Disclaimer

Oak Street Health, Inc. (the “Company”, “we”, “us”) has filed a registration statement on Form S-1 (including a preliminary prospectus) with the Securities and Exchange Commission (the "SEC") for the offering to which this presentation relates. Before you invest, you should read the preliminary prospectus and the other documents we file with the SEC for more complete information about us and this offering. You can obtain these documents for free by visiting EDGAR on the SEC website at www.sec.gov. Alternatively, copies of the preliminary prospectus may be obtained from J.P. Morgan Securities LLC, Attention: Broadridge Financial Solutions, 1155 Long Island Avenue, Edgewood, NY 11717, telephone: 1-866- 803-9204 or email at prospectus-eq.fi@jpmchase.com; or Goldman Sachs & Co. LLC, Attention: Prospectus Department, 200 West Street, New York, New York 10282, via telephone: 1- 866-471-2526, or via email: prospectus-ny@ny.email.gs.com; or Morgan Stanley & Co. LLC, Attention: Prospectus Department, 180 Varick Street, Second Floor, New York, New York 10014; or William Blair & Company, L.L.C., Attention: Prospectus Department, 150 North Riverside Plaza, Chicago, IL 60606; via telephone at (800) 621- 0687 or via email: prospectus@williamblair.com; or Piper Sandler & Co., Attention: Prospectus Department, 800 Nicollet Mall, J12S03, Minneapolis, MN 55402, via telephone at (800) 747-3924 or via email at prospectus@psc.com.

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Introduction to Oak Street Health

**OAK STREET HEALTH**

**We Are...**
A Patient-Centric Network of Primary Care Centers for Medicare-Eligible Patients

**We Leverage...**
The Oak Street Platform to Provide Comprehensive Care for Our Patient Population

**We Improve...**
Experiences and Outcomes for Our Patients, Our Payors and Our Providers

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| **54** | Oak Street centers, each with capacity for ~3,500 patients |
| **13** | Markets currently covered with an addressable patient population of ~1.8mm |
| ~86.5k | Patients receiving our care |
| ~$730mm | Total revenues in the 12 months ended June 30, 2020 |
| 77% | Growth in the period |
| 2,300+ | Team members, all aligned with our mission & vision |
| ~260 | Primary care providers delivering care in a value-based model |

Note: Data as of June 30, 2020
Business Overview
Investment Highlights

1. Large Senior Focused Market Opportunity with Significant White Space

2. Purpose-Built Value-Based Care Platform Supported by End-to-End Technology

3. Nationally Scalable Model With Systematic Approach to New Market Development

4. Multiple Drivers of Robust Long-Term Growth

5. Highly Predictable Unit Economics Drive Compelling Financial Model

6. Mission-Driven Leadership Team with Unique “Oaky” Culture
Oak Street is at the Intersection of the Two Biggest Trends in Healthcare Today

Problems with the U.S. Healthcare System are Well-Documented...

These factors are significantly worse for lower-income, chronically ill older adults

Unsustainable Cost
- More than $3.6 trillion in healthcare spending, growing ~4% annually
- Healthcare spending reflects 18% of the nation's GDP, an all-time high
- Rapidly aging US population

Poor Outcomes
- Lower life expectancy in U.S. vs. developed countries
- Growth in prevalence of chronic disease (e.g. obesity, diabetes, CHF, hypertension, depression), reflecting 96% of Medicare spend
- $760-935bn/yr is wasteful spending (~25% of healthcare expenditures)

Dissatisfied Patients
- Fragmented and disorganized infrastructure
- Average PCP has a Net Promoter Score of 3
- Average primary care physician overloaded, seeing ~19 patients per day

Value-Based Care

... Leading to Two Major Trends in Healthcare Today

Healthcare Consumerism

Source: Centers for Medicare and Medicaid Services (CMS.gov); The Advisory Board
The Current Primary Care Infrastructure is Unable to Provide the Necessary Level of Care Quality and Patient Experience

<table>
<thead>
<tr>
<th>Existing Primary Care Challenges Limit the Efficacy of PCPs...</th>
<th>... and Structural Impediments have Inhibited its Evolution</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not enough time</strong> spent with patients – ~55% of recommended preventative services being delivered(^1)</td>
<td><strong>No Patient Type Specialization</strong></td>
</tr>
<tr>
<td><strong>Limited patient care coordination</strong> between visits</td>
<td>• Large, diverse patient panels (mix of young and old, healthy and complex) limit practices’ ability to optimize operating and payment models</td>
</tr>
<tr>
<td><strong>Limited access to additional services</strong> like home-based care, medication management, behavioral health needed to manage patients’ health</td>
<td><strong>Fee-For-Service Business Model</strong></td>
</tr>
<tr>
<td></td>
<td>• Legacy fee-for-service business models incentivize maximizing patient volume, restricting the length of visits and limiting physicians’ bandwidth to engage in care coordination efforts between their patients’ visits</td>
</tr>
<tr>
<td></td>
<td><strong>Limitations of Technologies Utilized</strong></td>
</tr>
<tr>
<td></td>
<td>• Technology solutions utilized today are built to enable fee-for-service business models and have limited effectiveness against population health management and care coordination</td>
</tr>
</tbody>
</table>

\(^1\) Based on a 2003 study from the Annals of Family Medicine
The Oak Street Model is Built from the Ground Up to Focus on the Medicare Population and Invest in the Resources Needed to Greatly Improve Outcomes

We Created a Technology-Enabled, Integrated Platform to Deliver Value-Based Care Focused Exclusively on Medicare Patients

- **Not Enough Time**
  - Personalized Primary Care

- **Limited Patient Care Coordination**
  - Proactive Patient Health Management

- **Access to Additional Services**
  - Enhanced Clinical Services

- **No Patient Type Specialization**
  - Medicare Patient Focus

- **Fee-For-Service Payment Model**
  - Value-Based Payment Model

- **Limitations of Technologies Utilized**
  - Canopy
Oak Street’s Model Provides Value to all Stakeholders

**Patients Win**
- Improved health outcomes *(51% reduction in hospital admissions)*
- Improved patient experience *(NPS of 90)*
- No additional cost for patients

**Providers Win**
- Improved job satisfaction *(99% of our providers say Oak Street inspires them to do their best)*
- Customized technology enabled clinical support
- Compensation driven by quality *(reduced burnout from pursuing volume)*

**Payors Win**
- Better outcomes and higher quality scoring
- Increased membership *(many of our patients elect to participate in MA plans)*
- Significant savings *(capitation arrangements lock in improved medical cost performance)*

**Oak Street Health Wins**
- Cycle enables growth across all facets of business *(73% revenue CAGR 2017-2019)*
- Positive feedback loop drives consistent financial results

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1 Based on survey data gathered from patients after physician visits from June 2018 until March 2020.
2 Based on provider satisfaction survey data gathered from June 30, 2019.
There is a Large Market Opportunity for Oak Street Health

**“Opportunity”**
- Includes Medicare Eligibles who utilize either Traditional Medicare and Medicare Advantage and are part of Oak Street’s targeted spend
- Medicare Eligibles represent 15% of US population and growing
- 7% Medicare spending growth rate

**“Core Market”**
- Medicare Eligibles primarily on MA
- Moderate to highly populated counties (>50k Medicare eligibles)
- Low to moderate income (<300% FPL)

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Note: Market figures based on 2019 Medicare beneficiary data from CMS
Source: Centers for Medicare and Medicaid, American Community Survey (US Census), Congressional Budget Office
* Source: Congressional Budget Office
Oak Street enters into globally capitated or full risk contracts with MA plans to receive a percentage of each members’ monthly premium (“PMPM”)

• Payments from CMS to MA plans adjusted to reflect patient health conditions
• OSH data and analytics capabilities increase accuracy, which can be reflected in a higher PMPM

Delivery of the right care in the right setting can greatly impact outcomes and reduce costs associated with ED visits, hospital readmissions and other avoidable high-cost episodes

OSH makes significant investments in direct patient costs via its comprehensive care model

• Investment in welcoming centers, interdisciplinary care teams, a purpose-built technology system and a differentiated approach to care delivery create the OSH platform

Sustainable, predictable unit economics

• Direct Contracting program beginning 4/1/21 presents opportunity for OSH to generate risk-based economics on Traditional Medicare patients

Illustrative Oak Street Economics

1. Risk Adjusted CMS PMPM Payment to MA Plan
2. % Retained by OSH for Care Model
3. Medical Claims Expense (ER Visits, Specialists, Etc.)
4. % Paid to OSH for Care Model
5. % Retained by OSH to Manage Patient Care
6. Cost of Care (Primary Care, Behavioral Health, Etc.)
7. OSH Overhead Costs
8. OSH Profit
Multi-Venue Care Model Delivers Interventions Across Virtual, In-Center and In-Home Settings

**Oak Street Health Care Model**

1. **Longitudinal Primary Care**
   - Preventive care addressing the whole person – medical, social, behavioral – in a welcoming community setting
   - "Dosage" of Primary Care Visits Driven by Patient Risk Factors
   - Interdisciplinary Care Teams And Evidence-Based Clinical Protocols

2. **Population Management**
   - Connecting our patients to the right programs, resources, and care so no one falls through the cracks
   - Daily Huddling
   - Weekly Planning
   - Monthly Reviews

3. **Population Health Interventions**
   - Delivering multi-disciplinary interventions on high risk patients to improve outcomes and cost

**Intake & Assessment**
- Face-to-Face Evidence Based Assessment
- Aggregate Historical Medical Records
- Integrate Payor Data

**Risk Stratification**
- Data Science
- Clinician

- "86% of our at-risk patients have multiple chronic conditions, with the average at-risk patient suffering from 3+
- ~40% of our patients have behavioral health diagnosis
- ~50% experience multiple social risk factors

**Supported by**
- Integrated Behavioral Health
- Home-Based Primary Care
- Medication Management
- 24/7 Clinical Call Center
- Transitions in Care
- Social Worker Support

**Powered By Canopy**
Our Care Model is Powered by End-to-End Technology

1. Data Ingestion & Management
   - Multi-payer, multi-system data platform ingests and integrates information from hundreds of sources
   - 360-degree view of patient medical, mental, behavioral, and social data aggregated across sources
   - Local provider data ingested from community relationships
   - Managed via customized data platform

2. Analytics and Data Science
   - Proprietary algorithms designed for the primary care context
   - “DataIQ” model uses >400 features to determine patient risk level and drive dosage of primary care
   - Other examples: admission / readmission risk model, medical cost projections, and patient retention risk model
   - Clinician partnership in algorithm development

3. Canopy Application Suite
   - Enables multi-disciplinary, cross-team collaboration and communication in support of the OSH Care Model
   - Delivers context-rich patient insights at the point of care
   - Drives adherence to clinical best practice through built-in clinical decision support
   - Continuously optimized through industry-leading product development processes

Example: Inpatient Case Management

Real-time admissions and longitudinal medical records data is ingested across our patient base

Our readmission risk model, fueled by machine learning and based on 12 different datasets, analyzes inputs

Readmission risk score used to tailor interventions and streamline workflows for our Transitions Nurses at the point of care
We Drive Superior Outcomes leading to Compelling Economics

In 2018, hospitalization spend accounted for approximately **$455bn** of total Medicare expenditures (>60%)...

...while Primary Care spend accounted for only ~$25bn (~3%)!

By investing in comprehensive primary care we meaningfully remove costs from the system, driving economics to Oak Street Health.

Source: CMS, Kaiser Family Foundation

1. Includes Medicare Part A spend plus Part B Institutional spend
2. Based on OSH’s hospital admission rates per thousand patients of 183 as of March 31, 2020, compared to the Medicare benchmark of 370
3. Based on OSH’s rate of hospital readmissions within 30 days per thousand patients of 11% as of March 31, 2020, compared to the Medicare benchmark of 19%
4. Based on OSH’s rate of emergency department “treat and release” claims per thousand patients of 535 as of December 31, 2019, compared to the Medicare benchmark of 1,091
5. Based on survey data gathered from patients after physician visits from June 2018 until March 2020.
Our Systematic Approach to New Center and Market Development has been Proven Over Time...

<table>
<thead>
<tr>
<th>Identify and Build</th>
<th>Hire</th>
<th>Attract</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Data driven center selection approach incorporating market and demographic dynamics</td>
<td>• Strong pipeline of top-tier talent for leadership, clinical and supporting roles</td>
<td>• Deliver superior patient experience</td>
</tr>
<tr>
<td>• Custom design centers to meet needs of senior patient population</td>
<td>• Ongoing training and support to foster professional development</td>
<td>• Efficient go-to-market model with multi-channel marketing approach</td>
</tr>
</tbody>
</table>

Navigate Medicare questions here

- Doctors who know your story
- Help navigating Medicare
- That's quality healthcare
... As Evidenced by our Ability to Scale and Expand into New Markets

### National and Local Payor Relationships

<table>
<thead>
<tr>
<th></th>
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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Centers</td>
<td>2</td>
<td>7</td>
<td>15</td>
<td>19</td>
<td>24</td>
<td>39</td>
<td>51</td>
<td>54</td>
</tr>
<tr>
<td>Markets</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>6</td>
<td>6</td>
<td>8</td>
<td>12</td>
<td>13</td>
</tr>
<tr>
<td>Patients(^1)</td>
<td>300</td>
<td>3,300</td>
<td>12,000</td>
<td>24,000</td>
<td>35,000</td>
<td>50,000</td>
<td>80,000</td>
<td>86,500</td>
</tr>
</tbody>
</table>

- ~154% patient CAGR (2013-2019)
- Ability to serve ~189k patients within existing centers
- Less than 5% penetration of total patients in existing markets
- Capacity for 450 centers in existing markets

\(^1\) Patient numbers are approximate
Our Center Locations, Design and Staffing Drive Our Results

<table>
<thead>
<tr>
<th>Location</th>
<th>Standard design, layout and staffing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Detroit, MI</td>
<td>Consistent look and feel builds brand awareness and contributes to our success in acquiring patients</td>
</tr>
<tr>
<td>Englewood, IL</td>
<td>Average center has capacity for 6 Care Teams, supporting 600 patients each and includes ~1,000 sf of community space</td>
</tr>
<tr>
<td>Fort Wayne, IN</td>
<td>Our Care Teams are staffed uniformly across centers and include a PCP / NP, RN, Medical Assistant and Scribe</td>
</tr>
<tr>
<td>Chicago, IL</td>
<td>We offer multi-disciplinary interventions and programs such as Medical Social Workers, Behavioral Health and Pharmacy Services to improve outcomes and reduce costs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strong National Brand Through Consistent Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Algorithmic approach to predicting favorable center locations</td>
</tr>
<tr>
<td>Highly accessible, convenient locations close to where our patients live</td>
</tr>
<tr>
<td>Local market knowledge leveraged from national and local payors to optimize locations</td>
</tr>
<tr>
<td>Utilize existing retail infrastructure and repurpose for delivery model</td>
</tr>
</tbody>
</table>
Highly Targeted, Multi-Channel Approach Rapidly Fills Centers

**Powerful Patient Acquisition Playbook**

**Awareness and Engagement**

- Team of Community-Based Outreach Associates at Every Center
- Multi-Channel Marketing
  - Direct Mail
  - Social Media
  - TV
  - Outdoor
- Deep Engagement with Community Partners to Drive Patient Referrals
  - Faith-Based Organizations
  - Senior Living Facilities
- Coordination with Insurance Agents
  - Education on Different Medicare Components
  - Information on Oak Street

**Welcome to Oak Street**
First Visit with Oak Street care team and become our patient

**Educate about Managed Care**
Helping members understand Medicare

**Create Patients for Life**
Highly satisfied patient base
Platform in Place to Accelerate Pace of Center Growth While Continuing to Deliver Compelling Unit Level Economics

- Serve current patients moving from FFS to value-based
- Increase patient enrollment in existing centers
- Add additional centers in existing markets
- Expand into new markets
- Continue to optimize the Oak Street Platform
- CMS Direct Contracting
Update on COVID-19
Our Purpose-Built Platform and Aligned Economic Model Enabled Our Response to the COVID-19 Pandemic...

97% recurring contracted revenue provided flexibility to meet the comprehensive needs of our patients without reimbursement concerns

<table>
<thead>
<tr>
<th>Area</th>
<th>Actions</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telehealth</td>
<td>Newly developed capabilities (video and telephone)</td>
<td>90%+ patient visits via telehealth in April</td>
</tr>
<tr>
<td>COVID-Care Model</td>
<td>Actively monitor patients for COVID-19 infection</td>
<td>12% increase in visits per center per day (Feb’20 to Apr’20)</td>
</tr>
<tr>
<td></td>
<td>Safely manage symptoms</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Prevent hospitalizations</td>
<td></td>
</tr>
<tr>
<td>Social Determinants</td>
<td>Enhanced social worker support</td>
<td>National recognition in the New England Journal of Medicine’s Catalyst publication as an example to other PCP orgs of how to provide virtual care to COVID-19 patients</td>
</tr>
<tr>
<td></td>
<td>Pivoted our drivers to delivering food from food pantries</td>
<td></td>
</tr>
<tr>
<td>Staffing</td>
<td>Rigorous steps taken to minimize potential exposure</td>
<td>12,000+ patients received a non-visit touch point to discuss SDoH needs (Mar’20 to Jul’20)</td>
</tr>
<tr>
<td>Community Outreach</td>
<td>Temporality halted in-person activities</td>
<td>8,000 food deliveries (Mar’20 to July’20)</td>
</tr>
<tr>
<td></td>
<td>Exploring new methods to attract patients</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Temporality halted in-person activities</td>
<td>100% of our centers remained opened with shift-based staffing to minimize number of team members in center</td>
</tr>
<tr>
<td></td>
<td>Exploring new methods to attract patients</td>
<td>In-person visits only for our patients with greatest clinical needs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>42,000 telephonic wellness checks (Mar’20 to Jul’20)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Engaged community partners driving referrals to Oak Street Health</td>
</tr>
</tbody>
</table>
... and Position Us to Capitalize on Potential Long-Term Tailwinds

- Optimized, multichannel customer acquisition approach
- Expansion of center capacity driven by increased utilization of virtual care
- Further validation of our care model’s effectiveness
- “Halo effect” from doing what’s right for our patients – aligned with prevailing sentiment and focus on serving the underserved

On May 23, 2020, Oak Street organized a 102 car parade to celebrate a West Philadelphia war veteran’s 102nd birthday.

On May 1, 2020, Oak Street’s approach to primary care during the COVID-19 pandemic was featured in the NEJM Catalyst in an article entitled, “A Report from the Covid Front Lines of Value-Based Primary Care.”
Financial Overview
Demonstrated Track Record of Growth...

Centers

- CAGR: 46%

<table>
<thead>
<tr>
<th>Year</th>
<th>Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>24</td>
</tr>
<tr>
<td>2018</td>
<td>39</td>
</tr>
<tr>
<td>2019</td>
<td>51</td>
</tr>
</tbody>
</table>

Patients¹

- CAGR: 51%

<table>
<thead>
<tr>
<th>Year</th>
<th>Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>35,000</td>
</tr>
<tr>
<td>2018</td>
<td>50,000</td>
</tr>
<tr>
<td>2019</td>
<td>80,000</td>
</tr>
</tbody>
</table>

Revenue ($mm)

- CAGR: 73%

<table>
<thead>
<tr>
<th>Year</th>
<th>Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>$185</td>
</tr>
<tr>
<td>2018</td>
<td>$318</td>
</tr>
<tr>
<td>2019</td>
<td>$557</td>
</tr>
</tbody>
</table>

2020 YTD²

- Centers: 54
- Patients: 86,500
- Revenue: ~$415mm, 71% YoY growth

¹ Patient numbers are approximate
² Reflects YTD data as of June 30, 2020
... With Improving Profitability Metrics

### Patient Contribution¹ ($mm)

<table>
<thead>
<tr>
<th>Year</th>
<th>Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>$82</td>
</tr>
<tr>
<td>2019</td>
<td>$154</td>
</tr>
</tbody>
</table>

*Growth: 88%*

### Platform Contribution² ($mm)

<table>
<thead>
<tr>
<th>Year</th>
<th>Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>$4</td>
</tr>
<tr>
<td>2019</td>
<td>$30</td>
</tr>
</tbody>
</table>

*Growth: 574%*

2020 YTD³

- **$117mm, 52% YoY growth**
- **$45mm, 95% YoY growth**

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¹ Defined as capitated revenue less the sum of medical claims expense.
² Defined as total revenues less the sum of (i) medical claims expense and (ii) cost of care, excluding depreciation and amortization.
Financial Results – Total Revenue Performance (Q2 2020)

($ in millions)

Q2 Revenue

- **Growth: 69%**
  - Q2 2019: $126
  - Q2 2020: $214

Q2 YTD Revenue

- **Growth: 71%**
  - Q2 2019: $244
  - Q2 2020: $416

- YoY Q2 revenue growth was driven by growth in capitated revenue of 69% and other revenue of 86%.

- Growth in capitated revenue, which represented 97% of Q2 revenue, was driven by at-risk patient growth of 42%, an increase in per-patient-per-month revenue of ~7%, and 10 new centers compared to Q2 2019.

- 12 new centers were opened in the six weeks following our August 6 IPO.
Appendix
### Non-GAAP Reconciliations

($ in thousands)

#### Patient Contribution

<table>
<thead>
<tr>
<th></th>
<th>Q2 2020</th>
<th>Q2 2019</th>
<th>YTD Q2 2020</th>
<th>YTD Q2 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss from operations - as reported (GAAP)</td>
<td>$(24,418)</td>
<td>$(18,440)</td>
<td>$(37,442)</td>
<td>$(28,292)</td>
</tr>
<tr>
<td>Depreciation and amortization</td>
<td>2,674</td>
<td>1,856</td>
<td>5,178</td>
<td>3,581</td>
</tr>
<tr>
<td>Corporate, general and administrative</td>
<td>31,038</td>
<td>16,045</td>
<td>55,419</td>
<td>27,956</td>
</tr>
<tr>
<td>Sales and marketing</td>
<td>10,102</td>
<td>11,253</td>
<td>21,973</td>
<td>19,928</td>
</tr>
<tr>
<td>Cost of care, excluding depreciation and amortization</td>
<td>39,526</td>
<td>31,429</td>
<td>83,294</td>
<td>59,073</td>
</tr>
<tr>
<td>Other patient service revenue</td>
<td>(6,385)</td>
<td>(3,434)</td>
<td>(11,580)</td>
<td>(5,482)</td>
</tr>
<tr>
<td>Patient contribution</td>
<td>$52,537</td>
<td>$38,709</td>
<td>$116,842</td>
<td>$76,764</td>
</tr>
</tbody>
</table>

#### Platform Contribution

<table>
<thead>
<tr>
<th></th>
<th>Q2 2020</th>
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<td>Corporate, general and administrative</td>
<td>31,038</td>
<td>16,045</td>
<td>55,419</td>
<td>27,956</td>
</tr>
<tr>
<td>Sales and marketing</td>
<td>10,102</td>
<td>11,253</td>
<td>21,973</td>
<td>19,928</td>
</tr>
<tr>
<td>Platform contribution</td>
<td>$19,396</td>
<td>$10,714</td>
<td>$45,128</td>
<td>$23,173</td>
</tr>
</tbody>
</table>

#### Adjusted EBITDA

<table>
<thead>
<tr>
<th></th>
<th>Q2 2020</th>
<th>Q2 2019</th>
<th>YTD Q2 2020</th>
<th>YTD Q2 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net loss - as reported (GAAP)</td>
<td>$(26,844)</td>
<td>$(20,285)</td>
<td>$(42,199)</td>
<td>$(30,084)</td>
</tr>
<tr>
<td>Other (income) expense</td>
<td>2,426</td>
<td>1,845</td>
<td>4,757</td>
<td>1,792</td>
</tr>
<tr>
<td>Depreciation and amortization</td>
<td>2,674</td>
<td>1,856</td>
<td>5,178</td>
<td>3,581</td>
</tr>
<tr>
<td>Unit-based compensation</td>
<td>4,108</td>
<td>543</td>
<td>5,986</td>
<td>799</td>
</tr>
<tr>
<td>Adjusted EBITDA</td>
<td>$(17,636)</td>
<td>$(16,041)</td>
<td>$(26,278)</td>
<td>$(23,912)</td>
</tr>
</tbody>
</table>
## Financial Outlook

($ in millions)

<table>
<thead>
<tr>
<th></th>
<th>Quarter Ended 9/30/2020</th>
<th>Year Ended 12/31/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Low</td>
<td>High</td>
</tr>
<tr>
<td>Centers*</td>
<td>66</td>
<td>67</td>
</tr>
<tr>
<td>At-Risk Patients</td>
<td>58,500</td>
<td>59,000</td>
</tr>
<tr>
<td>Revenue</td>
<td>$210</td>
<td>$214</td>
</tr>
<tr>
<td>Adjusted EBITDA</td>
<td>$(35)</td>
<td>$(30)</td>
</tr>
</tbody>
</table>

*Centers exclude three centers to be opened as part of WalMart collaboration*