

Goldman Sachs 42nd Annual Healthcare Conference

June 10, 2021

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Disclaimer

Forward-Looking Statements

This presentation contains forward-looking statements that express the Company's opinions, expectations, beliefs, plans, objectives, assumptions or projections regarding future events or future results that include, but are not limited to: 2021 financial guidance and other projections and forecasts. These forward-looking statements involve a number of risks, uncertainties (some of which are beyond the Company's control) or other assumptions that may cause actual results or performance to be materially different from those expressed or implied by these forward-looking statements. These risks and uncertainties include, but are not limited to, those factors described in fillings with the Securities and Exchange Commission ("SEC"), including those under "Risk Factors" therein. Should one or more of these risks or uncertainties materialize, or should any of the assumptions prove incorrect, actual results may vary in material respects from those projected in these forward-looking statements. Forward-looking statements speak only as of the date made. The Company does not undertake any obligation to update or revise any forward-looking statements, whether as a result of new information, future events or otherwise, except as may be required under applicable securities laws.

Use of Non-GAAP Financial Information

In order to provide investors with greater insight, promote transparency and allow for a more comprehensive understanding of the information used by management in its financial and operational decision-making, the Company supplements its condensed consolidated financial statements presented on a GAAP basis herein with certain non-GAAP financial information, including: Care Margin; Platform Contribution; Platform Contribution margin; Adjusted EBITDA; and Adjusted EBITDA margin. Reconciliations of these non-GAAP measures to their most directly comparable GAAP measures are included in the financial schedules in the Appendix of this presentation, as well as in the Company's quarterly financial press releases and related Form 8-K filings with the SEC. This information can be accessed for free by visiting www.priviahealth.com or www.sec.gov.

Management has not reconciled forward-looking non-GAAP measures to its most directly comparable GAAP measure of Operating Income and Net Income. This is because the Company cannot predict with reasonable certainty and without unreasonable efforts the ultimate outcome of Care Margin, Platform Contribution or Adjusted EBITDA due to market-related assumptions that are not within our control as well as certain legal or advisory costs, tax costs or other costs that may arise. For these reasons, management is unable to assess the probable significance of the unavailable information, which could materially impact the amount of the future directly comparable GAAP measures.



Enabling Doctors to Transform Healthcare



Purpose Built, Portable and Scalable Physician Enablement Platform



Aligned with Provider Financial Success while Preserving Ownership Structure



Comprehensive Technology Solution Built for Providers



Flexible Model for All Provider Types, All Patients & All Reimbursement Models



Profitable, Capital-Efficient Financial Profile



Multiple Drivers for Future Growth



PRIVIA.

Highly Experienced Executive and Physician Leadership Team

The Privia Platform directly addresses the challenges physicians face and provides better economics in both Fee-for-Service and Value Based reimbursement models

Our Solution Moves Markets Towards Value Based Care At Scale



Purpose-Built Platform to Organize Physicians into Cost Efficient, Value Based and Primary Care Centric Networks

1. Single-TIN Medical Group

Primary care centric single-TIN Medical Group; Medical Group governance structure allows providers to build a clinical culture adapting to consumers' and a region's unique needs

Technology and Population Health

Cutting-edge, interoperable technology platform designed with physicians' and patients' input to enhance their workflows in both fee-for-service and value based care settings

3. Management Services Organization

Enable providers to focus on their patients, not paperwork, by leveraging scale to reduce administrative work, increase efficiency, and lower direct costs

4. Accountable Care Organization

Physician-led, local market-based ACOs have been shown to lower costs, engage patients, reduce inappropriate utilization, and improve coordination and patient quality metrics to drive value based care

5. Network for Purchasers and Payers

Monetize at-scale care delivery platforms through partnerships across the healthcare ecosystem

Positioned to Monetize Our Platform and Drive Growth



Organic Growth in Existing Practices

- Patient panel and volume growth
- New provider growth
- Expansion of practice services
- Revenue optimization



Moving Markets to Value Based Care

- Same store growth of patients attributed to value based contracts
- Moving existing attribution into full risk value based programs, such as direct contracting and fully capitated contracts
- Develop new products with aligned payers



White Space Opportunities in Existing Markets

- Add primary care and specialist practices in existing markets
- Develop value-oriented ancillary services
- Expand relationships with self-insured employers
- Expand clinical research program



New Market Development

 Expand business model nationally in partnership with anchor medical groups, health systems and payers



Acquisitions and Investments in Full Service Care Models

- Minority or majority ownership of provider groups
- De-novo, wholly or partially owned, MA focused clinics
- Other M&A



Proprietary, End-to-End Tech Solution Enables Providers to Practice More Efficiently and Focus on Patient Care





We provide physicians with a comprehensive and differentiated technology solution that eliminates the need to buy and integrate more than 30 point solutions

Technology-Driven Physician Enablement Platform

Scale	6 + D.C. States	2,648 Implemented Providers	650+ Care Center Locations	\$1.3B+ 2020 Practice Collections
Patient Population			3M+ Patients	
Attributed Lives	721K Total Attributed Lives	281K Total Government Lives		440K Total Commercial Lives
Valued-Based Care Results	\$430M+ Total Shared Savings	92% Quality Score (MSSP)	61% Lower Hospitalization ¹	47% Lower Emergency Room Visits ¹
Satisfaction	85 Patient NPS	95% Average Provider Retention		54 Provider NPS



Privia Health: A Differentiated Opportunity for Investors



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Profitable, Capital-Efficient Financial Profile



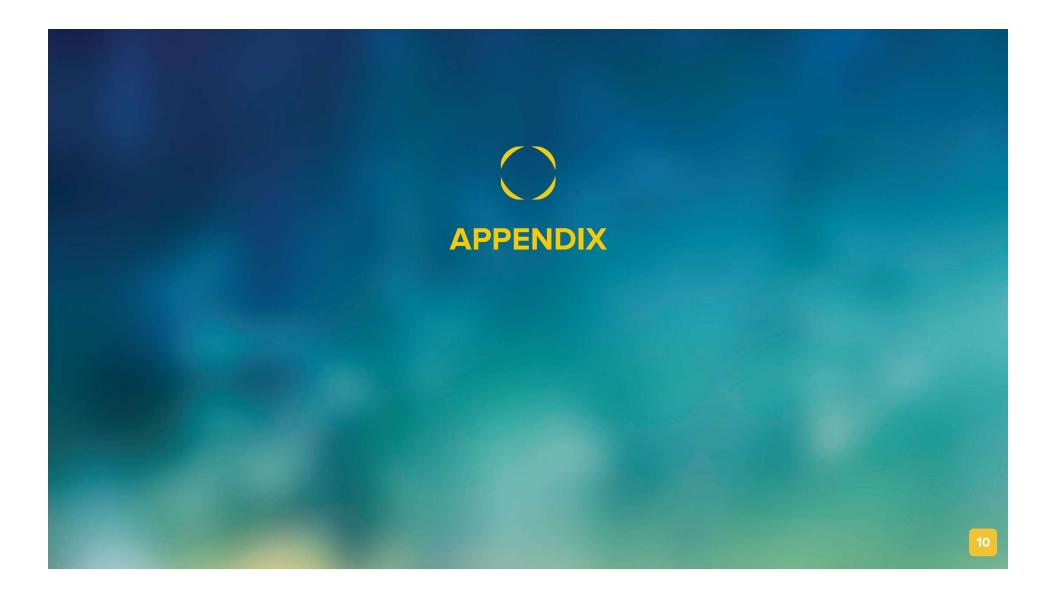
Multiple Drivers for Future Growth



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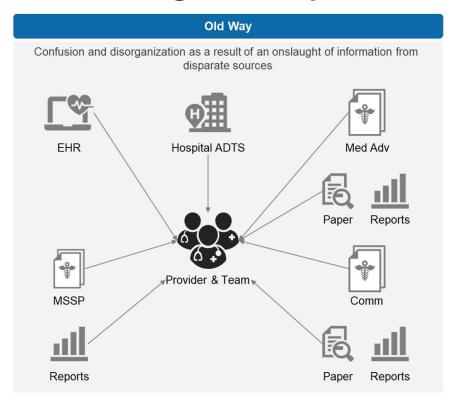
Proven, Scalable and Flexible Operating Model

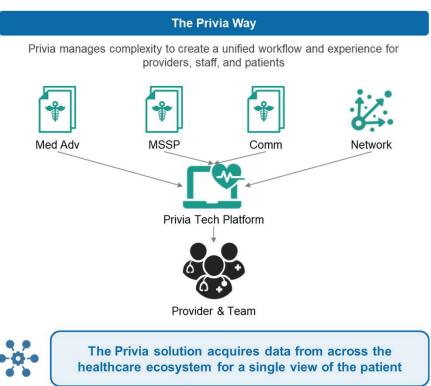
- Single Tax-ID Medical Group in each local market a primary care centric delivery network in each market
- Management services and clinical organization enabled by the Privia Technology Solution
- Market specific strategies Accountable Care Organizations and ancillary services based on market dynamics
- Recognize practice collections across all of our providers
 - Under fee-for-service contracts, Privia keeps a percentage of total collections
 - Under value-based care constructs, Privia collects a per member per month ("PMPM") fee and a portion of the shared savings generated

Practice Management Revenue Cycle, Performance Management, Support Services Value Based Care Medical Economics, Contracting, Medical Management, Clinical Operations and Providers Technology & Analytics Single-instance Technology Platform, Virtual Health, Data Analytics, Clinical Research



The Privia Technology Solution Creates an **Integrated Experience for Providers and Patients**







Methodical Process Helps Providers Move Towards Value



Privia's VBC Initiatives Differ From Other Models

- Value-based care participation across all programs: Commercial, Medicare Advantage,
 Medicare and Medicaid
- Scaled and growing: ~721,000 attributed lives across 70+ risk arrangements
- Significant opportunity to move attributed lives into full-risk arrangements over time
 - Enables providers experienced primarily in fee-for-service to transition thoughtfully and profitably to value-based care
 - o Interests aligned with provider groups sharing upside/downside risk with Privia
- Practice Collections & Revenue reflect shared savings, not premium MA dollars / costs under management
- Privia leadership has decades of experience in managing and underwriting risk



Case Study: Driving Performance for Physician Group "A" Partnership

Key

Takeways

- Physician group A joined Privia in 2014 with several objectives in mind:
 - Increase participation and improve performance in value based care programs;
 - Implement a new provider compensation model;
 - Hire new providers to offset retirement and attrition;
 - Expand specialty capabilities including sports medicine, allergy and urgent care; and
 - Improve branding

Overview

Since 2014, Privia has helped to drive...

~90%

Increase in practice collections (from \$5.8mm to \$11mm)

35%

Increase in provider base (from 17 to 23 providers)

>50%

Increase in annual patient visit volume

~20%

Increase in per provider patient volume

22%

Improvement in days accounts receivable

0.8

Improvement in online reputation rating (from 3.2 to 4.0 stars)

Case Study: Driving Growth in Our Mid-Atlantic Market

- Established presence in Mid-Atlantic market in 2013 and drove rapid growth across platform
- Demonstrated power of model to enter market and expand provider density, while moving market to value based care





¹ From 2014 to 2020.

Cohort of 76 Mid-Atlantic primary care providers who have been a part of Privia for at least five years

Case Study: Establishing an Anchor Partnership in a New Market with Health System "A" and Driving Growth

Entered Florida market in 2019 through partnership with Health System A, which engaged Privia to:

- Implement ambulatory technology solution across the Health System A Medical Group
- Streamline operations and improve clinical and quality outcomes
- Establish a partnership to grow and expand medical group statewide

The relationship with Health System A as an anchor customer enabled Privia to grow across all of Florida:

Key Takeways

- ✓ Launched a new medical group for private physicians as alternative alignment vehicle to employment
- ✓ Accelerated the shift of the market to value based care, generating \$15mm in gross savings in 2020 with our Medicare Advantage value-based arrangement

Performance Summary

All key financial metrics at or above high end of management's previous estimates for 1Q'21

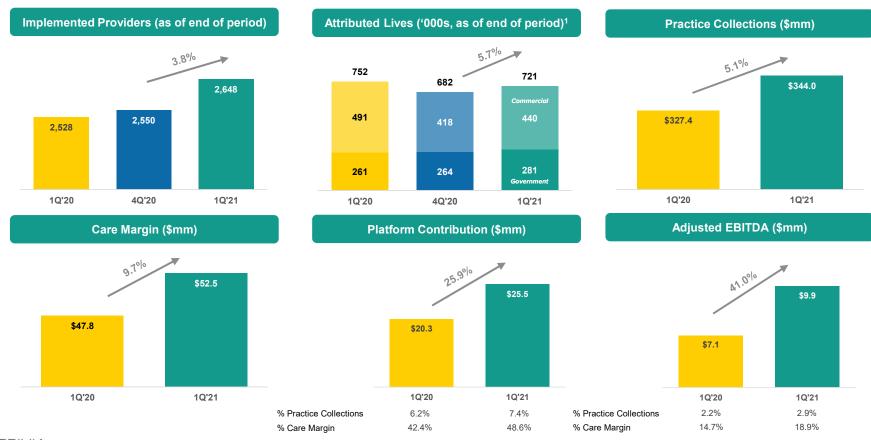
(Unaudited; \$ in Millions)

For the Three Months Ended March 31, 2021

	Previous Estimates		Reported Actuals	% Change from 1Q'20	
	Low	High			
Practice Collections	\$ 330.0	\$ 345.0	\$ 344.1	5.1%	
GAAP Revenue	200.0	210.0	213.6	0.3%	
Care Margin	48.5	52.5	52.5	9.7%	
Platform Contribution	22.5	25.0	25.5	25.9%	
Adjusted EBITDA	\$ 7.0	\$ 10.0	\$ 9.9	41.0%	



1Q'21 Performance





¹ Solid bar represents government lives and shaded bar represents commercial lives. Note: Any slight variations in percentage calculations due to rounding. For reconciliations of Care Margin to Operating Income, Platform Contribution to Operating Income, and Adjusted EBITDA to Net Income, please see the Appendix.

FY'21 Guidance as of June 10, 2021

(\$ in millions)	FY 2020 Actual	FY 2021 Guidano	Y - Y % Change ce from FY 2020
		Low Hi	gh Low High
Implemented Providers	2,550	2,850 2,90	00 11.8% 13.7%
Attributed Lives	682,000	730,000 750,00	7.0% 10.0%
Practice Collections	\$1,301.1	\$ 1,445 \$ 1,46	55 11.1% 12.6%
GAAP Revenue	\$ 817.1	\$ 860 \$ 88	5.3% 7.7%
Care Margin	\$ 187.6	\$ 215 \$ 2	21 14.6% 17.8%
Platform Contribution	\$ 82.6	\$ 93 \$ 9	98 12.6% 18.6%
Adjusted EBITDA	\$ 29.4	\$ 34 \$ 3	38 15.6% 29.3%



Reconciliation of Operating Income to Care Margin¹

	For t	For the Three Months Ended March 31,			
(unaudited and \$ in thousands)		2021		2020	
Operating income	\$	7,907	\$	6,496	
Depreciation and amortization		445		338	
General and administrative		13,996		10,989	
Sales and marketing		3,184		2,452	
Cost of platform		26,962	1	27,561	
Care margin	\$	52,494	\$	47,836	

⁽¹⁾ Care Margin is total revenue less the sum of physician and practice expense.

Reconciliation of Operating Income to Platform Contribution²

	For t	For the Three Months Ended March 31,			
(unaudited and \$ in thousands)	2021			2020	
Operating income	\$	7,907	S	6,496	
Depreciation and amortization expense		445		338	
General and administrative		13,996		10,989	
Sales and marketing		3,184	10	2,452	
Platform contribution	\$	25,532	\$	20,275	

⁽²⁾ Platform Contribution is total revenue less the sum of physician and practice expense and cost of platform.

Reconciliation of Net Income to Adjusted EBITDA³

	For th	For the Three Months Ended March 31,				
(unaudited; amounts in thousands)	2021		2020			
Net income	\$	5,398	\$	5,414		
Net income (loss) attributable to non-controlling interests		218		(85)		
Provision for income taxes		2,000		700		
Interest expense		291		467		
Depreciation and amortization		445		338		
Stock-based compensation		101		121		
Other expenses		1,494		100		
Adjusted EBITDA	\$	9,947	\$	7,055		

⁽³⁾ Adjusted EBITDA is net income (loss) attributable to Privia Health Group, Inc. shareholders and subsidiaries excluding minority interests, provision (benefit) for income taxes, interest income, interest expense, depreciation and amortization, stock-based compensation, severance charges and other non-recurring expenses.

