Capital Markets

Investor Presentation

September 10, 2019

Context, Non-GAAP Measures and Forward-Looking Statements

Context. DaVita is a Fortune 500® health care provider focused on transforming care delivery to improve quality of life for patients. We are committed to patient-centric care and achieving strong clinical outcomes for our patients. This is a presentation for our stockholders and potential investors and thus will focus on the financial aspects of the business.

Non-GAAP Measures. During this presentation we will discuss certain non-GAAP financial measures. A reconciliation of historical non-GAAP measures to the most comparable GAAP financial measures can be found elsewhere in this presentation. We do not provide a reconciliation of the forward-looking non-GAAP financial measures to the most directly comparable GAAP financial measures on a forward-looking basis because we are unable to predict certain items contained in the GAAP measures without unreasonable efforts. These non-GAAP financial measures do not include certain items that are included in our GAAP results, including items such as impairment charges, (gain) loss on ownership changes, restructuring charges, debt prepayment charges and gains and charges associated with settlements, any of which may be significant.

Forward-Looking Statements. In addition, DaVita Inc. and its representatives may from time to time make written and oral forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995 (PSLRA), including statements in this presentation, filings with the Securities and Exchange Commission ("SEC"), reports to stockholders and in meetings with investors and analysts. All such statements in this presentation, other than statements of historical fact, are forward-looking statements and as such are intended to be covered by the safe harbor for "forward-looking statements" provided by the PSLRA. Without limiting the foregoing, statements including the words "expect," "intend," "will," "plan," "anticipate," "believe," "forecast," "guidance," "outlook," "goals," and similar expressions are intended to identify forward-looking statements.

These forward-looking statements include but are not limited to statements regarding our future operations, financial condition and prospects, such as our financial guidance ford future periods, our target leverage ratio, our anticipated growth of the peritoneal dialysis modality, goals to minimize patient turnover, expectations for future integrated care programs and integrated care economics, revenue and margin potential for the industry, the outlook for industry prevalence growth, plans to drive non-acquired growth, expected Medicare rate increases, expectations for adoption of Medicare Advantage Choice, outlook for commercial and government rates and mix, outlook for revenue per treatment, expected outcomes of the new Centers for Medicare and Medicaid initiative, anticipated impacts of future international growth, and future drivers of margin, among other things.

Our actual results and other events could differ materially from any forward-looking statements due to numerous factors that involve substantial known and unknown risks and uncertainties. These risks and uncertainties include, among other things: the concentration of profits generated by higher-paying commercial payor plans for which there is continued downward pressure on average realized payment rates, and a reduction in the number of patients under such plans, including as a result of restrictions or prohibitions on the use and/or availability of charitable premium assistance, which may result in the loss of revenues or patients, or our making incorrect assumptions about how our patients will respond to any change in financial assistance from charitable organizations; the extent to which the ongoing implementation of healthcare reform, or changes in or new legislation, regulations or guidance, enforcement thereof or related litigation, and the extent to which such developments result in a reduction in coverage or reimbursement rates for our services, a reduction in the number of patients enrolled in higher-paying commercial plans, or other material impacts to our business; a reduction in government payment rates under the Medicare End Stage Renal Disease program or other government-based programs and the impact of the Medicare Advantage benchmark structure; risks arising from potential and proposed federal and/or state legislation, regulation, ballot, executive action or other initiatives, including such initiatives related to healthcare and/or labor matters; the impact of the changing political environment and related developments on the current healthcare marketplace and on our business, including with respect to the future of the Affordable Care Act, the exchanges and many other core aspects of the current health care marketplace; changes in pharmaceutical practice patterns, reimbursement and payment policies and processes, or pharmaceutical pricing, including with respect to calcimimetics; legal and compliance risks, such as our continued compliance with complex government regulations and the provisions of our current corporate integrity agreement; continued increased competition from dialysis providers and others, and other potential marketplace changes; our ability to maintain contracts with physician medical directors, changing affiliation models for physicians, and the emergence of new models of care introduced by the government or private sector that may erode our patient base and reimbursement rates, such as accountable care organizations, independent practice associations and integrated delivery systems; our ability to complete acquisitions, mergers or dispositions that we might announce or be considering, on terms favorable to us or at all, or to integrate and successfully operate any business we may acquire or have acquired, or to successfully expand our operations and services in markets outside the United States, or to businesses outside of dialysis; our ability to complete the redemption of our 5.75% Senior Notes due 2022 on the terms currently contemplated or at all; noncompliance by us or our business associates with any privacy or security laws or any security breach by us or a third party involving the misappropriation, loss or other unauthorized use or disclosure of confidential information; the variability of our cash flows; the risk that we may not be able to generate sufficient cash in the future to service our indebtedness or to fund our other liquidity needs; and the risk that we may not be able to refinance our indebtedness as it becomes due, on terms favorable to us or at all; factors that may impact our ability to repurchase stock under our stock repurchase program and the timing of any such stock repurchases; risks arising from the use of accounting estimates, judgments and interpretations in our financial statements; impairment of our goodwill, investments or other assets; uncertainties related to our use of the proceeds from the DMG sale transaction and other available funds, including external financing and cash flow from operations, which may have been used in ways that we cannot assure will improve our results of operations or enhance the value of our common stock; our ability to achieve the benefits contemplated by our recently-completed tender offer; and uncertainties associated with the other risk factors set forth in our most recent quarterly report on Form 10-Q, and the other risks and uncertainties discussed in any subsequent reports that we file or furnish to the SEC from time to time.

The forward-looking statements should be considered in light of these risks and uncertainties. All forward-looking statements in this presentation are based solely on information available to us on the date of this presentation. We undertake no obligation to publicly update or revise any forward-looking statements, whether as a result of changed circumstances, new information, future events or otherwise.

Industry and Market Data. Market data and certain industry data and forecasts used throughout this presentation were obtained from sources we believe to be reliable, including market research databases, publicly available information, reports of governmental agencies and industry publications and surveys, but we have not independently verified any third-party sources. Forecasts are particularly likely to be inaccurate over long periods of time. These and other factors could cause actual results and other events to differ materially from those expressed in the estimates made by third parties and by us.

Content

Our mission: Provider, partner, and employer of choice

Better quality
of care for patients

Stronger partner
for physicians

Differentiated
workplace

Leading the industry toward comprehensive kidney care

2022 guidance

$11.5B to $12.5B
Revenue

$6.25 to $7.25
Adjusted EPS[1]

$750M to $1,000M
Free cash flow (new definition)[2]

1) Adjusted EPS is a non-GAAP measure, defined as adjusted earnings per share from continuing operations attributable to DaVita Inc. (EPS) Excludes impact of any ballot initiatives.
2) Free cash flow (new definition) is a non-GAAP measure and is defined as operating cash flow from continuing operations less distributions to noncontrolling interests and capital expenditures (both routine maintenance and development), plus proceeds from sale leaseback transactions and contributions from noncontrolling interests. Excludes impact of any ballot initiatives.

Content

A leading platform

7,600+
nephrologist relationships[1]

900+
hospital partners

2,900+
clinics

1,700+
Home programs

$1.7B
medical cost under management

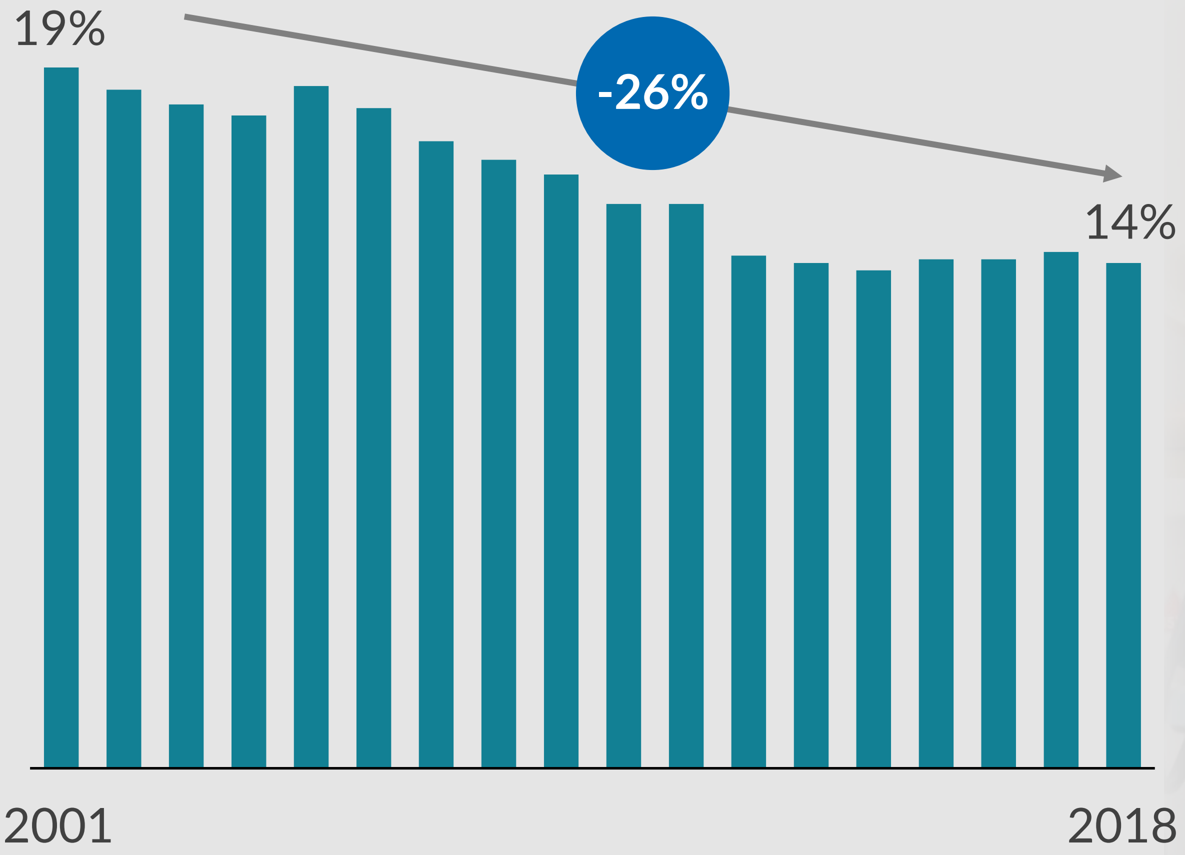
500+
payor relationships

1.4M+ longitudinal patient data to date

1) Includes nephrologists with medical director agreements, JVs, and attending physicians

Significant reduction in mortality rate

DaVita's gross mortality rate



Improvement in hospitalization rate

Since 2017,
5% improvement
in hospitalization rate[1]

100K more days
at home for our patients

1) Between H1’17 and H1’19

Patient journey

ESRD treatment modalities

- In-center dialysis
- Home dialysis
- Hospital dialysis
- Transplant

Patient journey

Hospital start

Chronic kidney disease (CKD) patient

Outpatient start

ESRD treatment modalities

- In-center dialysis
- Home dialysis
- Hospital dialysis
- Transplant

Nephrologists

Effective CKD care management

Keys to success:

Identifying patients

Managing CKD and co-morbidities

Enabling smooth transition to dialysis (if appropriate)

Our assets:

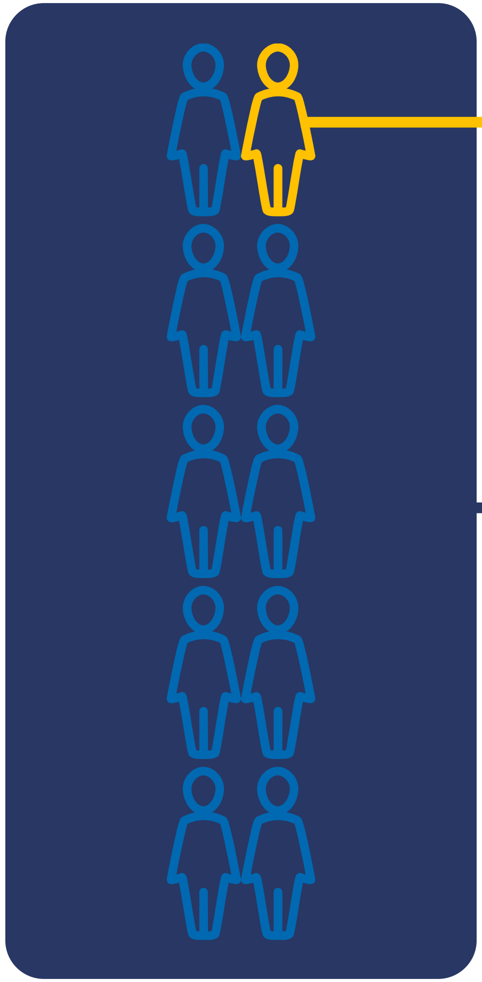
- Large scale data sets to enable predictive analytics
- Patient education at scale
- Network of engaged nephrologists
- CKD-ESRD care continuum
- Value-based contracting

Two ways patients progress to dialysis

Hospital start → **Unexpected changes**

Outpatient start → **Smoother transition**

Predictive analytics in CKD



10% transition to ESRD[1]

~1.2M CKD Stages 4-5 patients[1]

Focus on identifying and risk-stratifying CKD patients:

- Highest risk of transition to ESRD
- Hospitalization risk
- CKD patient identification

1) 2018 USRDS annual report

Empowering our patients for optimal starts

CKD management

~95% Patients have a nephrologist[1]

~70% Improvement in outpatient starts[2]

Education programs[3]

6x Home starts

38% Fewer hospitalizations

1) During transition month versus 20% during first month on program
2) 72% of patients in our program have outpatient starts versus ~40% based on 2016 CMS 5% sample data
3) Outcomes comparing DaVita patients educated through Kidney Smart® versus patients not educated through Kidney Smart®

ESRD care

Hospital start

Chronic kidney disease (CKD) patient

Outpatient start

ESRD treatment modalities

- In-center dialysis
- Home dialysis
- Hospital dialysis
- Transplant

Nephrologists

Typical DaVita chronic dialysis center

17+ Teammates

1 Medical director

80+ Patients, 4-hour treatments, 3x weekly

2 Home training rooms

18 Machines and chairs

Dietary and social support

Serving 178,000+ ICHD patients in the U.S.[1]

1) As of 6/30/2019

Leading Home platform

Hospital start

Chronic kidney disease (CKD) patient

Outpatient start

ESRD treatment modalities

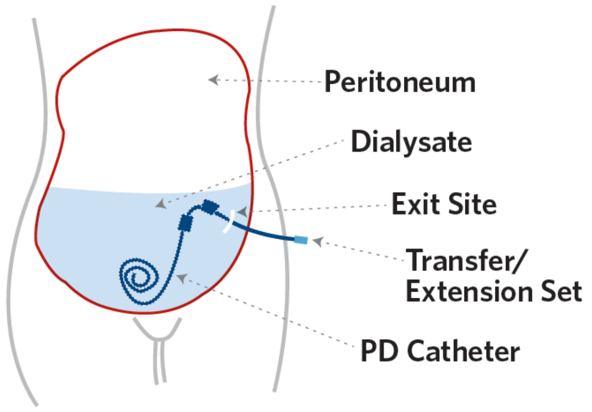
- In-center dialysis
- Home dialysis
- Hospital dialysis
- Transplant

Nephrologists

Types of Home modality options

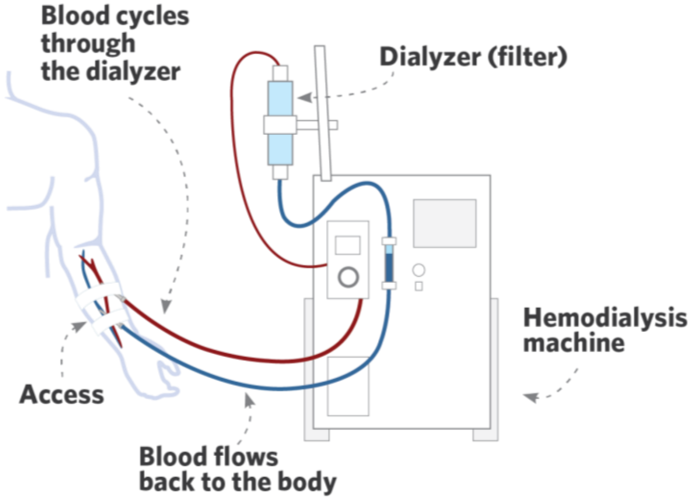
Peritoneal Dialysis (PD)

- Uses abdominal wall to dialyze
- <u>Needle free</u> treatment → less invasive



Home Hemodialysis (HHD)

- Smaller version of machine used in-center
- <u>Needles required</u> for treatments → most patients have care partner assistance



Patients are educated to perform dialysis themselves

Typical DaVita Home Program

4+ Teammates

1 Medical director

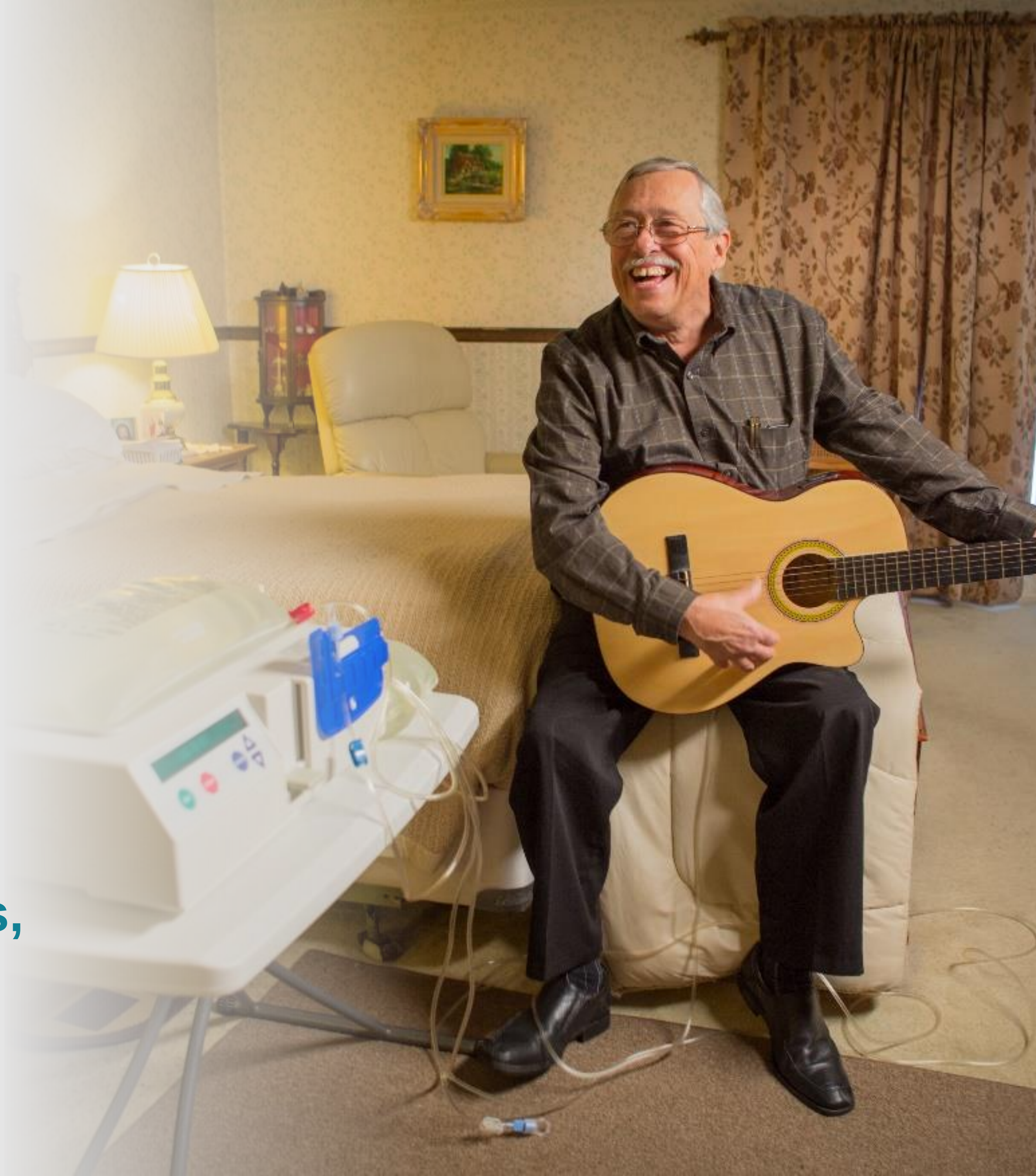
15+ Patients

2-6 Weeks of Home training programs

In-center dialysis support nearby

Remote monitoring

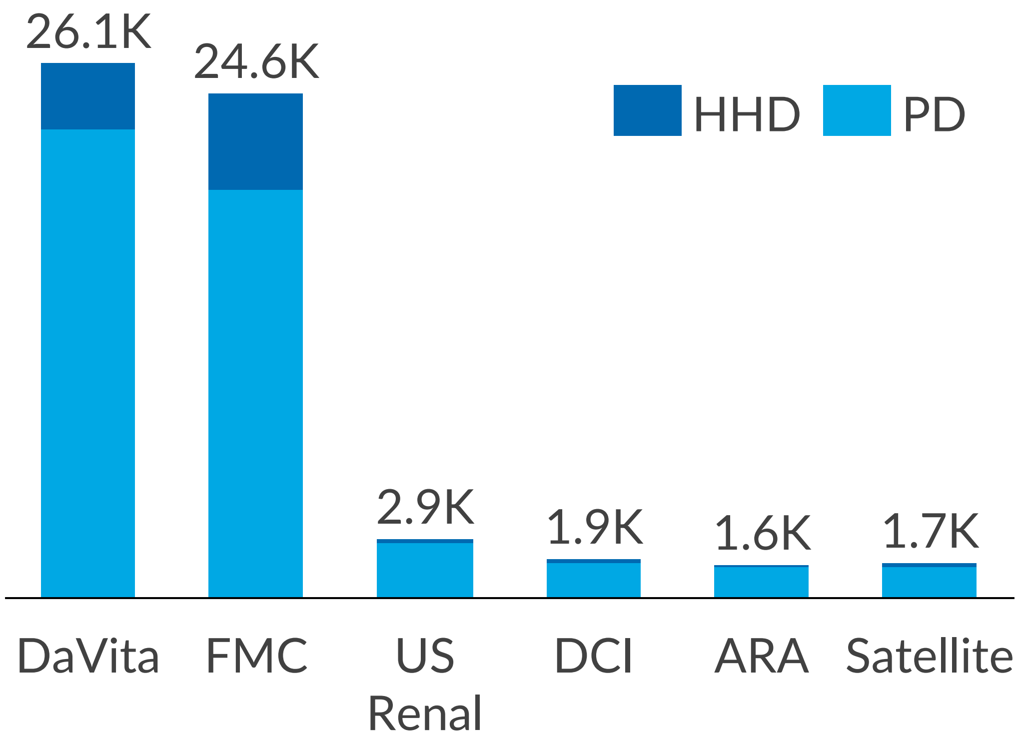
Largest U.S. provider of Home dialysis, growing Home at 4x ICHD[1]



1) Based on comparative growth rates for twelve month periods ended June 2019 and June 2018, respectively

Leader in Home dialysis

Largest Home census by provider[1]



Significant interdependence between Home and in-center dialysis

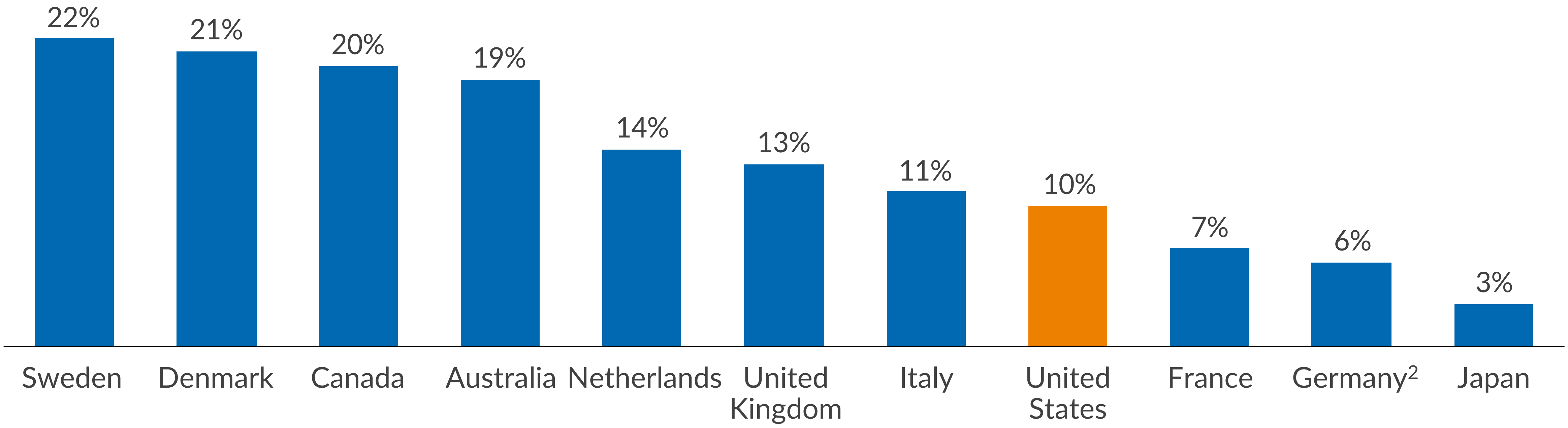
~50% of our PD patients converted from ICHD

~60% of our PD patients transfer to ICHD

1) 2019 NN&I Provider Survey

How does the U.S. PD penetration rate compare to others?

PD penetration rate for countries with comparable GDP per capita to the U.S.[1]



1) 2018 USRDS annual report. 2018 IMF - Adjusted for purchasing power parity. US GDP per capita is $62,606 and range of GDP per capita for other countries is $39,637 – 62,606
2) Multidimensional analysis of factors responsible for the low prevalence of ambulatory peritoneal dialysis in Germany (MAU-PD): a cross-sectional Mixed-Methods Study Protocol

Challenges to achieving higher PD penetration

Patient

- ~2 years average time on therapy[1]
- ~60% of patients are hospital starts[2]

Physician

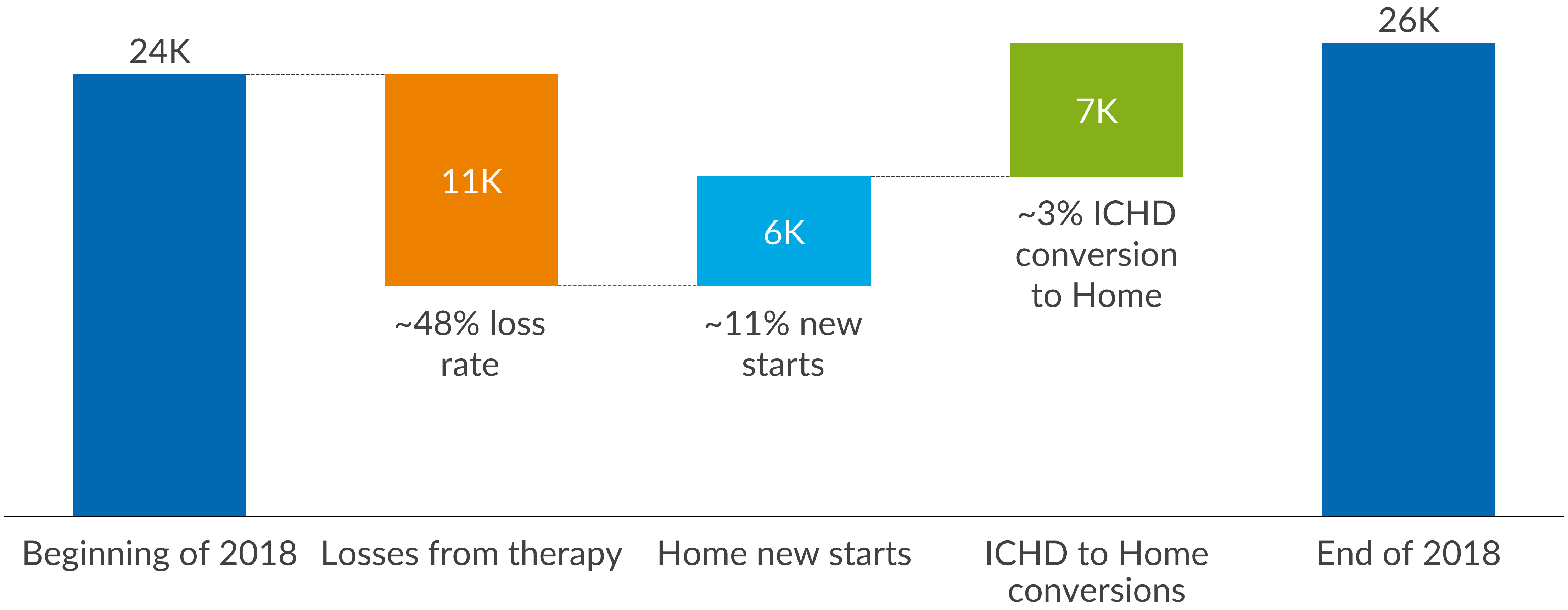
- 44% of surveyed nephrologists do not feel well-trained on PD[3]
- 87% of surveyed program directors for nephrology fellowship programs believe that PD training in the U.S. is inadequate[4]

Industry

- Supply constraints

1) Internal analysis of all patients who terminated therapy in 2017. Average time on therapy figure excludes patients who terminated dialysis in first 6 months.
2) 2016 CMS 5% sample data
3) Jeffrey Berns, A Survey-Based Evaluation of Self-Perceived Competency after Nephrology Fellowship Training (2010)
4) Wadhwa, et. al., Does Current Nephrology Fellowship Training Affect Utilization of PD in the United States? (2013)

DaVita's annual Home growth



Home technology and innovation

- **Home Remote Monitoring** captures and wirelessly transmits patients' biometrics to the care team for proactive intervention
- **Care Connect App** enhances patient engagement through features such as secure messaging, care reminders and access to educational resources
- **Telehealth visits** enabled through multi-way video conferencing capability
- **Health Management Navigator** provides advanced training to DaVita nurses so they can more effectively manage patients with comorbidities
- **Predictive Modeling** helps identify Home dialysis patients most at risk for adverse events so that early intervention can take place

Dialysis patients are often in and out of hospitals

Hospital start

Chronic kidney disease (CKD) patient

Outpatient start

ESRD treatment modalities

- In-center dialysis
- Home dialysis
- **Hospital dialysis**
- Transplant

Nephrologists

Importance of maintaining continuity of care with hospitals

1-2 Admits per ESRD patient per year on average[1]

35% Readmitted to the hospital[1]

~28% Home therapy loss associated with hospital admission[2]

1) 2018 USRDS annual report
2) Internal DaVita data

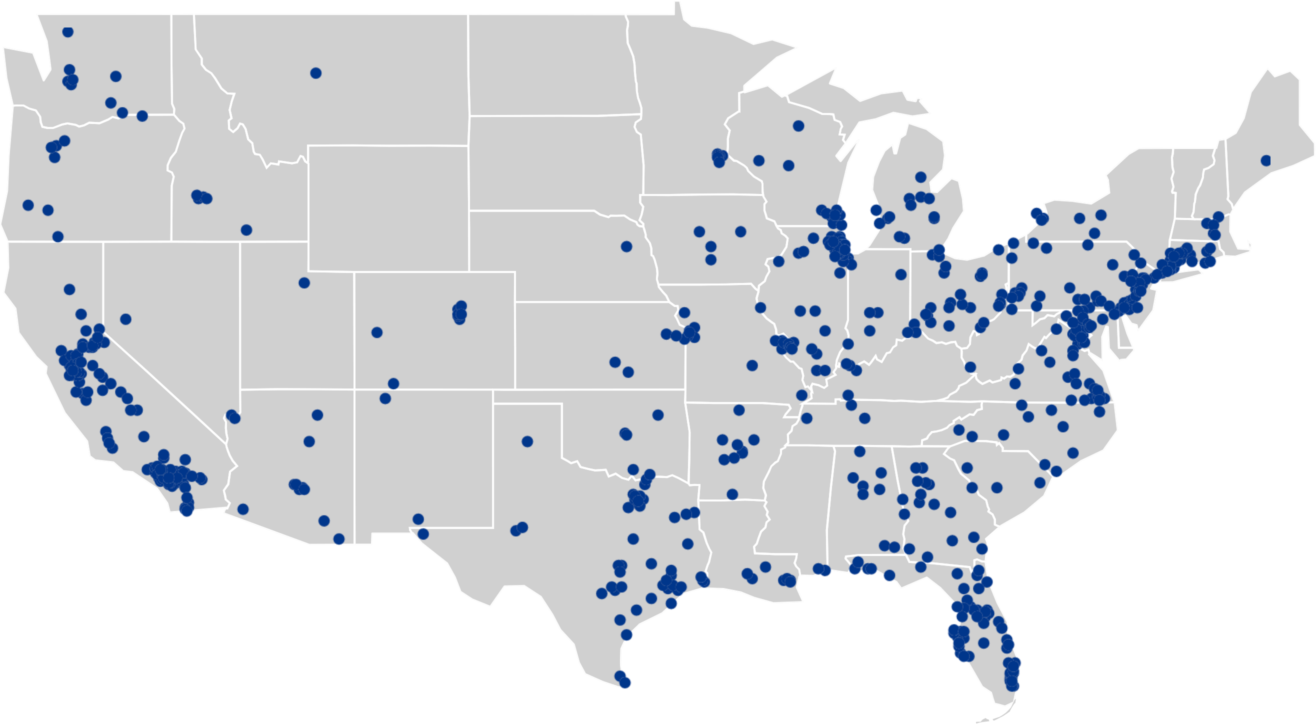
Our platform includes hospitals

Inpatient dialysis services

- 900+ hospital services partners

  57 hospital system joint ventures

  First provider to receive Joint Commission accreditation



Discharge planning program

Patient Pathways™

Provider-neutral discharge planning and placement program

Transplant is the best modality for patients

Hospital start

Chronic kidney disease (CKD) patient

Outpatient start

ESRD treatment modalities

In-center dialysis

Home dialysis

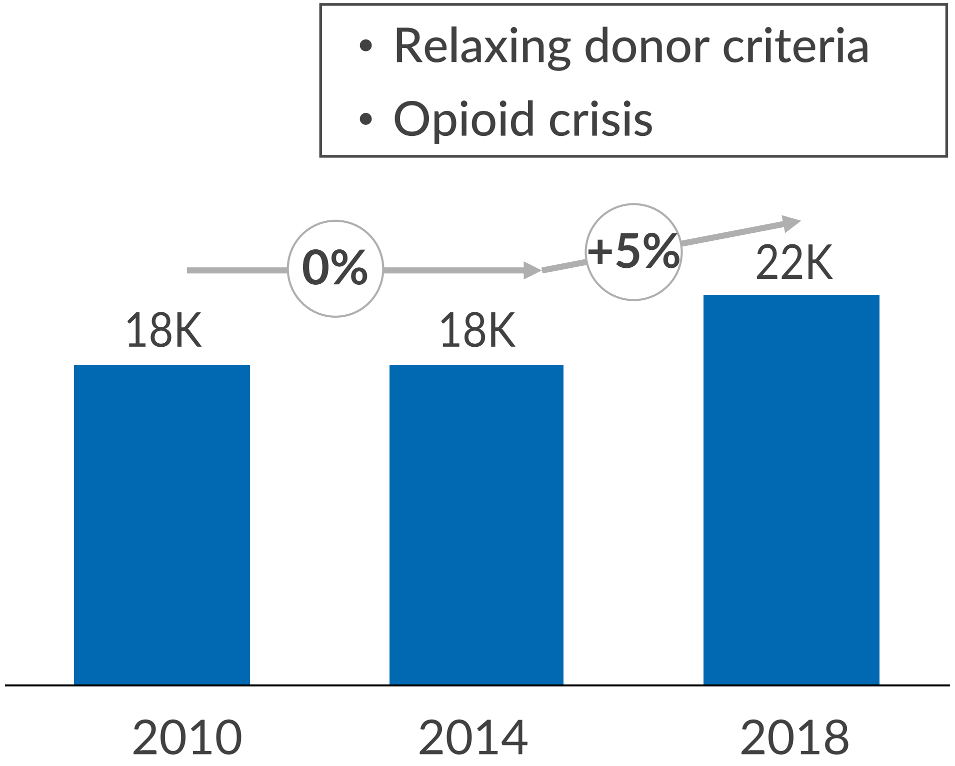
Hospital dialysis

Transplant

Nephrologists

Supply constraints remain a challenge to more transplants

Increasing transplants in recent years[1]…



…but time on the waitlist is still long

~4 years average wait time to transplant[1]

~95K patients on transplant waitlist[2]

1) 2010 - 2018 USRDS and annual OPTN reports
2) UNOS kidney waitlist as of 7/29/19

Our role is to help ensure patients are transplant ready

~1 year

~4 years

~24 hours

1. Patient referred
2. Patient evaluated
3. Patient gets on and stays active on waitlist
4. Kidney sourced
5. Kidney matched
6. Patient decision
7. Transplant

DaVita

- Patient education
- Waitlist support

Transplant advocate for our patients

Comparable transplant rate to industry[1]

6,600+

DaVita patients received transplants in 2018

Continue to help ensure our patients are transplant ready

~34%

Of patients on the waitlist are DaVita patients[2]

Helping to optimize our patients' chances for transplant

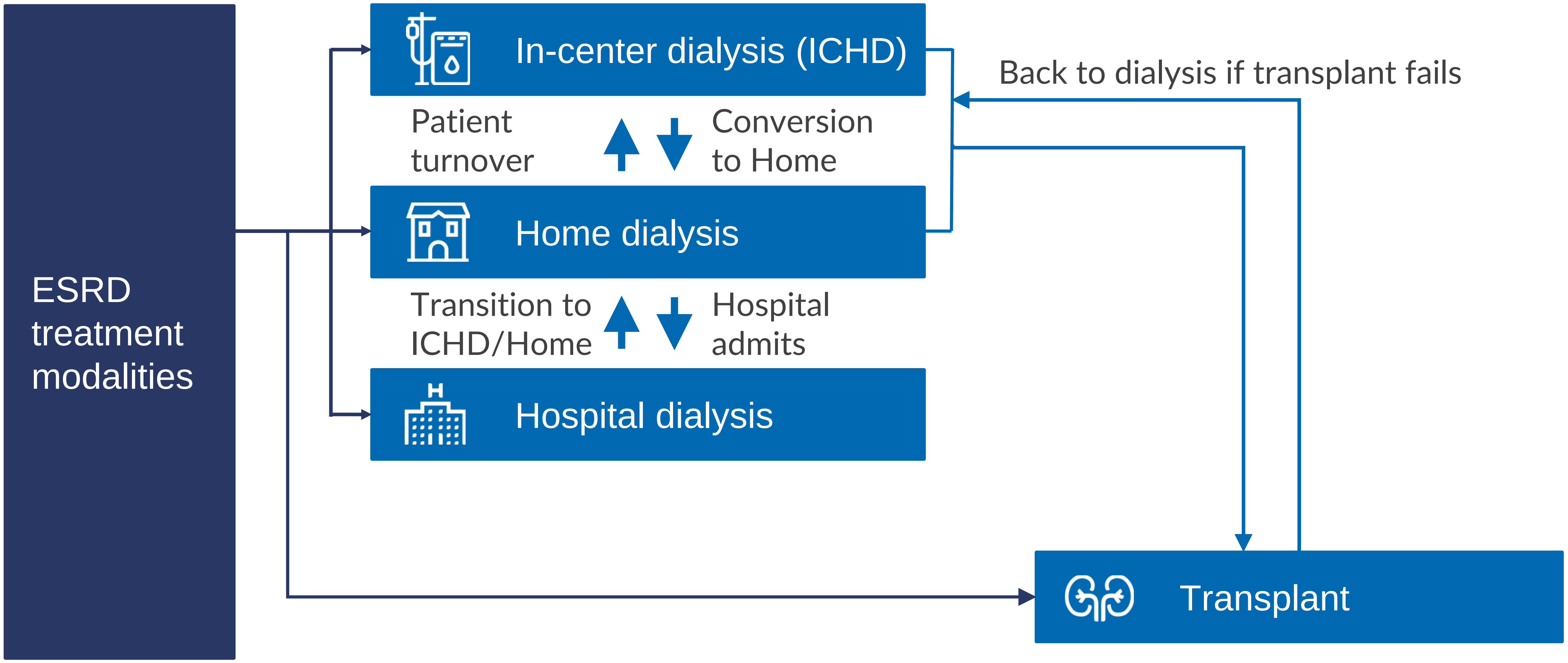
Transplant Smart

~95%

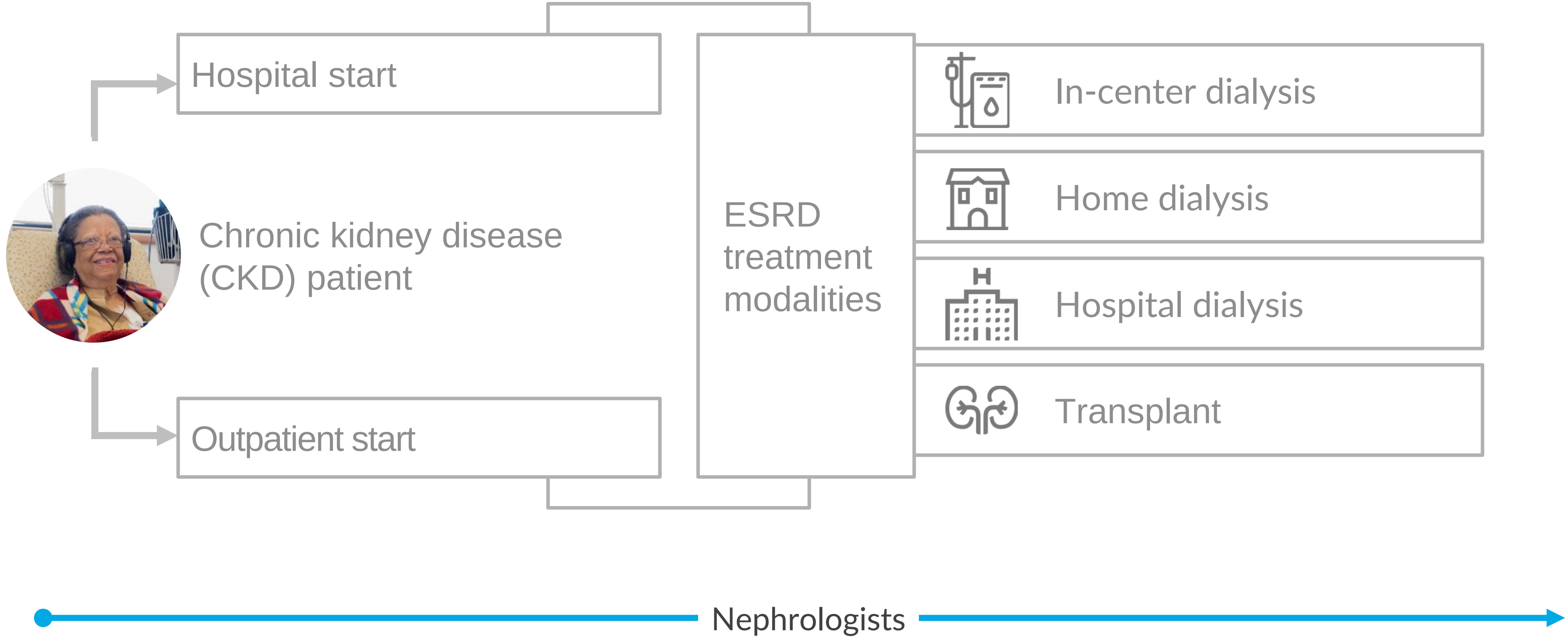
Patients educated and supported by DaVita's social workers

1) 2014 - 2018 USRDS, internal DaVita data, and annual OPTN reports. Excludes pre-emptive transplants for industry
2) United Network for Organ Sharing (UNOS) kidney waitlist as of 7/29/19

Interplay between modalities



Nephrologists form the foundation of delivering care



Extensive partnerships with nephrologists

7,600+ Nephrologist relationships[1], representing ~70% of practicing nephrologists[2]

700+ Joint venture centers

400+ Physicians on CKD Electronic Health Record

1) Includes nephrologists with medical director agreements, JVs, and attending physicians
2) 2016 ASN Nephrology Workforce Report

Partner of choice across all areas of nephrologists’ practices

Office	Epic *CKD EHR*	*Predictive analytics*	*CKD Care Management*	Kidney Smart *Community Education*
Hospital	*Transitional Care*	*Mobile Suite*	*HIE Integration*	Patient Pathways *Discharge planning*
Dialysis Clinic	*IT Platform*	*Modality Management*	*Integrated Care*	*Telehealth*

Comprehensive kidney care is more than just dialysis

Why? ESRD patients experience highly fragmented care

Dietary
restrictions

Specialist
visits

1-2 hospital
admits/year

4+ comorbidities
(i.e. diabetes, hypertension)

Social determinants
Financial stability, surroundings

12-15 hrs/week
at dialysis

19+
pills a day

Insurance changes
Medicare eligibility

Established platform for integrated care

Routine touchpoints with same care team

Customized clinical pathways & protocols

Dietitian

Physician

Renal nurse

Social worker

Predictive analytics & risk stratification

Care management technology platform

DaVita's integrated care programs

	Chronic Special Needs Plans (C-SNPs)	ESRD Seamless Care Organizations (ESCOs)	Commercial/ MA value-based contracts
Total DaVita risk lives[1]	~4,000	~6,000[2]	~7,000
Example partnerships	Anthem BlueCross	CMS Centers for Medicare & Medicaid Services	UnitedHealth Group

1) Excludes ~10,000 patients under disease management programs not part of value-based contracts
2) CMS attribution through June 2019

Potential future integrated care programs

PATIENTS Act

CMMI[1] voluntary models

Commercial/ MA value-based contracts

1) Center for Medicare & Medicaid Innovation (CMMI)

Proven impact of DaVita's integrated care

Enhanced Patient Experience

Top 5 In patient satisfaction among all California C-SNP plans[1]

DaVita SNPs

Improved Clinical Outcomes

Hospitalization Rate	*Catheter Rate*
22%	**67%**

Better than national ESRD average[2]

Reduced Cost[3]

15% lower non-dialysis costs than Medicare fee-for-service

~$8,000 savings per patient per year

1) 2014 - 2018 Medicare's CAHPS survey
2) 2018 USRDS annual report.
3) DaVita Integrated Kidney Care vs. Medicare FFS analysis performed by an independent actuarial firm

What would integrated care economics look like at scale?

~$17B

Incremental revenue potential for industry[1]

Likely low single digit operating income (OI) margin[2]

Capital efficient

Industry hard at work in DC, strong bipartisan support

1) 2018 USRDS annual report: assumes 300K Medicare FFS patients for industry, ~$90K of total costs per patient per year, 65% of non-dialysis costs
2) Subject to uncertainties such as impact of associated start-up costs and ultimate program design features, potential fees, guaranteed savings requirements, and sequestration, among other things

A leading platform for comprehensive kidney care

7,600+ nephrologist relationships[1]

900+ hospital partners

2,900+ clinics

1,700+ Home programs

$1.7B medical cost under management

500+ payor relationships

1.4M+ longitudinal patient data to date

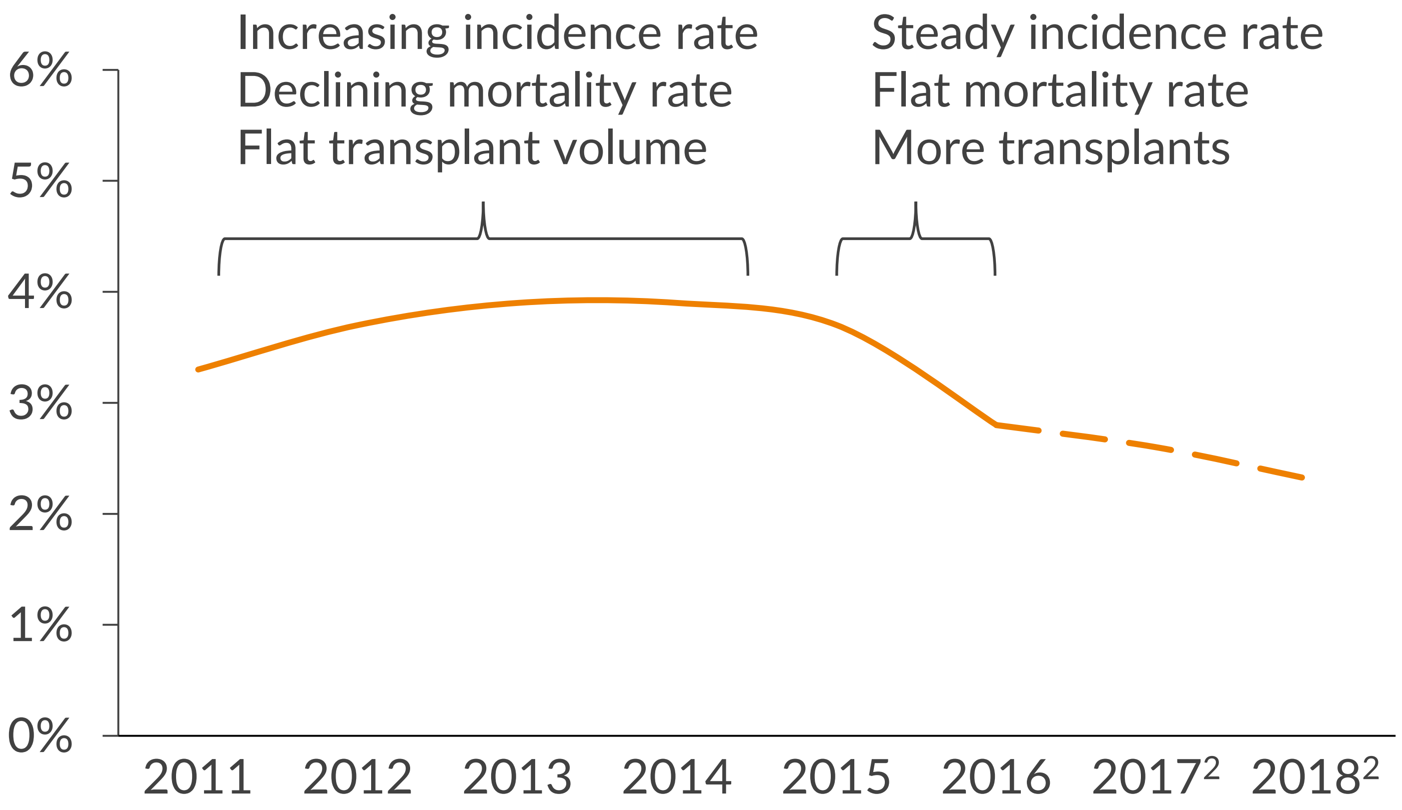
1) Includes nephrologists with medical director agreements, JVs, and attending physicians

Content

FAQs

- Volume Growth
- Revenue Dynamics
- Team and Culture
- Executive Order
- International

Industry prevalence growth[1]



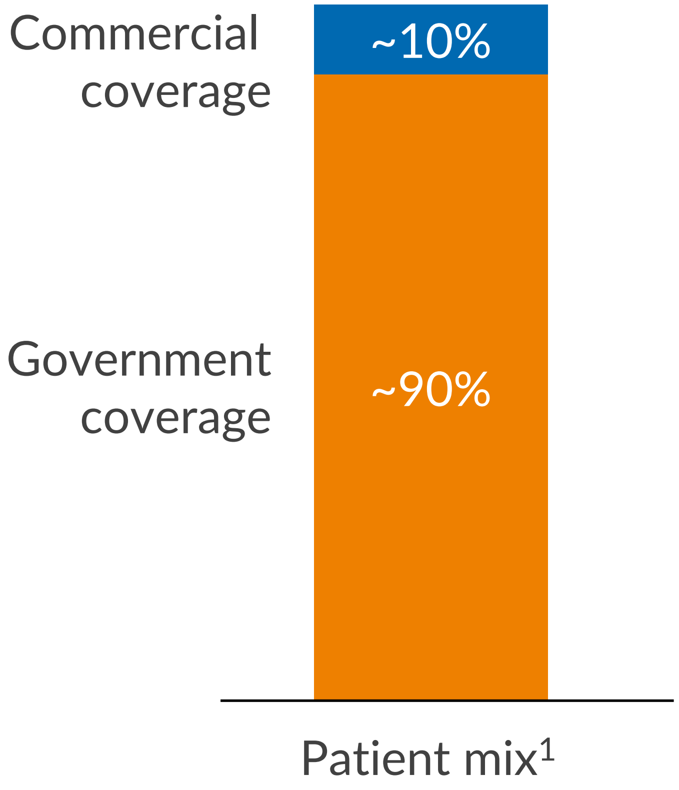
Outlook

- 1.5-2.0% industry prevalence growth
- 1.5-2.5% DaVita non-acquired growth

1) 2018 USRDS annual report; represents YoY growth in prevalence count, excluding living transplants
2) 2017 and 2018 are from latest quarterly USRDS data, which includes living transplants. 2017 is Q4'16 to Q4'17 growth. 2018 is Q3'17 to Q3'18 growth

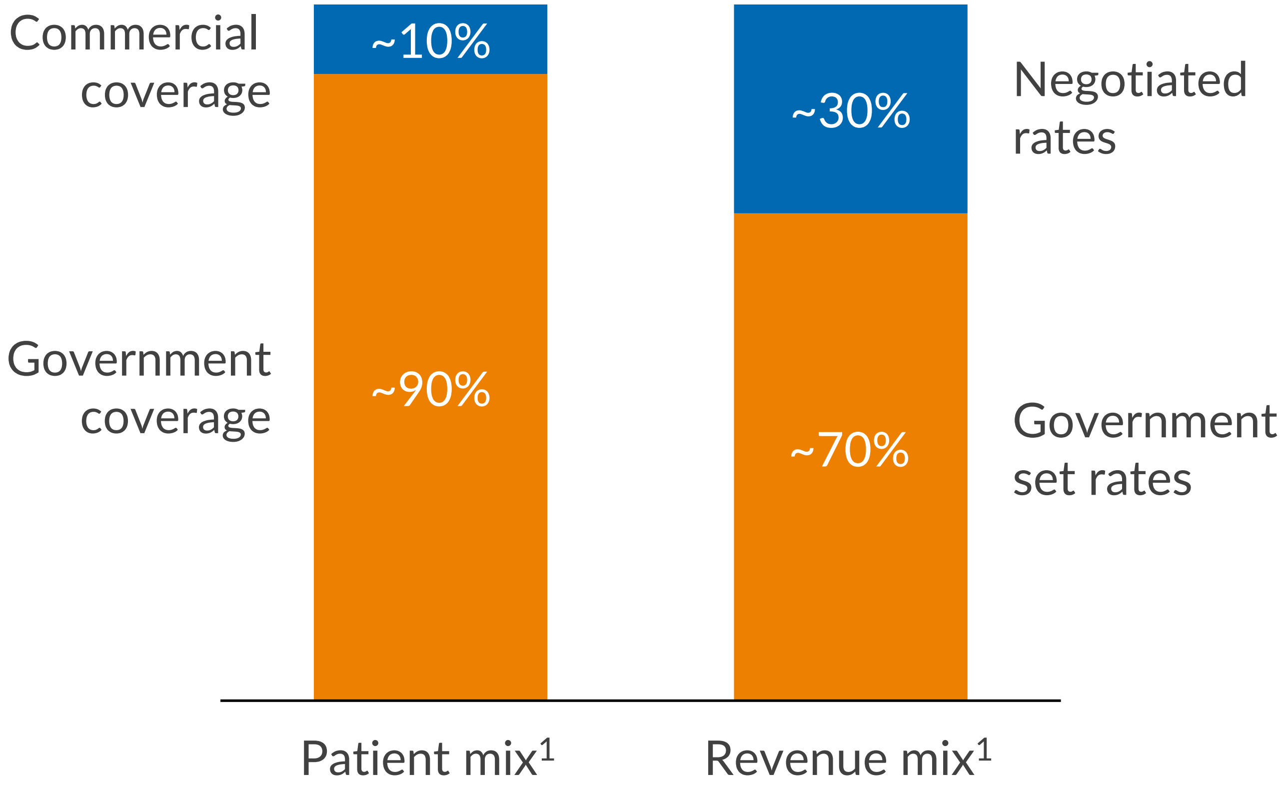
FAQs

Industry structure



1) Internal DaVita data

Industry structure



Two-way subsidy

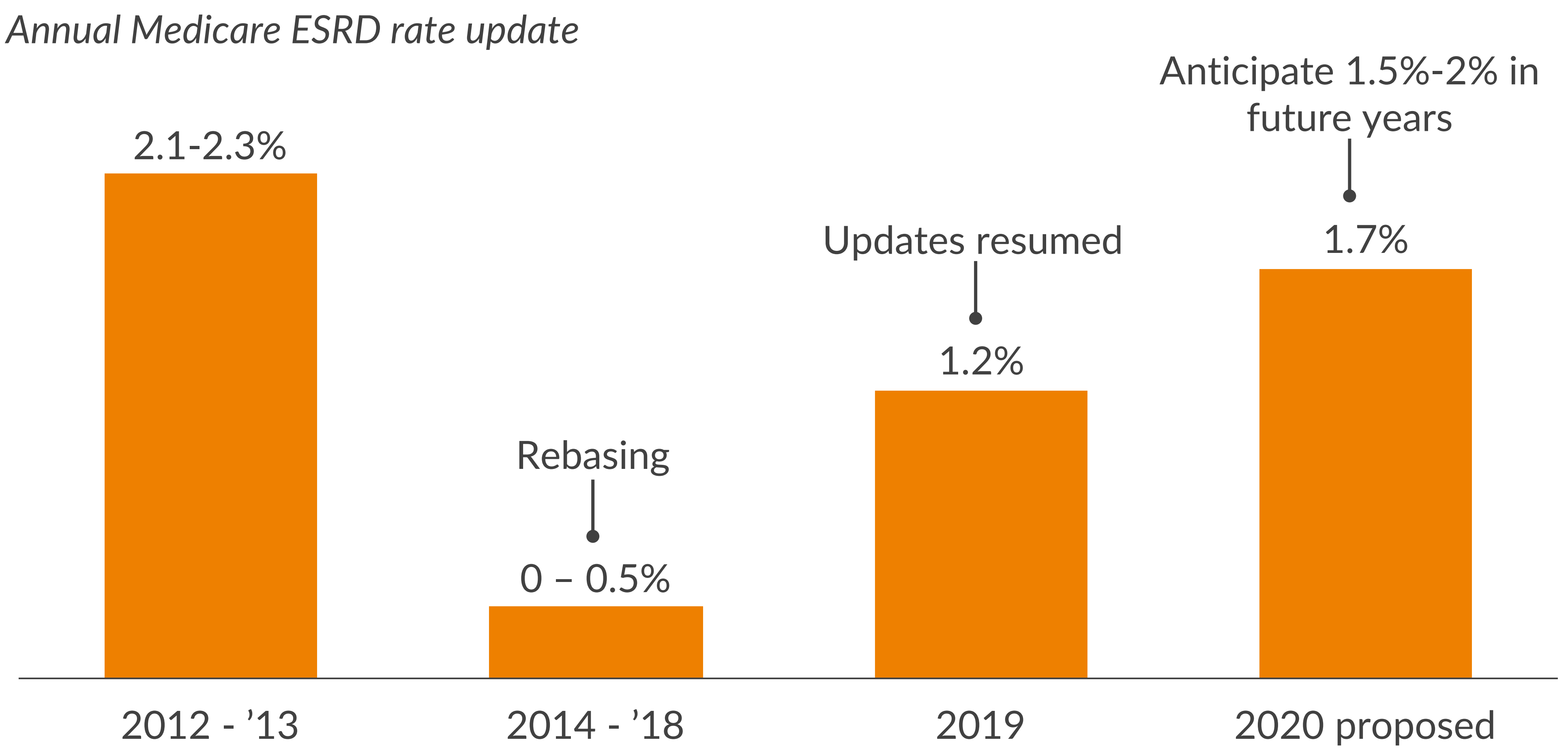
- Near-universal Medicare eligibility
- Government underfunding, commercial rate premium

1) Internal DaVita data

Revenue per treatment (RPT) summary

Improving dynamics	Similar dynamics
1 Medicare rates return to statutory increases	2 Contracting environment
3 Outlier segment reduced	4 Commercial mix headwinds
5 Affordable Care Act (ACA) impact stabilizing	6 Continue to expect positive impact from shift to Medicare Advantage (MA)

❶ Medicare rates: Return to statutory increases



2 Commercial rates: Normal dynamics

~30%
Of total revenue

500+
Payor relationships

94%+
Commercial revenue contracted

3 Outlier segment reduced

60% reduction over past decade:
out-of-network, narrowing the band

Remaining portfolio fragmented

Expect continuing, slowing reduction

4 Commercial mix: Ongoing headwinds

Headwinds

Aging of baby boomers

↓

Likelihood of commercial insurance significantly lower among new patients over 65

How are we responding?

Operational and educational improvements:

- Efficiency of admissions process
- Clinical benefits of working
- Right modality for each patient

5 ACA: Net negative over last five years, now stabilizing

States' decisions
Medicaid expansion

Product designs
Metal tiers, subsidies

Payors' choices
Level of participation

Patients' options
Prevalence of secondary insurance

Minimal volume impact but complex mix and rate effects

6 MA Choice: Positive, but gradual adoption

What it is

- Starting 2021
- Congressionally mandated
- Reinforces principle of "Freedom of Choice"

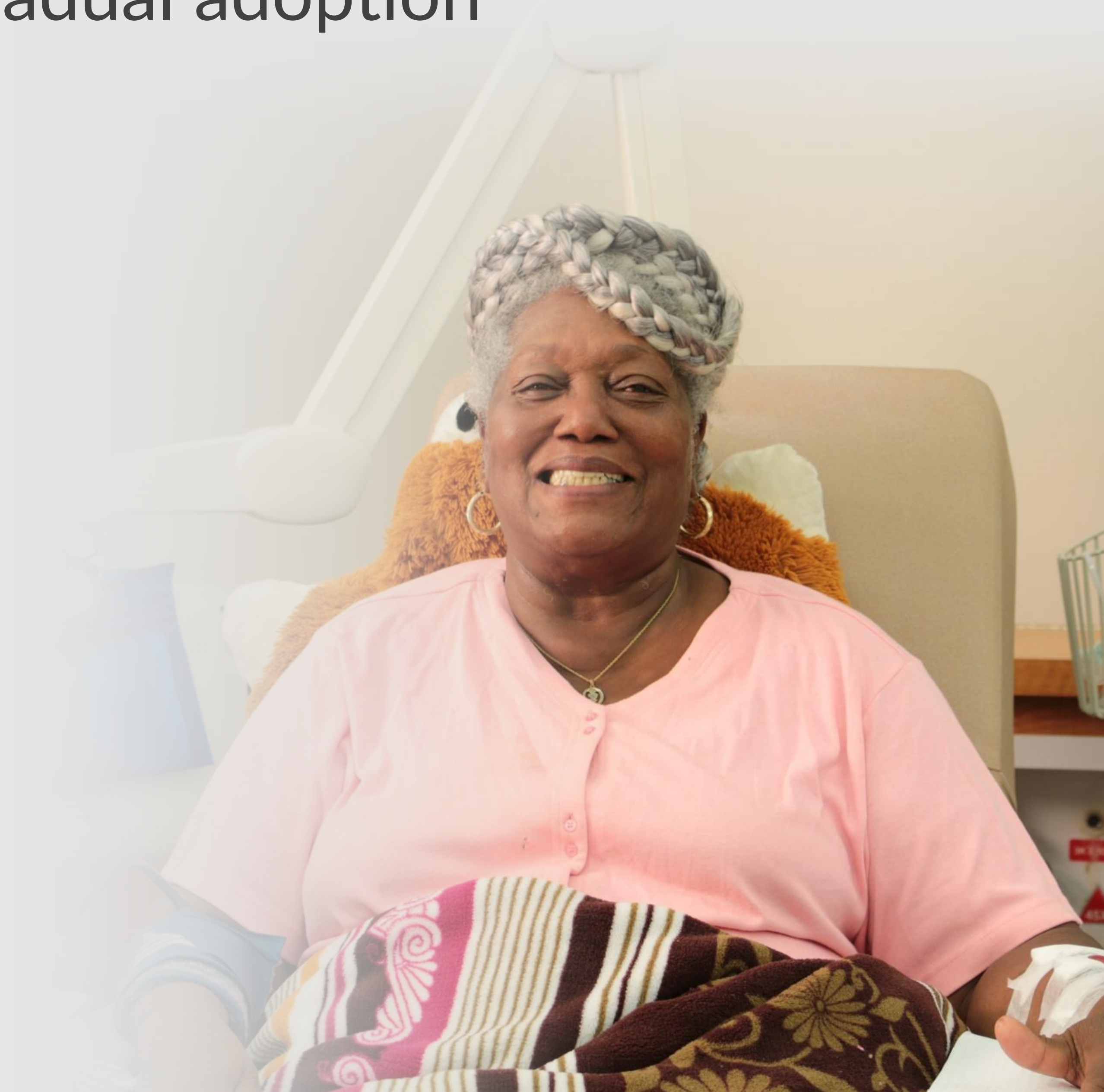
MA penetration

25%

of total Medicare patients[1]

Expect to approximate broader MA market[2]

~30-35%



1) Internal DaVita data as of 6/30/2019
2) Modern Healthcare and Kaiser Family Foundation

Revenue per treatment summary and outlook

1

Complex dynamics

2

Some improvement in drivers

3

Outlook: Net growth up slightly from recent levels

0% to 1% RPT increase in 2020, excluding calcimimetics

Charitable premium assistance (CPA)

A program created 20 years ago with patients in mind…

Ensures low-income dialysis and transplant patients can afford health insurance

– *American Kidney Foundation*

Enhances patient freedom of choice in health care providers

– *Office of Inspector General Advisory Opinion 97-1*

60% of our patients who receive CPA have Medicare as their primary insurance

Charitable premium assistance developments

Policy developments

- Federal rule
- AB290 – CPA bill in California

Exchange plans

- Stable enrollment
- Improved payors' profitability
- Normal ESRD prevalence

FAQs

Volume Growth

Revenue Dynamics

Team and Culture

Executive Order

International

Creating a Special Place

FORTUNE WORLD'S MOST ADMIRED COMPANIES 2017
10 YEARS IN A ROW

training TOP 125
2019 WINNER

worldblu CERTIFIED
FREEDOM CENTERED WORKPLACE 2018

BECKER'S Hospital Review
150 Great Places to Work in Healthcare

MILITARY FRIENDLY EMPLOYER
MF '19 AWARD

8th consecutive year

HUMAN RIGHTS CAMPAIGN FOUNDATION
BEST PLACES TO WORK
2019 for LGBTQ Equality
100% CORPORATE EQUALITY INDEX

GREAT PLACE TO WORK®
2017
Best Workplaces™

CEO ACT!ON FOR DIVERSITY & INCLUSION

BEST FOR VETS EMPLOYERS
2019 MILITARY TIMES

150 Great Places to Work 2016

eHealthcare LEADERSHIP AWARDS

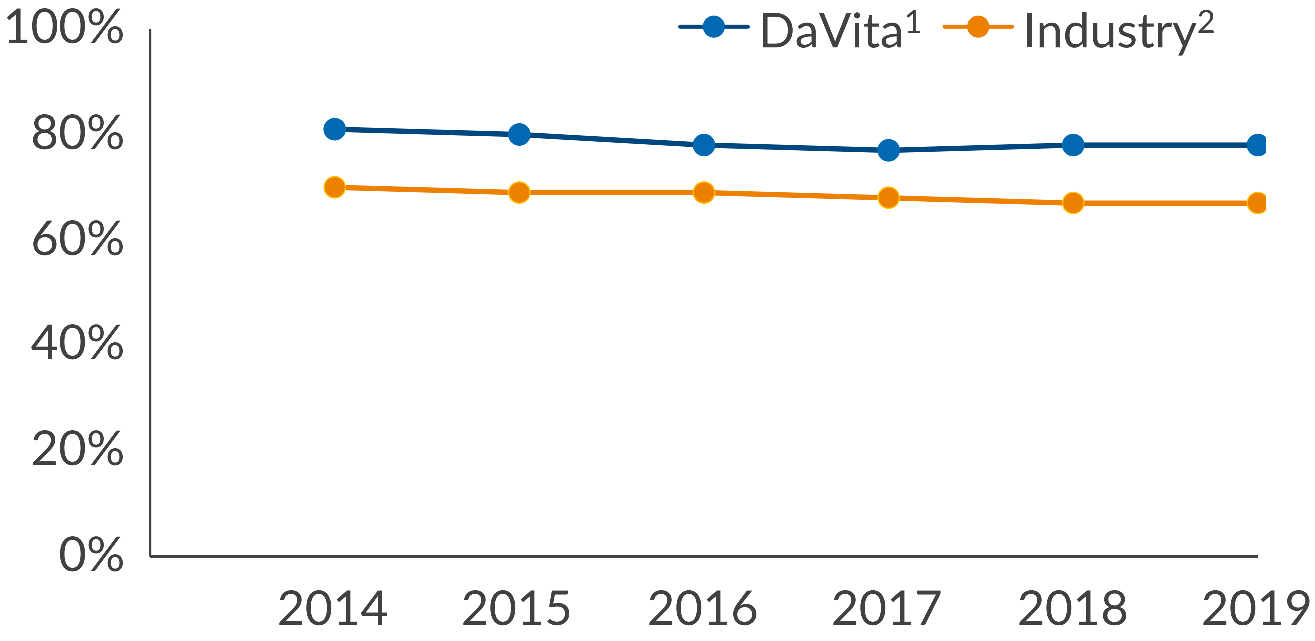
2019 Bloomberg Gender-Equality Index

TOP WORK PLACES 2019
THE DENVER POST

LEARNING ELITE
The best companies in learning + development

Distinctive work environment in a challenging labor market

DaVita's field teammate retention above healthcare benchmark



82%

- Of teammates are engaged[3]
- Approaching 75th percentile of U.S. healthcare benchmark for engagement[4]

1) Field teammates only; Retention calculated as a 12-month rolling average; Jun'19 Retention from Jul'19 Retention Tool
2) Benchmark: Bureau of Labor Statistics, Health Care, and Social Assistance (not seasonally calculated) Prelim May'19
3) Q2 '2019 Engagement Survey for all DaVita teammates
4) Benchmark: Bureau of Labor Statistics, Health Care, and Social Assistance Jul'19

FAQs

Volume Growth

Revenue Dynamics

Team and Culture

Executive Order

International

3 major goals of new CMMI initiative

80% of new ESRD patients in **2025** either receive dialysis at home or receive a transplant

25% reduction in number of Americans developing ESRD by **2030**

2x kidneys available for transplant by **2030**

DaVita is aligned and well-positioned

Proposed mandatory model

Impacts 50% of the country

Emphasis on Home and transplant

Estimates ~$20-25M reduction to industry's dialysis reimbursement annually

Our comments to CMS regarding the mandatory model

- Supportive of spirit and goals
- Patient choice and physician judgment
- Waivers for initiatives to effectuate change
- Involve all relevant transplant stakeholders
- Changes to scope and payment methodology

FAQs

Volume Growth

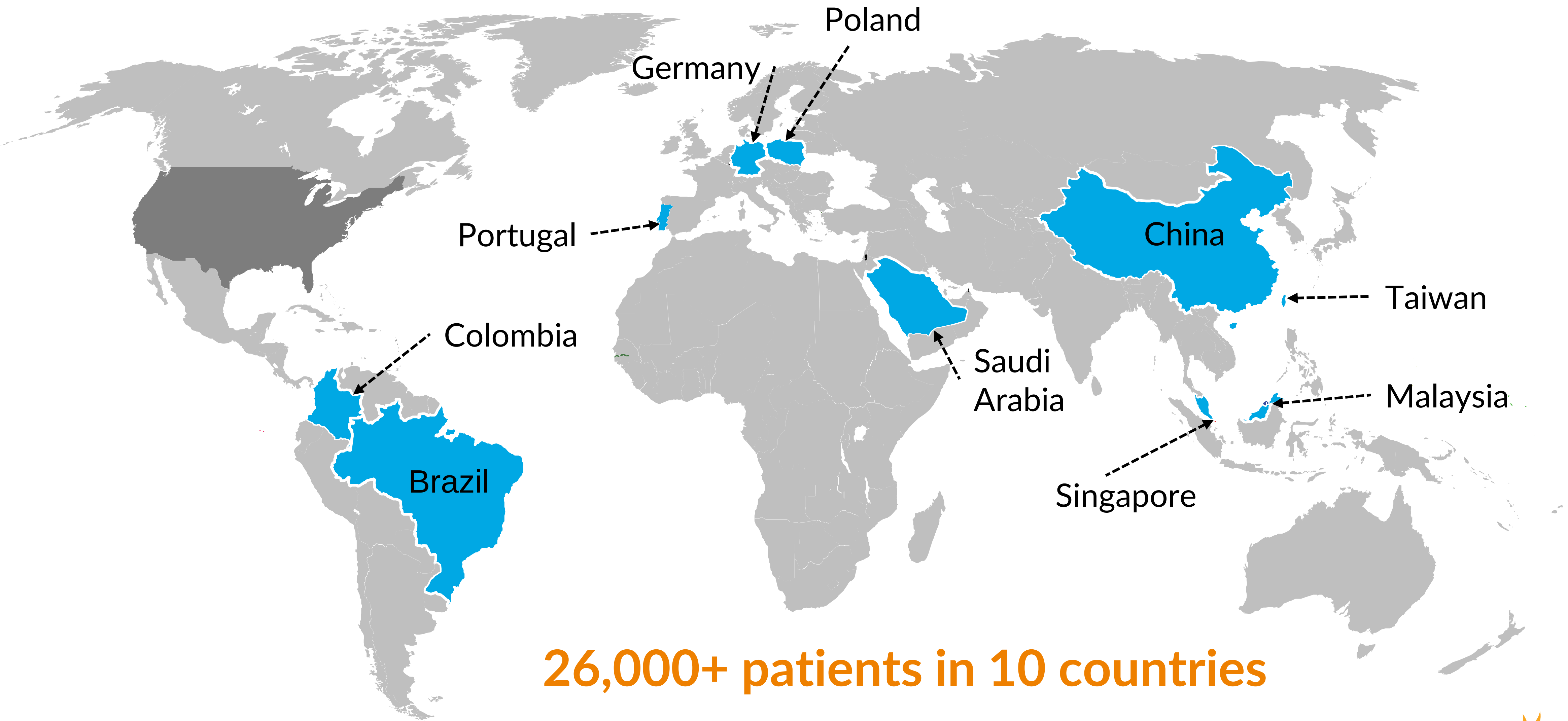
Revenue Dynamics

Team and Culture

Executive Order

International

Our international footprint



26,000+ patients in 10 countries

Achieving clinical outcomes abroad

Since 2018…

20% reduction

in mortality rate[1]

22% reduction

in hospitalization rate[2]

1) Portugal, Brazil, KSA, Colombia, Taiwan, Malaysia
2) Portugal, KSA, Colombia, Taiwan, Malaysia

Evolution of international

2012-2017	2018-2019	Expectations through 2022
Plant seeds	**Refine the portfolio**	**Disciplined growth**
• 11 countries • Mixed results as expected	• New team • Consolidated above-country G&A • Shift to profitability (adjusted OI)	• Accretion to U.S. operating income growth • Focused capital investment on limited countries

Anticipated long term source of earnings growth

Content

Guidance philosophy

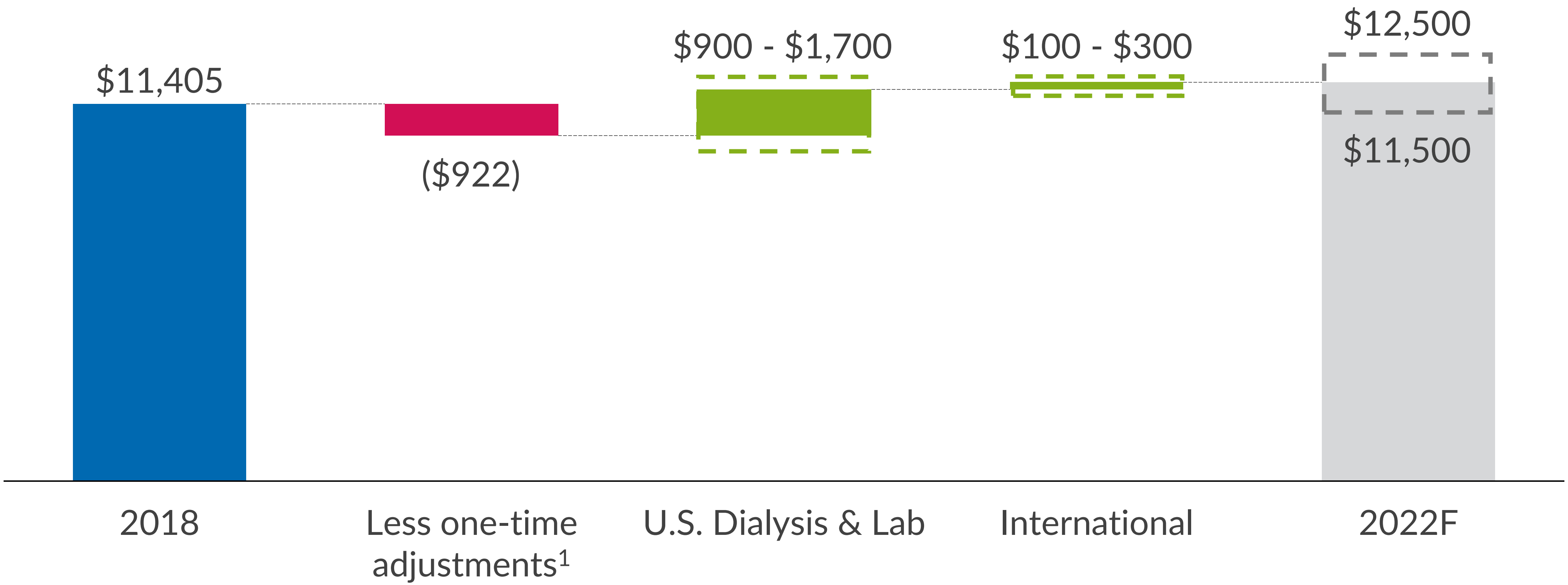
- Earnings per share replaces operating income
- Operating income margin replaces per treatment metrics
- New definition of free cash flow
- Does not incorporate potential ballot initiative costs

Capital efficient growth outlook

1	Growing patient demand	Organic revenue growth
2	Strong operators and cost management	Improving margin trajectory
3	Declining capital expenditure	Increasing cash flow
4	Disciplined capital allocation	Earnings per share growth

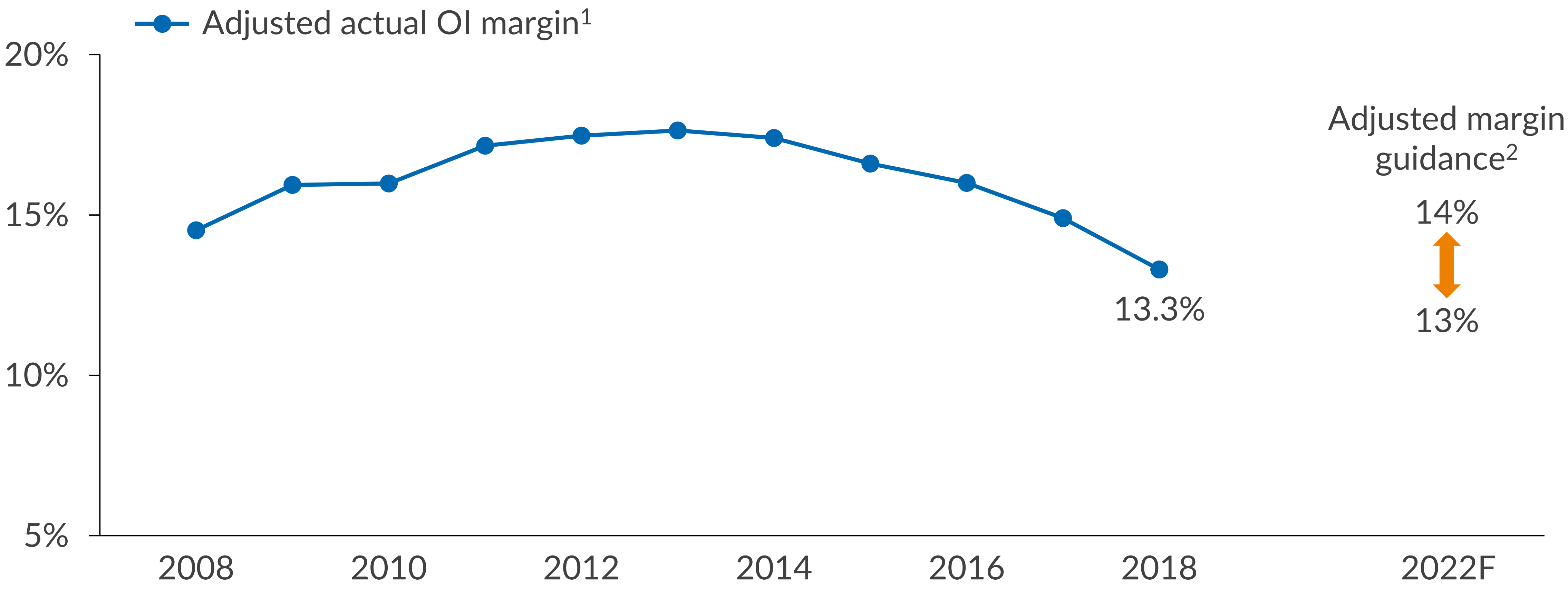
Revenue outlook of $11.5B - $12.5B in 2022

$ in millions



1) Includes $354M of DaVita Rx, $23M of DaVita Health Solutions, $36M of Medicare Bad Debt adjustment, and $509M of calcimimetics revenue

Adjusted OI margin trends



1) Adjusted OI Margin is a non-GAAP measure that is calculated by dividing adjusted OI by revenue. See appendix for a definition of adjusted OI and a reconciliation of this non-GAAP measure to the most comparable GAAP measure.
2) Excludes impact of any ballot initiatives

Estimated impact of flat Medicare fee-for-service rates

Rebasing	Adjusted OI impact	Margin impact
~8%	~$330M	250 bps
2014 to 2018	In 2018	In 2018

Disciplined cost management

	2013 – 2018	2019 – 2022
Wage rate	Outpace inflation	
Anemia management	Costs down	
G&A	Disciplined cost management	
Depreciation	Outpace revenue growth	In line with revenue growth

International performance

International

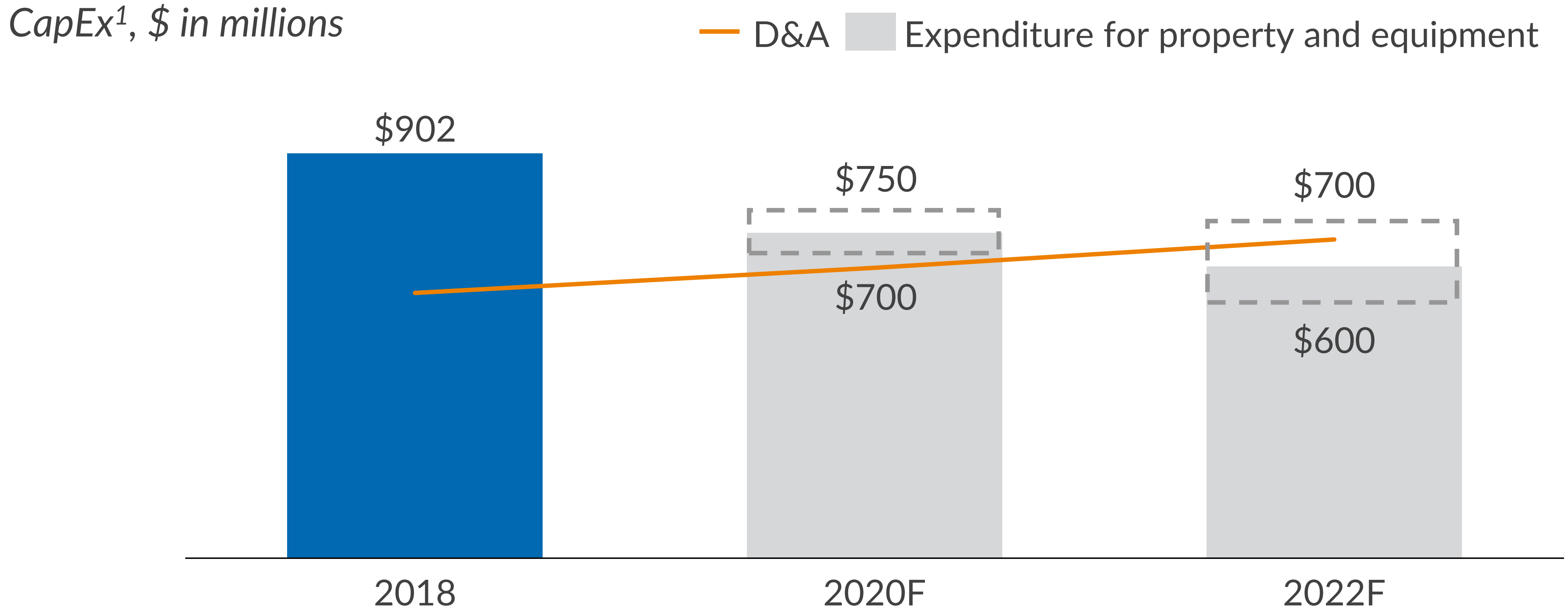
2013 to 2018

- Opportunistic growth
- Multiple administrative centers
- Subscale

2019 to 2022

- Disciplined growth
- G&A leverage
- Economies of scale

Capital efficient growth

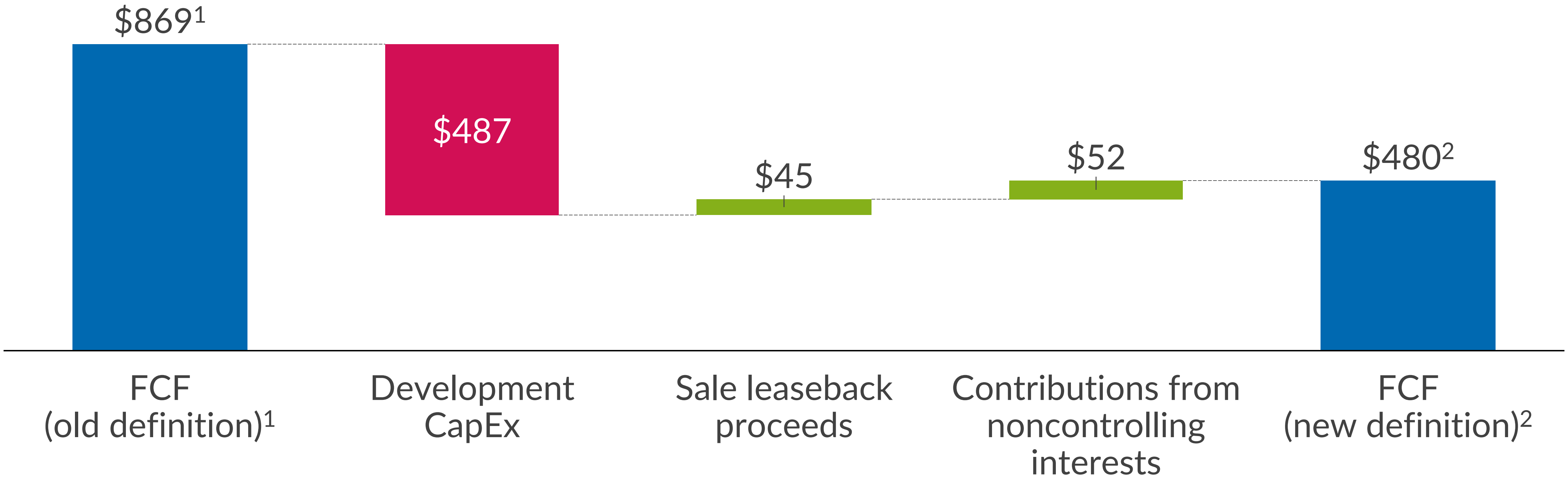


CapEx coming down as a result of fewer in-center *de novos*

1) CapEx from continuing operations

New definition better reflects discretionary cash

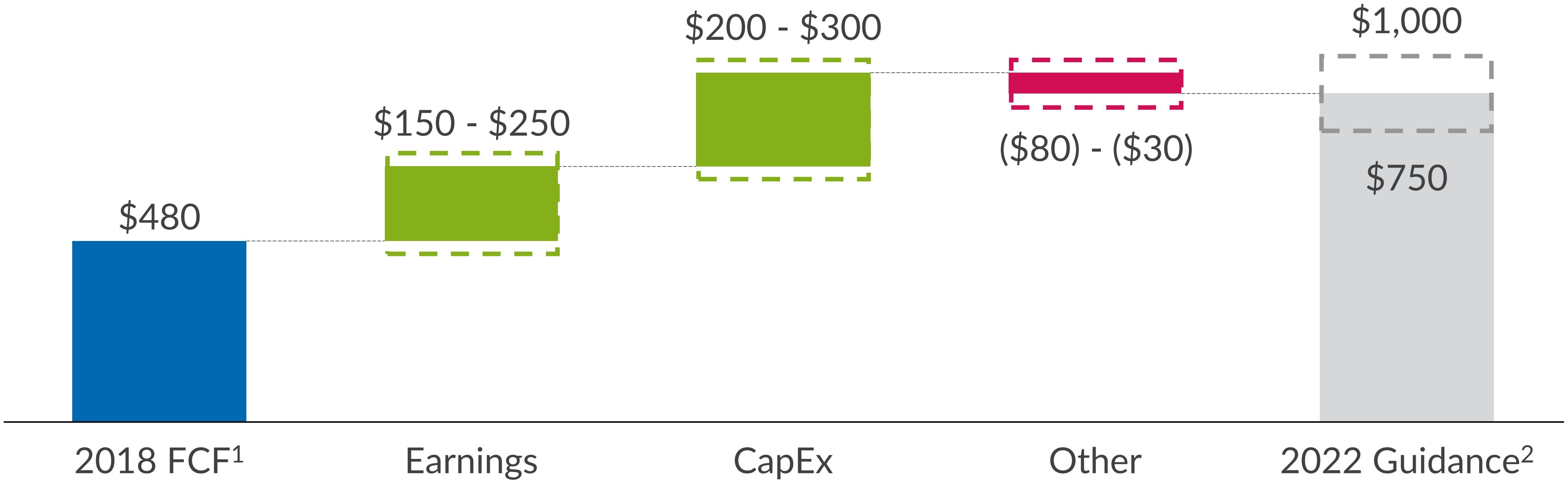
2018 Free Cash Flow (FCF), $ in millions



1) Free cash flow (old definition) is a non-GAAP measure. Free cash flow (old definition) is defined as operating cash flow from continuing operations less distributions to noncontrolling interest and capital expenditures for routine maintenance. See appendix for reconciliation of this non-GAAP measure to the most comparable GAAP measure.
2) Free cash flow (new definition) is a non-GAAP measure. Free cash flow (new definition) is defined as operating cash flow from continuing operations less distributions to noncontrolling interest and capital expenditures (both routine maintenance and development), plus proceeds from sale leaseback and contributions from noncontrolling interests. See appendix for reconciliation of this non-GAAP measure to the most comparable GAAP measure.

Drivers of higher free cash flow

Free Cash Flow (new definition), $ in millions



1) Free cash flow (new definition) is a non-GAAP measure. Free cash flow (new definition) is defined as operating cash flow from continuing operations less distributions to noncontrolling interest and capital expenditures (both routine maintenance and development), plus proceeds from sale leaseback and contributions from noncontrolling interests. See appendix for reconciliation of this non-GAAP measure to the most comparable GAAP measure.
2) Excludes impact of any ballot initiatives

Disciplined capital allocation

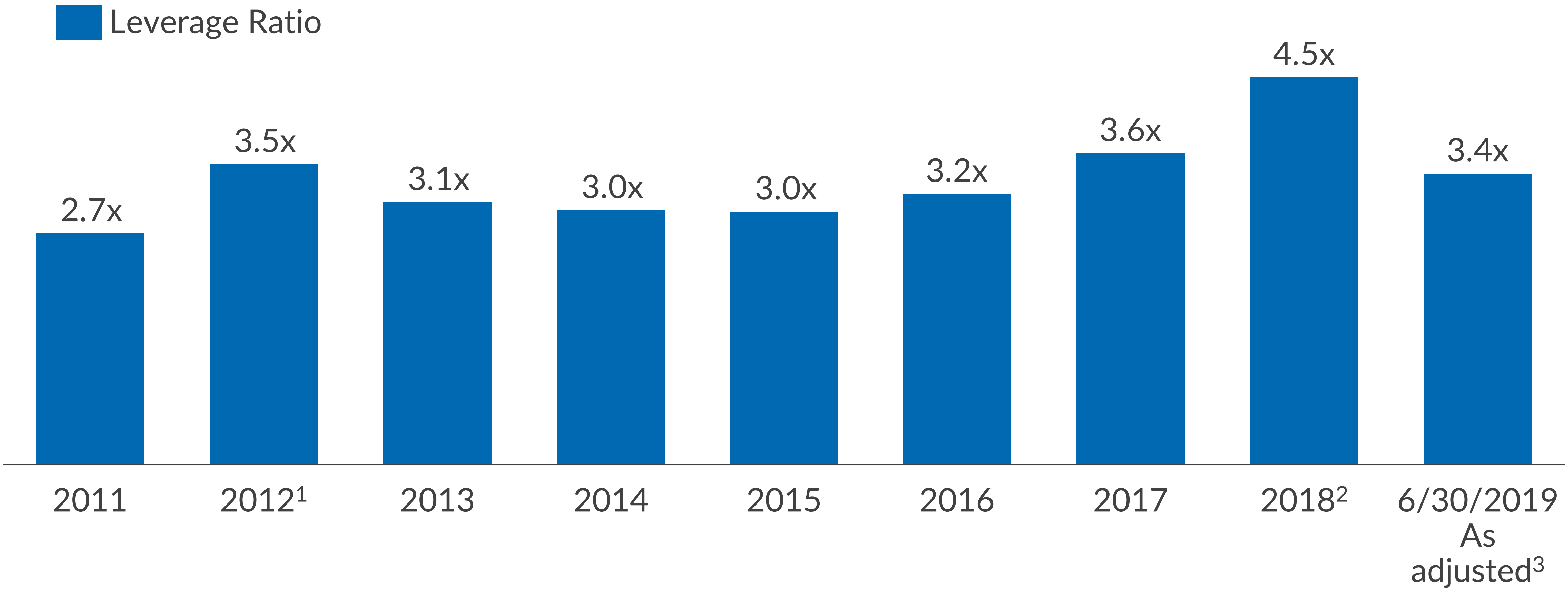
Capital Efficient Growth

- Dialysis Acquisitions
- Adjacent Verticals

Optimize Capital Structure

- 3.0 to 3.5x target leverage, flexible to be above or below
- Capital return to shareholders

Track record of consistent long-term leverage ratio

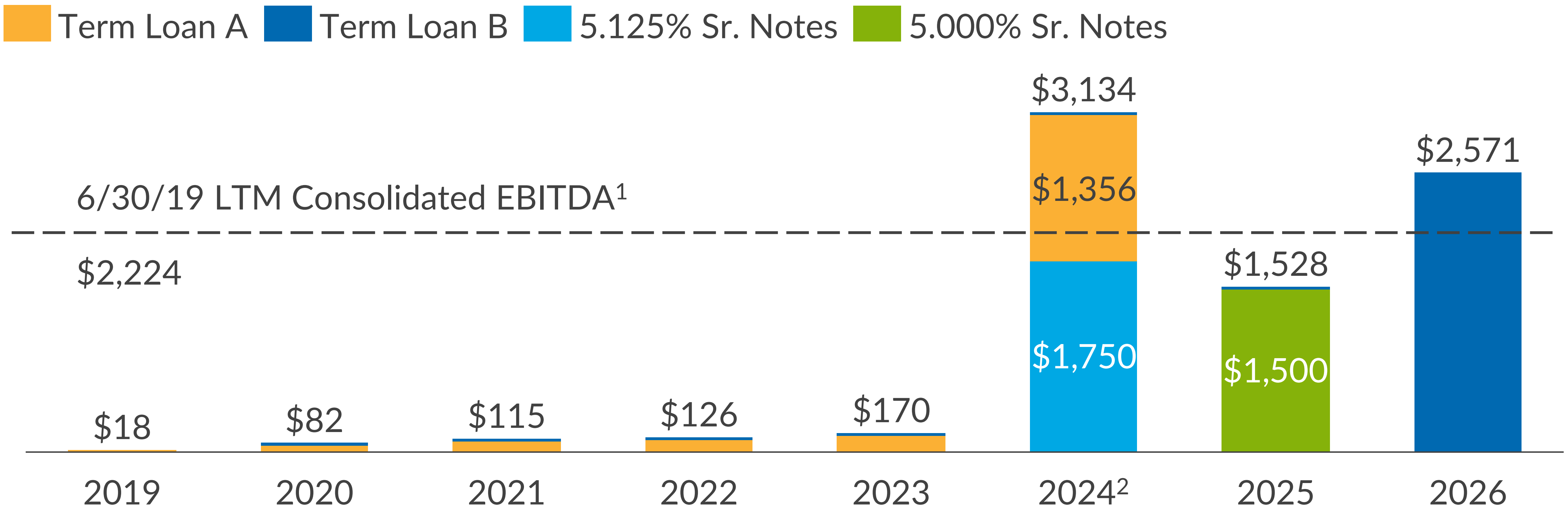


Note: Leverage Ratio as defined in Credit Agreement, which is a non-GAAP measure. See appendix for reconciliation of this non-GAAP measure to the most comparable GAAP measure

1) HCP acquisition – November 2012
2) Pending DMG transaction
3) As adjusted for the new credit agreement and the anticipated redemption of the company's 5.75% Senior Notes due 2022

New financing enhances financial flexibility

Credit Agreement and Bond Debt outstanding post refinancing and call of 5.75% Sr. Notes, $ in millions



New financing lowered bank debt cost by ~50 bps

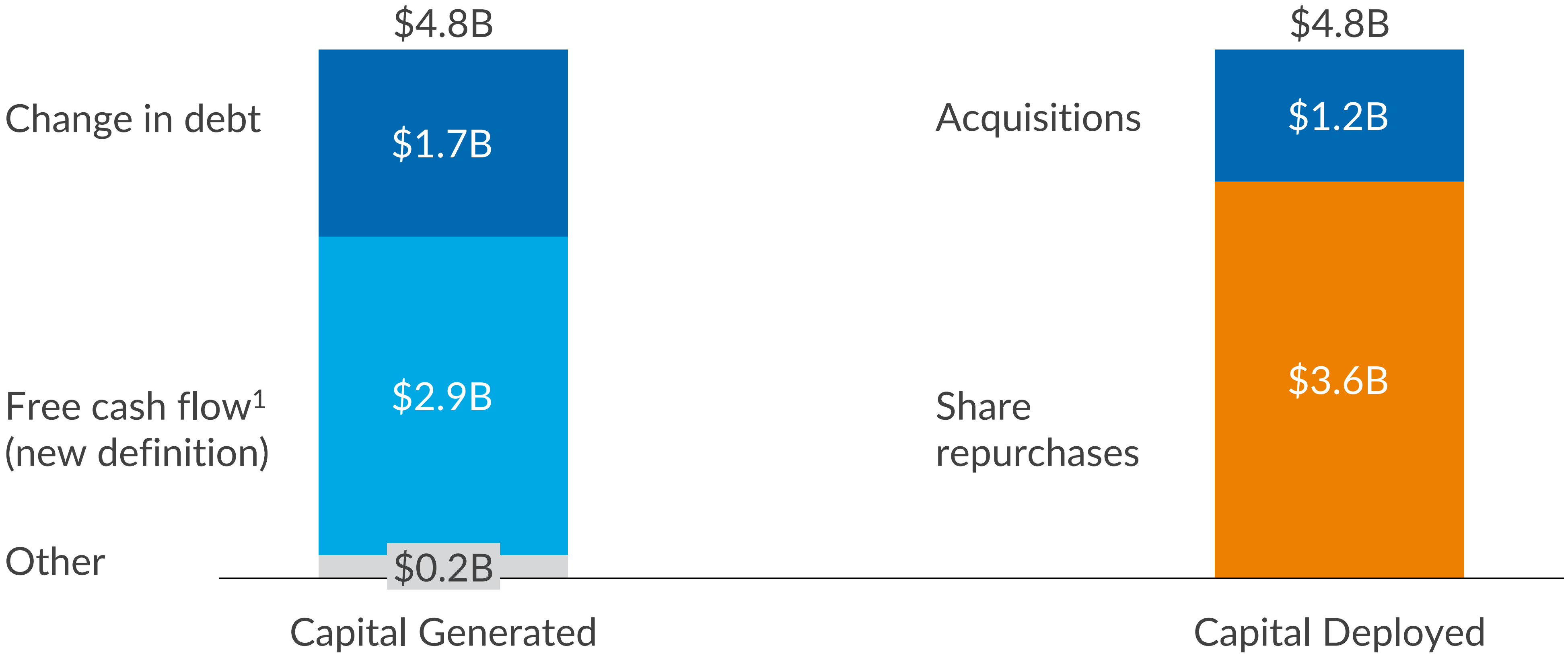
Note: Excludes other debt and deferred financing cost

1) Consolidated EBITDA as defined per Credit Agreement, which is a non-GAAP measure. See appendix for reconciliation of this non-GAAP measure to the most comparable GAAP measure

2) $1,000 revolver expires in 2024

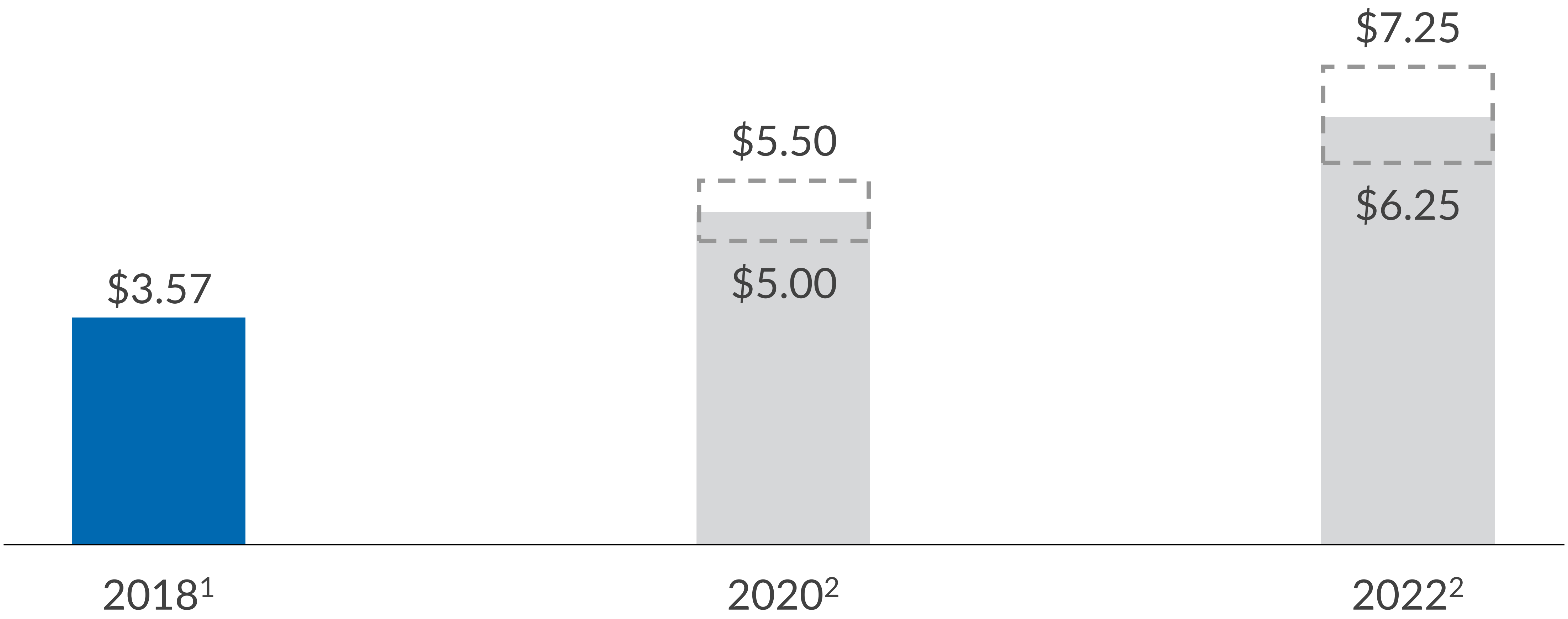
How we have historically allocated capital

2014 to 2018



1) Free cash flow (new definition) is a non-GAAP measure. See appendix for reconciliation of this non-GAAP measure to the most comparable GAAP measure. Free cash flow (new definition) is defined as operating cash flow from continuing operations less distributions to noncontrolling interest and capital expenditures (both routine maintenance and development), plus proceeds from sale leaseback and contributions from noncontrolling interests

Adjusted earnings per share outlook



1) Adjusted earnings per share is a non-GAAP measure. See the appendix for reconciliation of this non-GAAP measure to the most comparable GAAP measure.
2) Adjusted earnings per share is a non-GAAP measure. Excludes impact of any ballot initiatives.

Content

Summary

Differentiated platform

Capital efficiency

Earnings per share growth

Non-GAAP Financial Measures

As used in this presentation, the term “adjusted” refers to non-GAAP measures as follows, each as reconciled to its most comparable GAAP measure as presented in the non-GAAP reconciliations in this appendix. For income measures, the term “adjusted” refers to operating performance measures that exclude certain items such as impairment charges, (gain) loss on ownership changes, restructuring charges, debt prepayment charges and gains and charges associated with settlements.

These non-GAAP or “adjusted” measures are presented because management believes these measures are useful adjuncts to GAAP results. However, these non-GAAP measures should not be considered alternatives to the corresponding measures determined under GAAP.

Specifically, we use adjusted operating income, adjusted operating income margin, and adjusted diluted net income from continuing operations per share attributable to DaVita Inc. (also known as adjusted earnings per share or adjusted EPS) to compare and evaluate our performance period over period and relative to competitors, to analyze the underlying trends in our business, to establish operational budgets and forecasts and for incentive compensation purposes. We believe these non-GAAP measures are useful to management, investors and analysts in evaluating our performance over time and relative to competitors, as well as in analyzing the underlying trends in our business. We also believe these presentations enhance a user's understanding of our normal consolidated operating income by excluding certain items which we do not believe are indicative of our ordinary results of operations. As a result, adjusting for these amounts allows for comparison to our normalized prior period results.

In addition, free cash flow (old definition) represents net cash provided by operating activities from continuing operations less distributions to noncontrolling interests and capital expenditures for routine maintenance and information technology from continuing operations. We believe this non-GAAP measure has been useful to management, investors and analysts as an adjunct to cash flows provided from operating activities from continuing operations and other measures under GAAP, since free cash flow from continuing operations is meaningful for assessing our ability to fund acquisitions and development activities and meet our debt service obligations.

Free cash flow (new definition) represents net cash provided by operating activities from continuing operations less distributions to noncontrolling interests and all capital expenditures from continuing operations (including development capital expenditures, routine maintenance and information technology); plus contributions from noncontrolling interests and proceeds from sale-leaseback transactions. We believe this non-GAAP measure is useful to management, investors and analysts as an adjunct to cash flows provided by operating activities from continuing operations and other measures under GAAP, since free cash flow from continuing operations is meaningful for assessing our ability to fund acquisition and meet our debt service obligations.

It is important to bear in mind that these non-GAAP "adjusted" measures are not measures of financial performance or liquidity under GAAP and should not be considered in isolation from, nor as substitutes for, their most comparable GAAP measures.

Free cash flow (new definition)

(in millions)	2014	2015	2016	2017	2018
Cash provided by operating activities from continuing operations	$ 1,135	$ 1,192	$ 1,685	$ 1,556	$ 1,481
Less: Distributions to noncontrolling interests from continuing operations	(149)	(175)	(192)	(211)	(196)
Plus: Contributions from noncontrolling interests from continuing operations	65	55	48	75	52
Less: Expenditures for routine maintenance and information technology from continuing operations	(238)	(262)	(294)	(303)	(415)
Less: Expenditures for development from continuing operations	(376)	(379)	(451)	(507)	(487)
Plus: Sale Leaseback proceeds	5	3	33	58	45
Free cash flow (new definition)	$ 442	$ 434	$ 829	$ 668	$ 480

Cumulative 2014 to 2018 (new definition) $ 2,852

Free cash flow (old definition)

(in millions)	2018
Cash provided by operating activities from continuing operations	$ 1,481
Less: Distributions to noncontrolling interests from continuing operations	(196)
Cash provided by operating activities from continuing operations attributable to DaVita Inc.	$ 1,285
Less: Expenditures for routine maintenance and information technology from continuing operations	(415)
Free cash flow (old definition)	$ 869

Adjusted operating income

($ in millions)	2008	2009	2010	2011	2012	2013
Operating income from continuing operations	$ 867	$ 935	$ 994	$ 1,155	$ 1,261	$ 1,116
Accruals for legal matters					86	397
Noncontrolling interest expense	(47)					
Adjusted operating income from continuing operations	$ 820	$ 935	$ 994	$ 1,155	$ 1,347	$ 1,513

Adjusted operating income (continued)

($ in millions)	2014	2015	2016	2017	2018	Six months ended June 30, 2019
Operating income from continuing operations	$ 1,600	$ 1,137	$ 2,030	$ 1,813	$ 1,526	$ 802
Accruals for legal matters	17	518	16			
Gain on settlement, net				(527)		
Goodwill and other asset impairment charges		4	28	50	20	41
Impairment of investment			15	280		
Restructuring charges				2	11	
Gain on APAC JV ownership changes			(374)	(6)	(61)	
Equity investment loss (income):						
Income related to gain on settlement				(3)		
Loss due to impairments in APAC JV				6	8	
Loss related to restructuring charges				1		
Loss due to business sale in APAC JV					9	
Adjusted operating income from continuing operations	$ 1,617	$ 1,658	$ 1,715	$ 1,616	$ 1,513	$ 843

Adjusted net income from continuing operations per share attributable to DaVita Inc.

($ in millions, except for per share data)	2018 Amount	2018 Per share
Net income from continuing operations attributable to DaVita Inc.	$ 624	$ 3.62
Goodwill and other asset impairment charges	20	0.12
Restructuring charges	11	0.07
Gain on APAC JV ownership changes	(61)	(0.35)
Equity investment loss (income):		
Loss due to impairments in APAC JV	8	0.04
Loss due to business sale in APAC JV	9	0.05
Related income tax	4	0.02
Adjusted net income from continuing operations attributable to DaVita Inc.	$ 616	$ 3.57

Leverage ratio

Under the senior secured credit facilities (Credit Agreement), the leverage ratio is defined as all funded debt plus the face amount of all letters of credit issued, minus cash and cash equivalents, including short-term investments, divided by "Consolidated EBITDA". The leverage ratio determines the interest rate margin payable by the Company for its Term Loan A and revolving line of credit under the Credit Agreement by establishing the margin over the base interest rate (LIBOR) that is applicable. The following leverage ratio was calculated using "Consolidated EBITDA" as defined in the Credit Agreement. The calculation below is based on the last twelve months of "Consolidated EBITDA", pro forma for routine acquisitions that occurred during the period. The Company's management believes the presentation of "Consolidated EBITDA" is useful to users to enhance their understanding of the Company's leverage ratio under its Credit Agreement. The leverage ratio calculated by the Company is a non-GAAP measure and should not be considered a substitute for debt to net income attributable to DaVita Inc., net income attributable to DaVita Inc. or total debt as determined in accordance with United States generally accepted accounting principles (GAAP). The Company's calculation of its leverage ratio might not be calculated in the same manner as, and thus might not be comparable to, similarly titled measures by other companies.

($ in millions)	2011	2012	2013	2014	2015
Net income attributable to DaVita Inc.	$ 478	$ 536	$ 633	$ 723	$ 270
Income taxes	316	360	381	446	296
Interest expense	225	269	398	383	383
Depreciation and amortization	267	344	529	591	638
Goodwill and other asset impairment charges	24	-	-	-	210
Noncontrolling interests and equity investment income, net	96	109	127	162	173
Stock-settled stock-based compensation	49	45	60	57	57
Loss contingency reserve	-	-	397	17	-
Debt refinancing and redemption charges	-	11	-	98	48
Settlement charge	-	-	-	-	495
Other	80	659	(13)	26	(29)
"Consolidated EBITDA"	$ 1,534	$ 2,332	$ 2,511	$ 2,502	$ 2,540
Total debt, excluding debt discount and other deferred financing costs	4,513	8,576	8,434	8,520	9,226
Letters of credit issued	48	116	71	96	94
	$ 4,561	$ 8,692	$ 8,504	$ 8,616	$ 9,320
Less: Cash and cash equivalents including short-term investments (excluding DMG's physician owned entities cash)	(394)	(534)	(826)	(1,190)	(1,817)
Consolidated net debt	$ 4,167	$ 8,158	$ 7,678	$ 7,426	$ 7,503
Last twelve months "Consolidated EBITDA"	$ 1,534	$ 2,332	$ 2,511	$ 2,502	$ 2,540
Leverage ratio	2.7x	3.5x	3.1x	3.0x	3.0x

Leverage ratio (continued)

($ in millions)	2016	2017	2018	June 30, 2019	Adjustments	Adjusted June 30, 2019
Net income attributable to DaVita Inc.	$ 880	$ 664	$ 159	$ 548		$ 548
Income taxes	456	(41)	358	236		236
Interest expense	385	395	451	477		477
Depreciation and amortization	720	777	591	602		602
Goodwill and other asset impairment charges	296	982	62	47		47
Noncontrolling interests and equity investment income, net	171	196	184	194		194
Stock-settled stock-based compensation	38	35	73	78		78
Debt prepayment charges	-	-	-	12		12
Gain on changes in ownership interest, net	(404)	(23)	(86)	(27)		(27)
Gain on settlement, net	-	(530)	-	-		-
Valuation adjustment on disposal group	-	-	317	-		-
Other	43	5	41	56		56
"Consolidated EBITDA"	$ 2,585	$ 2,460	$ 2,151	$ 2,224		$ 2,224
Total debt, excluding debt discount and other deferred financing costs	$ 9,192	$ 9,438	$ 10,191	$ 9,004	$ (792) [1]	$ 8,212
Letters of credit issued	97	105	37	73		73
	$ 9,289	$ 9,543	$ 10,228	$ 9,076		$ 8,285
Less: Cash and cash equivalents including short-term investments (excluding DMG's physician owned entities cash)	(1,108)	(619)	(502)	(3,579)	2,829 [2]	(750)
Consolidated net debt	$ 8,181	$ 8,923	$ 9,726	$ 5,498		$ 7,535
Last twelve months "Consolidated EBITDA"	$ 2,585	$ 2,460	$ 2,151	$ 2,224		$ 2,224
Leverage ratio	3.2x	3.6x	4.5x	2.47x		3.4x

1) Reflects the payoff of the Company's senior secured credit facilites based on balances as of June 30, 2019 related to Term Loan A of $64 million, Term Loan A-2 of $103 million, Term Loan B of $3,325 million and the revolving line of credit of $550 million, in addition to the payoff of the Company's 2022 Senior Notes of $1,250 and the borrowing of the new Term Loan B of $2,750 million and new Term Loan A of $1,750.

2) Reflects reduction to cash and cash equivalents used for leverage ratio as per the new Credit Agreement the leverage ratio is limited to cash netting up to $750 million.