

### **Forward Looking Statements**

This presentation contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995, Section 27A of the Securities Act and Section 21E of the Exchange Act. Forward-looking statements include any statements about the Company's business, financial condition, operating results, plans, objectives, expectations and intentions, expansion plans, estimates of our total addressable market, our ability to successfully complete and realize the benefits of anticipated acquisitions, including statements regarding the pending acquisition of certain businesses and assets of Prospect Medical Holdings, Inc., which may not be completed in a timely manner, or at all, the potential impact of the Chapter 11 filing by Prospect Medical Holdings, Inc. on the transaction, the debt financing for the transaction and the Company's ability to decrease its net leverage in the future, integration of acquired companies and any projections of earnings, revenue, EBITDA, Adjusted EBITDA or other financial items, such as the Company's projected capitation and future liquidity, and may be identified by the use of forward-looking terms such as "anticipate," "could," "can," "may," "might," "potential," "predict," "believe," "plan," "envision," "intend," "continue," "target," "seek," "will," "would," and the negative of such terms, other variations on such terms or other similar or other similar or other similar or other similar or other words, phrases or terminology. Forward-looking statements reflect current views with respect to future events and financial performance and therefore cannot be guaranteed. Such statements are based on the current expectations and certain assumptions of the Company's management, and some or all of such expectations and assumptions may not materialize or may vary significantly from actual results. Actual results may also vary materially from forward-looking statements due to risks, uncertainties and other factors, known and unknown, including the risk factors described from

Because the factors referred to above could cause actual results or outcomes to differ materially from those expressed or implied in any forward-looking statements, you should not place undue reliance on any such forward-looking statements. Any forward-looking statements speak only as of the date of this presentation and, unless legally required, the Company does not undertake any obligation to update any forward-looking statement, as a result of new information, future events or otherwise.

This presentation may contain statistics and other data that in some cases has been obtained from or compiled from information made available by third-party service providers. The Company makes no representation or warranty, express or implied, with respect to the accuracy, reasonableness or completeness of such information.

#### Use of Non-GAAP Financial Measures

This presentation contains the non-GAAP financial measures EBITDA and Adjusted EBITDA, of which the most directly comparable financial measure presented in accordance with U.S. generally accepted accounting principles ("GAAP") is net income. These measures are not in accordance with, or alternatives to, GAAP, and may be calculated differently from similar non-GAAP financial measures used by other companies. The Company uses Adjusted EBITDA as a supplemental performance measure of our operations, for financial and operational decision-making, and as a supplemental means of evaluating period-to-period comparisons on a consistent basis. Adjusted EBITDA is calculated as earnings before interest, taxes, depreciation, and amortization, excluding income or loss from equity method investments, non-recurring and non-cash transactions, stock-based compensation, and APC excluded assets costs. Beginning in the third quarter ended September 30, 2022, the Company has revised the calculation for Adjusted EBITDA to exclude provider bonus payments and losses from recently acquired IPAs, which it believes to be more reflective of its business.

The Company believes the presentation of these non-GAAP financial measures provides investors with relevant and useful information, as it allows investors to evaluate the operating performance of the business activities without having to account for differences recognized because of non-core or non-recurring financial information. When GAAP financial measures are viewed in conjunction with non-GAAP financial measures, investors are provided with a more meaningful understanding of the Company's ongoing operating performance. In addition, these non-GAAP financial measures are among those indicators the Company uses as a basis for evaluating operational performance, allocating resources, and planning and forecasting future periods. Non-GAAP financial measures are not intended to be considered in isolation, or as a substitute for, GAAP financial measures. Other companies may calculate both EBITDA and Adjusted EBITDA differently, limiting the usefulness of these measures for comparative purposes. To the extent this Presentation contains historical or future non-GAAP financial measures, the Company has provided corresponding GAAP financial measures for comparative purposes, except as otherwise noted below. The reconciliation between certain GAAP and non-GAAP measures is provided in the Appendix.

The Company has not provided a quantitative reconciliation of applicable non-GAAP measures, such as the projected adjusted EBITDA in 2025 and for future years, to the most comparable GAAP measure, such as net income, on a forward-looking basis within this presentation because the Company is unable, without unreasonable efforts, to provide reconciling information with respect to certain line items that cannot be calculated. These items, which could materially affect the computation of forward-looking GAAP net income, are inherently uncertain and depend on various factors, some of which are outside of the Company's control.

### The status quo for healthcare in the United States is broken

### Insufficient

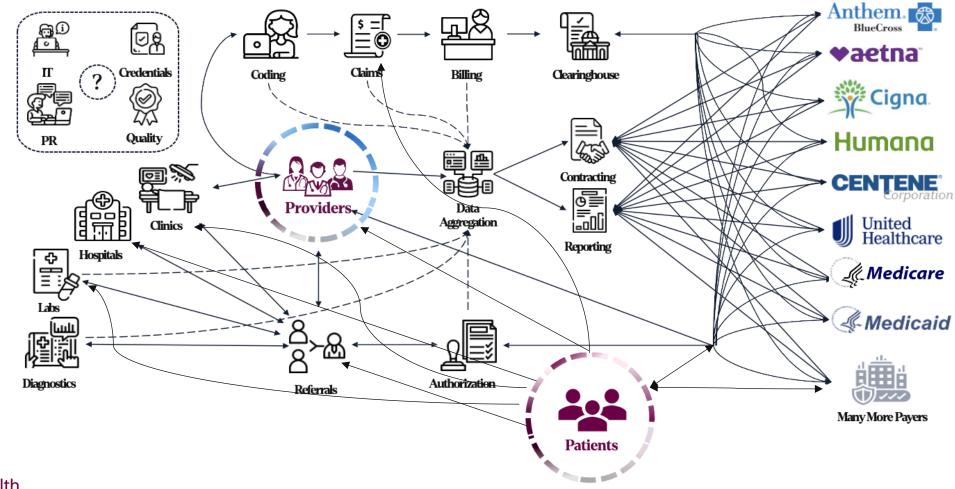
& costly access to quality care

#### Poor

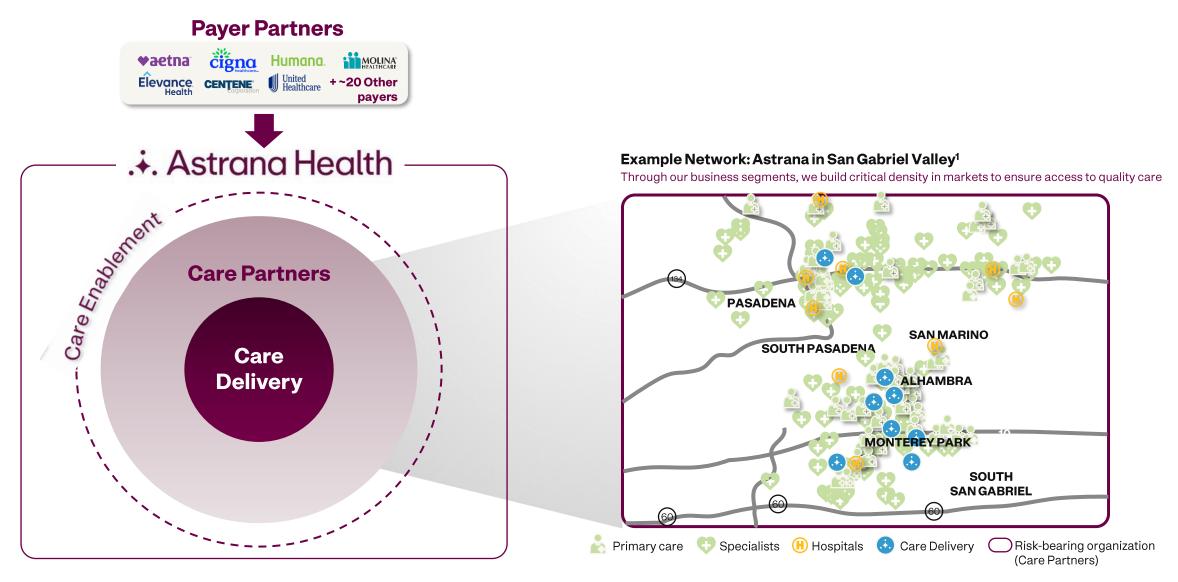
provider and patient satisfaction

### Limited

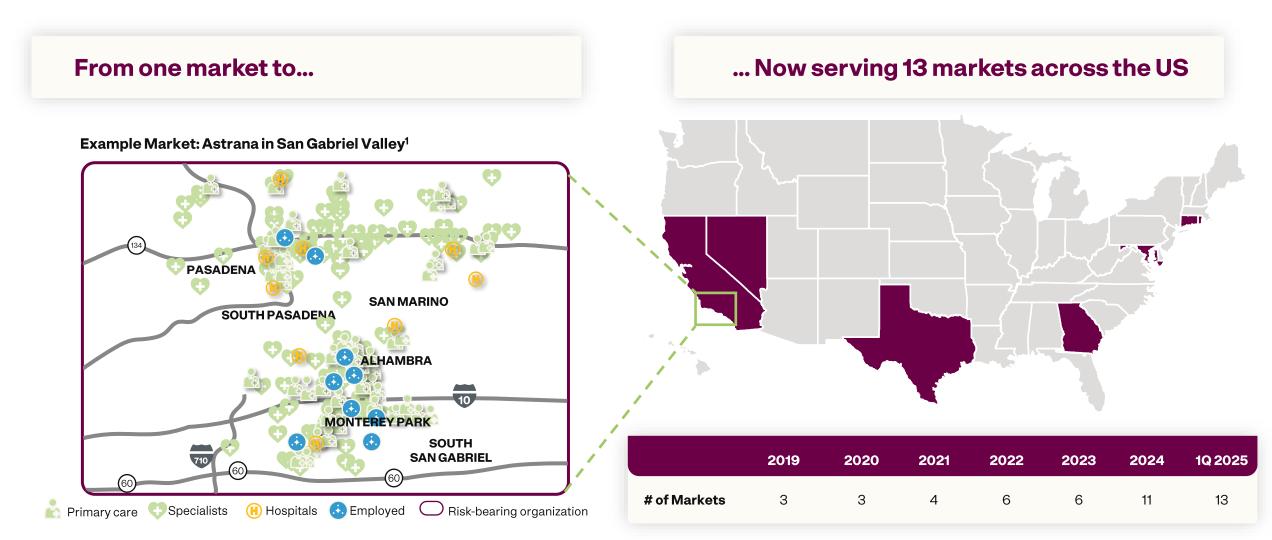
technology & coordinated care



## Astrana transforms the status quo into accessible, high-quality, coordinated care delivery networks

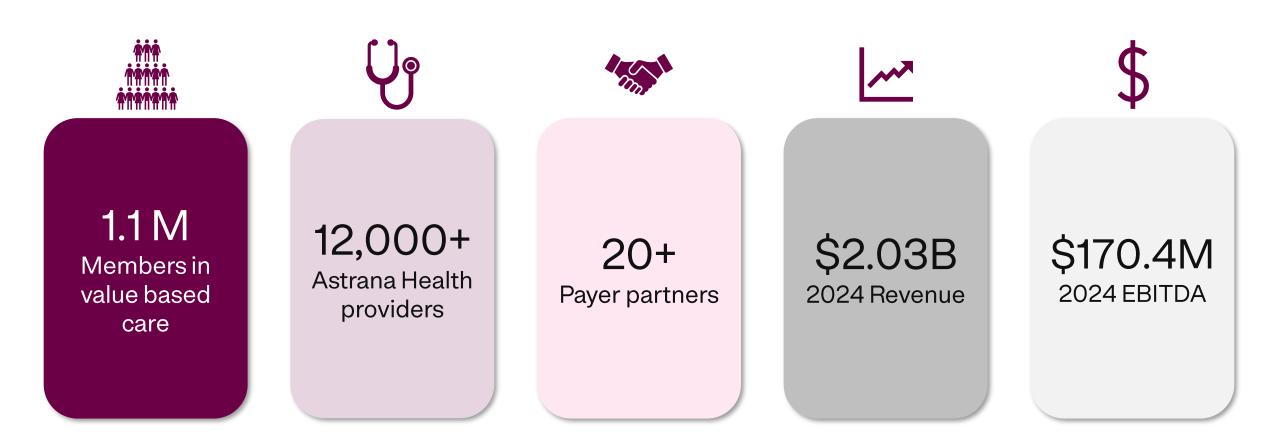


## We build critical density in the markets we serve, to deliver quality, coordinated care



## Our strategy has driven meaningful membership growth, superior patient outcomes, and a uniquely profitable business model

**Astrana Health** is a healthcare platform that organizes and empowers providers to drive **accessible**, **high-quality**, **and high-value care for all patients** through a provider-centric, technology-driven approach.





Membership Growth: Sustainably growing membership to bring better care to more Americans



**Revenue Per Member Growth:** Increasing alignment with patient outcomes through responsible risk progression in value-based arrangements



Outcomes and Cost: Achieving superior patient outcomes and care quality while managing cost





Membership Growth: Sustainably growing membership to bring better care to more Americans



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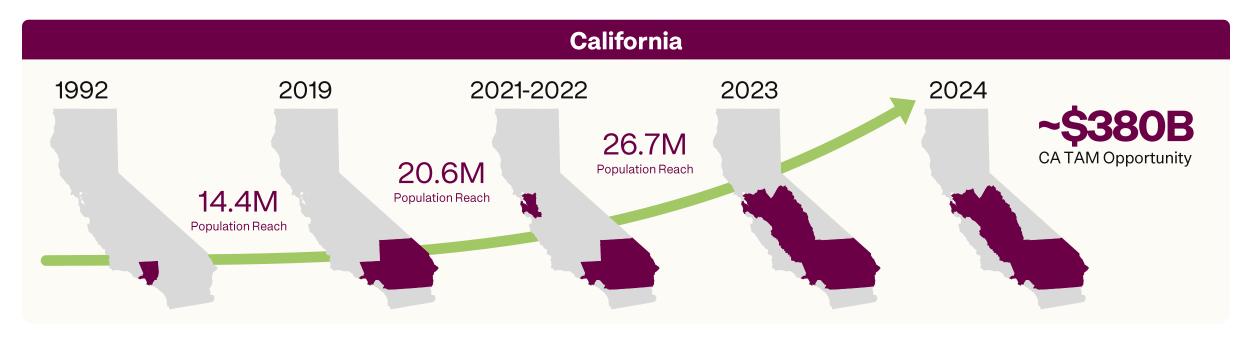


Outcomes and Cost: Achieving superior patient outcomes and care quality while managing cost





## We've demonstrated our ability to provide better care at lower cost in our core market, California



## Launched in Southern CA

Los Angeles 9.7M pop.<sup>1</sup>
MCR Improvement: ~(1,350)
bps<sup>2</sup>

## Built density in Southern CA

San Bernardino 2.2M pop.<sup>1</sup>
Riverside 2.5M pop.<sup>1</sup>
MCR Improvement: ~(750)
bps<sup>2</sup>

## Expanded into Northern CA

Bay Area 6.2M pop.<sup>1</sup>
MCR Improvement: ~(950)
bps<sup>3</sup>

## Expanded into Central CA

Central Valley 6.1M pop.<sup>1</sup>

#### Deepened CA Alignment

- Community Family Care Health Plan and RKK License acquisition
- Prime Community Care of Central Valley and BASS Medical Group join Care Partners
- Anthem Blue Cross partnership
- 6 additional Care Delivery sites
- ~2.6k additional Care Partners providers<sup>4</sup>

Source: U.S. Census Bureau, population data as of 2022; CMS

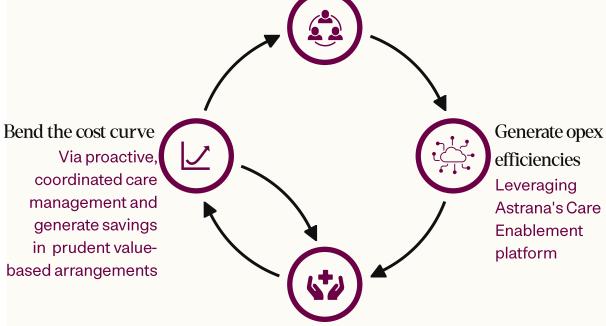
- . County population data as of 2022
- 2. Reflects the MCR improvement from 2019 to 2023
- B. Reflects MCR improvement from 2021 to 2023
- 4. Represents Care Partners providers added between December 2023 and December 2024



### We continue to deploy the Astrana playbook in new markets

## Building a differentiated experience for patients and providers

Build and grow a differentiated provider network



Invest in patient programs, preventive care, and care management

#### 2-3 Years to Profitability

Entered in Q4 2022



- ♦ 800+ providers within Care Partners
- AstranaCare clinics and Astrana risk-bearing entities are run-rate breakeven

Entered in Q3 2023



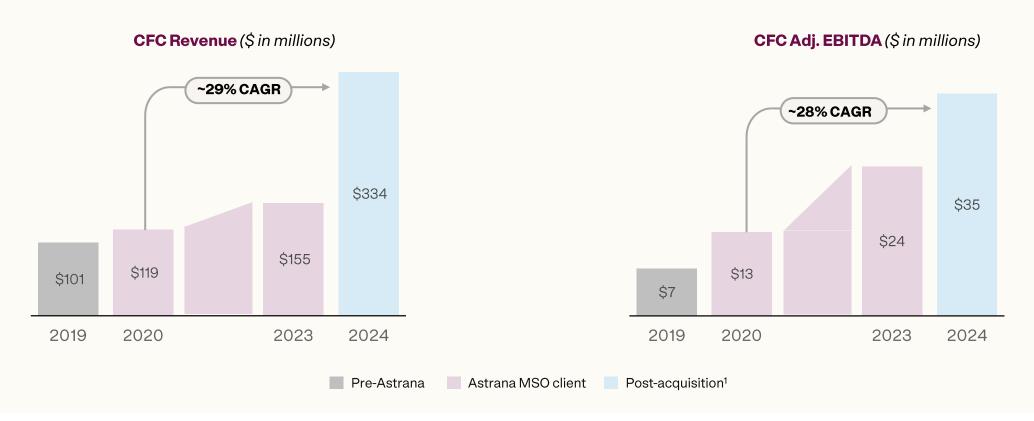
- ◆ 3,400+ providers within Care Partners serving over 17,600 Medicare Advantage lives
- On track to reach profitability in 2025

.÷. Astrana Health



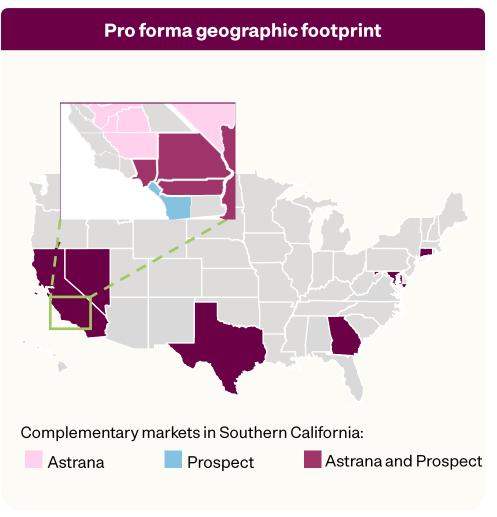
## Astrana has the ability to integrate significant inorganic growth profitably through our scalable clinical and technology infrastructure

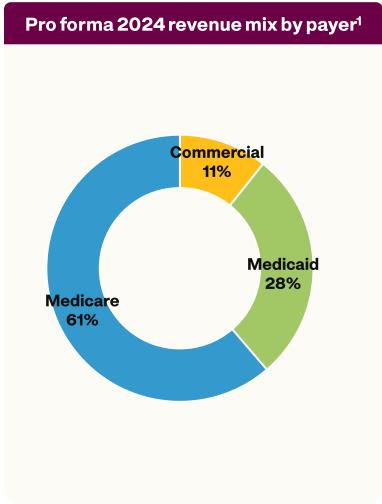
Community Family Care (CFC) Case Study - De-risked integration playbook leveraging scalable infrastructure





## Highly complementary inorganic growth through our acquisition of Prospect





#### .÷. Astrana Health











Operating history



) IUK Jembers in va

Members in value-based care arrangements



\$1.2B

2024 Revenue



\$81M

2024 Adj. EBITDA

Note: Assumes the closing of the proposed acquisition of Prospect Health; Prospect financial and operating stats shown on page are approximations Note: Colored states represent those with more than 5,000 members



**Membership Growth:** Sustainably growing membership to bring better care to more Americans



**Revenue Per Member Growth:** Increasing alignment with patient outcomes through responsible risk progression in value-based arrangements

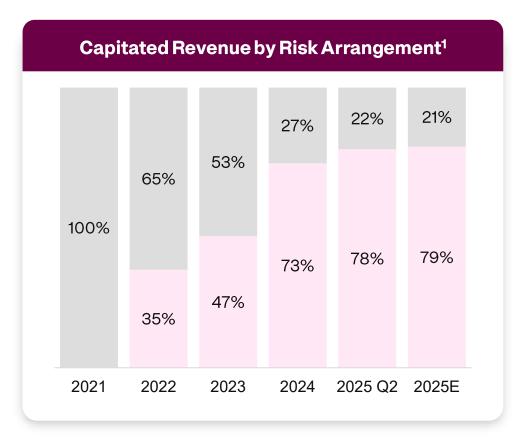


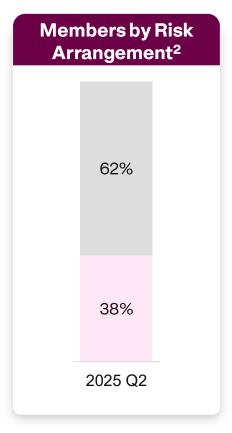
Outcomes and Cost: Achieving superior patient outcomes and care quality while managing cost



## Prudently transitioning to full-risk contracts to better align incentives around patient outcomes and improve unit economics

Our partial-risk membership presents an **embedded opportunity** for increased platform value and risk alignment.







<sup>...</sup> Astrana Health

Members by risk arrangement represent Care Partners membership only as of April 1, 2025

<sup>2.</sup> Revenue by risk arrangement represents capitation revenue only



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## Astrana's model makes care more accessible for patients and improves outcomes



Astrana's payer agnostic, full-risk model allows us to form a longitudinal relationship with patients and to invest in preventative care, leading to improved outcomes







53% Fewer hospital admissions<sup>1</sup>

70%
Of prior-auth are auto-approved

14% Shorter length of hospital stay<sup>2</sup>

Patient satisfaction score<sup>3</sup>

<sup>...</sup> Astrana Health

<sup>1.</sup> Astrana Health figures based on 2024 Medicare utilization rates across all IPAs compared to most recent available CMS benchmark

<sup>2.</sup> Astrana Health figures based Jan-Jun 2024 internal data from Care Partners Medicare patients and compared against most recent available CMS Medicare Advantage benchmark

<sup>3.</sup> Based on 2024 Astrana Health administered CAHPS survey



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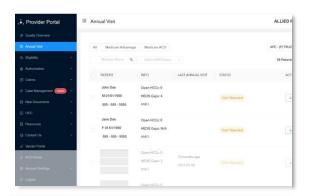


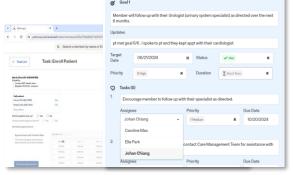
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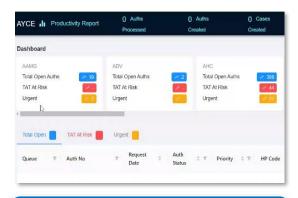


## Our purpose-built, intelligent, value-based care platform drives scalable and repeatable results across our business









## Provider Empowerment and Engagement

- ◆ All-in-one point-of-care tool for both providers and practice
- All quality, risk, care plans, prior auths, claims across all payers and lines of business in one platform

### Care Management & Patient Outcomes

- ◆ Intelligent patient population risk stratification
- ◆ Focused and purposeful member Care Management Plans to ensure evidencebased solutions and responses

### Population Health & Analytics

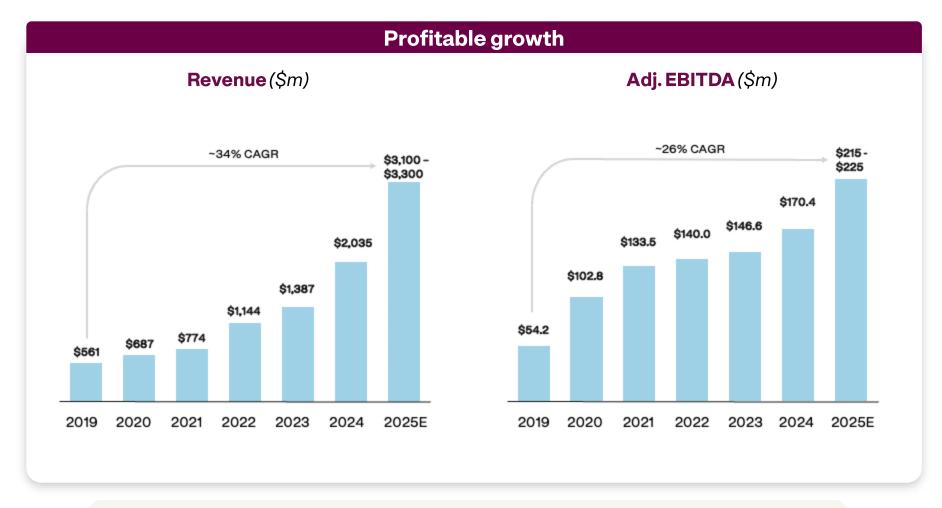
- Composable "Command Center" dashboard highlights trends and opportunities to improve access and quality
- Care access analytics highlights provider network opportunities

#### **Operating Leverage**

- → ~70% prior auths are autoapproved, driving faster access to care for patients
- >70% of claims are autoadjudicated, decreasing admin burden and ensuring providers are paid on time

... Astrana Health

## Execution of our strategy drives consistent, profitable growth



Clear visibility into continued 25% growth over the medium term

## Despite industry challenges, Astrana is poised to succeed

Challenge	Industry Headwind	Astrana's Advantage
Risk Adjustment	Scrutiny on inflated RAF scores	Responsible risk adjustment with approximately 1.02 RAF
Utilization	Higher utilization across the sector	Well-managed, mid-single digit trend, in-line with expectations
Value-Based Care	Struggles managing profitability in full-risk; exiting risk contracts	Successfully executing transition to full risk profitably

# Appendix

