medical plans and forecast future expenses.

WHAT’S NEW IN 2018 VIDEO
Everything you need to know before you enroll.

Over 300 free generic preventive medications for PPO w/HRA and HDHP w/HSA participants.
DaVita contributes to your HSA:

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

**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 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.

**How the PPO with Health Reimbursement Account (HRA) Works**

This plan also has a deductible, coinsurance 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.

<table>
<thead>
<tr>
<th>Annual DaVita Salary*</th>
<th>TM Only</th>
<th>TM + Spouse</th>
<th>TM + Child(ren)</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<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, 2017

**Health Reimbursement Account (HRA) Features:**

- HRA funds are available to pay deductibles and coinsurance only.
- Deductible and coinsurance 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.

**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.
Teammate 2018 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>Plan Features</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TM Only</td>
<td>TM + Spouse</td>
</tr>
<tr>
<td>Cigna High Deductible Health Plan (HDHP) with Health Savings Account (HSA)</td>
<td>$37.89</td>
<td>$97.59</td>
</tr>
<tr>
<td>Cigna PPO with Health Reimbursement Account (HRA)</td>
<td>$46.11</td>
<td>$104.20</td>
</tr>
<tr>
<td>Cigna Basic PPO</td>
<td>$83.80</td>
<td>$189.74</td>
</tr>
<tr>
<td>Kaiser**</td>
<td>$79.00</td>
<td>$179.30</td>
</tr>
<tr>
<td>BCBS of Alabama</td>
<td>$79.00</td>
<td>$179.30</td>
</tr>
<tr>
<td>Empire Blue Cross</td>
<td>$102.13</td>
<td>$225.29</td>
</tr>
</tbody>
</table>

* 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.

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.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Hospital Admission</td>
<td>$500*</td>
</tr>
<tr>
<td>Daily Hospital Confinement</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>
</tr>
</tbody>
</table>

Hospital Indemnity rates, full time (per pay period)

<table>
<thead>
<tr>
<th></th>
<th>TM Only</th>
<th>TM + Spouse</th>
<th>TM + Child(ren)</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>TM Only</td>
<td>$3.76</td>
<td>$6.83</td>
<td>$6.70</td>
<td>$10.15</td>
</tr>
</tbody>
</table>

*Up to $625 per admission for teammates in Washington.
2018 Cigna Health Plan Comparison

This chart reflects the plans' responsibility for in-network coverage only. Out-of-network and detailed benefit information are available under the Health/Life/Disability tab on the enrollment site. 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 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>Over 300 FREE preventive generic medications</td>
<td>Not Available</td>
<td></td>
</tr>
<tr>
<td>Rx, 30-Day Supply*</td>
<td>$10 Generics; 35% Preferred up to $120 max per Rx; 55% Non-Preferred up to $180 max per Rx Does not count toward deductible.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rx Mail-Order Only, 90-Day Supply*</td>
<td>$15 Generics; 35% Preferred up to $300 max per Rx; 55% Non-Preferred up to $450 max per Rx Does not count toward deductible.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DaVita Funding for Cigna Plans

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>Annual DaVita Salary*</td>
<td>Not Available</td>
</tr>
<tr>
<td>• TM Only: $600</td>
<td>TM Only</td>
<td></td>
</tr>
<tr>
<td>• TM + Spouse: $900</td>
<td>TM + Spouse</td>
<td></td>
</tr>
<tr>
<td>• TM + Child(ren): $900</td>
<td>TM + Child(ren)</td>
<td></td>
</tr>
<tr>
<td>• Family: $1,200</td>
<td>Family</td>
<td></td>
</tr>
<tr>
<td>less than $30,000</td>
<td>$500</td>
<td></td>
</tr>
<tr>
<td>$30,000-$50,000</td>
<td>$250</td>
<td></td>
</tr>
<tr>
<td>More than $50,000</td>
<td>$0, but all eligible teammates can participate in this plan.</td>
<td></td>
</tr>
</tbody>
</table>

Health Reimbursement Account (HRA) funding based on annual salary* as of October 1, 2017.

*Annual Salary is based on hourly rate and standard work hours as of Oct. 1, 2017.

Summary Plan Descriptions are available on the Benefits Portal 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 three-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. Generic medications are required when available.</td>
<td>Not covered</td>
<td>$10, 35%, 55% ($120/Rx max) Does not go towards plan deductible.</td>
</tr>
<tr>
<td>Mail Order Generic/Preferred/Non-Preferred (90-day supply)</td>
<td>Not covered</td>
<td>$15, 35%, 55% ($300/Rx max) Does not go towards plan deductible.</td>
<td>Not covered</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.

Examples 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 at www.cigna.com.

4 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 PharmacySM. 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 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 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.

Preferred Lab Savings

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

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

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

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

**Support With Your Medications**

<table>
<thead>
<tr>
<th>CoachRx can help you with:</th>
<th>CoachRx helps you stick with your medication plan. That means better results for you!</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interactions</td>
<td></td>
</tr>
<tr>
<td>Side effects</td>
<td></td>
</tr>
<tr>
<td>Other options</td>
<td></td>
</tr>
</tbody>
</table>

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 on the Benefits Portal at VillageVitality.DaVita.com under Health & Insurance > Summary of Benefits and Coverage > Medical.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></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><strong>Annual Out-of-Pocket Max</strong></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>$2,000</td>
<td>$5,080</td>
<td></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>$4,000</td>
<td>$12,700</td>
<td></td>
</tr>
<tr>
<td><strong>General Services</strong></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 Copay ($35 specialist)</td>
<td>$25 Copay ($35 specialist)</td>
<td>$25 Copay ($35 specialist)</td>
<td>$25 Copay ($35 specialist)</td>
<td>$25 Copay ($50 specialist)</td>
<td>80% after deductible</td>
<td>$30 Copay ($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 Copay per admission</td>
<td>No charge after $250 Copay per admission</td>
<td>No charge after $250 Copay per admission</td>
<td>No charge after $250 Copay per admission</td>
<td>No charge after $250 Copay 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 Copay (waived if admitted), not covered if an out-of-network ER used for non-emergency</td>
<td>$100 Copay (waived if admitted)</td>
<td>$100 Copay (waived if admitted)</td>
<td>$100 Copay (waived if admitted)</td>
<td>$100 Copay (waived if admitted)</td>
<td>80% after deductible</td>
<td>$100 Copay (waived if admitted)</td>
<td></td>
</tr>
<tr>
<td><strong>Prescription Drug Benefits</strong></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/$20 at Kaiser pharmacies</td>
<td>$10/$20/NA at Kaiser pharmacies, $10/$20/NA 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 up to 30-day supply at Kaiser pharmacies</td>
<td>$5/$35/$50</td>
<td>$10/$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>$15/$30/NA</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>
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 Healthcare 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.

HEALTHCARE 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 Healthcare Flexible Spending Account options

Contribute $130 – $2,650 per plan year OR waive participation

Use the Reimburse Me app, available at your favorite app store, to manage your account and submit photos of receipts.

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

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 $130 – $5,000 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.

Back-up Care, administered by Bright Horizons, will help you locate back-up care when your regular care arrangements fall through. See Our Family Resources on page 27.

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

TAKE NOTE

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 Health Care 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>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 2017 by March 31, 2018.</td>
<td>You must submit receipts for eligible expenses incurred in 2017 by March 31, 2018.</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 | Medical deductibles and coinsurance | Health care  
• Medical deductible  
• Dental & 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 + Sp: $900  
TM + Child(ren): $900  
Family: $1,200  
(Note: Combined employer and teammate contributions cannot exceed IRS 2018 limits.) DaVita’s contribution will generally be made the third Thursday of the month following your benefit start date. | Funding is based on annual salary:  
< $30,000  
• TM Only: $500  
• TM + Sp: $650  
• TM + Child(ren): $650  
• Family: $800  
$30,000 to $50,000  
• TM Only: $250  
• TM + Sp: $325  
• TM + Child(ren): $325  
• Family: $400  
> $50,000 = no funding | N/A | N/A |

| **Annual IRS Contribution Limit** | The maximum annual contributions allowed by the IRS for 2018 are:  
• $3,450/Teammate  
• $6,850/Family | $2,650 Healthcare Flexible Spending Account  
$5,000 Dependent Care Spending Account | $2,650 |

| **Catch-Up Contribution** | If you will be 55 or older in 2018, you can contribute $1,000 above the IRS max. | N/A | N/A | N/A |

| **Roll Over to Next Year** | At the end of the year, leftover amounts will roll over. | Roll over to maximum deductible. | “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 if COBRA is elected and paid. If COBRA is not elected, eligible health care expenses must be incurred prior to leaving DaVita. | 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 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 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 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 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.

<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>$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.

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 at 1-877-238-6200.

Deductibles do not carry over to the next plan year and are not prorated based on effective date.
## 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</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar Year Deductible</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>In-Network</td>
<td>$50 Individual</td>
<td>$75 Individual</td>
<td></td>
</tr>
<tr>
<td>Out-of-Network</td>
<td>$150 Family</td>
<td>$225 Family</td>
<td></td>
</tr>
<tr>
<td>Preventive Services</td>
<td>100%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Copay schedule available</td>
<td></td>
<td>80% after deductible</td>
<td></td>
</tr>
<tr>
<td>Basic Services</td>
<td>80%</td>
<td>60% after deductible</td>
<td></td>
</tr>
<tr>
<td>Major Services</td>
<td>60%</td>
<td>50% after deductible</td>
<td></td>
</tr>
<tr>
<td>Calendar Year Maximum</td>
<td>None</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Lifetime Orthodontic Maximum</td>
<td>None</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Orthodontics: (24-month treatment fee, pre-ortho visit, retention, report and banding fees)</td>
<td></td>
<td>$1,500 per member</td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td>50%</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>Adult (age 19 and over)</td>
<td>50%</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>Preventive and Diagnostic:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prophylaxis</td>
<td>100%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Topical fluoride (child)</td>
<td>100%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Restorative:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fillings (amalgams and composites)</td>
<td>80%</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>Stainless steel crowns</td>
<td>80%</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>Oral Surgery:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single extraction</td>
<td>80%</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>Impaction (partial bony)</td>
<td>60%</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>Impaction (full bony)</td>
<td>60%</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>Periodontics:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gingivectomy (per quadrant)</td>
<td>80%</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>Scaling/root planning (per quadrant)</td>
<td>80%</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>Osseous surgery (per quadrant)</td>
<td>60%</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>Endodontics:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Root canal</td>
<td>80% (60% for molar root canals)</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td>Prosthodontics:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inlays/crowns</td>
<td>60%</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>Complete denture</td>
<td>60%</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>Partial denture</td>
<td>60%</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>Denture reline (chair side)</td>
<td>60%</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>Denture – broken tooth repair</td>
<td>60%</td>
<td>50%</td>
<td></td>
</tr>
</tbody>
</table>

**Copay Schedule**: Waived for preventive, $25 to $115.
Vision Plan Options

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>Features</th>
<th>VSP Basic Option</th>
<th>VSP Premier Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Exams</td>
<td>$10 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td>Materials Copay</td>
<td>$25 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td>Frames</td>
<td>$150 allowance (every other calendar year)</td>
<td>$200 allowance (every calendar year)</td>
</tr>
<tr>
<td>Lenses</td>
<td>Single vision, lined bifocal, lined trifocal lenses and polycarbonate lenses for dependent children are included with materials copay.</td>
<td>Single vision, lined bifocal, lined trifocal lenses and polycarbonate lenses for dependent children are covered in full.</td>
</tr>
<tr>
<td>Lens Enhancements</td>
<td>$55–$175 copay</td>
<td>$55–$175 copay</td>
</tr>
<tr>
<td>Contacts (in lieu of glasses)</td>
<td>$150 allowance for contacts Up to $60 copay for contact lens fitting</td>
<td>$175 allowance for contacts Up to $60 copay for contact lens fitting</td>
</tr>
</tbody>
</table>

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 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.
### 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.

### 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 up to 100% of your pay.

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

### 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 a gift of $2,500 or an additional 6 weeks of leave at 60% pay to celebrate the birth of a child(ren) or placement of an adopted child(ren) in the home. For more information, visit Family Resources page on the Benefits Portal.

#### 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></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. Due to IRS regulations, exceptions cannot be made.

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.

<table>
<thead>
<tr>
<th>Years of Service</th>
<th>Hours Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 1</td>
<td>40</td>
</tr>
<tr>
<td>1 - 2</td>
<td>56</td>
</tr>
<tr>
<td>2 - 3</td>
<td>64</td>
</tr>
<tr>
<td>3 - 4</td>
<td>72</td>
</tr>
<tr>
<td>4 - 5</td>
<td>80</td>
</tr>
<tr>
<td>5 - 6</td>
<td>88</td>
</tr>
<tr>
<td>6 - 7</td>
<td>96</td>
</tr>
<tr>
<td>7 - 8</td>
<td>104</td>
</tr>
<tr>
<td>8 - 9</td>
<td>112</td>
</tr>
<tr>
<td>10+</td>
<td>120</td>
</tr>
</tbody>
</table>

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.

Directors and Vice Presidents are entitled to receive four 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 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 $0.50 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.

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

MetLife

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

Questions? Call 1-800-GET-MET 8 (1-800-438-6388), Mon. through Fri., 8 a.m.-11 p.m. ET, to speak with a MetLife Customer Service Representative.

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.

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.

Legal Services Plan

The Hyatt Legal plan, through MetLaw, offers prepaid legal services such as will preparation, power of attorney and trusts.

Questions? Call 1-800-821-6400

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>$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 deductions! See page 3 for eligibility requirements.
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 2018:

Transit – $130 per month
Parking – $260 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.

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.

Support available to you includes:

- Legal consultation
- 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 CignaBehavioral.com and enter your employer ID: davita.
Our Family Resources

Care for Your Family at Every Stage

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

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.

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 selection committee.

More for Parents and Parents-To-Be

MILK STORK®:

The first and only breast milk delivery service for business-traveling moms. It provides refrigerated, express shipping or easy toting of breast milk. Learn more at milkstork.com/DaVita.

HEALTHY PREGNANCIES, HEALTHY BABIES

Cigna -enrolled expecting moms 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)

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.

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 VillageVitality.DaVita.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 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: 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.
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 flexible health care spending account.

**HRA (Health Reimbursement Account)** DaVita funding to pay for medical deductible and coinsurance. 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 Copays 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.
This benefits guide is an overview of the benefits provided by DaVita for the 2018 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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