



Clover Health

JP Morgan Presentation 2025

January 2025

Disclaimer

This presentation and the accompanying oral presentation include forward-looking statements, including, without limitation, statements regarding future events and Clover Health Investments, Corp.'s ("Clover Health," "we," "our," or "us") expectations regarding Adjusted EBITDA profitability, Adjusted SG&A, Insurance BER (non-GAAP measures, as defined herein), targeted revenue, MCRs, the Company's Annual Election Period results and 2025 market growth and their anticipated effects on the Company's financial performance, the anticipated number of Clover Health Insurance members, the Company's Star Ratings and its effect on future membership growth and profitability, as well as the statements contained in the quotations of our executive officers and other expectations as to future performance, operations and results.

These forward-looking statements are subject to a number of risks, uncertainties and assumptions, including those described under Item 1A. "Risk Factors" in the Company's most recent Annual Report on Form 10-K filed with the Securities and Exchange Commission (the "SEC"), filed with the SEC on March 14, 2024, as such risk factors may be updated in our subsequent filings with the SEC. In light of these risks, uncertainties and assumptions, the forward-looking events and circumstances discussed in this presentation and the accompanying oral presentation may not occur and actual results could differ materially and adversely from those anticipated or implied in the forward-looking statements.

Forward-looking statements are not guarantees of future performance and you are cautioned not to place undue reliance on such statements. The forward-looking statements included in this presentation and the accompanying oral presentation are made as of the date hereof. Except as required by law, Clover Health undertakes no obligation to update any of these forward-looking statements after the date hereof or to conform these statements to actual results or revised expectations.

In addition to U.S. Generally Accepted Accounting Principles ("GAAP") financial measures, this presentation includes certain non-GAAP financial measures including Adjusted EBITDA, Adjusted SG&A and Insurance BER. These non-GAAP financial measures are provided to enhance the reader's understanding of Clover Health's past financial performance and our prospects for the future. Non-GAAP financial measures are supplemental to and should not be considered a substitute for financial information presented in accordance with GAAP and should be read only in conjunction with our consolidated financial statements prepared in accordance with GAAP. A reconciliation of historical non-GAAP measures to historical GAAP measures is included in the Appendix of this presentation.

Our Goals: 12 Month Lookback

✓ Material Adj. EBITDA Profitability⁽²⁾

✓ PPO Plan PY25: 3.5 Stars / PY26: 4.0 Stars⁽³⁾

✓ Top-Line Growth; ~27% January YoY Membership Growth⁽⁴⁾

✓ Counterpart Health Launch

Investor Presentation from ~1 Year Ago⁽¹⁾

**Clover
Health**

Goals for 2024 and Beyond

✓ **2024 Adj. EBITDA Profitability**

Targeting full-year 2024 positive Adjusted EBITDA as Clover Health continues on its path to profitability

✓ **Profitable Growth**

Move to sustainable, profitable growth leveraging further improvements in our care management platform

✓ **Improve Star Rating**

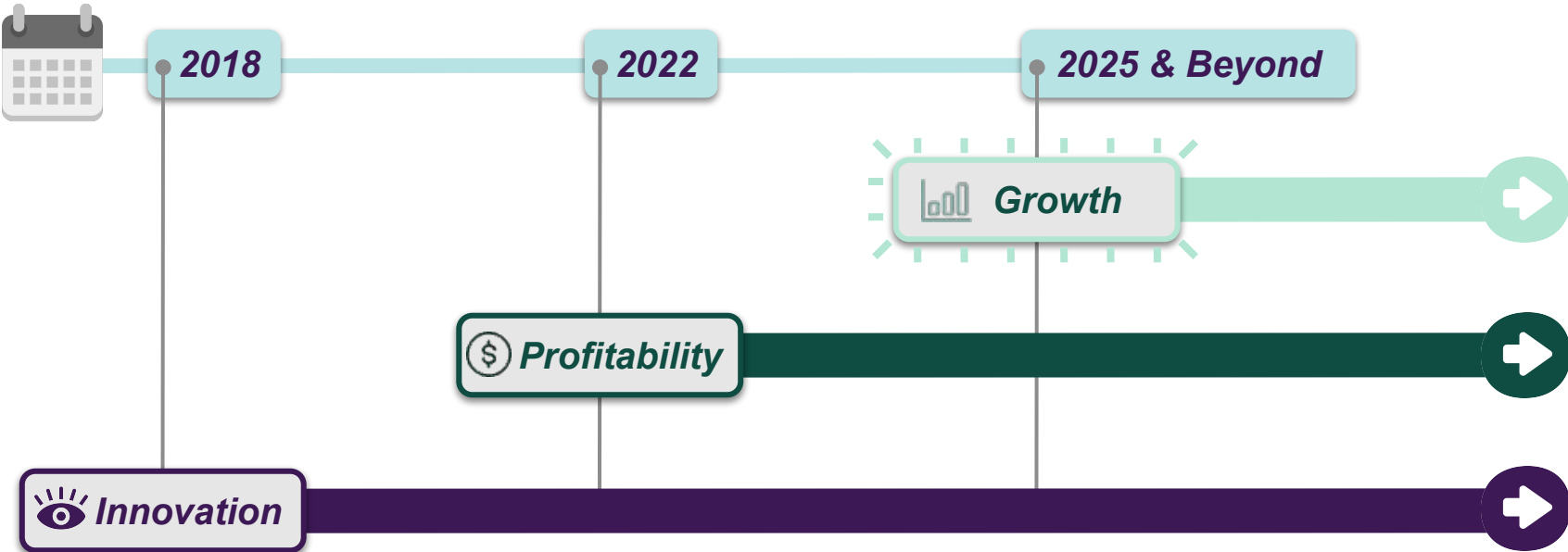
Return to 3.5 Star Rating, with pathway to further upside at higher levels

✓ **Expansion of Offerings**

New go-to-market capabilities that widen our ability to manage more Medicare lives

(1) The slide screenshot of the page titled "Goals for 2024 and Beyond" comes from the Clover Health presentation at the 42nd Annual J.P. Morgan Conference, filed on January 10, 2024 [here](#), and on the Company's investor relations website.
 (2) Adjusted EBITDA is a non-GAAP financial measure. We define Adjusted EBITDA as Net Income (Loss) from continuing operations before depreciation and amortization, loss on investment, stock-based compensation, premium deficiency reserve expense (benefit), restructuring (recoveries) costs, and non-recurring legal expenses and settlements. Please refer to the Appendix for a reconciliation of Adjusted EBITDA to Net Income (Loss) from continuing operations, the most directly comparable GAAP measure.
 (3) Clover Health maintained a 3.5 Star Rating for payment year 2025, and improved its Star Rating to 4.0 Stars for payment year 2026 for its flagship PPO plan.
 (4) Clover Health continued to deliver strong top-line Revenue growth as of the year-to-date 3Q24 period. Medicare Advantage membership growth as of the beginning of January 2025, as compared to January 2024.

Clover's Next Phase: Growth



Our Vision

Empower Every Physician with Technology to Identify, Manage & Treat Chronic Diseases Earlier

*Earlier Diagnosis
& Treatment*

*Earlier Disease
Management*

*Higher Quality
Clinical Care*

*Affordable &
Accessible Care*

A Different Approach to Empowering Accessible & Affordable Healthcare

Technology-Centric Care Platform



Physician enablement technology,
powered by **AI**



Longitudinal care for highest risk via
Clover Assistant powered, **MD-led** pods



Better Chronic Disease Management



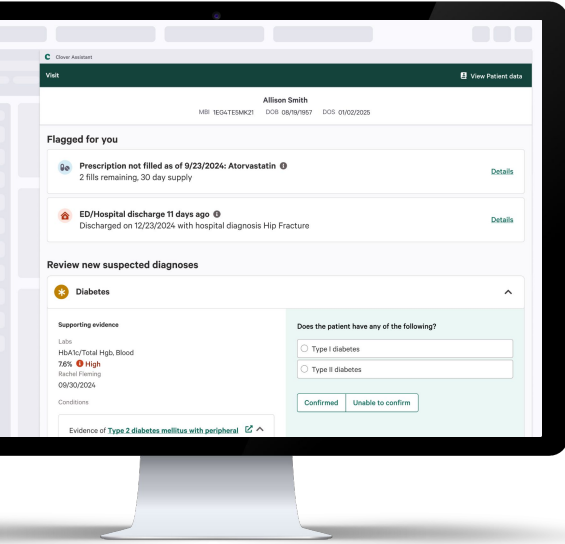
Built for an aging population and the
future of **Medicare**



Clinical outcomes improved while
reducing total cost of care

We enable value-based outcomes for fee-for-service physicians

Care Platform: Clover Assistant is the Leader in Clinical AI



Synthesis of 100+ Data Sources

Millions of clinical documents, collected & reconciled

Claims Data

PCP & Specialist Charts

EHR Data

Pharmacy Data

Lab Data

Evidence-Based Protocols

Insights from >100 Proprietary Models

Robust IP and patent portfolio⁽¹⁾

Data Deduplication / Normalization

Enriched Clinical Data Repository

Machine Learning (ML) Models for Diagnosis Suspecting

Post-Discharge Encounter Mappings

Clinical Orientation, Dynamic Actions

Surfacing relevant clinical suggestions at time of encounter

Early Diagnosis & Treatment

Patient-Specific Insights & Next Steps

Care Gaps: Preventative + Chronic Care

Medication Adherence

Transitional Care & ADT

Population Health Management

Empowering physicians to practice medicine using their clinical judgement

(1) Including patents for [Machine learning models for diagnosis suspecting](#) and [Prospective medication fillings management](#), among many more that can be found [here](#).

Care Platform: Differentiated Home Care at Critical Moments

Clover Home Care Cohort has
Significantly Improved MCR
from 2021 to 2024⁽¹⁾



- Longitudinal, MD-led, **primary care** in the home for highest acuity population
- **Readmission** prevention and post-acute
- **Assessment** visits for unknown / emerging risk

Clover Home Care

Care Intensity



Clover Assistant Powered Network PCPs

*Lower
Disease
Acuity*

*Higher
Disease
Acuity*

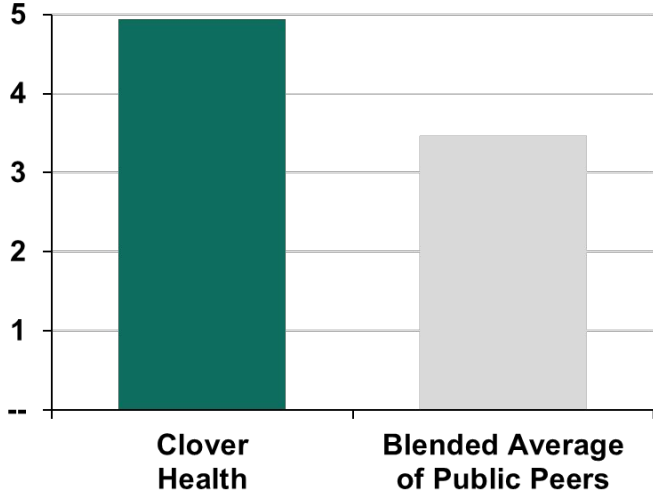
(1) Our data shows that since 2021, MCRs for members enrolled in our In-Home Care program (highest acuity population) have decreased over a 3 year period.

Quality: Clover Leads the Nation on HEDIS Measures⁽¹⁾

Top 10 HEDIS-Scoring Plans

Rank	Plan ⁽²⁾	Contract	Plan Type	HEDIS Weighted Raw Score
1.)	Clover Health	H5141	Local PPO	4.941
2.)	Clover Health	H8010	HMO	4.938
3.)	Peer A	H5496	HMO	4.938
4.)	Peer B	H5296	HMO	4.750
5.)	Peer C	H2960	HMO	4.647
6.)	Peer D	H2172	HMO	4.647
7.)	Peer E	H3815	HMO	4.588
8.)	Peer F	H4004	HMO	4.588
9.)	Peer G	H0524	HMO	4.588
10.)	Peer H	H9003	HMO	4.529

Life-Weighted Average HEDIS Raw Score⁽³⁾



Clover Health rated 4.94 / 5 Stars on HEDIS Measures for Star Rating Year 2025⁽¹⁾

(1) Clover Health's Medicare Advantage PPO plans received a score of 4.94 on HEDIS for the Plan Year 2025, Payment Year 2026 Star ratings. For plans with over 2,000 members, Clover's PPO received the highest score in the entire country on core HEDIS measures. The Company achieved an overall 4.0 Star Rating for financial Payment Year 2026 for its PPO plans.
 (2) Including plans with publicly available reported data on at least 10 HEDIS measures.
 (3) Combined HEDIS rates alone are not an official CMS domain score. Calculations for overall number use MY23 HEDIS measure rates and assigned measure Star and weight. [Data and Methodology](#). Represents weighted average of HEDIS Weighted Raw Score across all PPO/HMO plans under parent company of public peers.

Quality: Leader in Readmission Prevention Measures




*Medication
Reconciliation
Post-Discharge*

*~1,900 bps Better
than National Median⁽¹⁾*




*Plan All-Cause
Readmissions*

*~300 bps Better
than National Median⁽¹⁾*



*Transitions
of Care*

*~2,800 bps Better
than National Median⁽¹⁾*



*Follow-up after
Emergency Department
Visit for People with
Multiple High-Risk
Chronic Conditions*

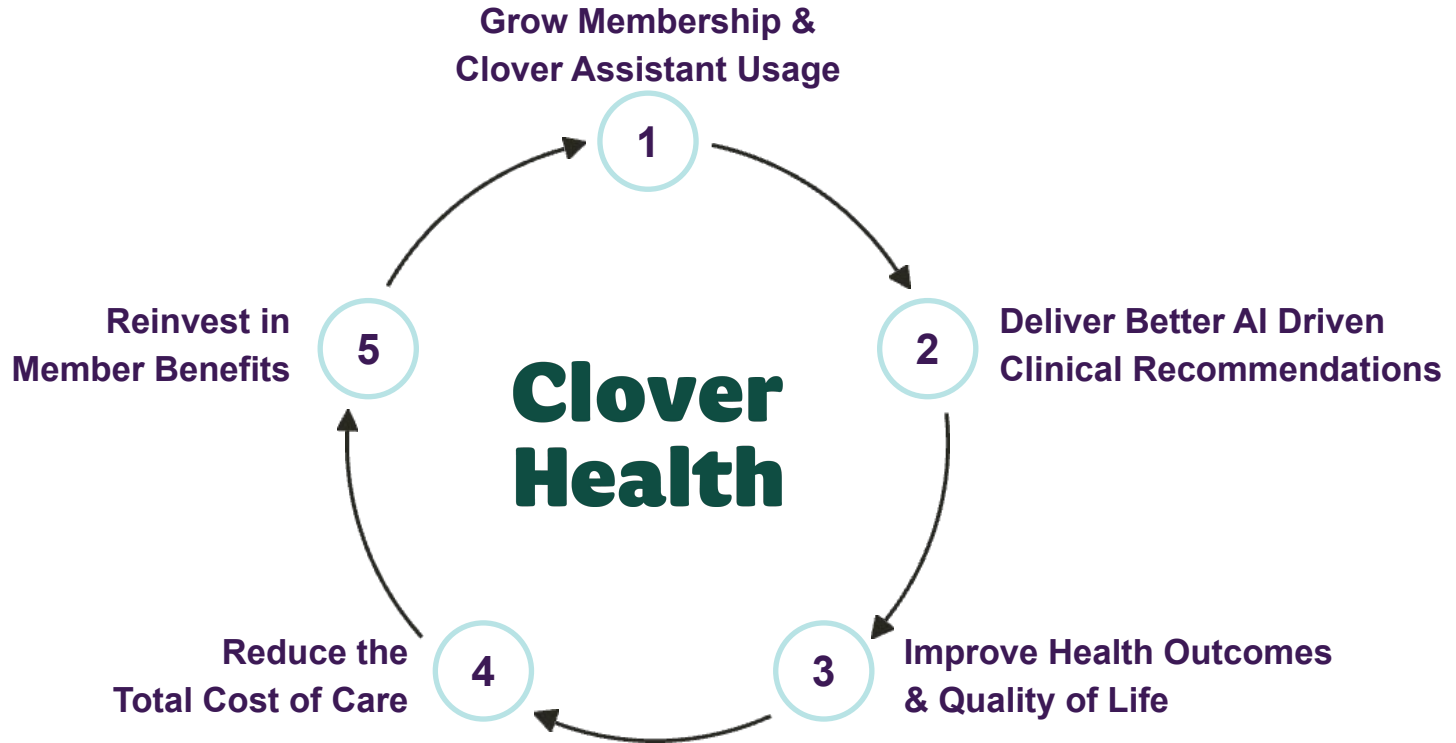
*~1,600 bps Better
than National Median⁽¹⁾*

Our care management platform allows for the right activity to begin at the right points in time

Source: CMS Part C and D Performance HEDIS Measurement Data

(1) Measurement scores above represents Clover Health's score on identified HEDIS measures from MY2023 for its PPO Plan (Contract H5141) as compared to the national median measurement scores of all plans.

Our Technology-Driven Approach is Working

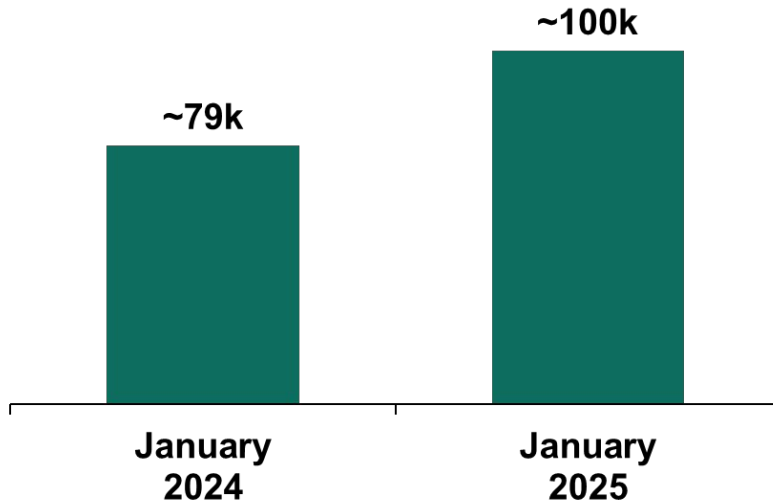


Our Opportunity



This Year: ~27% MA Membership Growth⁽¹⁾

■ Medicare Advantage Membership⁽¹⁾



Positioned Well to Manage 2025 Membership

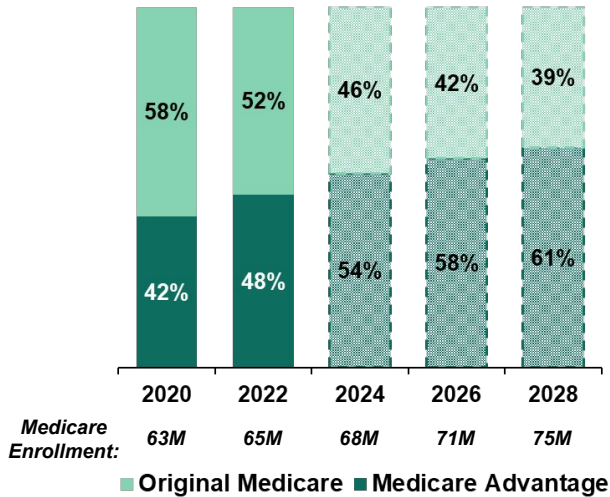
- ▶ *~95% of members enrolled in Clover 4-Star plan⁽²⁾*
- ▶ *Majority of new members switching from other MA plans*
- ▶ *Over 2/3s of net member growth in core NJ markets*
- ▶ *Expanded Home Care footprint in Georgia*
- ▶ *Strong retention + well-managed profitable cohort of returning members*

⁽¹⁾ Medicare Advantage (MA) Membership as of the beginning of January for the years beginning 2024 and 2025.

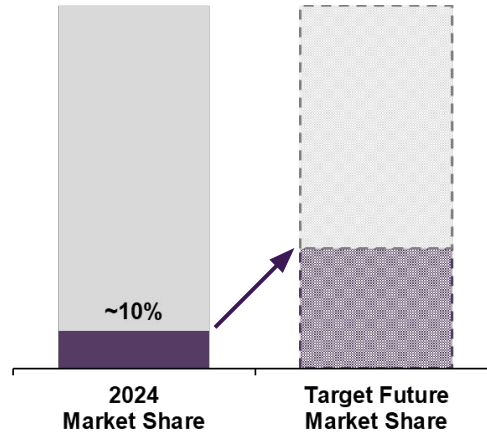
⁽²⁾ Clover Health is currently paid on 3.5 Stars for Payment Year 2024 and 2025. Clover Health will be paid on 4.0 Stars for its flagship PPO plans in Payment Year 2026. The Company achieved a 4.0 Star Rating for Payment Year 2026 for its PPO plans. % of members in PPO plans is based on the month beginning January 2025 Clover Insurance membership.

Meaningful Runway for MA Expansion

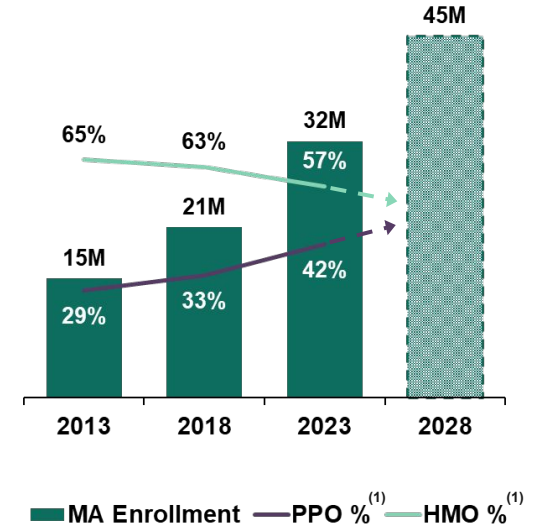
MA Market Growth



Significant NJ Opportunity



Consumers Prefer PPO Plans⁽¹⁾



Source: CMS, Kaiser Family Foundation. Note: Medicare and Medicare Advantage Enrollment in millions.

(1) National market data from CMS CPSC data from December 2018 – December 2023: Within Medicare Advantage, PPO plans grew 2.3x the rate of HMO plans. Penetration percentages excludes other plan types, such as National PACE and PFFS.

New Revenue Opportunity: Counterpart Health Brings Clover's Care Model to More Plans & Providers

- ➔ Health outcomes improved via earlier identification, management, & treatment of disease
- ➔ Complementary offering to drive growth & profitability beyond Clover's core MA markets
- ➔ New SaaS & Tech-Enabled Services revenue streams with low startup costs
- ➔ More clinicians empowered with AI-powered proven technology
 - ★ *Improving Clinical Quality*
 - ★ *Improving MCR by 1,000+ bps⁽¹⁾*

Strong product market fit with compelling pipeline

(1) For returning Clover MA members whose PCPs use CA as compared to those whose PCPs do not.

Looking Ahead



Our Focus for 2025



(1) Adjusted EBITDA is a non-GAAP financial measure. Please refer to Non-GAAP Financial Measures provided in the Appendix for a reconciliation of Adjusted EBITDA to Net Loss from continuing operations, the most directly comparable GAAP measure. 2024 Guidance is based on guidance provided in the Company's November 6, 2024 earnings press release.

(2) Clover Health is currently paid on 3.5 Stars for Payment Year 2024 and 2025. Clover Health will be paid on 4.0 Stars for its flagship PPO plans in Payment Year 2026. The Company achieved a 4.0 Star Rating for Payment Year 2026 for its PPO plans. % of members in PPO plans is based on the month beginning January 2025 Clover Insurance membership.

Appendix



Differentiated, Tech-Centric Model Focused on Improving Clinical Care Outcomes via Software

	Clover's Approach	Traditional MA Approaches
Technology	<i>Clinical, physician enablement, AI-Powered technology</i>	<i>InsurTech, back-office & administrative</i>
Care Strategy	<u><i>Earlier disease identification & management</i></u> <i>& subsequent care treatment</i>	<u><i>Delayed / reactive healthcare,</i></u> <i>and/or downstream risk delegation</i>
Network Construct	<i>Wide network PPO;</i> <i>Focused on affordability / accessibility</i>	<i>Majority HMO approach;</i> <i>Narrow choice</i>
Risk Delegation / Capitation	<i>Not focused on Risk Delegation</i>	<i>Large focus / reliance</i>
Home Care	<i>Longitudinal care to most at-risk;</i> <i>via CA-powered Physician-led pods</i>	<i>Outsourced one-time visits;</i> <i>Primarily rely on nurses & nursing assistants</i>
YTD 2024 Performance ⁽¹⁾	<i>Industry-leading loss ratios;</i> <i>MCR: 75.6% BER: 80.6%⁽²⁾</i>	<i>Mid to high 80% loss ratios</i>

(1) Represents third quarter year-to-date MCR and BER ratios for Clover Health, as well as most recent results of other public companies with "Traditional MA Plan" approaches that have reported results as of the time of this slide deck publication.

(2) Insurance Benefits expense ratio ("BER") is a non-GAAP financial measure. We calculate our Insurance BER by taking the total of Insurance net medical expenses incurred and quality improvements, and dividing that total by premiums earned on a net basis, in a given period. Please refer to Non-GAAP Financial Measures provided in Appendix A in the November 6, 2024 earnings press release for a reconciliation of BER to Insurance Net medical claims incurred, net, the most directly comparable GAAP measure.

Well-Rounded Management Team of Technology Experts & Seasoned Managed Care Professionals



Vivek Garipalli
Executive Chairman

>20 years of healthcare & financial leadership



Andrew Toy
Chief Executive Officer

>20 years of technology & healthcare leadership



Peter Kuipers
Chief Financial Officer

>25 years of financial & technology leadership



Conrad Wai
Chief Technology Officer

>15 years of technology experience



Rachel Fish
Chief People Officer

>15 years in industry



Jamie Reynoso

Divisional CEO of Medicare Advantage
>30 years of healthcare leadership



Brady Priest

Divisional CEO of Home Care
>20 years in industry



Aric Sharp

Divisional CEO of Value Based Care
>25 years in industry



Karen Soares
General Counsel

>20 years of legal experience



Wendy Richey

Chief Compliance Officer
>40 years in industry



Theresa Mirell

SVP, Business Enablement
>15 years in industry



Having Supported Clinical Decision-Making for Thousands of Practitioners

Captures & synthesizes data from 100+ sources

Generating millions of clinically oriented and personalized insights

Novel clinical insights at point-of-care

Enhanced care coordination

100+ AI / ML models powering treatment recommendations

Designed to improve quality of care

Allison Smith
MBI 6DNST54PV50 DOB 01/01/1945 DOS 06/24/2024

← Back to Visits View patient data

Flagged for you

- ED/hospital discharge 5 days ago
Discharged on 06/20/2024 with hospital diagnosis Hip Fracture [Details](#)
- Prescription not filled as of 5/16/2024: Atorvastatin
2 fills remaining, 30 day supply [Details](#)

Reassess previously confirmed

Condition	Treatment plan / details	Last assessed by	Reason for review	
Obesity and Overweight BMI 35-39.9 with hypertension • BMI 35-39.9 with hyperlipidemia	Monitor condition, follow-up visit planned • Education provided on weight management, importance of balanced calorie proportioned diet, and the impact on associated comorbid conditions. Daily tolerated exercise encouraged. • notes	Demo Team Nurse 06/17/2023	Annual reassessment	Update Reconfirm

Review new suspected diagnoses

- Diabetes
- Chronic Kidney Disease

Review medication changes

Metformin 1000mg tablet is eligible for conversion to 90 day script

Review care gaps

- Eye exam for diabetic retinopathy
- Colorectal cancer screening

Diabetes

Labs
HbA1c/Total Hgb, Blood
7.6% @ High
04/25/2024

Conditions
Type 2 Diabetes Mellitus With Diabetic Nephropathy 06/25/2024
Melinda Olson, MD, Nephrology
[View document](#)

Type 2 diabetes mellitus with diabetic peripheral angpopathy without gangrene 04/22/2024
Jason Roth, NP, Primary Care
[View document](#)

Medications
ACTIVE Metformin 1000mg twice a day 04/25/2024
Jason Roth, NP, Primary Care

ACTIVE Empagliflozin 25mg once a day 04/20/2024
Jason Roth, NP, Primary Care

Associated Disorders from Shared documents
Type 2 Diabetes Mellitus 06/06/2024
[View document](#)

Referral Note (September 31, 2013, 05:00AM - 08:00)
Patient: Jason, Eric BETHESDA, State of MD, Pw 1, 3253
1807, Gender: Female, Patient ID: 44022222 (800)
Guardian: Ron de BETHESDA, Parent of Attorney
Author: Patricia Natta PRINCE W.D., Authored On: March 11, 2013

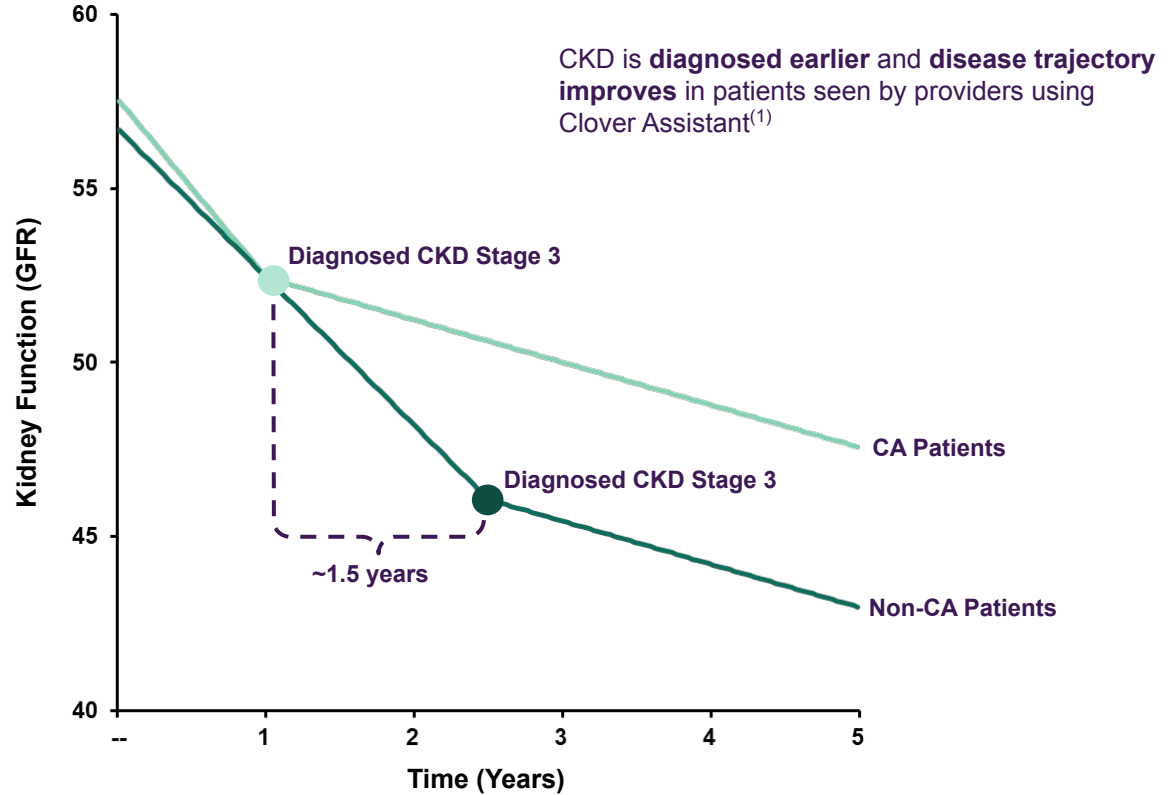
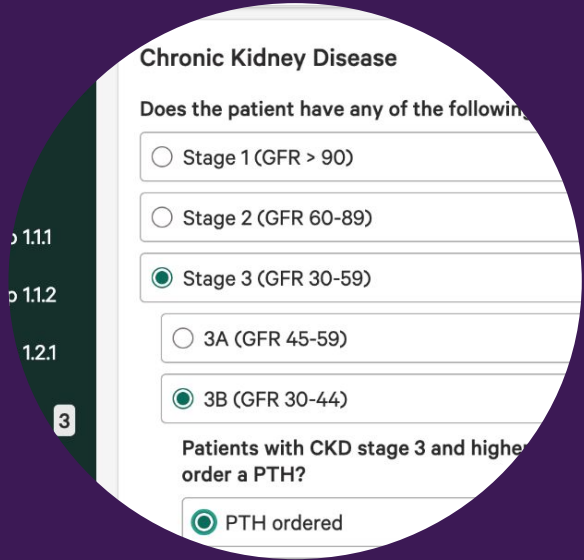
Directive	Description	Verification	Supporting Document(s)
Recommendation	Diabetes	Dr. Patricia Natta, PA, 18, 2011	

ALLERGIES AND ADVERSE REACTIONS

Q Diabetes mellitus x 1/4 matches

Earlier Diagnosis Leads to Earlier Treatment

Example: Chronic Kidney Disease



Note: Kidney Function measured via GFR (Glomerular Filtration Rate).

(1) "Clover Assistant Use and Diagnosis and Progression of Chronic Kidney Disease" www.cloverhealth.com/clinicalcare/ckd

Earlier Diagnosis Leads to Earlier Treatment

Example: Diabetes

*

Diabetes

Supporting evidence

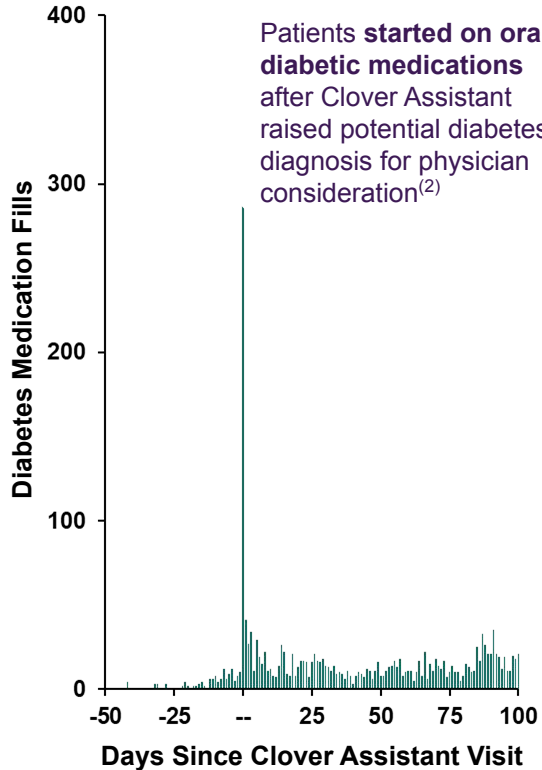
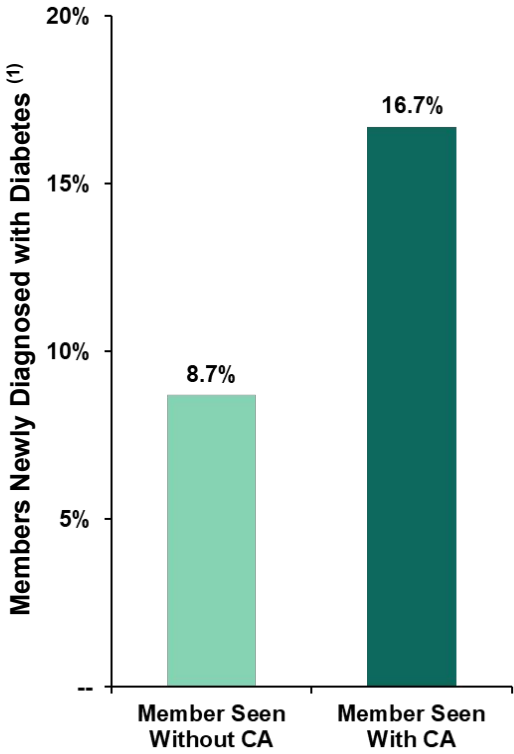
Labs

HbA1c/Total Hgb, Blood

6.6% ! High

Hailey Dunn

07/25/2023



Note: This slide reflects our examination of data from Clover Health members who had no previously recorded diagnosis of diabetes, were flagged by the 'at-risk' algorithm in Clover Assistant, and where the clinician had a visit informed by Clover Assistant data (2018 - 2022) and the clinician confirmed diabetes.

(1) Represents percentage (%) of pre-existing diagnoses similar in the two groups.

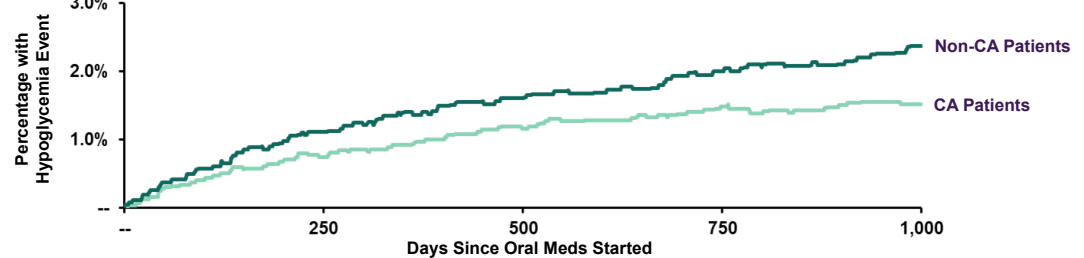
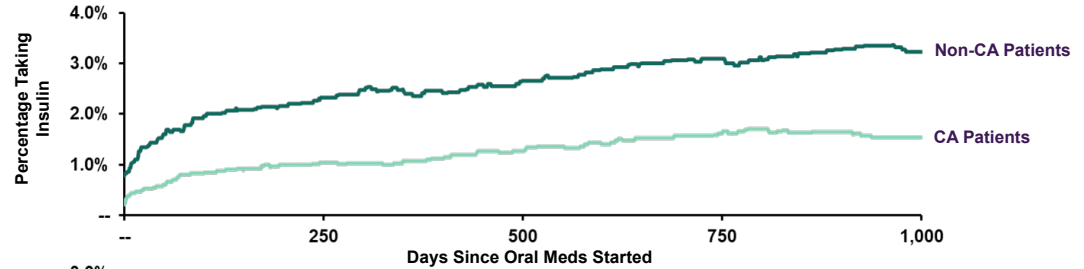
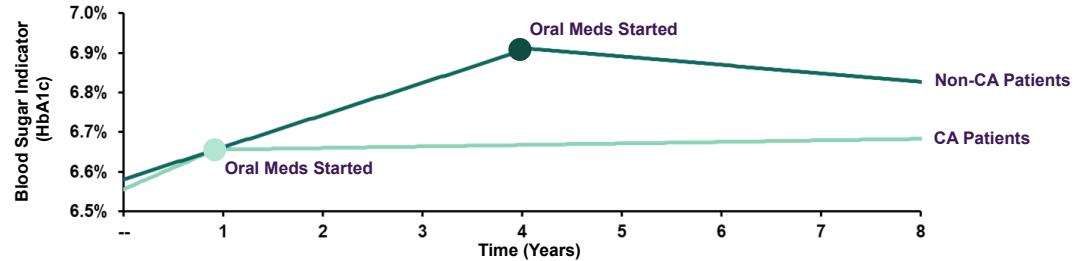
(2) "Clover Assistant Use and Diagnosis, Treatment, and Progression of Diabetes" www.cloverhealth.com/clinicalcare/diabetes

Earlier Diabetes Treatment Leads to:

Better Management of Blood Sugar⁽¹⁾

Lower Use of Insulin⁽¹⁾

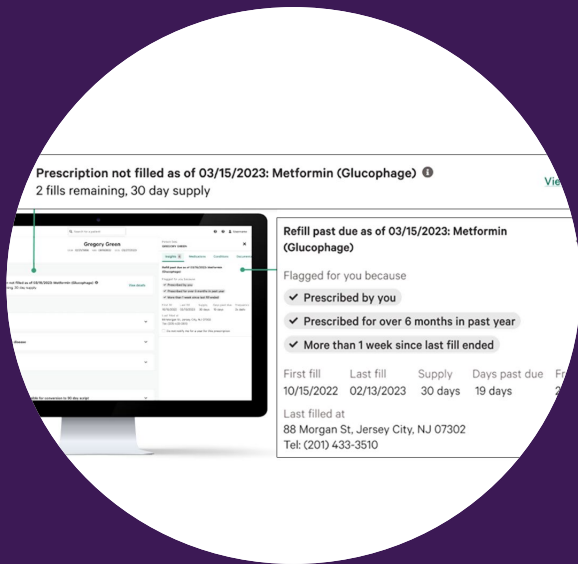
Lower Instances of Hypoglycemia⁽¹⁾



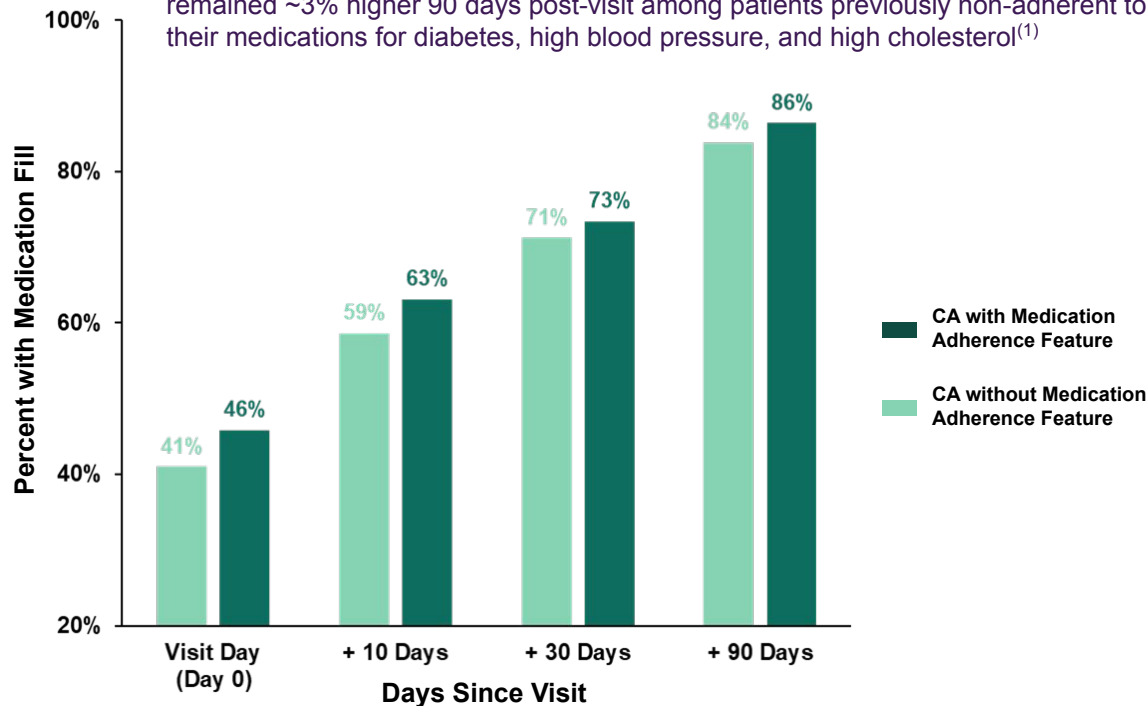
Note: This slide reflects our examination of data from Clover Health members who had no previously recorded diagnosis of diabetes, were flagged by the 'at-risk' algorithm in Clover Assistant, and where the clinician had a visit informed by Clover Assistant data (2018 - 2022) and the clinician confirmed diabetes.

(1) "Clover Assistant Use and Diagnosis, Treatment, and Progression of Diabetes" www.cloverhealth.com/clinicalcare/diabetes

Clover Assistant Correlated with Improved Medication Adherence



Medication fills increased by ~5% on the day of the Clover Assistant visit and remained ~3% higher 90 days post-visit among patients previously non-adherent to their medications for diabetes, high blood pressure, and high cholesterol⁽¹⁾



Note: Analyses examined data from Clover Health Medicare Advantage plan members from 2018, 2019, 2022, and 2023. We intentionally excluded data from 2020 and 2021 to minimize the impact of the COVID-19 pandemic's disruption of the healthcare system, including medication-related behaviors.

(1) "Clover Assistant Use and Medication Adherence for Common Chronic Conditions" www.cloverhealth.com/clinicalcare/medadherence

Non-GAAP Financial Measures

CLOVER HEALTH INVESTMENTS, CORP.
RECONCILIATION OF NON-GAAP FINANCIAL MEASURES
INSURANCE BENEFITS EXPENSE RATIO, NET (NON-GAAP) RECONCILIATION
(in thousands)⁽¹⁾

	Three Months Ended September 30,		Nine Months Ended September 30,	
	2024	2023	2024	2023
	(in thousands)			
Net medical claims incurred, net (GAAP):	\$ 251,643	\$ 236,533	767,125	\$ 753,877
Adjustments				
Quality improvements	15,445	14,363	50,383	49,883
Benefits expense, net (non-GAAP)	\$ 267,088	\$ 250,896	\$ 817,508	\$ 803,760
Premiums earned, net (GAAP)	\$ 322,579	\$ 301,230	\$ 1,014,201	\$ 932,699
Benefits expense ratio, net (non-GAAP)	82.8 %	83.3 %	80.6 %	86.2 %

(1) The table above includes non-GAAP measures. Non-GAAP financial measures are supplemental and should not be considered a substitute for financial information presented in accordance with GAAP. For a detailed explanation of these non-GAAP measures, see Appendix A in the November 6, 2024 earnings press release.

Non-GAAP Financial Measures (continued)

CLOVER HEALTH INVESTMENTS, CORP.
RECONCILIATION OF NON-GAAP FINANCIAL MEASURES
ADJUSTED EBITDA (NON-GAAP) RECONCILIATION
(in thousands)⁽¹⁾

	Three Months Ended September 30,		Nine Months Ended September 30,	
	2024	2023	2024	2023
	(in thousands)			
Net loss from continuing operations (GAAP):	\$ (8,785)	\$ (33,616)	\$ (24,785)	\$ (142,203)
Adjustments				
Interest expense	—	—	—	7
Depreciation and amortization	339	557	987	1,835
Loss on investment	—	—	467	—
Stock-based compensation	27,988	33,070	84,686	107,795
Premium deficiency reserve expense (benefit)	—	392	—	(6,556)
Restructuring (recoveries) costs	(538)	1,313	288	7,870
Non-recurring legal expenses and settlements	259	1,007	632	6,373
Adjusted EBITDA (non-GAAP)	\$ 19,263	\$ 2,723	\$ 62,275	\$ (24,879)

(1) The table above includes non-GAAP measures. Non-GAAP financial measures are supplemental and should not be considered a substitute for financial information presented in accordance with GAAP. For a detailed explanation of these non-GAAP measures, see Appendix A in the November 6, 2024 earnings press release.

About Non-GAAP Financial Measures

We use non-GAAP measures in this presentation, including Adjusted EBITDA, Adjusted SG&A, and Insurance BER. These non-GAAP financial measures are provided to enhance the reader's understanding of Clover Health's past financial performance and our prospects for the future. Clover Health's management team uses these non-GAAP financial measures in assessing Clover Health's performance, as well as in planning and forecasting future periods. These non-GAAP financial measures are not computed according to GAAP, and the methods we use to compute them may differ from the methods used by other companies. Non-GAAP financial measures are supplemental to and should not be considered a substitute for financial information presented in accordance with GAAP and should be read only in conjunction with our consolidated financial statements prepared in accordance with GAAP. Readers are encouraged to review the reconciliations of these non-GAAP financial measures to the comparable GAAP measures, which are included in the Appendix of this presentation, together with other important financial information included in our filings with the SEC and on the Investor Relations page of our website at investors.cloverhealth.com.

For a description of these non-GAAP financial measures, including the reasons management uses each measure, please see Appendix A in the Company's earnings press release, dated November 6, 2024: "Explanation of Non-GAAP Financial Measures."