UNITED STATES SECURITIES AND EXCHANGE COMMISSION WASHINGTON, DC 20549

FORM 8-K

CURRENT REPORT Pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

Date of report (Date of earliest event reported): May 14, 2024

ASTRANA HEALTH, INC.

(Exact Name of Registrant as Specified in Charter)

Delaware (State or Other Jurisdiction of Incorporation) **001-37392** (Commission File Number)

95-4472349 (I.R.S. Employer Identification No.)

1668 S. Garfield Avenue, 2nd Floor, Alhambra, California 91801

(Address of Principal Executive Offices) (Zip Code)

(626) 282-0288

Registrant's Telephone Number, Including Area Code

(Former Name or Former Address, if Changed Since Last Report)							
Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:							
Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)							
☐ Soliciting material pursuant to Rule 14a-	Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)						
☐ Pre-commencement communications pu	□ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))						
☐ Pre-commencement communications pu	rsuant to Rule 13e-4(c) under the Exchange	Act (17 CFR 240.13e-4(c))					
Securities registered pursuant to Section 12(b	o) of the Act:						
Title of each class	Trading Symbol(s)	Name of each exchange on which registered					
Common Stock	ASTH	The Nasdaq Stock Market LLC					
Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter). Emerging growth company If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act.							

Item 7.01 Regulation FD Disclosure.

Attached as Exhibit 99.1 to this Current Report on Form 8-K is a series of slides reflecting financial information about Astrana Health, Inc. (the "Company") for use by the Company in connection with potential meetings with investors and/or analysts. The Company does not undertake to update the information contained in the attached presentation materials.

The information contained in this Current Report on Form 8-K, including the exhibit referenced herein, is being furnished and shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liabilities of that section. Such information shall not be incorporated by reference into any filing under the Securities Act of 1933, as amended, or the Exchange Act, whether made before or after the date hereof, regardless of any general incorporation language in such filing. The furnishing of this information will not be deemed an admission as to the materiality of any information contained herein.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits.

Exhibit No.	Description
<u>99.1</u>	Investor Presentation (May 2024).
104	Cover Page Interactive Data File (the cover page XBRL tags are embedded within the inline XBRL document).

Forward-Looking Statements

This Current Report on Form 8-K contains forward-looking statements within the meaning of Section 27A of the Securities Act of 1933, as amended, and Section 21E of the Exchange Act. These statements include words such as "forecast," "guidance," "projects," "estimates," "anticipates," "believes," "expects," "intends," "may," "plans," "seeks," "should," or "will," or the negative of these words or similar words. Forward-looking statements involve certain risks and uncertainties, and actual results may differ materially from those discussed in each such statement. A number of important factors could cause actual results to differ materially from those included within or contemplated by the forward-looking statements, including, but not limited to, the factors described in the Company's filings with the Securities and Exchange Commission, including the Company's Annual Report on Form 10-K for the year ended December 31, 2023 and subsequent quarterly reports on Form 10-Q. The Company does not undertake any responsibility to update any of these factors or to announce publicly any revisions to any of the forward-looking statements contained in this or any other document, whether as a result of new information, future events, or otherwise.

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

ASTRANA HEALTH, INC.

Date: May 14, 2024 By: /s/ Brandon Sim

Name: Brandon Sim

Title: Chief Executive Officer and President



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 about the Company's business, financial condition, operating results, plans, objectives, expectations and intentions, expansion plans, estimates of our total addressable market, integration of acquired companyies and any projections of earnings, revenue, EBITDA, Adjusted EBITDA or other financial Items, such as the Company's projected application and future liquidity, and may be identified by the use of forward-looking terms such as "anticipate," "could," "could," "could," "redict," "should," "redict," "should," "redict," "rejolet," "polet," "p

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.

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 extractional 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 transactions, stock-based compensation, and APC excluded assests 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, are viewed in conjunction with non-GAAP financial measures are viewed in conjunction with non-GAAP financial measures are among those indicators the Company's ongoing operationable, on 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. 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 EBITDA margin targets, 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.

.÷. Astrana Health

Astrana Health at-a-glance

Astrana Health is a healthcare platform that organizes and empowers providers to drive accessible, high-quality, and highvalue care for all patients through a provider-centric, technologydriven approach via its three business segments:



Care Partners

Affiliated and employed provider network, empowered to take risk across all health plan lines of business to deliver integrated care



Care Delivery

Flexible footprint of owned primary care and multi-specialty clinics with employed providers who deliver personalized care



Care Enablement

Full-stack technology and solutions platform, empowering providers to deliver the best possible care to all patients in their communities



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Note: For more information, see "Reconciliation of Net Income to EBITDA and Adjusted EBITDA" and "Use of Non-GAAP Financial Measures" slides for more information
1. Includes contracted and employed providers in our provider network, across all specialities, and including both Consolidated and Managed providers
2. Astrana Health figures based on analysis of Jan-Dec 2023 internal data from all consolidated Place (Mediciane Advantage) and compared against relevant benchma

The Astrana Health Model





Improves access to care

- We successfully serve our communities by building broad networks of affiliated Primary and Specialty care providers & supplementing them with our employed providers
- Our flexible model meets all patients across all care settings



- Our provider-centric, purpose-built solutions drive consistency in care and superior clinical
- High-quality care keeps our **patients healthier** and **happier, improving overall quality of life**



Drives high-value care

- We engage patients in **preventive care and** coordinate high-value care to reduce unnecessary medical spend
- With 35+ years of experience, we have built a model that **drives savings** and **sustainable**, **profitable unit economics**



♣ ~1,350bps

Decrease in MCR from 2019-20233

10,000+

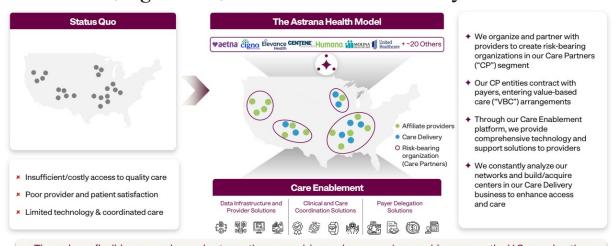
Employed and affiliated providers¹

48% Fewer hospital admissions/k vs. benchmark²

In the communities we serve, our expansive network of providers delivers high-quality and high-value coordinated care to patients, with seamless and flexible access

- .+. Astrana Health
- Includes contracted and employed providers in our provider network, across all specialties, and including both Consolidated and Managed providers
 Astrana Health figures based on analysis of Jan-Dec 2023 internal data from all consolidated IPAs (Medicare Advantage) and compared against relevant risk adjusted benchmark
 MCR, or Medical Cost Ratio, calculated as Cost of services, excluding depreciation and amortization, divided by Total Revenue; based on Astrana Health's Core SoCal market, comprised of ~236k
 members in 2019 and ~319k members as of 12/31/2023

The Astrana Health model transforms the status quo into a highly coordinated, high-value, accessible healthcare ecosystem



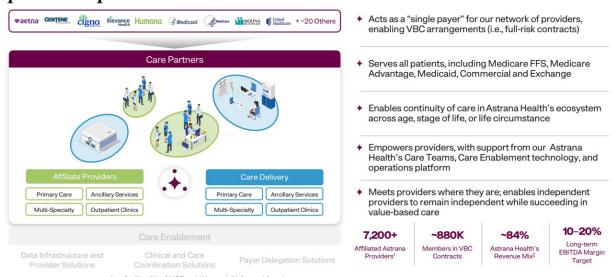
Through our flexible approach, we plan to continue organizing and empowering providers across the U.S., accelerating towards a future where all Americans have access to high-quality, high-value, and accessible healthcare

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Our flexible model optimizes delivery of accessible, high-quality, high-value care



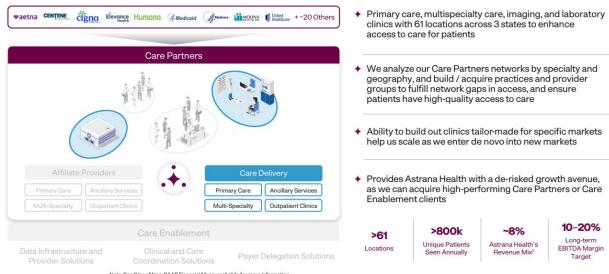
Care Partners: High-performing network of aligned provider partners



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Note: See "Use of Non-GAAP Financial Measures" slide for more information
1. Includes contracted and employed providers in our provider network, across all specialties, and including only Consolidated providers
2. For the trailing twelve months ended March 3, 2024

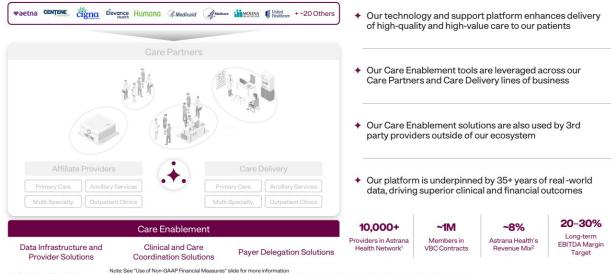
Care Delivery: Extensive, high-quality network of employed providers



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Note: See "Use of Non-GAAP Financial Measures" slide for more information
1. For the trailing twelve months ended March 31, 2024; Astrana Health standalone data (does not pro forma for CFC acquisition)

Care Enablement: End-to-end integrated clinical, operational, financial, and administrative platform



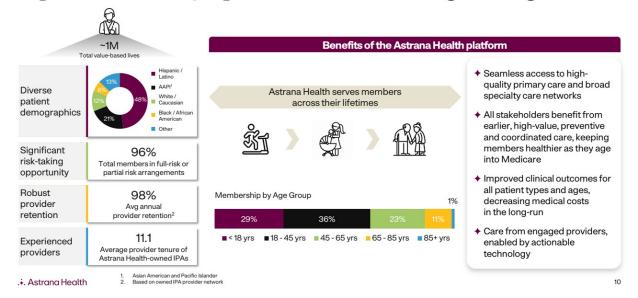
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Note: See "Use of Non-GAAP Financial Measures" slide for more information

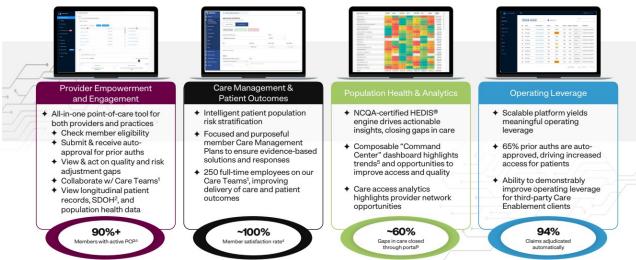
. Includes contracted and employed providers in our provider network, across all specialties, and including both Consolidated and Managed provider
. For the trailing twelve months ended March 31, 2024

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Astrana Health's diverse member base is served by its experienced and loyal provider network through all stages of life



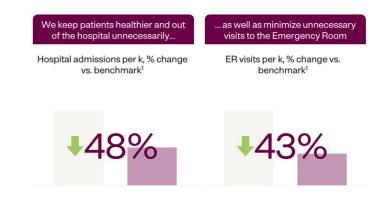
Our proprietary & purpose-built technology platform leverages 35+ years of real-world clinical data to drive scalable and repeatable results



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Note: All images presented are for illustrative purposes only
1. Astrana Health's Care I cam includes MIDs, NPs, PAs, RNst, LVNs, etc.; 2. SDOH = Social Determinants of Health's. 3. Indicates percentage of members attributed to a Primary Care providers that actively uses
Provider Empowerment and Engagement tools; 4. Bissed on members engaged by Astrana Health's Outpatient Care Management Team in 2023; 5. Trends are customizable by specialty, by region, with
trends in prior authorization counts, utilization, costs, among other trends; 6.—60% of total possible gaps in care identified YTD as of 9/30/2023 were closed through our portal

Our dedicated provider network, technology and solutions platform combine to drive superior clinical outcomes



Proven ability to reduce MCRs while controlling costs

Improvement in MCR² per year, since 2019



Proven path to profitability in new markets, on average, within

2 years

Source: Centers for Medicare and Medicaid Services

1. Astrana Health figures based on analysis of Jan-Doe 2023 internal data from all consolidated IPAs in Medicare Advantage compared to risk adjusted benchmarks

2. Medical Cost Ratio, based on Astrana Health Core SoCal market, comprised of -236k members in 2019 and -319k members as of 12/31/2023

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Our multi-pronged growth strategy positions Astrana Health to capture significant embedded upside



Grow Within Existing Markets

◆ Continue to enhance core Southern California market, build out newly established Northern and Central CA markets, and build out recently entered TX/NV markets



Expand Into New Markets

◆ Transform healthcare for local communities across the country by leveraging our adaptable and customizable provider engagement model for the best local fit



Advance Contracts Across Risk Spectrum

◆ Migrate member lives under partial-risk contracts into full-risk and total cost of care arrangements



Leverage All Our Business Models To Meet Providers Where They Are And Drive De-risked Growth

◆ Drive success in our Care Enablement model before vertically integrating into our Care Partners and Care Delivery segments, enhancing our economics and path to taking full-risk

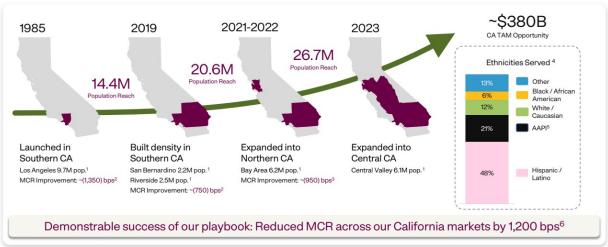


Identify and Execute Opportunistic M&A

◆ Continue to execute on M&A strategy across all segments and lines of business

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¹ We have significant whitespace to continue expanding our footprint in our core market...



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

1. County population data as of 2022

2. Reflects the MCR improvement from 2019 to 2023

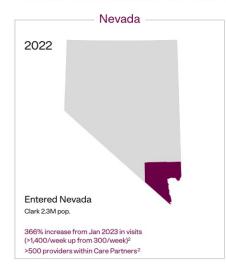
3. Reflects MCR improvement from 2021 to 2023

4. Ethnicities of members across all IPAs, based on analysis of internal data from Dec 2022

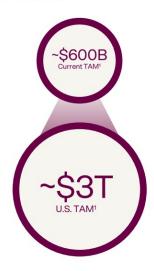
5. Asian American and Pacific Islander

6. Represents the reduction of MCR over a 2-year period throughout Southern and Northern CA markets

$^{ ilde{2}}$... and will continue to look for opportunities to build out recently entered markets to further diversify outside of California



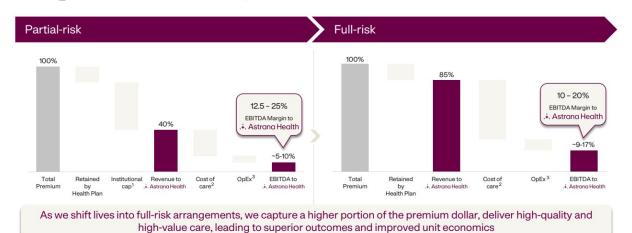




... Astrana Health

Source: U.S. Census Bureau; population data as of each respective year; Centers for Medicare and Medicaid Services, Office of the Actuary, National Health Statistics Group
1. Figures represent 2022 TAM; current TAM includes total healthcare expenditure within California, Texas, and Nevada; U.S. TAM based on NHE Projections Tables
2. As of Mar 2024

³ As we move across the risk spectrum, our unit economics improve demonstrably



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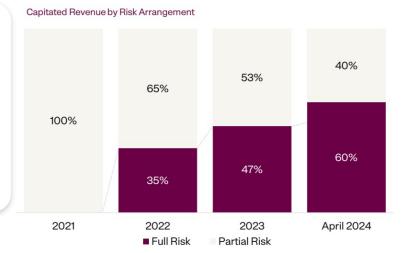
is: See "Use of Non-GAAP Financial Measures" slide for more information.

Includes -45% Institutional Capitation payments, covering downstream medical spend for Hospitals / Facilities

"Cost of care" includes payments for Primary Care services and Secondary Provider services, such as radiology, diagnostic imaging, physical therapy, and other services that are not provided by a PCP, Also includes shared savings payments to Astrana Health's Partners (Primary Care, Secondary Providers under partial-risk contracts, as well hospital partners under full-risk contracts, included in partial ingratent services included in partial ingratent services included in partial ingratent services included so perating expense and corporate overhead, as well as intercompany Care Enablement fees, excluding interest, tax, depreciation and amortization

³ Advancing our contracts across the risk spectrum allows us to better deliver whole-person care and drives outsized economics

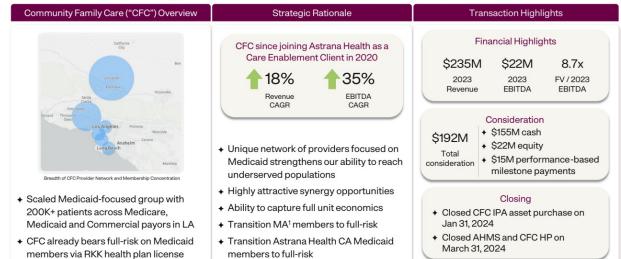
- ◆Substantial opportunity to drive embedded platform value through advancing contracts across the risk spectrum
- ◆ Proven track record of managing risk profitably with significant upside potential while delivering whole-person care



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⁽⁴⁾ Care Enablement clients provide a pipeline of potential acquisition targets, like Community Family Care





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Note: See "Reconciliation of Net Income to EBITDA - Community Family Care" and "Use of Non-GAAP Financial Measures" slides for more information

1. MA is Medicare Advantage

Astrana Reiterates Guidance for 2024 (§ in millions, except for per share information)

Q12024 financial results	
Revenue	\$404.4
Net Income attr. to ASTH	\$14.8
Adjusted EBITDA ¹	\$42.2
EPS - Diluted	\$0.31

	Actual FY 2023 Results	2024 Guidance Range
Total Revenue	\$1,386.7	\$1,650 - \$1,850
Net Income attr. to ASTH	\$60.7	\$61 - \$73
Adjusted EBITDA ¹	\$146.6	\$165 - \$185
EPS - Diluted	\$1.29	\$1.28 - \$1.52

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See "Reconciliation of Net income to EBITDA and Adjusted EBITDA," "Guidance Reconciliation of Net Income to EBITDA and Adjusted EBITDA" and "Use of Non-GAAP Financial Measures" slides for more information. There can be no assurance that actual amounts will not be materially higher or lower than these expectations. See "Forward-Looking Statements" on slide 2.

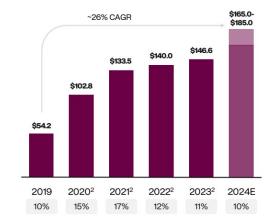
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Financial Profile

Revenue (\$ in millions)

~26% CAGR \$1,650-\$1,850 \$1,387 \$1,144 \$774 \$687 \$561 2024E 2019 2020 2021 2022 2023

Adj. EBITDA (\$ in millions)



% Adjusted EBITDA Margin¹

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Note: For more information, see "Reconciliation of Net Income to EBITDA and Adjusted EBITDA" and "Use of Non-GAAP Financial Measures" slides for more information
1. The Company defines Adjusted EBITDA margin as Adjusted EBITDA over total revenue
2. 2020-2021 Adj. EBITDA hearinted from tailwinds of lower utilization of unity multiplication o

Astrana Health Leadership Team











Brandon Sim, MS

President & CEO

Chan Basho, MBA Chief Operating & Financial Officer



Jeremy Jackson, MD

Jaime Melkonoff, MBA

CITADEL | Securities



Chief Medical Officer

Chief Quality Officer

President, Texas & SVP, Corporate Development



































Key Takeaways



Clear levers and a repeatable growth playbook to drive further nationwide expansion

26% 5-year revenue CAGR1; Clear visibility into continued 25%+ growth in medium term and beyond



Proven track record of consistent profitability

26% 5-year adj. EBITDA CAGR2; Proven ability to consistently scale business at 10-15% EBITDA margins



Flexible, capital efficient model with predictable unit economics

Predictable adj. EBITDA margins, with 10%-17% adj. EBITDA margins in each of the last 5 years²



Tech-powered, integrated care delivery model results in industry-leading clinical outcomes

Admits/K 48% below benchmark; ER visits 43% below benchmark3



Strongly positioned to create a future where all can get access to high quality healthcare

~1M members in VBC arrangements across Medicare, Medicaid, and Commercial⁴

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Growth figures are based on historical revenue and estimates through FY 2023
 See the "Reconciliation of Not Income to EBITDA and Adjusted EBITDA" slide for additional information
 Astrana Health figures based on analysis of Jan-Dec 2023 internal data from all consolidated IPAs (Medicare Advantage) and compared against relevant risk adjusted benchmark
 As of April 1, 2024



Appendix Astrana Health

Highly differentiated, scaled platform is a leader in value-based care

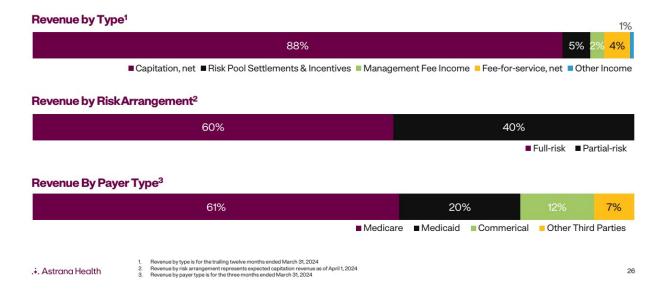
	.÷. Astrana Health	O PRIVIA	మ్లో agilon health	Caremax	P3 Health Partners
Business Model	Affiliate and owned provider model	Affiliate provider model	Affiliate provider model	Affiliate and owned provider model	Affiliate provider model
At-Risk Lives	~1M	~1.1M²	~523K	~218K	~127K
Markets	30+	14	25	6	27
2023 Revenue	\$1,387M	\$2,839M ³	\$4,316M	\$751M	\$1,266M
2023 Adj. EBITDA	\$147M	\$72M	(\$95M)	(\$63M)	(\$86M)
2024E Revenue ¹	\$1,771M	\$2,852M ³	\$6,233M	\$862M	\$1,525M
2024E Adj. EBITDA ¹	\$177M	\$87M	(\$42M)	(\$32M)	\$5M
Serves All Patient Types	✓	✓	×	×	×
Consistent Profitability ⁴	✓	✓	×	×	×
Track Record of Care Delivery	39 Years	17 Years	8 Years	13 Years	4 Years

Source: Equity Research

Note: 1, Street consensus for all companies; 2. Total membership; 3. Represents total practice collections; 4. Represents positive EBITDA over last 4 quarters

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We serve a highly diversified mix of businesses and payer types



Recent Highlights

Care Partners

- ♦ Community Family Care Health Plan acquisition closed March 31, 2024
- ♦ Prime Community Care of Central Valley joins our Care Partners segment
- Started full risk delegated contract in Nevada
- ♦ 60% revenue in full risk arrangements¹

Care Delivery

- Opened 2 new de novo clinics in Nevada in April
- ♦ Closed acquisition of Advanced Diagnostic Surgical Center on Jan 1, 2024

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Percentage of total capitation revenue calculated expected as of April 1, 2024

Summary of Selected Financial Results

	Three Months Ended March 31,				
\$ in 000s except per share data	2024		2023		
Revenue					
Capitation, net	\$ 365,910	\$	300,204	\$	
Risk pool settlements and incentives	17,377		13,462		
Management fee income	4,078		9,896		
Fee-for-service, net	15,937		12,062		
Other revenue	1,054		1,620		
Total revenue	404,356		337,244		
Total expenses	374,217		314,871		
Income from operations	30,139		22,373		
Netincome	\$ 16,862	\$	12,488	\$	
Net income (loss) attributable to noncontrolling interests	2,027		(644)		
Net income attributable to Astrana Health	\$ 14,835	\$	13,132	\$	
Earnings per share - diluted	\$ 0.31	\$	0.28	\$	
EBITDA ¹	\$ 32,689	\$	23,961	\$	
Adjusted EBITDA ¹	\$ 42,245	\$	29,825	\$	

^{1.} See "Reconciliation of Net Income to EBITDA and Adjusted EBITDA and "Use of Non-GAAP Financial Measures" slides for more information

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Segment Results

\$ in 000s	Care Partners	Care Delivery	Care Enablement	Other	Intersegment Elimination	Corporate Costs	Consolidated Total
Total revenues	\$ 397,095	30,719	33,274	-	(56,732)	-	404,356
% change vs prior year	26%	21%	9%				20%
Cost of services	314,966	24,794	17,373	-	(26,734)	-	330,399
General and administrative expenses ¹	38,933	6,163	12,397	-	(30,075)	16,400	43,818
Total expenses	353,899	30,957	29,770	-	(56,809)	16,400	374,217
Income (loss) from operations	\$ 43,196	(238)	3,504	-	77 ²	(16,400)	30,139
% change vs prior year	94%	(75%)	(39%)				35%

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Balance includes general and administrative expenses and depreciation and amortization.
 Income from operations for the intersegment elimination represents rental income from segments renting from other segments. Rental income is presented within other income, which is not presented in the table.

Balance Sheet Highlights

\$ in millions	3/31/2024	12/31/2023	\$ Change
Cash and cash equivalents and investments in marketable securities ¹	\$337.29	\$296.31	\$40.98
Working capital	\$183.54	\$242.83	\$(59.29)
Total stockholders' equity	\$657.98	\$616.65	\$41.33

Excluding restricted cash

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Reconciliation of Net Income to EBITDA & Adjusted EBITDA

	Three Months Ended March 31,					
\$ in 000s	2024		2023			
NetIncome	\$ 16,862	\$	12,488			
Interest Expense	7,585		3,269			
Interest income	(3,996)		(3,009)			
Provision for income taxes	7,142		6,921			
Depreciation and amortization	5,096		4,292			
EBITDA	32,689		23,96			
Income from equity method investments	(632)		(249)			
Other, net	4,440		1,402			
Stock-based compensation	5,748		3,445			
APC excluded assets costs	-		1,266			
Adjusted EBITDA	\$ 42,245	\$	29,825			
Adjusted EBITDA margin ¹	10%		9%			

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^{1.} The Company defines Adjusted EBITDA margin as Adjusted EBITDA over total revenue.
2. Other, net for the three months ended March 31, 2024 relates to a financial guarantee via a letter of credit that we provided almost three years ago in support of two local provider-led ACOs, non-cash changes related to change in the fair value of our financing obligation to purchase the remaining equity interests in one of our investments, non-cash changes related to change in the fair value of the Company's Collar Agreement, and transaction costs incurred for our investments and restructuring fees.
3. Other, net for the three months ended March 31, 2023 relates to changes in the fair value of our financing obligation to purchase the remaining equity interest in one of our investments.

Reconciliation of Net Income to EBITDA & Adjusted EBITDA (continued)

For the twelve months ended	TTM Ended			Ye	ear Ended				
\$ in millions	March, 31, 2024	2023	2022		2021		2020		2019
NetIncome	\$ 62.2 \$	57.8	\$ 45.7	\$	46.1	\$	122.1	\$	15.8
Interest expense	20.4	16.1	7.9		5.4		9.5		4.7
Interest income	(15.2)	(14.2)	(2.0)		(1.6)		(2.8)		(2.0)
Provision for income taxes	32.2	32.0	40.9		31.7		56.3		10.0
Depreciation and amortization	18.6	17.7	17.5		17.5		18.4		18.3
EBITDA ¹	118.2	109.5	110.1		99.1		203.5		46.8
Goodwill impairment		-			-				2.0
Income (loss) from equity method investments	(0.9)	(5.1)	(5.7)6		5.3 ⁶		(0.3)6		2.9
Gain on sale of equity method investment	-	-			(2.2)		-		-
Other, net	9.37	6.22	3.33		(1.7) 4		(0.5) 4		-
Stock-based compensation	24.3	22.0	16.1		6.7		3.4		0.9
APC excluded assets costs	8.1	14.0	16.2 ⁶		26.46		(103.3)6		1.5
Adjusted EBITDA ¹	\$ 159.0 \$	146.6	\$ 140.0	\$	133.5	\$	102.8	\$	54.2
Net Revenue	\$ 1,453.8 \$	1,386.7	\$ 1,144.2	\$	773.9	\$	687.2	\$	560.6
Adjusted EBITDA Margin ⁵	11%	11%	12%		17%	940	15%	-5.2"	10%

1. See "Use of Non-GAAP Financial Measures" slide for more information; 2. Other, net for the year ended December 31, 2023 consists of nonrecurring transaction costs and tax restructuring fees incurred, non-cash gains and losses related to the changes in the fair value of our financing obligation to purchase the remaining equity interests, contingent liabilities, and the Company's Scollar Agreement, and excise tax related to a nonrecurring buyback of the Company's stock from APC; 3.

Other, net for the year ended December 31, 2022 consists of non-time transaction costs in curred and non-cash gains and losses related to the changes in the fair value of our financing obligation to purchase the remaining equity interests and contingent considerations; 4. Other, net for the years ended December 31, 2021 and 2020 relate to COVID-19 relief payments recognized in 2021 and 2020; 5. The Company defines Adjusted EBITDA margin as Adjusted EBITDA over total revenue.

6. Certain APC minority interests where APC owns the asset but not to the right to the dividends is reclassified from APC excited asset coats to income from equity method investments. 7. Other, net for TTM ended March 31, 2024 consists of a financial guarantee via a letter of credit that we provided almost three years ago in support of two local provider-led ACOs, nonrecurring transaction costs and tax restructuring fees incurred, non-cash gains and losses related to the changes in the fair value of our financing obligation to purchase the remaining equity interests, contingent liabilities, and the Company's Collar Agreement, and excise tax related to a nonrecurring buyback of the Company's stock from APC

.* Astrona Health

Reconciliation of Net Income to EBITDA – Community Family Care

For the twelve months ended		
\$ in millions	2023	2019
Net Income	\$ 19.0	\$ 7.8
Provision for income taxes	4.1	0.1
Depreciation and amortization	0.0	0.0
Interest expense (income)	(1.1)	(0.3)
		(0.1)
EBITDA	\$ 22.0	\$ 7.5

Guidance Reconciliation of Net Income to EBITDA & Adjusted EBITDA

	2024 Guida	nce Range
(\$ in 000s except per share data)	Low	High
Net Income	71,500	85,500
Interest expense	14,500	12,500
Provision for income taxes	36,500	44,500
Depreciation and amortization	14,500	14,500
EBITDA	137,000	157,000
Loss (income) from equity method investments	(5,000)	(5,000)
Other, net	6,000	6,000
Stock-based compensation	27,000	27,000
Adj. EBITDA	165,000	185,000

Note: See "Use of Non-GAAP Financial Measures" slide for more information

.÷. Astrana Health