

All together better



1

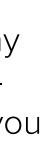
Important Notice Regarding Forward-Looking Statements

This presentation contains forward-looking statements within the meaning of the U.S. Private Securities Litigation Reform Act of 1995 that are based on beliefs and assumptions and on information currently available. In some cases, you can identify forward-looking statements by the following words: "outlook," "target," "reflect," "on track," "foresees," "future," "may," "deliver," "will," "shall," "could," "would," "should," "expect," "intend," "plan," "anticipate," "believe," "estimate," "predict," "project," "potential," "continue," "ongoing" or the negative of these terms, other comparable terminology (although not all forward-looking) statements contain these words), or by discussions of strategy, plans, or intentions. These statements involve risks, uncertainties and other factors that may cause actual results, levels of activity, performance or achievements to be materially different from the information expressed or implied by these forwardlooking statements. Although we believe that we have a reasonable basis for each forward-looking statement contained in this presentation, we caution you that these statements are based on a combination of facts and factors currently known by us and our projections of the future, about which we cannot be certain.

Forward-looking statements in this presentation include, but are not limited to, partnerships or other relationships with third parties or customers, new or anticipated revenue opportunities and statements regarding future financial expectations. We cannot assure you that the forward-looking statements in the information in this presentation will prove to be accurate. These forward-looking statements are subject to a number of significant risks and uncertainties that could cause actual results to differ materially from expected results. Descriptions of some of the factors that could cause actual results to defer materially from these forward-looking statements are discussed in more detail in our filings with the SEC, including the Risk Factors section of our Annual Report on Form 10-K for the year ended December 31, 2021. Furthermore, if the forward-looking statements prove to be inaccurate, the inaccuracy may be material. In light of the significant uncertainties in these forward-looking statements, you should not regard these statements as a representation or warranty by us or any other person that we will achieve our objectives and plans in any specified time frame, or at all. The forward-looking statements in this presentation represent our views as of the date of this presentation. We anticipate that subsequent events and developments will cause our views to change. However, while we may elect to update these forward-looking statements at some point in the future, we have no current intention of doing so except to the extent required by applicable law. You should, therefore, not rely on these forward-looking statements as representing our views as of any date subsequent to the date of this presentation.













Sharecare is a **health & well-being interoperable** platform that unifies all the elements of individual and community health so everyone can live better, longer across the dynamic continuum of their healthcare needs. All Together Better

Strategic partners & clients



Confidential and proprietary document by Sharecare, Inc. Dates and materials are subject to change.

Sharecare by the numbers

~64K employer clients

11M eligible lives

6K+ health system clients

73

Sharecare NPS score (95 on CareLinx payor programs)

127 top life sciences brands

\$470M-500M

2022E revenue

\$30M-36M

2022E adjusted EBITDA

~2.8M

social followers reaching 306M in 2021

SANOFI 🎝











ALL TOGETHER BETTER Business Positioned for Growth and Scale





Innovative digital health platform based on human-centric design Data & Innovation

At the intersection of technology, healthcare, & media, creating datadriven solutions

High-growth, recurring revenue driving 20% sustainable YoY growth

Confidential and proprietary document by Sharecare, Inc. Dates and materials are subject to change.



Diversified Revenue & Scale

Diversified, scalable portfolio with opportunity to capture \$1B++ in incremental revenue from contracted lives Differentiated Financial Performance

Positioned for success with strong revenue visibility, balance sheet, and profitability

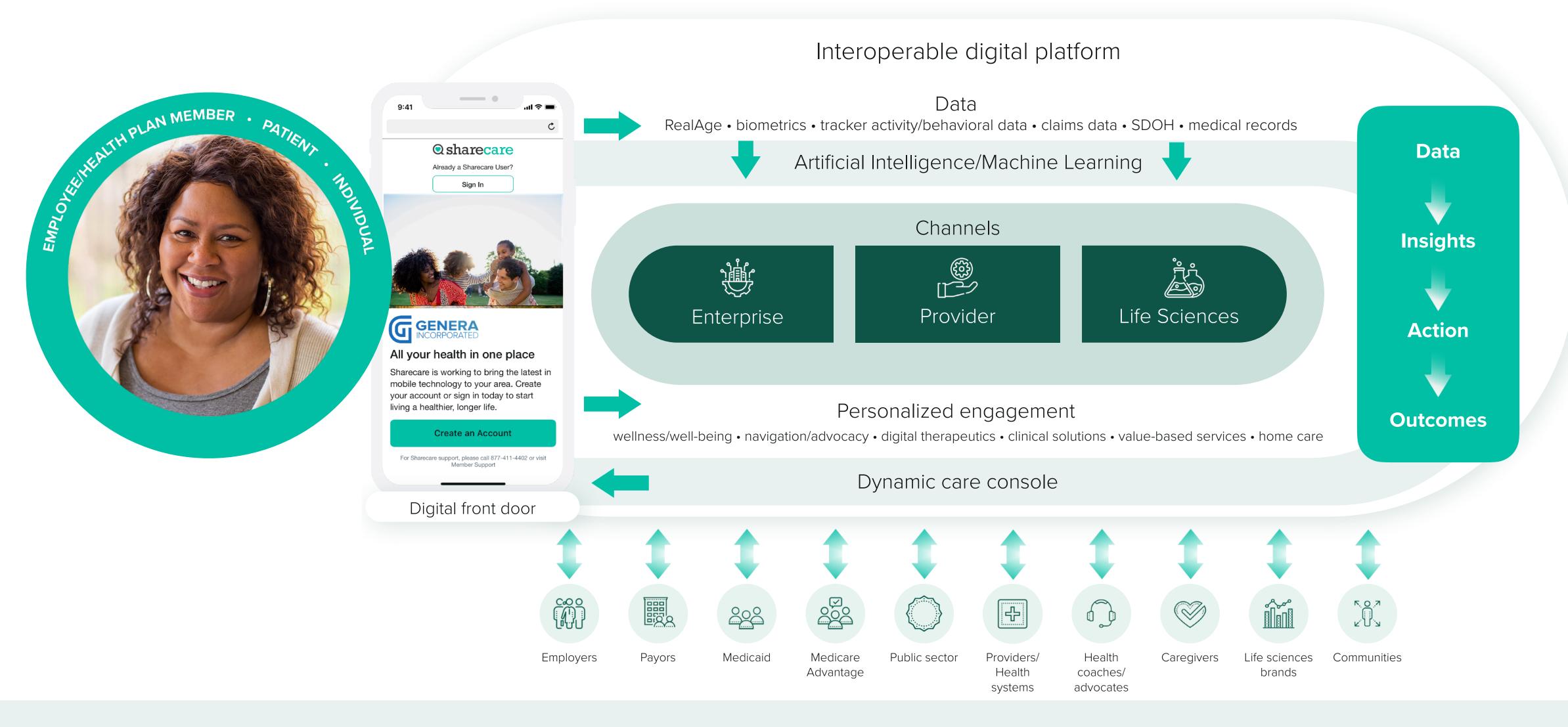








ALL TOGETHER BETTER Comprehensive Digital-First Ecosystem Centered around the Person







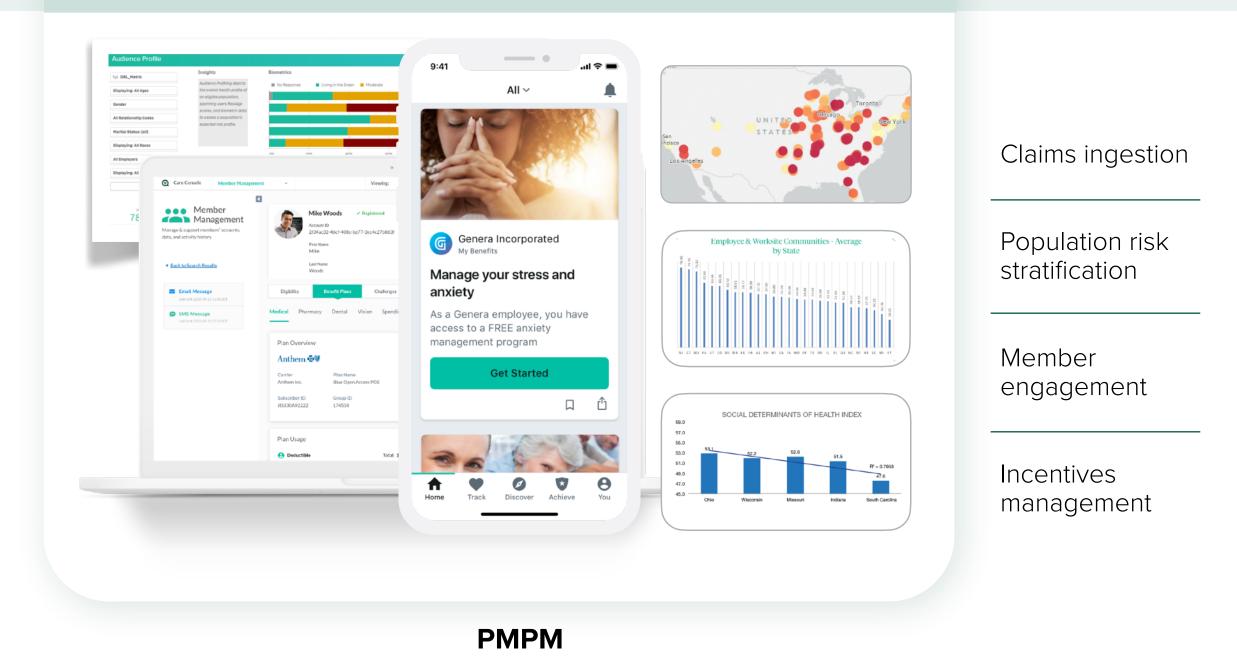


CHANNEL OVERVIEW

ENTERPRISE

Integrated Solution Lowering Healthcare Costs, Improving Outcomes, and Increasing Satisfaction

Core digital platform



Confidential and proprietary document by Sharecare, Inc. Dates and materials are subject to change.



Marketplace of targeted digital therapeutics



Unwinding Anxiety

Fertility

Disease Managemer

Lifestyle Coaching





Eat Right Now

Pregnancy

Financial Well-Beir

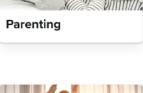


















Tech-Enabled Home Care (CareLinx)

High-touch

care



Ornish Lifestyle Medicine

PMPM and/or incremental fee per enrollee







CHANNEL OVERVIEW

PROVIDER

Efficiency and Patient Care

Core service

HEALTH INFORMATION MANAGEMENT



- Release of information (ROI)
- Medical record requests & retrieval
- Medical record audits & reviews
- Dynamic insights (AI)
- Forms management

Per record request

VALUE-BASED CARE



- High risk patient stratification
- High cost claimant/care gap analysis
- Clinical measures & reporting
- Practice provider and network performance

Gainshare or per provider per month



- insights (AI)

Gainshare or per claim processed

Confidential and proprietary document by Sharecare, Inc. Dates and materials are subject to change.





Digital platform

PAYMENT INTEGRITY

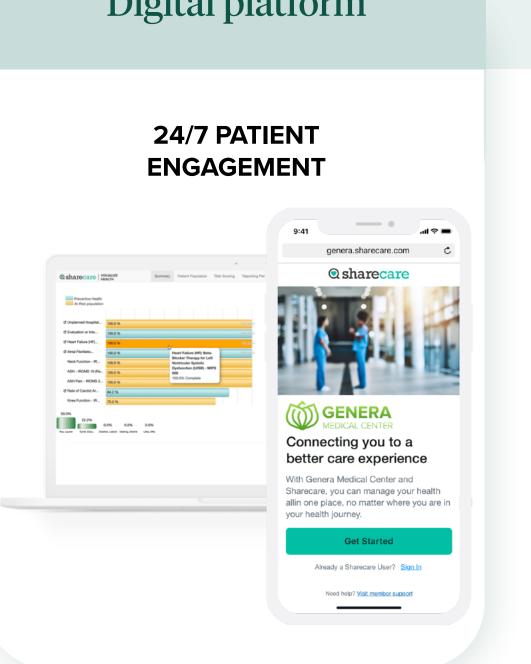
• Fraud, waste, and abuse • Audit/denial mgmt services Clinical validation • Pre-submission claim review Coding & pricing audits

REMOTE PATIENT MONITORING



- Diabetes prevention and management
- Heart disease (Ornish Lifestyle Medicine)
- Obesity & nutrition support

PMPM, reimbursement, or fee for service



PMPM

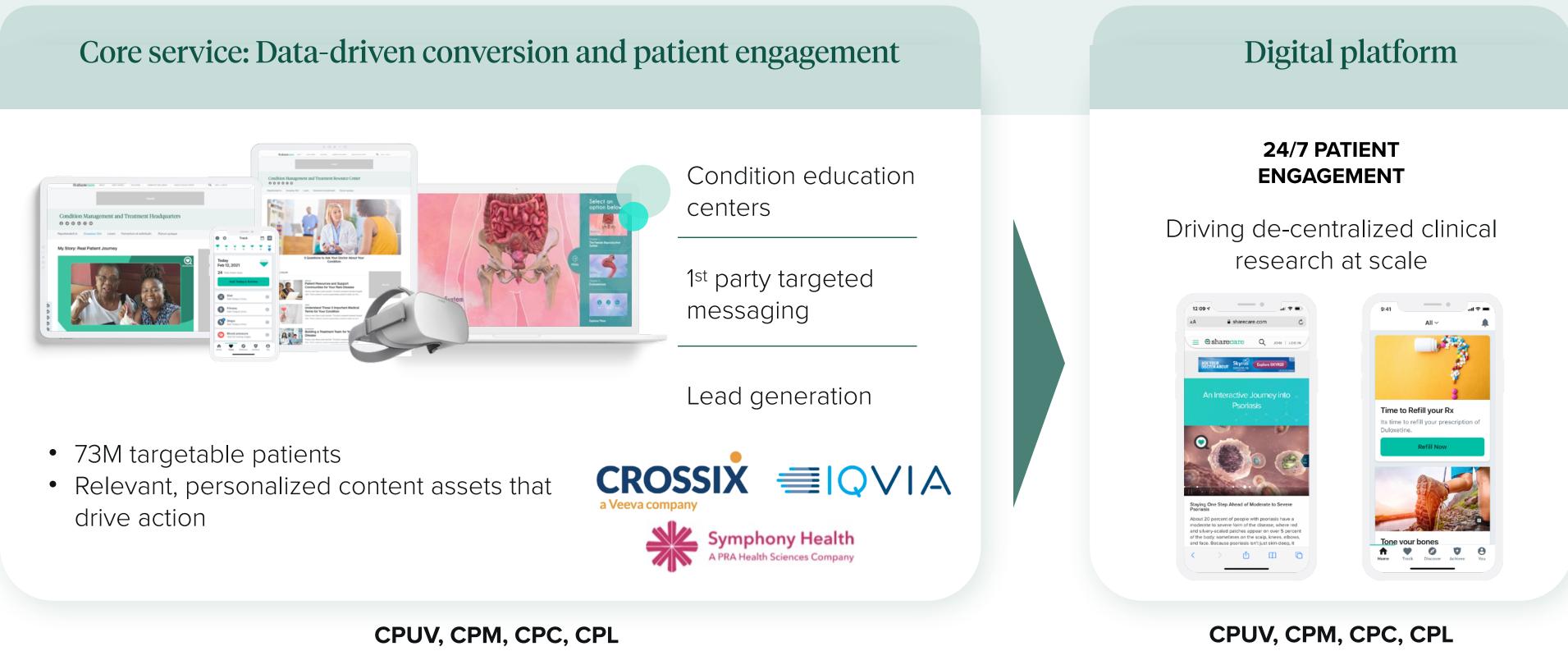




CHANNEL OVERVIEW

LIFE SCIENCES

Key Strategic Driver for Consumer Acquisition, Content Creation, Brand Awareness, and Data-Driven Digital Activation

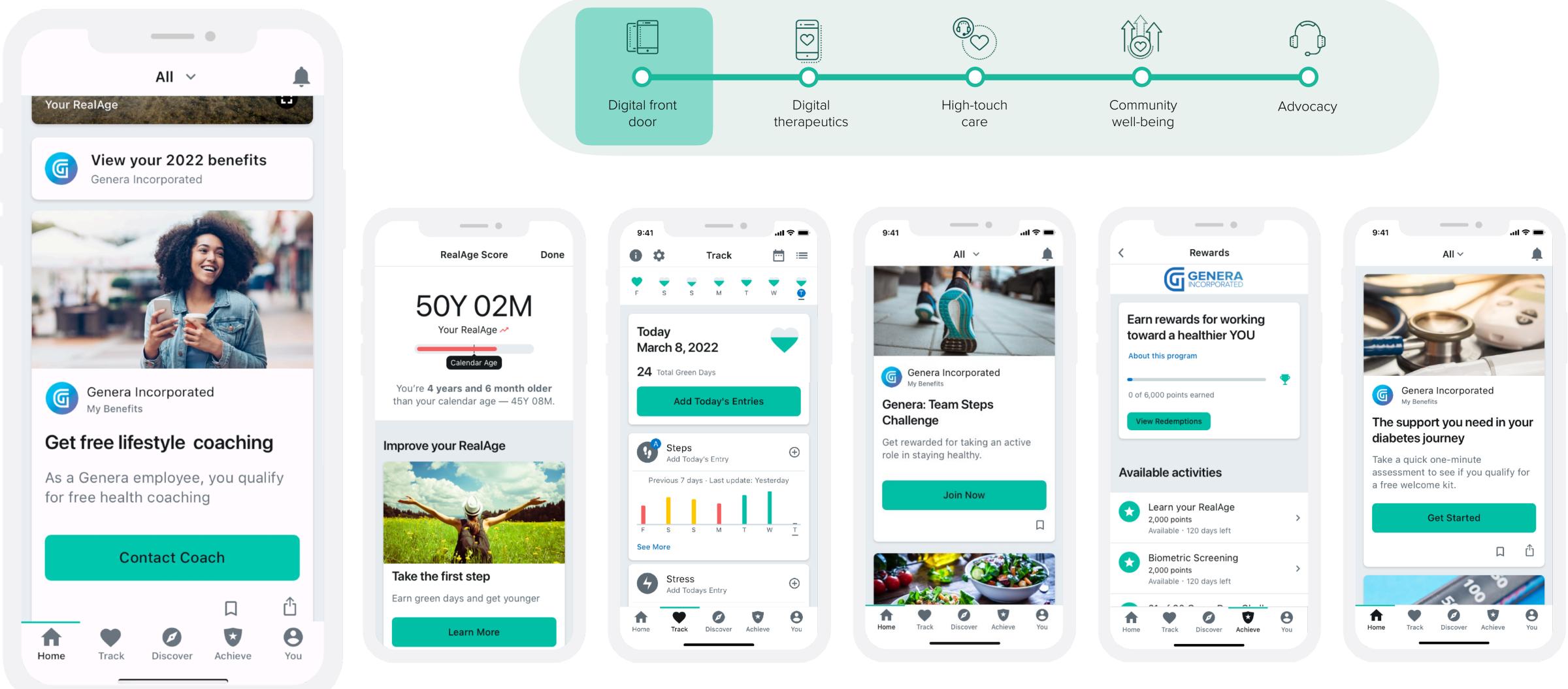








ALL TOGETHER BETTER Digital Front Door: Well-Being & Healthcare Navigation

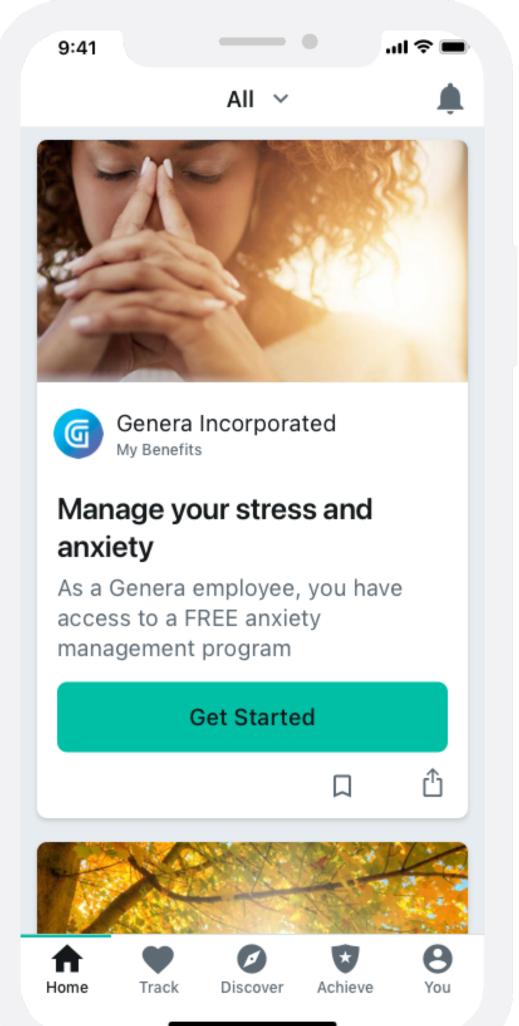








ALL TOGETHER BETTER Digital Therapeutics: Comprehensive Library





Award winning, evidence-based digital therapeutics ranging from asthma to women's health that combines neuroscience and mindfulness tools to help members identify their triggers and learn new coping techniques focused on delivering key outcomes.



Confidential and proprietary document by Sharecare, Inc. Dates and materials are subject to change.



67%

reduction in GAD-7 scores (anxiety)

Yale

40%

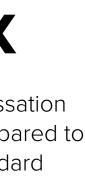
National Institute Mental Health

reduction in cravingrelated eating



tobacco cessation quit-rate compared to gold standard





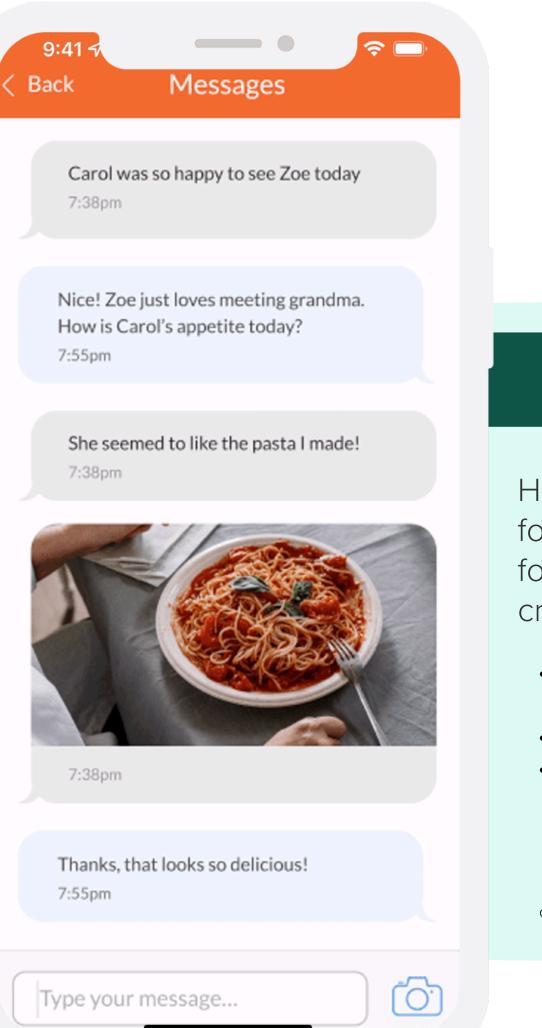








ALL TOGETHER BETTER High-Touch Care: Home Care & LM/DM Coaching





Home Care

High-quality, tech-enabled home care focused on improving the quality of life for patients and family members creating greater peace of mind.

- Tech-enabled caregivers collect valuable
 data
- Real-time, actionable data
- Visit monitoring & transparency

450K+ 3M+

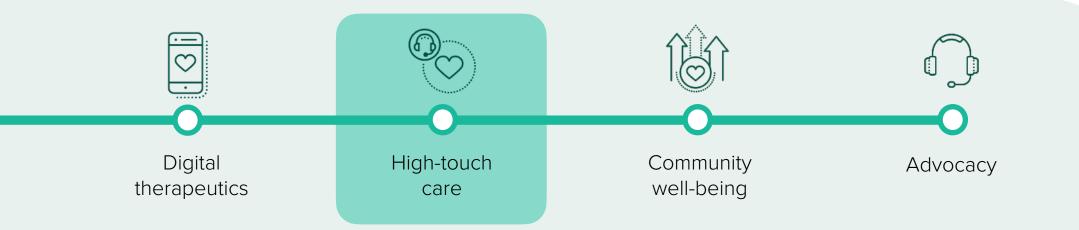
3M+ 1.5M+ 400+

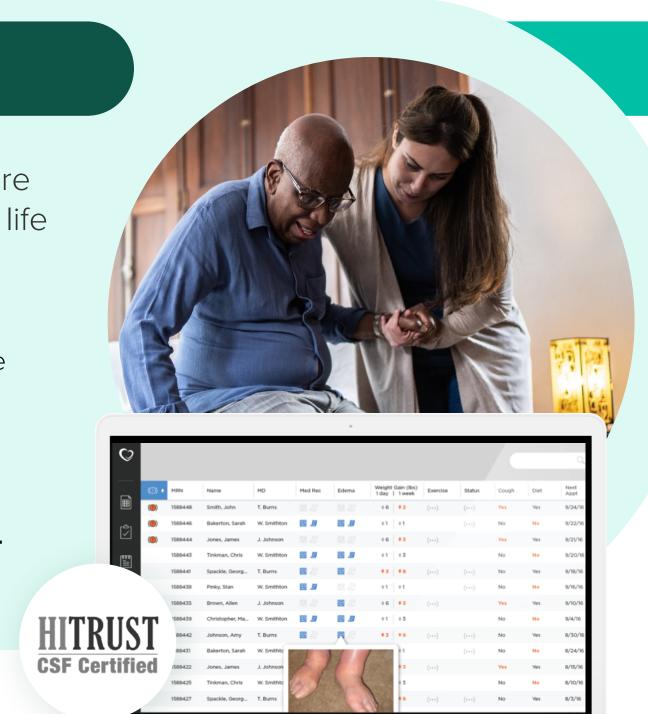
care providers delivering national coverage

hours of home care provided Medicare Advantage members Medicare Advantage plans

Confidential and proprietary document by Sharecare, Inc. Dates and materials are subject to change.









DM/LM Coaching

High-cost chronic conditions:

- Asthma
- Chronic obstructive pulmonary disease
- Coronary artery disease
- Diabetes
- Heart failure

At-risk members:

- Exercise
- Nutrition
- Stress
- Weight

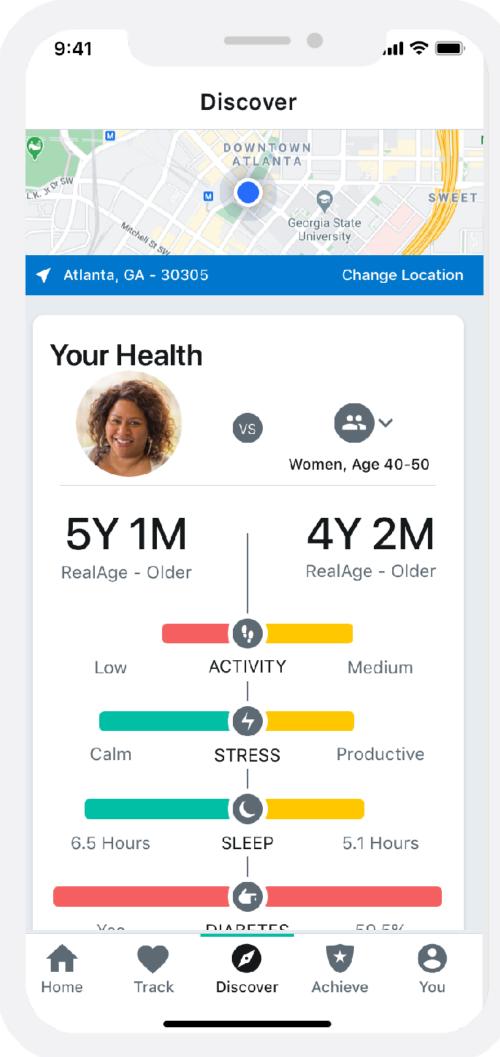








ALL TOGETHER BETTER Community Well-Being: Analyzing Social Risk





1. Population

Members and worksite data from eligibility

2. Health risks

Members" health risk measured through RealAge

3. Indiv. well-being

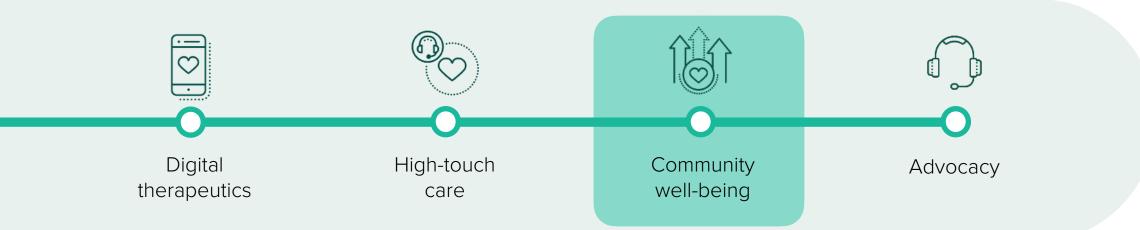
Population wide measures of physical, financial, community, social and purpose

4. SDOH

Social determinants of health and measures of holistic community health

Confidential and proprietary document by Sharecare, Inc. Dates and materials are subject to change.





SDOH: Strategic Approach to Assessing **Employee Populations**

Well-being goals

Social risks and determinants

Benefits configuration

Engagement and outreach strategies, communications and messaging, digital therapeutics and programs, incentives

Health equity & DEI

Community diversity, measures of segregation, institutional and structural racism

Pandemic vulnerability

Transportation, health literacy and translation, vaccine, hesitancy and access

Community

CBO's and social services, transit offices, health systems, public health and safety

Worksite and places

Built environment, culture, verification













ALL TOGETHER BETTER Advocacy: Digital-First Navigation

Membe

Manage

Health Advocate < Digital front Looks like you and Sandy door are in luck! There are some great in-network providers Osharecar near you. Use the Find Care & Cost Finder and search for a "Tonsil Removal" procedure to find the best option for you Delivering a new Care Console based on providers' ratings and simplified and estimated costs. I hope this helps, let me advocacy know if you have any other Manage & support members' a experience for data, and activity history questions. employees Heather S 11:11 Back to Search Results proactively Thank you, Heather! 📞 Call 11:15 11 supporting wellness, Last Call: 2021-04-21 11:08 June 14 clinical, emotional, Digital Message Last Sent: 2021-04-21 11:0 Hi Joyce, I am Tom one of financial and Email Message the Advocate team logistical needs members. How can I help SMS Message you today? Last Sent: 2020-06-10 10:26 Tom B. 11:35 Type a message... Discover Achieve

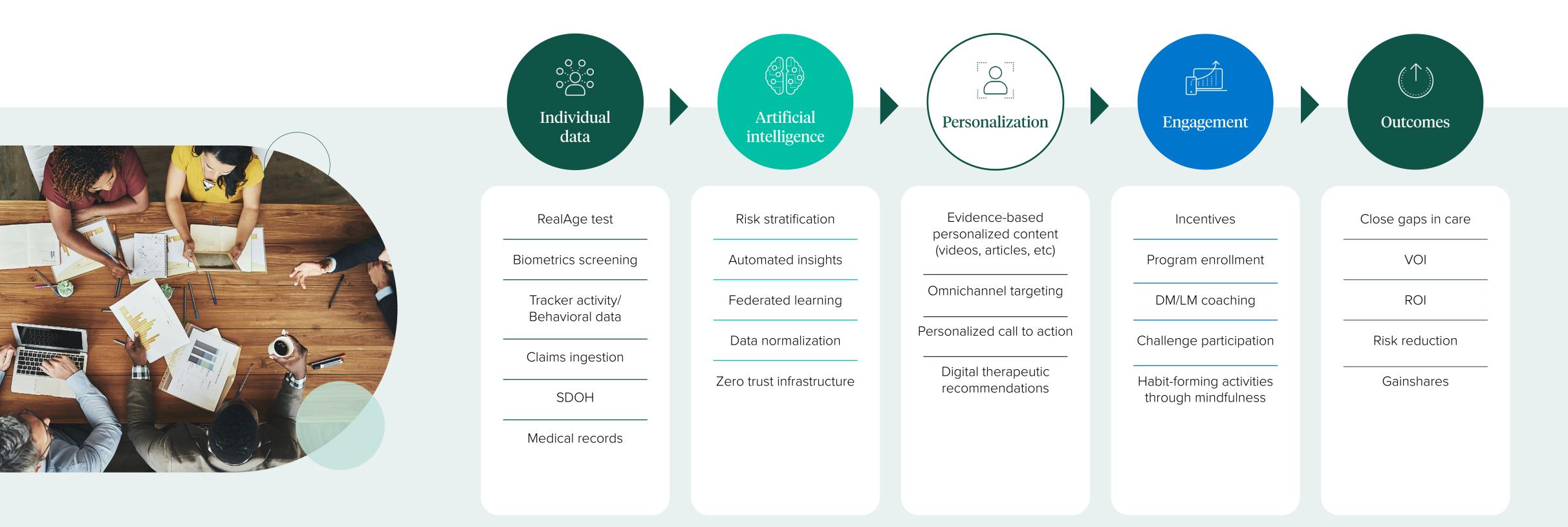


Verwing: If General If Tasks (5) A count Y tools Help Log of Verwing: If General If Tasks (5) A count Y tools Help Log of Verwing: If Termine Verginered If Time DOB DU2/20/107.00 Verwing: If Time Verginered If Time DOB DU2/20/107.00 Verwing: If Time Verginered Gender Gender Benale Penale Verwing: If Time Set (Birth) Gender Benale Set (Birth) Call Optin Verwing: If Time If Time Set (Birth) If Time Set (Birth) Set (Birth) If Time Call Optin Verwing: If Time If Time Time Time Set (Birth) If Time Call Optin Verwing: If Time Version Set (Birth) Set (Birth) Set (Birth) If Time Call Optin If Time Version Set (Birth) Set (Birth) Set (Birth) Set (Birth) If Time Set (Birth) If Time Version If Time <th>S</th> <th></th> <th></th> <th>\rangle</th> <th>ĺ</th> <th></th> <th></th> <th></th> <th></th>	S			\rangle	ĺ				
Verwing: Ceneral Verwing: Ceneral Porce Criffin Verwing: Ceneral Verwing: Ceneral Verwing: Ceneral Verwing: Ceneral Verwing: Ceneral Verwing: Verwing: Verwing: Verwing: Verwing: Verwing: Verwing: Verwing: Verwing: Verwing: Verwing: Verwing: Verwing: Verwing: Verwing: Verwing: Verwing: Verwing: Verwing: Verwing: Verwing: Verwing: Verwing: Verwing: Verwing: Verwing: <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td>Advocac</td> <td>У</td>						-		Advocac	У
Vewing: Ceneral Joyce Griffin Image: Count D Joyce Griffin First Name Joyce Griffin Secourt D Joyce Griffin Country Joyce Griffin Country Joyce Griffin Country Linguage Types Country United States Englishi US Secourt D Country United States Englishi US Secourt D Country Englishi US Secourt P Country United States Englishi US Secourt P Country Englishi US Secourt P Country Englishi US Secourt Para Country Country Country Country Country	-								
Joyce Griffin Image: Personal Construction Account UD First Name Joyce Griffin Dyce Griffin Gender Identity Pinary Email Set (Birth) Country Doge: Griffin Ditted States Set (Birth) Bendfit Plans Challenges Rewards Programs Coaching Health Profile RealAge** Plan Overview Medical Pharmac Arcairer Plan Name Alba Health Buc Open Access POS Subscrifter ID Group ID Group ID			0						
Accuart ID Strikt Name Last Name DOB List Name Loyce Criffin DU2JJ1970 Accuart Created LizZBZOLT 11:54pm(EST) Female Country LizzBZOLT 21:54pm(EST) Female Country Linguage Zp Ses (Birth) Female Country Linguage Zp Ses (Birth) Female Ses (Birth) Se	~		Viewing: 🏛 Gener	a	🔁 Tasks (S	5) 💄 Account 🏻 🎇 T	ools 🕐	Help Log out	
Account Created 12/28/20171 11:54pm (EST) Sex (Birth) Female Gender Female Gender identity Female Primary Email Joyce.Griffin@genera.com SMS Opt-in Yes Country United States Language English (US) Zip 36801 Phone © 578-880-7661 Secondary Email geriffin@general.com Call Opt-in Yes Eligibility Benefit Plans Challenges Rewards Programs Coaching Heath Profile RealAge** Medical Pharmacy Dental Vision Spending Accounts EAP Plans Authorizations Plan Overview Fairer Plan Name Alpha Health Bue Open Access POS Medical Plans Country Oper Griffin Bue Open Access POS Subscriber ID Group ID Group ID Subscriber ID Group ID Subscriber ID Group ID Subscriber ID Group ID Subscriber ID Subscriber ID Subscriber ID Count Plans Secondary Email Subscriber ID Subscriber ID Subsc		Account ID	First Name	Last Name			. 3	i 1 'I :	
United States English (US) 36801 678-860-7661 jgriffn@email.com Yes Eligibility Benefit Plans Challenges Rewards Programs Coaching Health Profile RealAge TM Redical Pharmacy Dental Vision Spending Accounts EAP Plans Authorizations Plan Overview Plan Overview KeatTH Covered Members Covered Members Subscriber ID Group ID Group ID Group ID Group ID Challenges English (US) 36801 Group ID Covered Members Subscriber ID Group ID Cover ID Subscriber ID Group ID Challenges English (US) South Status Subscriber ID Cover ID Cover ID Cover ID South Status Subscriber ID Cover I		Account Created 12/28/2017 11:54pm (EST)	Sex (Birth) Female	Gender Female	Gender Identity Female	Joyce.Griffin@genera	a.com	✓ Yes	
Medical Pharmacy Dental Vision Spending Accounts EAP Plans Authorizations Image: Constraint of the state									
Image: Blue Open Access POS Plan Overview Image: Blue Open Access POS Image: Blue Open Access POS <tr< td=""><td>Eligibility</td><td>Benefit Plans</td><td>Challenges</td><td>Rewards</td><td>Programs</td><td>Coaching Health F</td><td>Profile</td><td>RealAge™</td><td></td></tr<>	Eligibility	Benefit Plans	Challenges	Rewards	Programs	Coaching Health F	Profile	RealAge™	
Mealth Name Relationship Benefit Period Status Alpha Health Blue Open Access POS Image: Covered Griffin Does 01/23/1970 Image: Covered Members Subscriber ID Group ID Group ID Image: Covered Members			ion Spending Ac	counts EAP Plans	Authorization	15			
Mealth Name Relationship Benefit Period Status Alpha Health Blue Open Access POS Image: Covered Griffin Does 01/23/1970 Image: Covered Members Subscriber ID Group ID Group ID Image: Covered Members	Plan Overv	iew					∖		
Carrier Plan Name Alpha Health Blue Open Access POS Joyce Griffin DOB: 01/23/1970 PRIMARY 2021/01/01 - Present Image: Carrier of the state of the sta				Covered Members					1
Subscriber ID Group ID Group ID Group ID SPOUSE 2021/01/01 - Present Image: Control of the sector of th	Carrier				Relationship	Benefit Period	Status		
Subscriber ID Group ID Subscriber ID Group ID	Alpha Health	Blue Open Acce	ess POS	DOB: 01/23/1970		2021/01/01 - Present	~		
s Sandy Griffin DEPENDENT 2021/01/01 - Present <		Group ID		Joe Griffin DOB: 10/19/1968	SPOUSE	2021/01/01 - Present	~		





ALL TOGETHER BETTER Why Sharecare is Different Unique data-driven, personalized engagement/navigation driving outcomes



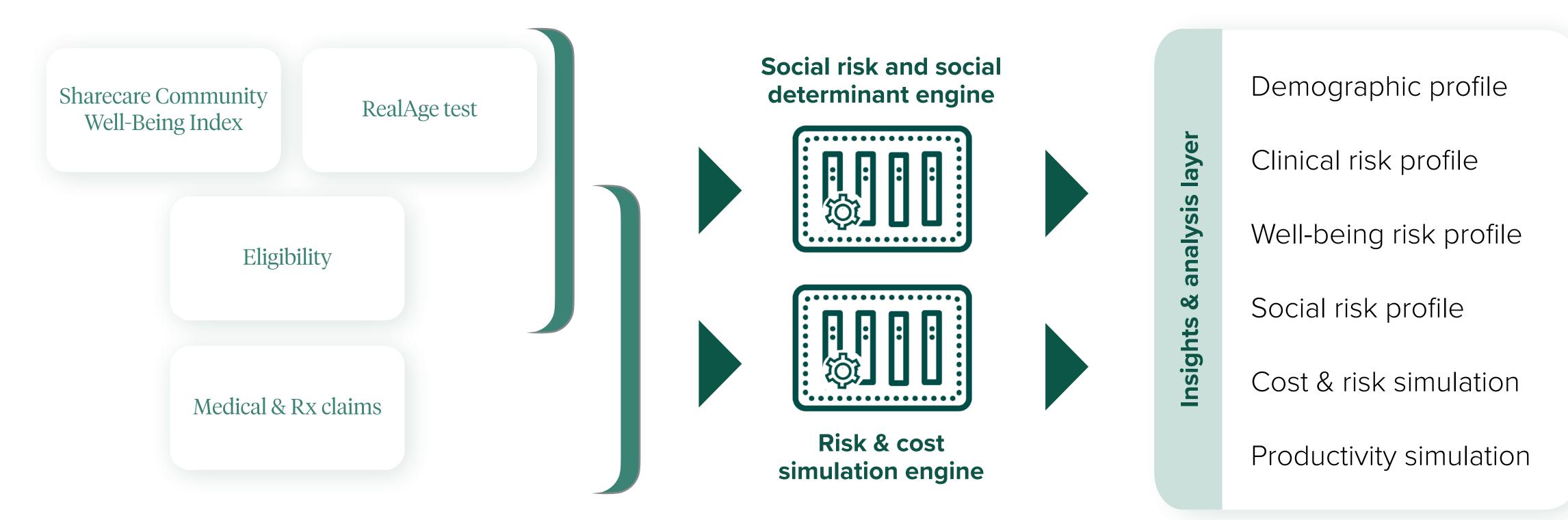






ALL TOGETHER BETTER Sharecare Risk Assessment

- codes, and census tracts across the country
- to models leveraged for Sharecare care management and advocacy protocols
- clinical risks, well-being risks, social risks, and simulations for cost and productivity impact



Confidential and proprietary document by Sharecare, Inc. Dates and materials are subject to change.



• Sharecare executes on two parallel data processes, analyzing eligible lives and medical and Rx claims, as well as platformcollected population risk profiles combined with over 600 elements of social determinants of health covering all counties, zip

• Sharecare also runs client and partner data through our standard disease identification algorithm and in order to align results

• The output of these processes is then combined in an insights layer to support views across population demographics,







ALL TOGETHER BETTER Population Snapshot



Demographics

Individual & social risks

Confidential and proprietary document by Sharecare, Inc. Dates and materials are subject to change.













compared to the national benchmark

~8M projected hours lost due to mental health issues

32%+ higher PMPM opportunity compared to the national benchmark

Cost burden & projections

Productivity projections

Opportunity assessment







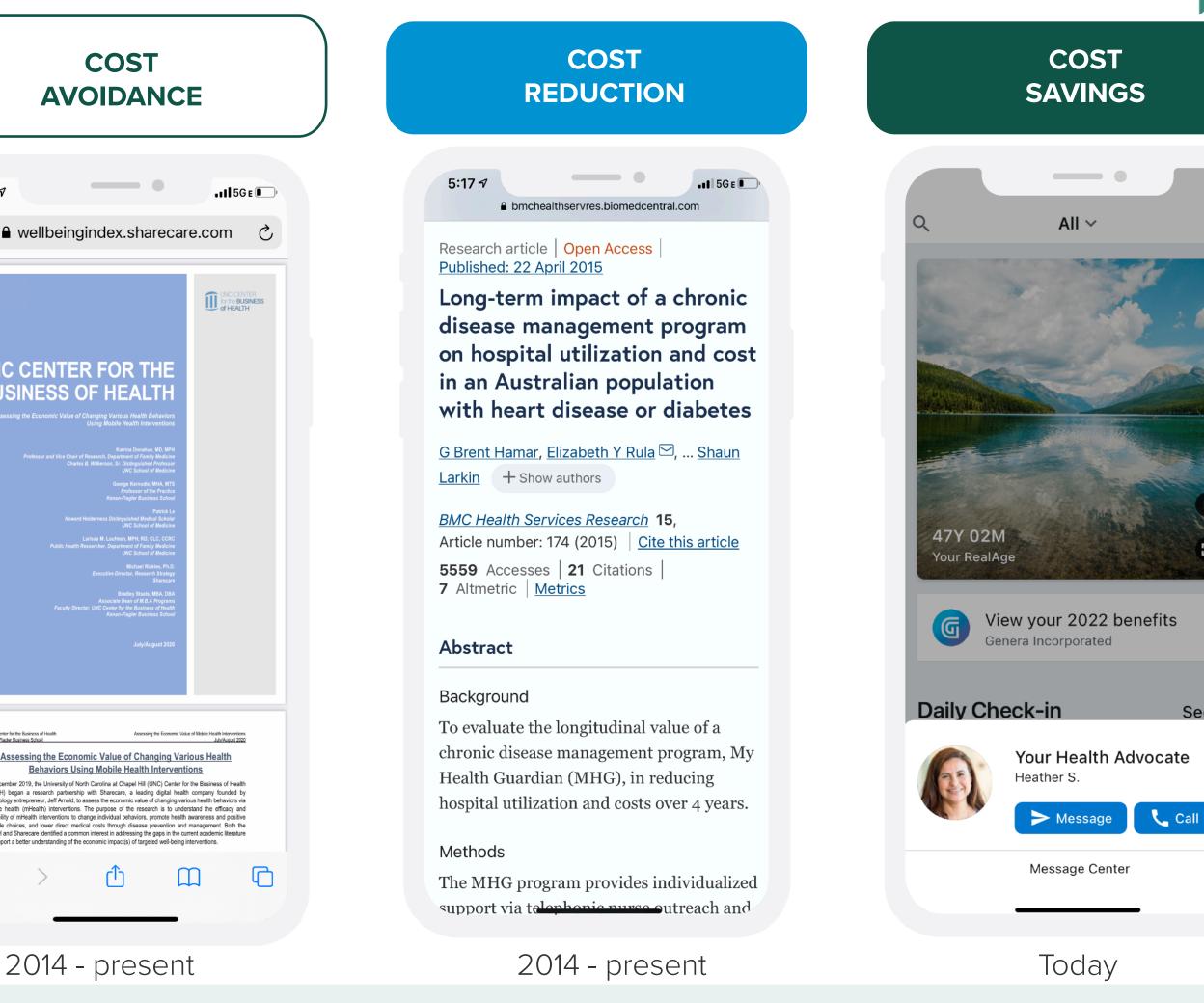
ALL TOGETHER BETTER Translating Risk Reduction to Value

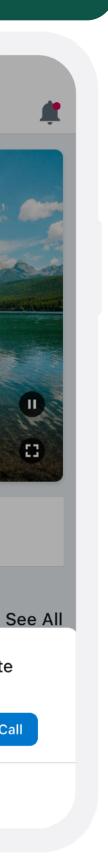
QUALITY ADJUSTED
YEARS

		m.nih.gov	C		
1 of 8 Frediction of M Health Data: E William R. Hobbs', James	Mortality Usin mpirical Test			ONI	
Division of Social Sciences, University of Genetics, University of California San Diego	California San Diego, La Jolla, Californi o, La Jolla, California, United States of Ar	ia, United States of America, 2 Divisio merica	an of Social Sciences, Division of Medica	_	
Abstract Objective: We validate an or over the past 10 years.	nline, personalized mortality risi	k measure called "RealAge" a	assigned to 30 million individual		
Methods: 188,698 RealAge su one-way cryptographic hash	of first name, last name, and d	date of birth. 1,046 were iden	ublic Health death records using ntified as deceased. We used Co e the relative scales and predictive		
accuracies of chronological a (HCHD) in this data. To addre	age, the RealAge score, and th	he Framingham ATP-III score d to examine possible heterog	for hard coronary heart disease geneity, we compared the result		
chronological age (age c-stati	istic: 0.748; RealAge c-statistic: 0	0.847) in predicting mortality (1.084) and more accurate that from hard coronary heart diseas re for hard coronary heart diseas		
(c-statistic: 0.814), perhaps be RealAge predicts deaths fro	ecause self-reported cholesterol im malignant neoplasms, hear when restricted to users with no	levels are relatively uninformatively uninformatively uninformatively and external causes.	sative in the RealAge user sample ses. The score does not predic ancer diagnosis, and no indicate		
	ore is a valid measure of mortal	ity risk in its user population.			
e86385. doi:10.1371/journal.pone.00863 Editor: Antony Bayer, Cardiff University	185 y, United Kingdom		Test of the Realage Score. PLoS ONE 9(1		
Copyright: © 2014 Hobbs, Fowler. Th unrestricted use, distribution, and repro	oduction in any medium, provided the o	under the terms of the Creative Con original author and source are credited			
			Department of Public Health. The author o publish, or preparation of the manuscrip he authors' adherence to all the PLOS ON		
* E-mail: fowler@ucsd.edu					
Between 70 and 90 percent of	of Americans seek out health alized, automated health risk	premise of the RealAge sco has a "real" biological a	realage.com) in the past 10 years. ore is that a person in very good b age that is younger than his or imple, a 35 year old with a RealA	hei	
mormation onnic [1,2]. rerson		30 is someone whose health those of average 30 year	th and potential longevity are mor ar olds than average 35 year oor health may have a RealAge t	lika olds at i	
assessments are an especially promi nay be useful because they aggre wealth information [3–6]. In part	ticular, these evaluations may			(the ative	
ssessments are an especially promi may be useful because they aggre sealth information [3–6]. In par save a positive impact on health information is thought to be mor- information in bringing about char-	ticular, these evaluations may outcomes since tailored health e effective than general health nges in health behaviors [7].	higher than their chronol difference between the Rea "RealAge delta") to be p	alAge score and chronological age predictive of mortality, with neg		
ssessments are an especially promi may be useful because they aggre- sealth information [3–6]. In par- save a positive impact on health information is thought to be mor- nformation in bringing about cha- However, there is also widespre- nformation may be of low qualit midead patients in their self-mana- tudies suggest in the healthcare prof	ticular, these evaluations may outcomes since tailored health e effective than general health nges in health behaviors [7]. ead concern that online health ty and therefore its use might gement [8,9]. Many influential fessionals should be careful only	higher than their chronol difference between the Rea "RealAge delta") to be p values indicating reduced increased risk. Moreover, il increased risk resulting from	alAge score and chronological age	con	
seesments are an especially promi may be useful because they aggre- neahh information [3–6]. In para avec a positive impact on health information in brought to be more information in broinging about chas. However, there is also widespre- faformation may be of lows quali midsed patients in their self-massa indices auggest that healthcare profit o recommend high quality or or information (see, for example, morrant to validate these confine	ticular, these evaluations may outcomes since tailored health e effective than general health nges in health behaviors [7]. cad concern that online health ty and therefore its use might genera [3,9]. Many influential fessionals aboud be careful only effable online sources of health [3,10,11]]. Therefore, it is sources if they are to be used	higher than their chroniol difference between the Rez "RealAge delta") to be p values indicating reduced increased risk. Moreover, il increased risk. Tesulting fro should be of the same mag extra year of life. Future research should specific inputs to online he	allage score and chronological ag predictive of mortality, with neg risk and positive numbers indi if the score is scaled correctly, the sm an extra unit in the RealAge guitude as the increased risk due further evaluate the contribution ealth risk assessments (from self-re-	i thi cori p ar is oi orts	
sessments are an especially promi may be useful because they aggre- nealth information [3–6]. In para large a positive impact on health information is bringing about chat However, there is also widesper niformation may be of low qualit middle suggest that healthrare profi- nited systems that healthrare profi- n recommend high quality or cri- formation (see, for example, for searcher, for searcher, second	ticular, these evaluations may outcomes since aliored health e effective than general health enges in health behaviors [7]. ead concern that online health ty and therefore in use might generen [8,9]. Many influential festionals thould be careful only effile online sources of health [3,10,11]. Therefore, it is sources if they are to be used and the broader public.	higher than their chronis difference between the Rez "RealAge delta") to be p values indicating reduced increased risk resulting fros should be of the same may extra year of life. Future research should specific inputs to online he in particular), measure their parature of the same may extra year of life.	alAge score and chronological age predictive of mortality, with neg- risk and positive numbers india if the score is scaled correctly, the sm an extra unit in the RealAge gnitude as the increased risk due further evaluate the contributio	i thi cori p ar is oi orts	
sessments are an especially promi may be useful because they aggre- neable information [3-6]. In para avec a positive impact on health information in brought to be more information may be of low qualitation However, there is also widespre- information may be of low qualitation indead patients in their self-mana- nucleis suggest that healthcare provides no recommend high quality or cr- information (see, for example, mortant to addiate these online y patients, healthcare providers, in Here, we evaluate a personn	ticular, these evaluations may outcomes since tailored health e effective than general health nges in health behaviors [7]. ead concern that online health by and therefore its use might generat [8,3]. Many influential fessionals should be careful only cellole online sources of health [3,10,11]. Therefore, it is sources if they are to be used and the broader public. alized health measure called to over 30 million individuals	higher than their chronol difference between the Res. "RealAge delta") to be p values indicating reduced increased risk. Moreover, il increased risk. Moreover, il should be of the same may extra year of life. Future research should specific inputs to online he in particular), measure their test the efficacy of health a	allage score and chronological age predictive of mortality, with neg- risk and positive numbers indic if the score is scaled correctly, the man extra unit in the RealAge gnitude as the increased risk due further evaluate the contributio alth risk assessments from self-reg in accuracy in broader populations	t the corr or az s of orts and	
sessments are an especially promi may be useful because they aggre- neahh information [3-6]. In para ave a positive impact on health information in bringing about chat However, there is also widesper nefermation may be of low qualit mislead patients in their self-mana tudies suggest that healthcare prof or recommend high quality or or nefermation (see, for example, mportant to validate these online by patients, healthcare provideo,, Here, we evaluate a person "RealAge" that has been assigned	ticular, these evaluations may outcomes since tailored health e effective than general health nges in health behaviors [7]. ead concern that online health by and therefore its use might generat [8,3]. Many influential fessionals should be careful only cellole online sources of health [3,10,11]. Therefore, it is sources if they are to be used and the broader public. alized health measure called to over 30 million individuals	higher than their chronol difference between the Res. "RealAge delta") to be p values indicating reduced increased risk. Moreover, it increased risk. Moreover, it should be of the same may extra year of life. Future research should specific inputs to online he in particular), measure their test the efficacy of health a	ablage score and chronological ag predictive of mortality, with neu- risk and positive numbers indic off the score is scaled correctly, the on an extra unit in the RealAge grinude as the increased risk due further evaluate the contribution calls risk assessments (from self-reg in accuracy in broader populations abrice provided to survey-takers.	t the corr or az s of orts and	
sessments are an especially promi may be useful because they aggre- neahh information [3-6]. In para ave a positive impact on health information in bringing about chat However, there is also widesper nformation may be of low qualit mislead patients in their self-mana tudies suggest that healthcare prof o recommend high quality or or nformation (see, for example, mportant to validate these online by patients, healthcare provideo,, Here, we evaluate a person "RealAge" that has been assigned	ticular, these evaluations may outcomes since tailored health e effective than general health nges in health behaviors [7]. ead concern that online health by and therefore its use might generat [8,3]. Many influential fessionals should be careful only cellole online sources of health [3,10,11]. Therefore, it is sources if they are to be used and the broader public. alized health measure called to over 30 million individuals	higher than their chronol difference between the Res "RealAge delta") to be p values indicating reduced increased risk. Moreover, il increased risk. Moreover, il increased risk. Moreover, il should be of the same may extra year of life. Future research should specific inputs to online he in particular), messure their test the efficacy of health a 1 Janua	ablage score and chronological ag predictive of mortality, with neu- risk and positive numbers indic off the score is scaled correctly, the on an extra unit in the RealAge grinude as the increased risk due further evaluate the contribution calls risk assessments (from self-reg in accuracy in broader populations abrice provided to survey-takers.	b ar b ar s of anne 658!	
sessments are an especially promi may be useful because they aggre- enable information [3-6]. In para wave a positive impact on health information is thought to be more information in bringing about chas However, there is also widespre information may be of low quali inidical patients in their self-mana tables aggest that healthcare profo o recommend high quality or or information (see, for example, mortant to viablate there online y patients, healthcare providers, i. Here, we evaluate a person "RealAge" that has been assigned RGS ONE www.plosone.org	ticular, these evaluations may outcomes since aliored health e effective than general health nges in health behaviors [7]. cad concern that online health ity and therefore in use might genera [8,9]. Many influenitial fesionals should be careful only efficie online sources of health [3,10,11]). Therefore, it is sources if they are to be used and the broader public. alized health measure called to over 30 million individuals	higher than their chronid difference between the Res "RealAge delta") to be p values indicating reduced increased risk. Moreover, if increased risk Moreover, if increased risk moreover, if increased risk moreover, if increased risk resulting for should be of the same may catta year of life. Future research should specific inputs to online he in particular, measure their test the efficacy of health a 1 Janua Validation Sample	ablage score and chronological ag predictive of mortality, with ne risk and positive numbers indic if the score is scaled correctly, the on an extra unit in the ReadAge guitude as the increased risk due further evaluate the contribution solution solutions that assessments (from self-reg ir accuracy in broader populations ableice provided to survey-takers. any 2014 Volume 9 Issue 1 et	e ar e ar s o cons and 638:	
sessments are an especially promi may be useful because they aggre- neahb information [3-6]. In para wave a positive impact on health information is thought to be more information in bringing about chan However, there is also widespre information may be of lose qualitation issues and the subfrage of the sub- flow and the subfrage of the sub- metric substantiation (see, for example, mortant to alidiate these online y patients, healthcare providers, i, Here, we evaluate a person "RealAye" that has been assigned NOS ONE www.plosone.org	ticular, these evaluations may outcomes since aliored health e effective than general health nges in health behaviors [7]. cad concern that online health ity and therefore in use might genera [8,9]. Many influenitial fesionals should be careful only efficie online sources of health [3,10,11]). Therefore, it is sources if they are to be used and the broader public. alized health measure called to over 30 million individuals	higher than their chronid difference between the Res "RealAge delta") to be p values indicating reduced increased risk. Moreover, if increased risk Moreover, if increased risk moreover, if increased risk moreover, if increased risk resulting for should be of the same may catta year of life. Future research should specific inputs to online he in particular, measure their test the efficacy of health a 1 Janua Validation Sample	ablage score and chronological ag predictive of mortality, with ne rink and positive numbers indic if the score is scaled correctly, the on an extra unit in the RealAge guitude as the increased risk due further evaluate the contribution eath risk assessments (from self-reg in accuracy in brancher population abrice provided to survey-takers. any 2014 Volume \$ Issue 1 et and an On-Line Mortality Risk Assess	e ar e ar s o cons and 638:	
sessments are an especially promi may be useful because they aggre- enable information [3-6]. In para wave a positive impact on health information is thought to be more information in bringing about chas However, there is also widespre information may be of low quali inidical patients in their self-mana tables aggest that healthcare profo o recommend high quality or or information (see, for example, mortant to viablate there online y patients, healthcare providers, i. Here, we evaluate a person "RealAge" that has been assigned RGS ONE www.plosone.org	ticular, these evaluations may outcomes since aliored health e effective than general health nges in health behaviors [7]. cad concern that online health ity and therefore in use might genera [8,9]. Many influenitial fesionals should be careful only efficie online sources of health [3,10,11]). Therefore, it is sources if they are to be used and the broader public. alized health measure called to over 30 million individuals	higher than their chronid difference between the Res "RealAge delta") to be p values indicating reduced increased risk. Moreover, if increased risk Moreover, if increased risk moreover, if increased risk moreover, if increased risk resulting for should be of the same may catta year of life. Future research should specific inputs to online he in particular, measure their test the efficacy of health a 1 Janua Validation Sample	ablage score and chronological ag predictive of mortality, with ne rink and positive numbers indic if the score is scaled correctly, the on an extra unit in the RealAge guitude as the increased risk due further evaluate the contribution eath risk assessments (from self-reg in accuracy in brancher population abrice provided to survey-takers. any 2014 Volume \$ Issue 1 et and an On-Line Mortality Risk Assess	e ar e ar s o cons and 638:	

WORKFORCE PRODUCTIVITY	A
4:52 ᠠ journals.lww.com	4:54 7
JOEM Journal of Occupational issue Environmentel / Accurations Search Q	wellbe
< Previous Next >	UNC CENT BUSINESS
Well-Being Improvement in a Midsize Employer Changes in Well-Being, Productivity, Health Risk, and Perceived Employer Support After Implementation of a Well-Being Improvement Strategy Hamar, Brent DDS, MPH; Coberley, Carter PhD; Pope,	Professor and Vice Public Face
James E. MD; Rula, Elizabeth Y. PhD Author Information Journal of Occupational and Environmental Medicine: April 2015 - Volume 57 - Issue 4 - p 367-373	
April 2015 - Volume 57 - ISSUE 4 - p 307-575 doi: 10.1097/JOM.0000000000433	UNC Center for the Business of Health <u>Kenar-Flader Business School</u> Assessing the E Behavior In December 2019, the Universi (CBOH) began a research pa technology entrepreneur, Jeff Ar mobile health (mHealth) interve feasibility of mHealth interventio lifestyle choices, and lower dire CBOH and Sharecare identified to support a better understanding
Outline Download Share Favorites More	< >
2014 - present	2014









ALL TOGETHER BETTER Financial Update

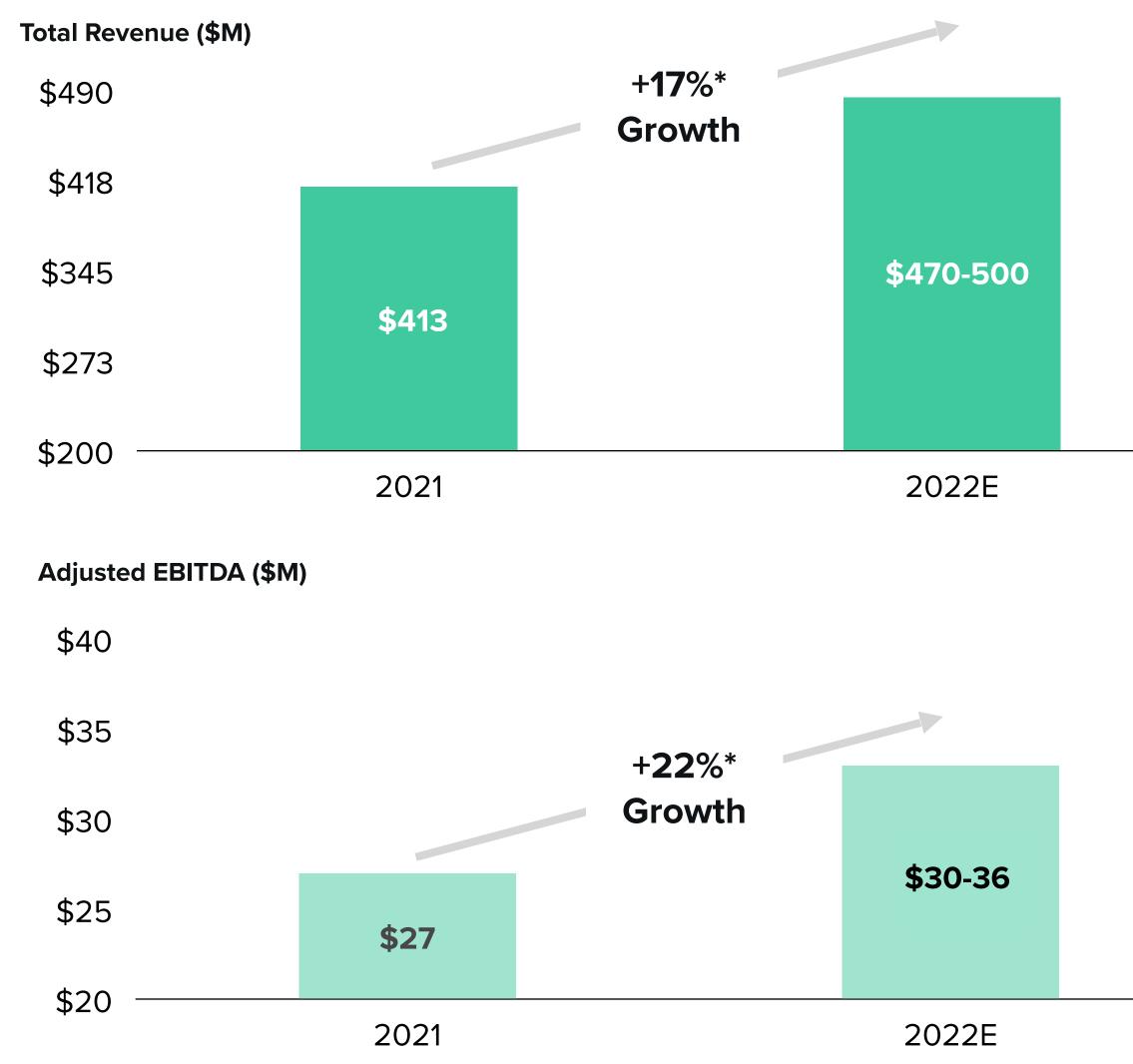






FINANCIAL UPDATE

Business Growth Trajectory



*Figures are midpoint of guidance ranges where applicable

Confidential and proprietary document by Sharecare, Inc. Dates and materials are subject to change.



Revenue

- 2022 growth will be driven from:
 - Increased client penetration across channels
 - Additional lives on platform
 - Continued double digit growth in record retrievals
 - Growth in home health and new digital therapeutics
 - Expanded sales team to drive new client wins

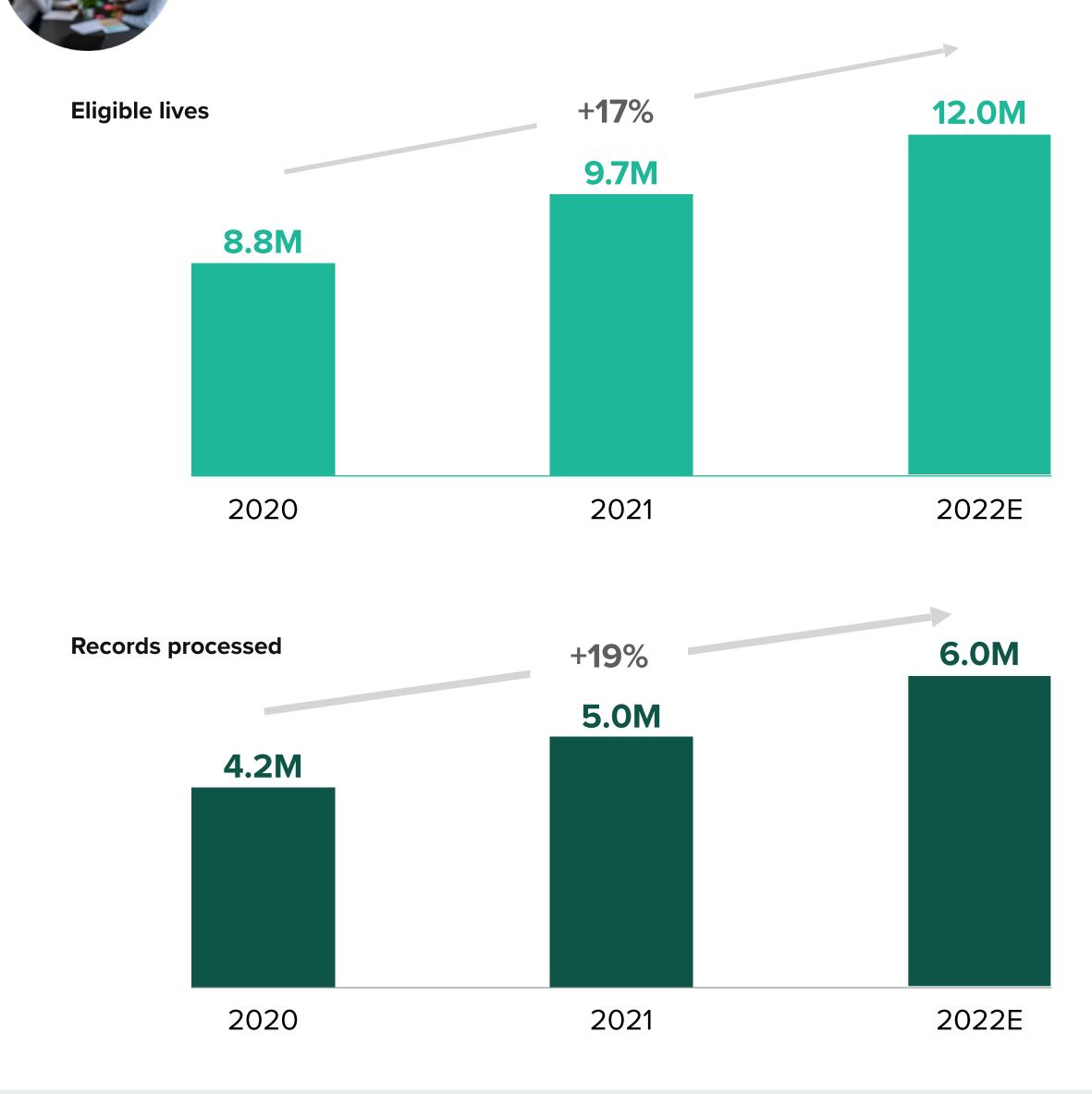
Adj EBITDA

- FY22 margin expansion driven by:
 - Positive impact from revenue mix trends
 - Operating leverage while continuing to make growth investments across the platform



FINANCIAL UPDATE

KPI Performance



Confidential and proprietary document by Sharecare, Inc. Dates and materials are subject to change.



Enterprise: Eligible lives

- Enterprise eligible lives driven by new client expansion, as well as further penetration of existing clients
- Current eligible lives represents only a small fraction of total serviceable lives with key clients

Provider: Records processed

- Continued growth in client site coverage
 - 4,000 additional sites within contracted provider customer base
- Process automation and interoperability programs will enable medical record processing at record levels



20



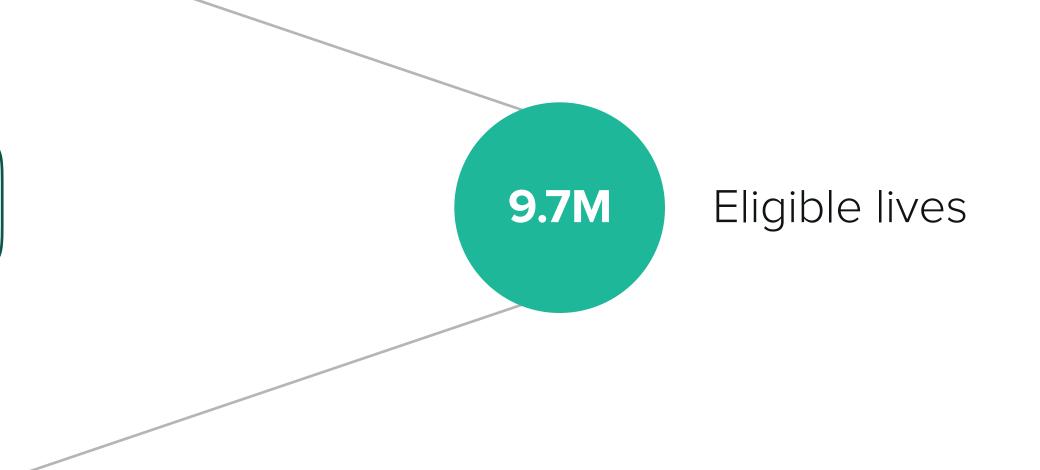
FINANCIAL UPDATE Enterprise Serviceable Lives

Key enterprise clients: 91M+ serviceable lives

Confidential and proprietary document by Sharecare, Inc. Dates and materials are subject to change.



Sharecare has onboarded ~9.7M eligible enterprise lives, or 10.6% of 91M+ serviceable lives across existing client populations – this presents material upside opportunity to grow within our current base









ALL TOGETHER BETTER Business Positioned for Growth and Scale





Innovative digital health platform based on human-centric design Data & Innovation

At the intersection of technology, healthcare, & media, creating datadriven solutions

High-growth, recurring revenue driving 20% sustainable YoY growth

Confidential and proprietary document by Sharecare, Inc. Dates and materials are subject to change.



Diversified Revenue & Scale

Diversified, scalable portfolio with opportunity to capture \$1B++ in incremental revenue from contracted lives Differentiated Financial Performance

Positioned for success with strong revenue visibility, balance sheet, and profitability













ALL TOGETHER BETTER Appendix









APPENDIX Non-GAAP Financial Measures

In addition to our financial results determined in accordance with U.S. GAAP, we believe Adjusted EBITDA, a non-GAAP measure, is useful in evaluating our operating performance. We use Adjusted EBITDA to evaluate our ongoing operations and for internal planning and forecasting purposes. We believe that this non-GAAP financial measure, when taken together with the corresponding GAAP financial measure, provides meaningful supplemental information regarding our performance by excluding certain items that may not be indicative of our business, results of operations, or outlook. In particular, we believe that the use of Adjusted EBITDA is helpful to our investors as it is a metric used by management in assessing the health of our business and our operating performance. However, non-GAAP financial information is presented for supplemental information as an analytical tool, and should not be considered in isolation or as a substitute for financial information presented in accordance with GAAP. In addition, other companies, including companies in our industry, may calculate similarly-titled non-GAAP measures differently or may use other measures to evaluate their performance, all of which could reduce the usefulness of our non-GAAP financial measure as a tool for comparison.

The calculation and reconciliation of historic Adjusted EBITDA to net income (loss), the most directly comparable financial measures stated in accordance with GAAP, is provided below and in the accompanying financial tables. Investors are encouraged to review the reconciliation and not to rely on any single financial measure to evaluate our business.

We have not reconciled forward-looking Adjusted EBITDA guidance to net income (loss) because we do not provide guidance for net income (loss) or for items that we do not consider indicative of our on-going performance, including, but not limited to, the impact of significant non-recurring items, as certain of these items are out of our control and/or cannot be reasonably predicted. Accordingly, a reconciliation of the Adjusted EBITDA guidance to the corresponding U.S. GAAP measure is not available without unreasonable effort. We have not provided a reconciliation of full-year 2021 Adjusted EBITDA estimates to an estimated net income (loss) outlook because certain items such as transaction and closing costs, share-based compensation, and the change in fair value of warrant liability and contingent consideration that are a component of net income (loss) cannot be reasonably estimated due to the significant impact of the variability associated with those items and other factors related to Sharecare's year-end financial closing process. These components of net income (loss) could significantly impact Sharecare's actual net income (loss).









Reconciliation to Historical Adjusted EBITDA (\$, in millions)

Net Loss

APPENDIX

Depreciation and amortization

Interest income

Interest expense

Income tax (benefit) expense

Loss on extinguishment of debt

Other expense (income)

Loss from equity method investments

Share-based compensation

Severance

Warrants issued with revenue contracts(a)

Transaction and closing costs^(b)

Adjusted EBITDA(c)

Notes:

- (a) Represents the non-cash value of warrants issued to clients for meeting specific revenue thresholds.
- (b) Represents costs related to our business combination with Falcon Capital Acquisition Corp. and transaction and post-closing costs related to acquisitions occurring in 2021 and prior years.
- (c) Includes non-cash amortization associated with contract liabilities recorded in connection with acquired businesses.



	2020	2021
	(\$60.5)	(\$85.1)
	24.68	32.60
	(0.07)	(0.10)
	31.04	27.66
	(1.56)	(2.02)
		1.15
	9.71	(27.01)
	3.90	_
	19.16	46.78
	2.55	1.28
a)	1.19	0.08
	2.19	31.73
	\$32.3	\$27.0

