



2024 IMPACT REPORT

Total Care. Healthier Communities.



Table of Contents.

ABOUT THIS REPORT

Our fourth annual Total Care, Healthier Communities Impact Report shares updates on agilon's strategy to deliver shared value and our performance against priority sustainability topics in 2024. We expect to continue providing annual updates on our impact journey and process and have used several reporting frameworks and standards to inform our strategy and reporting efforts, including the Sustainability Accounting Standards Board (SASB). Unless otherwise noted, this report covers agilon health's 2024 sustainability performance for agilon's wholly-owned operations in the United States and India. Partner data, unless otherwise indicated, includes information for agilon's annual partner class through the calendar year 2025, including partners onboarding in 2024.

03

CEO Message

04

agilon-At-A-Glance

Our Total Care Model

06

Our Approach
to Creating Value

07

2024 Highlights

08

Empowering
Physicians

14

Unlocking
Value-Based Care

21

Transforming
Communities

24

Built by People
Who Care

31

Governance

35

Appendix

Glossary of Key Terms

Priority Sustainability Topics
and Materiality Assessment

Impact Data Appendix

CEO Message.

As we reflect on the past year, we recognize that the healthcare landscape, particularly in the payor environment, is undergoing significant transformation. Shifts in payment models, evolving policies, utilization trends and broader industry conditions continue to shape our operational context. While many of these changes are beyond our control, we are using a range of strategies to effectively manage the elements we can influence. In this environment, our commitment to supporting primary care providers and empowering better patient care is more crucial than ever.

As we present agilon health's fourth impact report, I am reminded not only of the relevance of agilon's mission — to be the trusted, long-term partner of community-based physicians — but the importance of this mission amid such a significant time. We're seeing Centers for Medicare & Medicaid Services (CMS) taking action to move Traditional Medicare programs toward population-based payment, meaning the transition to value-based care is accelerating

more than ever. And we're exploring ways to leverage data for greater good, generating new levels of care insight.

Success in today's healthcare environment demands an even deeper level of integration within our partnerships and integrated clinical approaches. This is why we continue to invest in our partnerships — listening closely to providers to deliver targeted strategies and tools that aim to make a difference for senior patients.

Despite the challenging external environment, our achievements over the past year have been a testament to our mission. Since 2018, we have reinvested more than \$800 million into the communities we serve,¹ deepening our local presence with our physician partners and strengthening primary care. We have seen consistent engagement with our powerful physician network, and our team of 1,000+ employees remain highly engaged and express commitment to our mission despite a dynamic and challenging business landscape.

As the regulatory landscape continues to evolve, our priority sustainability topics continue to help guide the way we approach our impact. We recognize the importance of environmental issues and we are actively preparing for future regulations, which is the right choice for our business and how we support the communities in which we operate.

Thank you for your trust and support as we continue our journey to reimagine primary care and bring lasting value to the communities we serve with our physician partners.



Steve Sell

Chief Executive Officer



¹ Consists of investments in medical practice care coordination resources, such as tools, technology and staff, and physician earned compensation.

agilon At-A-Glance.

The American healthcare system benefits when primary care physicians are empowered to manage the outcomes and total health needs of Medicare patients. Yet, the traditional fee-for-service model does just the opposite. It rewards physicians to narrowly focus on one unit of care rather than influencing health behaviors, overall care and cost management. agilon health was founded in 2016 on the belief that healthcare was structurally broken and the desire to deliver better and more sustainable primary care for patients. We saw a clear solution: partnering with primary care physicians (PCPs) and giving them the tools and incentives to truly focus on providing **high-value medical care**.

- Through our partnership model, our goals are simple:
1. Improve patient outcomes and experience for seniors through value-based care
 2. Invigorate and sustain the primary care profession so PCPs can be the doctors they were trained to be
 3. Improve affordability and efficiency of medical care by reducing unnecessary medical costs

2024 OVERVIEW

1,000+
employees

2,200+
primary care physicians²

659k
total Medicare patients

27
physician partner groups

25
partnerships

\$6,061M
revenue

11
states across the U.S.

\$250M+
reinvested into physician partners and local primary care

Our Purpose

Empowering physicians to transform health care in our communities.

Our Vision

To transform the future of health care in 100+ communities across the country by facilitating exceptional patient-physician relationships.

Our Mission

To be the trusted long-term partner of community-based physicians, enabling them to reimagine the patient experience for older adults and lead the transformation of care delivery in their communities.

² Data includes physicians who will join agilon's network in 2025.

Total Care Model



1

Partnership

We form long-term partnerships with independent primary care practices, multi-specialty, scaled networks and health systems.

2

Platform

Our purpose-built, technology-enabled platform empowers our physician partners to practice full-risk, value-based care.

3

Physician Network

Our physician partners are part of a broader Physician Network. We encourage our physician partners to connect, learn and engage with one another.

Our Total Care Model

agilon's Total Care Model functions as the guide for clinical and organizational structures, processes and technologies that support physicians on their journey to success in the full-risk environment. Though we are operating in a challenging external environment, demand for our partnership model has never been stronger. Through our value-based care model — the agilon Total Care Model — we are helping PCPs across the U.S. make the shift to value, resulting in better care for seniors, improved patient outcomes and lower costs. During this period of industry-wide transition, we are focused on activating the Total Care Model with partners on a deeper level than ever before. We do this by focusing on a clinical and operational framework consisting of drivers and enablers that bring our model to life every day and ultimately improve patient outcomes and drive performance.

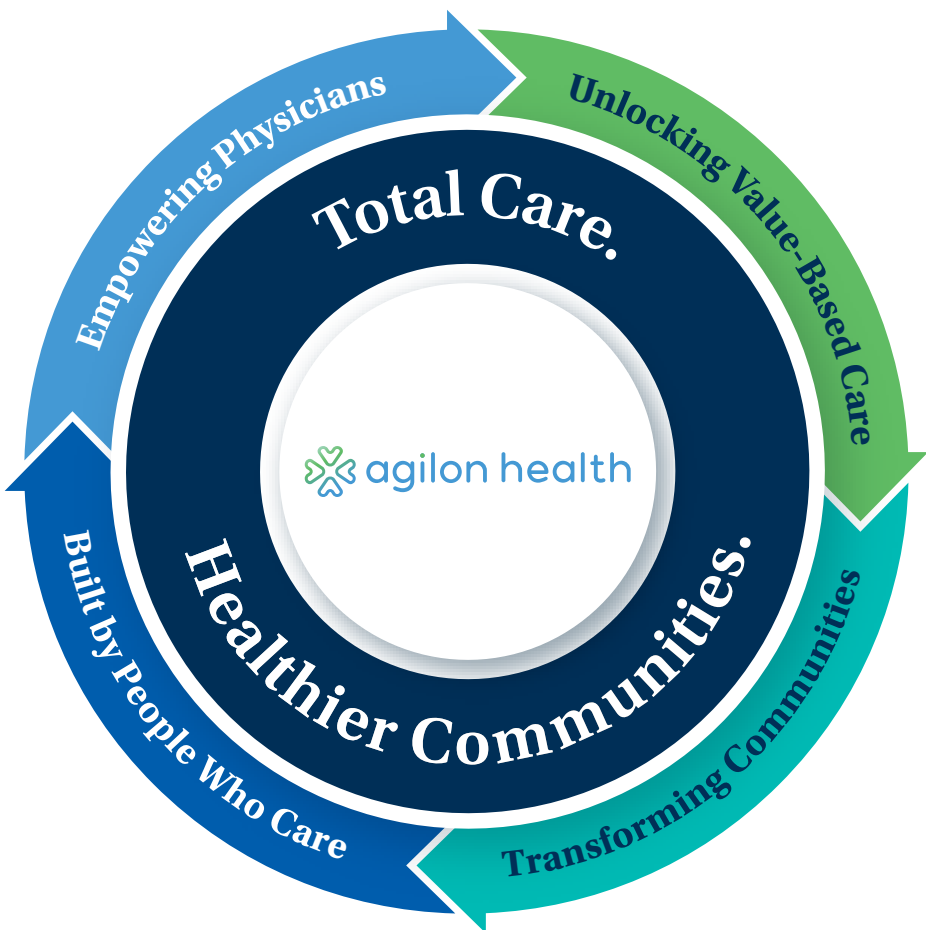
Our Approach to Creating Value.

Our Impact Strategy

agilon health was built to enable community-based primary care physicians to have a sustained and thriving future. This commitment to sustaining primary care and practices comes with a responsibility to protect and contribute to the communities in which we operate. Our Total Care, Healthier Communities impact strategy is the articulation of our sustainability priorities, which guide this work. It consists of four core strategic pillars that capture the value our business delivers and the ways we are taking care of our employees and conducting our business in a responsible and sustainable manner.

Amid the dynamic healthcare and environmental landscape, we continue to use our [materiality assessment](#) to identify the topics that matter most to our business and our stakeholders.

OUR STRATEGIC FRAMEWORK



Our Ambitions

Our work is further guided by three bold ambitions for creating impact and value for our stakeholders.

PROGRESS AT-A-GLANCE

Ambition	Status
Transform the future of health care for 100+ communities ³	▶ 27 communities
Enable 10,000 primary care physicians to practice value-based primary care as part of our network ³	▶ 2,200+ primary care physicians within agilon's network ⁴
Reinvest \$10 billion+ in partners and local primary care within the communities we serve	▶ \$800+M reinvested since 2018

³ During the 2024 reporting year, we made strategic decisions to exit select partnership contracts. As a result, the number of PCPs within our network has decreased since the publication of our 2023 impact report. This decision aligns with our focus on sustainable long-term profitability and balanced growth.

⁴ Data includes physicians who will join agilon's network in 2025.

2024 Highlights.

Empowering Physicians

- 2,200+** PCPs within agilon’s peer network⁵
- 52%** of PCPs in agilon physician partner practices are women⁶
- 70%+** of providers from agilon physician partners believe that quality of care programs delivered via the agilon Total Care Model enable better care
- 85** Net Promoter Score (NPS) among patients in a total-care relationship with an agilon physician partner⁷

Transforming Communities

- \$250+ million** reinvested in partner practices and local primary care within the communities we serve
- 752** agilon physician partner and non-partner market practice locations across 27 diverse communities
- 34%** of agilon health physician partner practice locations reside in health professional shortage areas (HPSA) and 24% are located in medically underserved areas (MUA)
- 35%** lower emergency room (ER) utilization, 13% lower hospital admissions and 20% lower hospital readmission rate for MA patients in a total-care relationship with agilon physician partners, compared to Medicare FFS benchmarks⁸

⁵ Data includes physicians who will join agilon's network in 2025.
⁶ Includes advanced practice provider PCPs.
⁷ Medicare and Medicare Advantage, based on survey responses from agilon-partnered providers and Medicare Advantage patients in a total care relationship with an agilon physician partner.
⁸ Data as of 6/30/2024.

Unlocking Value-Based Care

- 27** physician partners that were live or implementing agilon’s global-risk, value-based care model, as of 2024
- 659,000** senior Medicare members in a total-care relationship with an agilon physician partner
- 4.25** Stars earned for majority of our partners for 2023 Measurement Year
- 95%** of patients agree they receive comprehensive, high-quality care from their agilon physician

Built by People Who Care

- 83rd percentile** employee score when asked if they are proud of the work they do, as compared to industry peers
- 75th percentile** employee engagement score, as compared to industry peers
- 89th percentile** employee score when asked if race was a non-issue in their ability to succeed; 87th percentile employee score when asked if gender was a non-issue in their ability to succeed
- 50%** of agilon employees in the U.S. and India self-identify as female
- 34%** of agilon employees in the U.S. self-identify as a person of color

IN THIS SECTION

- ▶ Bringing together like-minded physicians through our Network
- ▶ Providing timely insights and resources through our platform
- ▶ Developing future leaders

Empowering Physicians.

The agilon Total Care Model empowers our physician partners to transition from fee-for-service to full-risk, value-based care — creating sustainability in primary care, improving the provider experience and delivering better outcomes for senior patients.

Our Approach

We partner with community-based physician groups and work to eliminate obstacles that hinder providing high-quality care to seniors through the expertise of our people, our unified platform and our processes – seamlessly integrated with the practice. We establish long-term partnerships with physicians, helping them achieve short and long-term goals with the ultimate mission of transforming health care in our communities. Through our network, we unite PCPs in a network of like-minded leaders, while our platform provides clinical insights and tools that enable them to deliver higher-quality care. With our model, physicians are accountable for the cost and quality of all care delivered to the patient, and receive a flat fee rather than getting compensated for the volume of services and care provided. This grants physicians control over their patients' care, reduces unnecessary spending, increases efficiency and ultimately enables greater outcomes for patients.



Creating a Powerful Physician Network to Benefit All

The patient-physician relationship is the foundation of quality care. Our Total Care Model is designed with three core components that empower our PCP partners to take a long-term approach to patient relationships and have confidence in the financial sustainability of their practices. One of the greatest strengths of this model is our network of like-minded PCPs and the ecosystem of resources it offers.

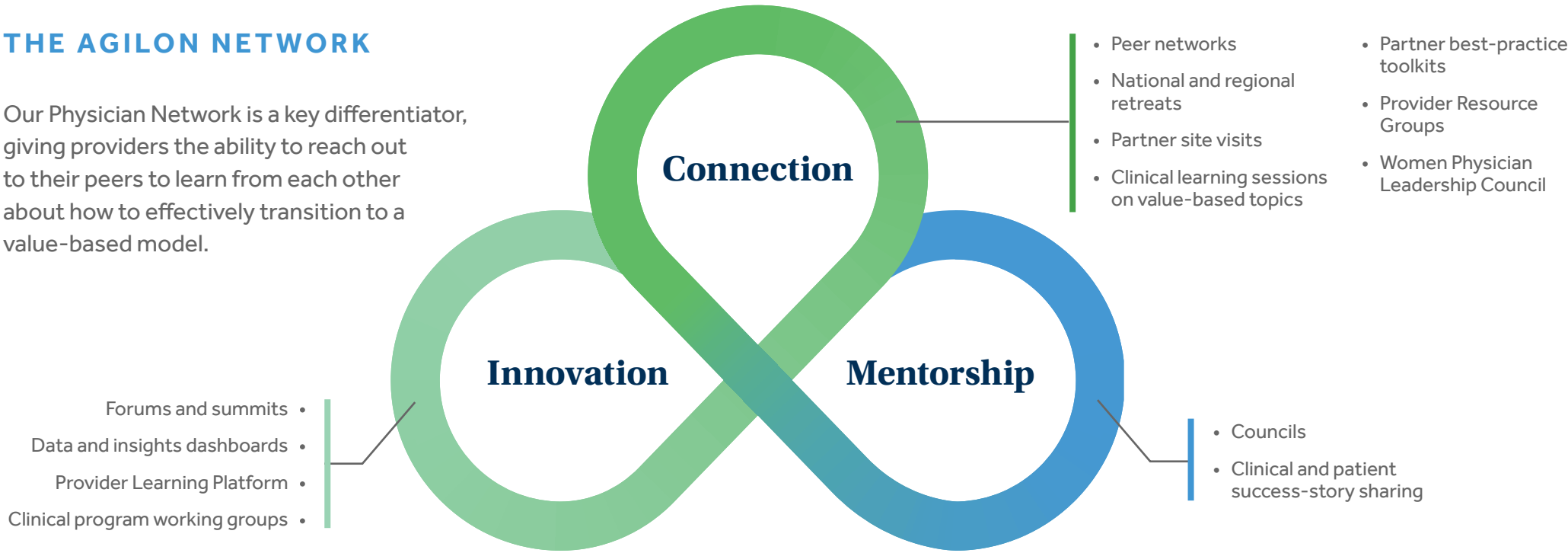
This Physician Network fuels knowledge-sharing, collaboration and support that is elevating primary care across all of agilon's partners.

Our Physician Network connects partner groups based on factors such as practice size and tenure within the agilon platform, among others. Through a blend of on-demand resources and in-person gatherings held

throughout the year, the agilon network offers providers a full spectrum of support, peer connections, mentorship and dedicated forums and councils for exchanging information and insights. This unique combination of resources and networking opportunities enables physicians to both enhance their practices and deliver the highest quality care in their communities.

THE AGILON NETWORK

Our Physician Network is a key differentiator, giving providers the ability to reach out to their peers to learn from each other about how to effectively transition to a value-based model.



HOW DOES EMPOWERING PCPS IMPACT PATIENTS?

- **Continuity of care** allows for better understanding of patients' medical history, preferences and unique health care needs
- **Proactive health maintenance** helps prevent chronic disease and identify potential health risks early on
- **Early detection** of diseases allows PCPs to promptly implement interventions and treatment plans
- **Enhanced communication** allows for better understanding of patients' concerns, improved patient education, and increased adherence to treatment plans

Cultivating Impactful Partner Experiences

In 2024, nearly 200 leaders from across the network gathered for our annual retreat. They engaged with peer networks, mentorship opportunities, forums and councils that provide information and knowledge sharing between physician partners. This signature agilon network event continues to prove itself as a powerful way to activate and align our market and physician leaders around key metrics and activities that help drive outcomes within their local communities. Physicians from across the network gathered to deepen their commitment to advancing value-based care and left with actionable



plans to become more proactive leaders, drive organizational success and enhance patient outcomes. When asked what they would be focusing on as they returned to their practices, three key themes emerged: accelerating clinical programs to meet patient needs swiftly and effectively, strengthening leadership and engagement within their teams and improving communication and implementation strategies to ensure seamless care delivery.

Engaging the Network Advisory Board

Over the past year, we have become more intentional about the way we activate and

leverage the expertise within agilon’s Network Advisory Board. This group of CEOs, Chief Medical Officers (CMOs) and senior medical leaders brings together experts from across our partner physician groups with the goal of continuing to evolve our care and clinical model and strengthening the way we work together to help patients. Through this collaboration, agilon gains real-time perspectives into the day-to-day operations, challenges and opportunities of PCPs operating in value. These insights are invaluable as we continue to align the technology and tools we offer to the needs of our physician partners.



“One of the benefits of being a part of the agilon network is being able to learn from the successes and challenges of other practices.”



Watch [Dr. Jennifer Szurgot](#) explain the programs she pursued with support and collaboration from her peers.

97%

of attendees responded they were “very satisfied” or “satisfied” with individual content sessions

Reducing Variability in Care Delivery

Inconsistent quality care within primary care has an impact on patients as well as our healthcare system at large. In this scenario, patients are not only at risk of poor outcomes, but costs of care can also increase significantly and disparities in treatment can commonly occur. In order to help reduce variability of care, we are applying **active panel management** (APM), a proactive method for ensuring high-risk patients are up to date on important preventative care (e.g., cancer screenings or immunizations) and spotting issues in need of extra attention based on assessments.

Generally, high-risk patients are driving the majority of inpatient (IP) utilization. We believe PCPs should always have an up-to-date view on how often the patient should be seen for scheduled, proactive PCP visits, whether the patient could benefit from any clinical programs and whether there are other risk factors that the PCP could mitigate proactively (e.g., frequent unnecessary emergency department (ED) utilization). By focusing on APM, high-risk patients are seen more often and have more touchpoints that help lower this utilization rate.

Together with our PCP partners, we are working to standardize our approach to APM across our network in ways such as the [PCP Quality Dashboard](#). To date, 25+ markets with 55,000+ active panel management reviews have been completed.⁹ In our earliest markets, we are seeing a **7% average reduction**⁹ in high-risk patient admissions to the emergency room (ER) and hospital admission per 1,000 patients at practices where APM is deployed.¹⁰ Prior to this year, agilon historically had a standardized approach across our network, both in terms of patient selection and process/activities; this led to variability in the degree to which PCPs proactively managed their panel.



⁹ Data as of mid-Q4 2024.

¹⁰ May/July 2024 vs. January/February 2024; compared to relatively consistent utilization in markets where implementation is pending.

The Unmatched Power of Person-to-Person Care



Q&A with Dr. Douglas Fullington, Catalyst Health Group in Dallas, TX

Physicians transition to the agilon health model for many different reasons. What drew you to this partnership?

My priority and my focus as a physician have always been on patient outcomes, keeping the patient at the center of every decision. With agilon, I could immediately tell our priorities were the same.

Is physician burnout something you're concerned about?

Of course. In a broken healthcare system, it feels like you're prevented from relieving suffering because of financial constraints, which makes the care we want to provide very difficult to actually do. A primary care physician is meant to be the person you depend on to make you feel better. And models like agilon that focus on primary care and support that direct, human, physician-patient relationship — that's what's going to rekindle our passion for primary care, and that's what's going to fix the broken healthcare system.

What is the biggest benefit you've experienced since becoming an agilon partner?

agilon has given me back the gift of **time with my patients** — and that's probably the greatest gift a physician can receive.

Supporting the Development of Women Physicians

Women Physician Leadership Council

agilon’s Women Physician Leadership Council (WPLC) is dedicated to empowering women physicians in value-based care with resources and a dynamic network that cultivates leadership skills and enhances patient outcomes. Through tools, resources and an active network of women physicians, the WPLC focuses on developing leadership skills and providing ongoing education that helps them achieve better outcomes through the agilon model.

In 2024, the WPLC continued to receive strong feedback and response ratings from participants around the networking and learning opportunities. Most notably, participants shared that the WPLC network itself has been the most impactful part of the initiative since it [launched in 2022](#). They are proud to be part of a group of women physician leaders who are intentionally

developing themselves and each other, ready to engage in challenging conversations, eager to grow and, above all, deeply committed to their patients.

Over the course of the year, the WPLC hosted three events — two virtual and one in person — that continued to equip participants with opportunities to learn and grow. Session topics included a deep dive into systemic changes needed for women in medicine to thrive, and tackling issues like the pay gap, sponsorship gap and promotion gap. Two “Crucial Conversations” sessions provided lessons for how to navigate high-stakes situations involving strong emotions and opposing viewpoints. Alongside these Council events, our Partner Resource Group offered a virtual series featuring experts dedicated to advancing women’s leadership in healthcare. Driven by shared purpose and support, the Council continues to be a powerful force for female physicians and their impact in value-based care.



2024 HIGHLIGHTS

92%

retention rate among primary care physicians operating in the agilon model

~90%

retention among MA patients

70%+

of providers from agilon physician partners believe that quality of care programs delivered through agilon Total Care Model enable better care

85

Net Promoter Score (NPS) among patients in a total-care relationship with an agilon physician partner¹¹

¹¹ Medicare and Medicare Advantage, based on survey responses from agilon-partnered providers and Medicare Advantage patients in a total care relationship with an agilon physician partner.

Making Meaningful Connections

Q&A with Victoria DiGennaro D.O.,
CEO and Family Physician, Pioneer Physicians Network

How has agilon’s WPLC helped you feel empowered in your day-to-day work?

The lessons and skills I have learned through the WPLC have helped me to achieve several personal and professional goals, including becoming the first woman president and now CEO of my practice.

How have the WPLC sessions helped you navigate challenges that arise when transitioning your practice to value-based care?

They have helped me become an expert and champion of our clinical programs, which has enabled me to better serve my patients and practice. On a larger scale, this means we are equipped to drive overall better patient care and lower cost in the system.

How have the relationships gained from the WPLC helped you navigate or solve a challenge?

This network of women is incredible. We are navigating similar challenges, which means we can support and affirm each other. And at the end of the day, these relationships help alleviate burnout, which allows us to be more present in all aspects of our lives.



Unlocking Value-Based Care.

We are innovating approaches to value-based care that are more sustainable, prioritizing the quality of care in order to transform the way patients, families and physicians experience health care.

Our Approach

Shifting to value-based care requires innovation and efficiency. agilon's Total Care Model encourages primary care physicians to reimagine how they meet patient needs. It offers a value proposition that is increasingly important for payors and essential to drive the transformation of patient care in today's environment. When physicians partner with agilon, they are rewarded for focusing on the quality of care, leading to better patient outcomes and increased sustainability for both primary care and the healthcare system as a whole.



Driving Higher-Quality Care Outcomes

In a value-based care system like our Total Care Model, physicians can focus on the entire health of their patients by being responsible for the total cost and quality of care, helping to achieve better outcomes and lower costs. Conversely, in a fee-for-service system, physicians are reimbursed for individual patient care and services — a model that incentivizes inefficient, wasteful and low-value care.

Our Total Care Model functions as the guide for how practices can successfully operate in

a value-based care environment. The need for this work is clear, as the Centers for Medicare & Medicaid Services (CMS) has a goal to transition all Medicare patients to a value-based model by 2030. As positive outcomes from our model are documented, as seen in our [palliative care case study](#) and [diabetes white paper](#), more stakeholders are continuing to understand the value proposition of models like ours.



Our Impact in 2024



25

Physician practices have transitioned to a full-risk, value-based care model for their Medicare patients with agilon



659k

Senior Medicare members in a total-care relationship with an agilon physician partner



4.25 Stars

earned by a majority of our partners for the 2023 Measurement Year



Five-star ratings¹²

received for:

- Breast and colorectal cancer screenings
- Retinal eye screenings
- Medication adherence for hypertension
- Cholesterol

¹² On a consolidated basis, we closed gaps equivalent to five-star ratings for these quality measures used by our contracted health plans to evaluate the performance of our physician partnerships for the 2023 Measurement Year.

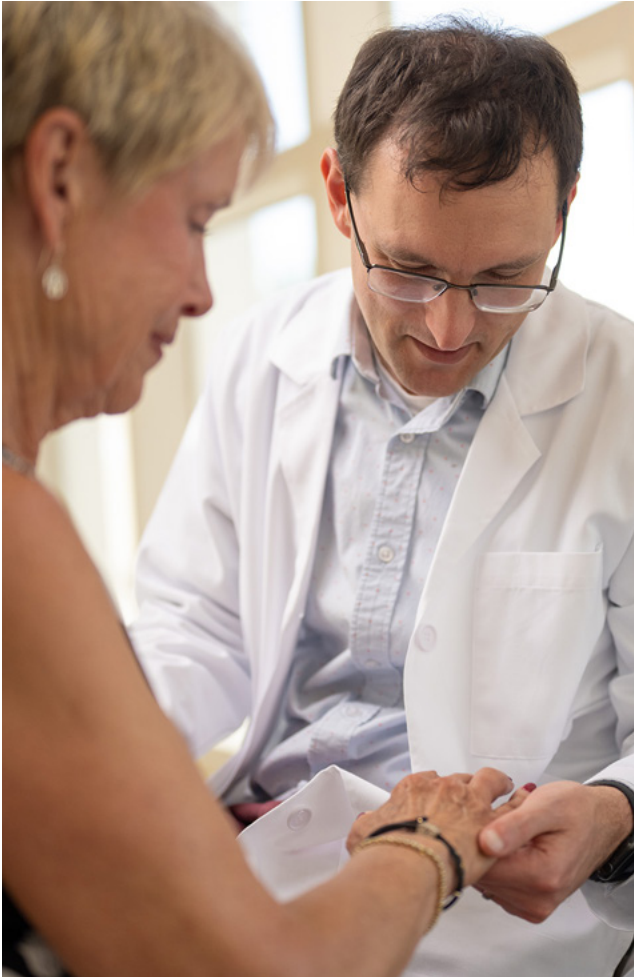
Bringing the Total Care Model to Life

Our Total Care Model enables physicians to deliver high-quality, cost-effective care to senior patients by proactively identifying and intervening before a patient’s condition becomes acute and/or debilitating problems develop. The greatest value of our Total Care Model lies within the way it is executed clinically. The clinical components of the model ultimately guide what should be done every day to deliver excellent patient care and drive the greatest value.

The clinical components of the model can be thought of as a continuum. It begins with identifying and seeing the patient, capturing their burden of illness and needs and providing the appropriate care, especially to high-risk patients.

Identifying the burden of illness for each patient allows the physician and care team to ensure patients that are high risk or have chronic conditions can be cared for appropriately, whether through enrollment in a clinical program or through more engagement with their PCP and care team. This process of identifying unique patient needs also ensures accurate reimbursement for the level and intensity of care the patient needs.

Through the Total Care Model and its accompanying clinical components, our partners are equipped with insights and tools that enable them to achieve better care for seniors, improved patient outcomes and lower costs for patients and the healthcare system at large.



The significance of high-risk patient identification

Identifying high-risk senior patients is not just a clinical priority, but a financial and operational one for physician groups.

X Without the agilon model...

Care gaps and previously unaddressed health indicators can go unnoticed.

- Issues build over time and can turn into larger problems
- Extra time and resources are spent identifying the root of symptoms

✓ With the agilon model...

Providers see patients more proactively rather than reactively. Timely insights lead to meaningful actions.



Issues are spotted earlier



Long-term health care costs are reduced



Hospital readmissions can be prevented



Resources are used where they are needed most

Connecting Data to Drive Higher Quality of Care

agilon is filling marketplace gaps in technology infrastructure to support providers in a more robust way. Over the past few years, we've used our knowledge of provider needs and patient data to develop the agilon Quality Dashboard, and in 2024 we launched pilots of the Dashboard in three markets.

Designed with the goal of equipping PCPs with timely insights that make a meaningful impact on patient lives, agilon aggregates electronic medical records (EMR), Health Information Exchange (HIE) data, Admission Discharge and Transfer (ADT)

data and claims data and distills it into one comprehensive view of a patient's health profile and areas of concern. Most importantly, agilon connects data at an individual patient level and provides information on a monthly basis so that our partners can leverage insights at the point of care and providers can determine the appropriate clinical actions.

Over the past year, we have collaborated closely with the pilot markets, gathering real-time user experience feedback that will inform the evolution of the Dashboard. As we continue to leverage data to drive better health outcomes, protecting and securing the information we share is of utmost importance. See our [Data Governance](#) section to learn more about how we are managing data in a responsible way.



ABOUT THE PCP QUALITY DASHBOARD PILOT

What it is: A PCP Quality Dashboard that aims to help providers within the agilon network track how their practice aligns with outcomes in a value-based model.

How it's used: The dashboard is sent to individual providers via email on a monthly basis. It includes five reporting areas: metric categories, descriptions, sources, date range and benchmarks. The monthly report reflects data through the end of the prior month. It provides easy reference to details about care opportunities, such as:

- Unreviewed conditions in the last 30 days
- Unreviewed potential referrals to our palliative program
- High-risk patients with no visits scheduled in the next 90 days
- Discharged patients with no 7-day follow-ups scheduled

What's next: We have received constructive feedback from pilot markets thus far and actively seek out feedback that will help continue to shape the tool.

55,000+ APM patient reviews
conducted through implementation of active panel management across 25+ partner markets.¹³

¹³ Data as of mid-Q4 2024.

Advocating for Sustainable Health Models

As a federal health program, Medicare is fully governed by the federal government. Policies promulgated by both Congress and the Administration, typically through CMS, have a direct impact on how the Medicare program operates, who is eligible, which services are covered, how those services are paid for and how each provider type (e.g., physician, hospitals, etc.) participates. Given the impact these policies have on our business, agilon provides resources to key stakeholders and works to create awareness of PCP and patient needs. A few policy domains that are critical to agilon include:

- Payment rates in Medicare Advantage and Traditional Medicare
- Quality measurement, reporting requirements and payment impact of quality scores
- Methodologies to determine beneficiaries' health risk (i.e., risk adjustment)
- Risk-sharing arrangements in Traditional Medicare programs, such as Accountable Care Organization Realizing Equity, Access and Community Health (ACO REACH) and the Medicare Shared Savings Program (MSSP)

Over the past year, CMS has taken action to move Traditional Medicare programs toward population-based payment for care, within and outside of the accountable care organization programs in which agilon participates. This evolution supports the transition toward value-based care more broadly, and demonstrates regulators' continued support for and interest in value-based care payments. Congress has also demonstrated interest in population-based payments, and we anticipate significant work and reform in coming years.

We work with a variety of industry and advocacy groups to support and sustain value-based care policies. These groups include:

**Primary Care for America**



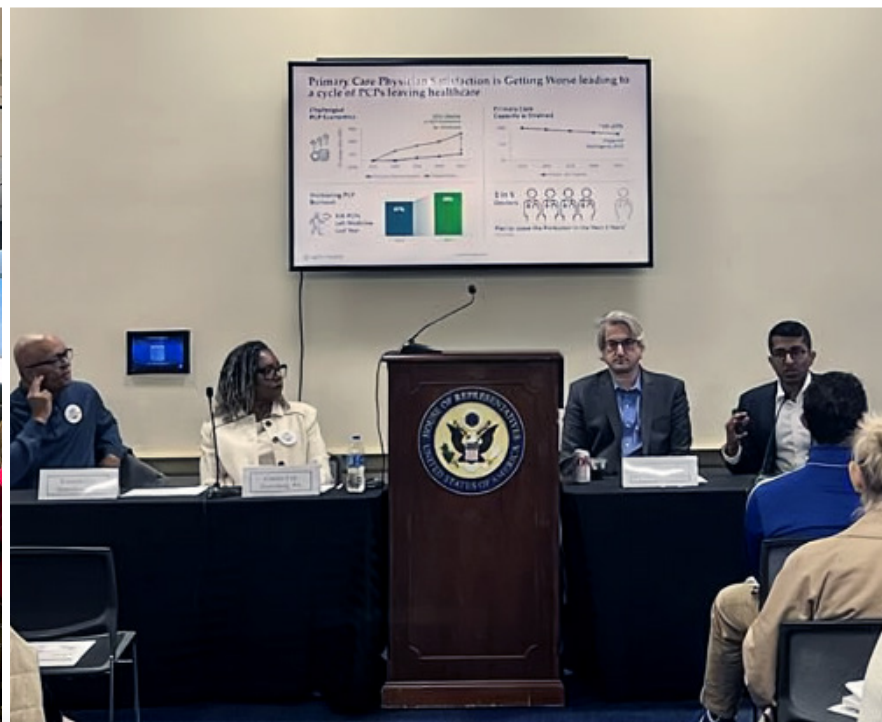
**NAACOS**
National Association of ACOs

**Accountable for Health**

**AMERICA'S PHYSICIAN GROUPS**
Taking Responsibility for America's Health

**AMGA**
Advancing High Performance Health

**BETTER MEDICARE ALLIANCE**



2024 Advocacy Highlights



agilon’s partner **Family Practice Center** (Loysville, Pennsylvania) hosted **Congressman John Joyce**, a physician interested in how value-based care has been critical in sustaining the practice, particularly in rural communities like theirs.



agilon hosted **two lobby days** and **one in-district event** with partners from New York, Ohio and Pennsylvania — advocacy days resulted in measurable results including gaining support for legislation that agilon endorsed and creating additional opportunities for dialogue and collaboration, particularly through in-district visits and clinic tours.



Submitted **five public comment letters to Congress and the Administration**, outlining recommendations on policy.



Meaningfully engaged **during more than 15 advocacy events** hosted by advocacy coalitions in support of our policy objectives.



agilon and partners **met with Health and Human Services agency staff and leadership five times** in 2024.

Advocating for Full-Risk Primary Care

agilon and our physician partners are dedicated to strengthening local primary care by enhancing outcomes, increasing cost-efficiency and advancing health equity for seniors through full-risk models like ACO REACH. As the only full-risk model available in Traditional Medicare, ACO REACH exemplifies what’s achievable when primary care physicians take responsibility for the total cost and quality of their patients’ health care. The statements contained in this document are solely those of the authors and do not necessarily reflect the view or policies of CMS. The authors assume responsibility for the accuracy and completeness of the information contained in this document.

agilon’s eight REACH ACOs operate under full risk and are responsible for the total cost and quality of approximately 90,000 Traditional Medicare Beneficiaries.

During the 2023 performance year, the most recent period with available results, agilon REACH ACOs achieved:

- 95% average quality score
- 4 of 8 achieved a 100% quality score
- \$150 million in gross savings (13% gross savings rate), including \$37 million savings to the Medicare Trust Fund

The detailed Health Equity Plans (HEPs) approved by the CMS for each of our eight ACOs in 2023 are still active. The HEPs focus on addressing health disparities between low and high socioeconomic Medicare beneficiaries on key utilization metrics (e.g., ED Utilization, Unplanned Admissions and Readmissions).

For questions about the ACO REACH model, call 1-800-MEDICARE (1-800-633-4227), TTY 877-486-2048. For questions about agilon’s Senior Connect ACOs, call 866-407-1660.

The ACO REACH Model is the only full-risk ACO program available in Medicare. Designed as a pilot to test alternative payment models for Medicare services, it is scheduled to sunset at the end of 2026.

There is currently no full-risk ACO model for participating ACOs to transition into. agilon is part of a coalition, made up of like-minded health care companies and providers, that is advocating strongly for VBC model sustainability in traditional Medicare – read about agilon’s vision for a post-REACH ACO landscape [here](#).

“Thanks to the shared savings generated from full-risk programs, we’ve been able to reinvest in our practice, which has significantly improved the care experience for our senior patients, many of whom live in socioeconomically challenged areas. In fact, we’ve achieved \$257 million in gross savings across 2022 and 2023.”

—Patrick Goggin, MD, Vice President, Physicians Group of Southeastern Ohio, ACO Medical Director

27
physician partners have transitioned to or begun implementing agilon’s full-risk, value-based care model for their Medicare patients as of 2024

96%
of MA members rely on their PCPs for specialty referrals

659,000
senior Medicare members in a total-care relationship with an agilon physician partner

76%
of MA members receive annual wellness visits

Transforming Communities

We're transforming communities by bringing value-based primary care to those who need it most, and by addressing social determinants of health and the conditions that most impact senior patients.

Our Approach

Transforming communities is central to our mission and business model. As an operator of the value-based care model that does not acquire physician groups, we are committed to strengthening primary care and expanding access to quality health care in the communities we serve. Through our tech-enabled platform, a strong peer network and reinvestment in local practices, we empower physician partners to remain independent while prioritizing the holistic health of their most vulnerable patients, including in underserved communities.



The Impact of agilon's Total Care Model

Reinvesting in our partner practices is a key way that we support the success of their businesses and the well-being of their patients. By improving care and reducing costs, our Total Care Model is helping create a surplus that enables us to reinvest back into our growing physician network and help transform health care in the communities we serve. Since our company was founded, we've reinvested over \$800 million into local practices. We believe this reinvestment helps strengthen local communities by enabling PCPs to continue operating in value-based care models and ultimately expanding access to high-quality primary care.

Over the past year, we have seen an even greater impact on patients' lives when we deepen our work within the communities we already serve. By deepening this presence in areas where our infrastructure is established, we are finding an entire market's transition to value-based care can accelerate. To drive this transformation at scale, agilon partners with leading physician groups, helping them transition to a full-risk model where they take responsibility for the total quality and cost of care for their senior patients.

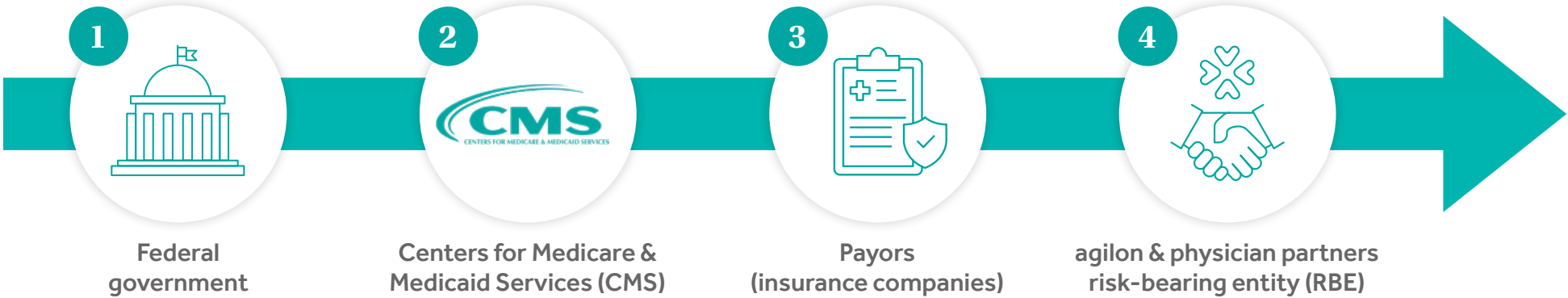


Strengthening Access to Primary Care

Our partnerships across the nation help make value-based care accessible. We partner with a variety of physician groups, including primary-care-only groups, multi-specialty groups, physician networks and health systems. Our ability to work with diverse groups and underserved communities enables us to bring our Total Care Model to more senior patients within our partner practices' communities throughout the country.

In 2024, we partnered with longstanding and leading physician groups across 27 communities in 11 states.¹⁴ More than 90% of agilon partner locations accept new patients versus 70% as the national average. 34% of agilon health physician partner practice locations reside in HPSAs, and 24% are located in MUAs. View the map of our physician partners in the appendix [here](#).

THE FLOW OF FUNDS PROCESS



¹⁴ Data in this report is reflective of agilon partners as of December 31, 2024.



Caring for the Environment

Beyond the impact our core business is making on communities, we have fostered efforts to address social determinants of health factors — the conditions in which people are born, grow, work, live and age. Given the correlation between social determinants of health and the environment, agilon recognizes our responsibility to understand and minimize our environmental footprint. In 2024, we continued to work to understand our Scope 1 and 2 emissions. We are currently measuring and working to establish our baseline, and intend to share more soon.

Enhancing our Cloud-Based Technology Platform

With agilon's acquisition of mphrX in 2023, agilon has enhanced its technology platform to aggregate clinical data in a standards-based manner (Fast Healthcare Interoperability Resource (FHIR)). This allows for greater interoperability of data with our

clinical partners and the ability to deliver richer insights faster. With our technology investments, our partners are onboarded faster and we have greater visibility into patient data across the care continuum. All of the data is persisted on cloud-based data management which enables agilon to collaborate efficiently with our clinical partners, manage risk and maintain resilience. By storing our information on a cloud-based system, we are better equipped to maintain the programs that our partners rely on in the event of natural disasters.

Other benefits include operational and environmental efficiencies that come from the virtual nature of cloud-based data storage. Instead of physical data center locations throughout the U.S., cloud-based storage reduces our team's need to fly to site locations. We consolidated our servers in 2024, which led to an estimated reduction of approximately 168 metric tons of CO₂ e. Additionally, the operational speed of the cloud allows for continuously-smooth operations should any applications fail, or issues arise.

IN THIS SECTION

➤ Initiating talent development to support business needs

➤ Fostering meaningful career experiences

➤ Providing opportunities for engagement

Built by People Who Care.

Our mission is made possible because of the passion, determination and drive of our employees — changemakers who show up every day to reimagine health care. We invest in our workforce through competitive wages and benefits, training and development and commitment to a one-team culture that fosters inclusion and community.

Our Approach

The passion to change how health care is delivered drives our work at agilon. We strive to operate collaboratively as one team with passion, resilience and a commitment to innovate across everything we do. Helping employees grow and ensuring they are supported is essential to realize our vision. We provide professional development programs, comprehensive benefits and engagement opportunities so employees can do their best to address our industry's toughest challenges. We also have an intentional focus on ensuring diverse representation across our workforce and cultivating a culture of inclusion and belonging.





Fostering Inclusion & Belonging

We are committed to embedding diversity, equity, inclusion and belonging as core pillars of our workforce and culture. We focus on initiatives that equip all employees to thrive in a rapidly evolving workplace, while also creating a company that supports and reflects our diverse community. People are our greatest asset, which is why our leadership supports building an environment where everyone feels included, valued and empowered to contribute. By cultivating this

culture of diversity, understanding, inclusion, curiosity and tolerance, we support and develop employees in ways that lead us into the next chapter of our business evolution.

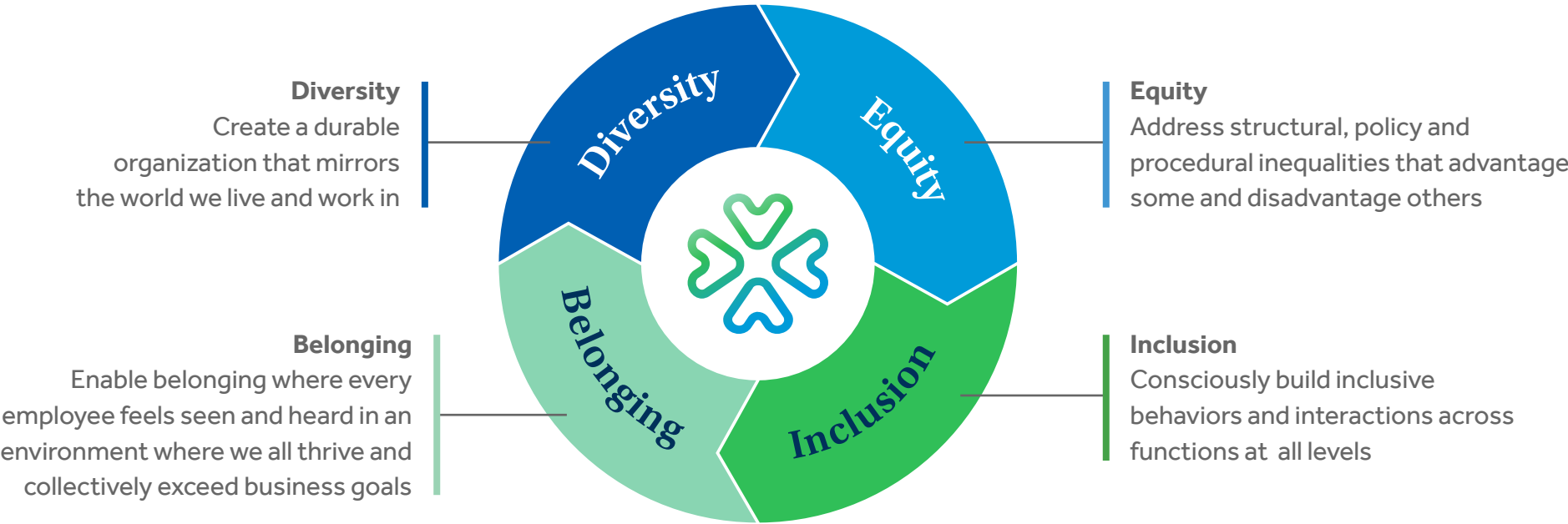
Our commitment is driven by actions throughout the year, such as ongoing trainings around unconscious bias, matching leadership to employee resource groups (ERGs), tracking employee demographic data and monitoring and evaluating our pay system to ensure pay transparency.

Leadership

Our Chief People Officer, reporting directly to our CEO, oversees agilon’s strategy, initiatives and employee engagement related to diversity, equity, inclusion and belonging. They report on relevant issues to the Compensation and Human Capital Committee of agilon’s Board regularly and oversee the team responsible for managing this work on a day-to-day basis. Our efforts are also supported by the executive leadership team and other senior leaders.

Beyond our Code of Conduct, agilon’s enterprise-wide Anti-Harassment and Discrimination policy outlines our commitment to a work environment free from discrimination and harassment, where employees are both respectful and treated respectfully.

INCLUSION & BELONGING ASPIRATIONS



Employee Resource Groups

Employee resource groups are a valuable way for agilon employees to gain networking and mentorship opportunities, exchange ideas and continuously grow within the organization. Our four ERGs are voluntary, employee-led groups that build individual and organization-wide awareness and accountability in the service of making our interactions more inclusive across all that we do. Our employee resource groups include:

- black@agilon
- heritagehorizons@agilon
- pride@agilon
- women@agilon

Global Days of Understanding

Days of Understanding are an ongoing series of discussions highlighting the experiences of agilon health colleagues and guest speakers. The Days are intended to provide opportunities for employees from across agilon to gather to learn from one another and share varied experiences and perspectives on a selected theme.

In 2024, we held Days of Understanding that expanded our understanding of the diverse backgrounds and experiences across our global workforce. More than 120 attendees joined for each of our Days of Understanding that were focused on the following topics:

- Generations at work
- Neurodiversity
- Cultural awareness
- Unconscious bias



PERSONS OF COLOR (POC) BREAKDOWN

34%
of all U.S. agilon employees self-identify as a person of color

36%
of CEO Directs self-identify as a person of color

22%
of Directors and above self-identify as a person of color¹⁵

GENDER BREAKDOWN

50%
of employees self-identify as women in the U.S. and India

36%
of the Executive Leadership team self-identify as women¹⁶

40%
of Directors and above self-identify as women

¹⁵ U.S. only.
¹⁶ CEO Directs.

Equipping Employees to Succeed

Our greatest asset is our workforce — together, we work to solve ever-changing challenges within the healthcare system. Without our employees’ commitment to our mission, we would not be able to make such a difference in the lives of patients and physicians. That’s why we are committed to supporting and developing leaders on the front lines. Over the past year, we continued to grow our key learning and development programs and created additional tools for employees, including an employee resource center and our Achievers Platform, a global rewards and recognition platform designed to celebrate the achievements of team members and support our culture of belonging, both of which launched in early 2025.

Developing Future Leaders

Our annual performance review process empowers employees to take ownership of their growth and build a culture of continuous improvement and leadership readiness. Centered on collaboration between employees and managers, the review process assesses progress against individual goals that

align with our one team core values. Mid-year check-ins provide an essential touchpoint to reflect on achievements, recalibrate goals and support ongoing growth. The process includes various review approaches, including management by objectives, multidimensional performance appraisal (such as 360-degree feedback), team-based assessments and agile conversations.

Global Training and Development

In 2024, many of our people programs were extended to include greater numbers of global employees. We are proud of this progress as we strive to develop leaders and build the talent pool our business and industry will need in the future.

For example, one-third of India-based employees had their own coaching group and participated in our Managers Essentials training together. This global engagement cultivated incredibly valuable networking across the company.

PROGRAM HIGHLIGHTS

Managers Essentials

- 57 graduates since 2022
- 15 India-based employees participating in 2023-24 class
- Participants build skills to: lead in remote settings, develop their team, set goals, build quality relationships, understand emotional intelligence, manage conflicts and more.

Empower Leadership and Coaching Program

- 6 cohorts since inception in 2020
- 28 participants from the U.S. and India in 2024
- Participants gain skills such as: How to have a growth mindset, executive presence, productivity tips and insights from Executive Leaders on core functions within our business.

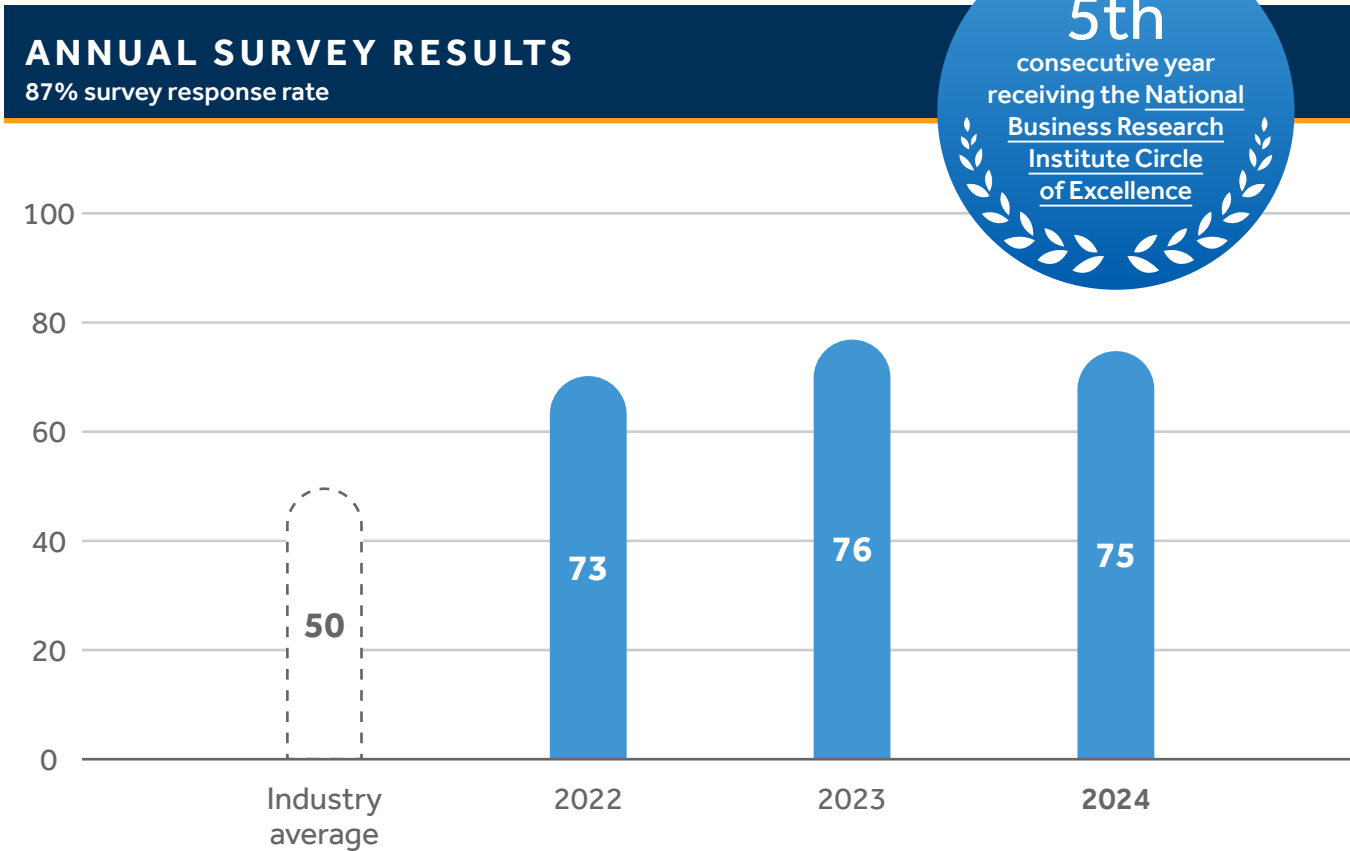
“Management is intricate — it goes way beyond just overseeing the activities of a group of people. Successful leadership requires a lot of introspection and awareness of your own weaknesses. The Manager Essentials program was able to help us identify these areas with compassion and assist with self-development by allowing us to share experiences and points of view in an understanding space.”

—Lauren Grunewald, Regional Manager, Risk Adjustment

Listening to Employee Feedback

agilon's annual employee culture survey is another important indicator we use to gauge employee experience and areas of opportunity. Despite a challenging year for our industry, our 2024 survey engagement score of 75 is in line with last year's and is 25 points higher than our industry peers.

Among the areas our company saw the highest positive responses were diversity and inclusion, fairness, supervision and teamwork. We greatly value the feedback that employees share and use it to inform critical decision-making for our People and Culture initiatives across the organization.





Supporting Employees with Benefits & Workplace Wellness

Wellness initiatives foster a positive work environment where employees feel valued, empowered and engaged. We continue to offer a range of wellness and benefit programs to employees, including:



Parental leave program, providing all employees between four and eight weeks of paid parental leave following birth, adoption or foster placement



Wellness@work initiative, including benefits such as unlimited paid time off for exempt employees, increased vacation time for non-exempt employees and weekly mindfulness meditation sessions



Flexible work arrangements that enable employees to work fully or mostly from home with the ability to utilize collaboration hubs throughout the U.S. for regular team gatherings

Giving Back Around the Globe

Our global give-back initiatives provide opportunities for employees across the company to help address social determinants of health and the conditions that most impact our senior patients in the communities where we live and work. We encourage all employees to take time off to volunteer with an annual paid volunteer time off benefit (VTO). In value-based care, identifying and providing the best care to high-risk senior patients including those with Alzheimer's disease or dementia is critical.

From participating in local Alzheimer's walks to employee volunteer activities that engage with senior dementia patients, agilon employees around the world are engaging in our signature efforts to support Alzheimer's and dementia patients and research.

We offer every employee eight hours of paid time off to volunteer within their local community each year.¹⁷ In 2024, agilon's India-based employees spent the day with elderly at Ashraya Seva Trust, a nonprofit dedicated to providing comprehensive care for the elderly, including those affected by Alzheimer's disease and other forms of dementia. In the U.S., employees participated in our third annual Walk to End Alzheimer's National Team.



¹⁷ Additional hours can be used if the following conditions are met and occur during the work week: 1. Four hours of additional VTO available to employees who serve as agilon Community Champions and Community Champion Leadership Board Members; 2. Four hours of additional VTO available to employee's who participate in Alzheimer's Walk.

WALK TO END ALZHEIMER'S

ALZHEIMER'S ASSOCIATION®



8
physician partners



25
teams



215
participants

\$60K+ donation
together with employee fundraising partners

25+ team captains
across agilon

SPOTLIGHT

Team Captain Gayle Ganoe

Long-time Walk to End Alzheimer's National Team captain Gayle Ganoe continues to set — and raise — the bar as a leader of this annual event. For Gayle, the event is an opportunity to honor many of her loved ones affected by the disease in recent years. During the COVID-19 pandemic, she coordinated partnerships with local restaurants to generate even greater earnings for the Akron team, which was part of agilon's National Team.

Gayle continues to honor the legacy of her loved ones with the inclusion of several family members as part of agilon's National Team. This year, Gayle walked alongside the president of one of agilon's physician partners, Kathleen Kostelnick, Pioneer Physicians Network.

"I am so honored to work for a company that shows their commitment to making a difference in the lives of those affected by Alzheimer's and other forms of dementia."

IN THIS SECTION

- ▶ Making decisions rooted in integrity and ethics
- ▶ Mitigating risks and building resilience
- ▶ Using technology responsibly

Governance.

As a company built on a foundation of trust, doing business the right way is central to how we operate.

Our Approach

Our governance, policies and processes are in place to serve the needs of our business and our stakeholders. agilon’s work to provide access to high-quality health care requires us to observe the highest standards of ethical conduct, maintain an unwavering commitment to data privacy and security and address environmental, social and governance risks and opportunities. From ensuring the highest standards of data protection to implementing robust cybersecurity and compliance training, our approach to governance aims to ensure our team upholds the highest integrity and does business the right way.



Impact Strategy Oversight

We believe our commitment to managing the priority sustainability issues for our business is not only the right thing to do but is also essential to our long-term success. Oversight of sustainability at agilon health starts with our Board of Directors. Since 2021, our Board’s Nominating and Governance Committee has provided oversight of and input on relevant topics through quarterly updates. This has included the review and approval of our impact strategy. Similarly, our Impact working group includes cross-



functional leadership from Communications & Public Affairs, Human Resources, Legal & Compliance, Audit and Investor Relations. In addition to direct oversight by our Nominating and Governance Committee, our full Board also receives an annual update on priority sustainability topics.

In 2024, key sustainability-related Board of Directors engagement included:

- Education around agilon health’s most pertinent sustainability issues, including data privacy and security, human capital and community health care, as well as issues of growing importance including climate change and our environmental footprint
- Review of key sustainability trends, regulations and requirements
- Progress and planning related to our impact journey

Board Diversity

We are committed to bringing together a Board that is made up of people with diverse perspectives and skillsets that can bring expertise to our company. In 2024, our eight-person Board was made up of three people who self-identify as women and three people who self-identify as persons of color.

Operating an Ethical Company

As a company, we are committed to improving the lives of our employees and members of the communities we serve. Our culture of compliance is focused on ensuring that all members of our team are aware of, and committed to, observing legal and regulatory requirements relevant to their roles and the organization at large. This commitment is embodied in our [Code of Conduct](#), which undergoes a periodic review, and other agilon policies that reinforce adherence to federal and state laws related to conflicts of interest, retention of records and government contracts.

Because we strive to meet standards that go beyond what is legally necessary, our Code of Conduct also includes mechanisms for raising concerns about workplace behavior and other internal and external rules and guidelines. To protect those who report concerns and encourage good faith participation in the compliance program, individuals can choose to submit their concerns anonymously, without fear of intimidation or retaliation.

As we continue to grow our business, we remain acutely aware of our responsibility to establish relationships with partners who share and uphold our values.



Enterprise Risk Management

agilon has always taken a strategic approach to managing risk, which ensures we are looking ahead and adapting to the ever-changing healthcare and broader regulatory landscape. In an effort to proactively identify and mitigate areas of exposure, we are taking a more structured and rigorous approach to how we manage and handle risks. In 2024, we conducted a comprehensive risk assessment, focusing on areas that pose the greatest potential negative impact to the organization, led by our Risk Oversight Committee. This committee, with representation from critical areas of the organization, develops and executes the organization's overall risk strategy and related activities, providing periodic updates to and soliciting guidance from agilon's Board of Directors.

The outcomes of the assessment include configuring our governance, risk and compliance platform and maintaining robust education and training for employees. In doing so, we have created greater transparency and engagement around how we escalate and rethink exposure areas.



Privacy, Data Governance and Security

Our business is built on trusted relationships with payors, our physician partners and their patients. Protecting the integrity of our data is essential to building and maintaining this trust. We observe rigorous standards to maintain the privacy and security of protected health information. Because the data we work with is sourced from non-proprietary sources, we focus on security measures around the way we receive information as well as how it is shared back to our partners.

We are bound by applicable laws and provisions regarding data security and privacy. This includes the confidentiality provisions of HIPAA, HITECH and all state laws governing the use and disclosure of health information and records. Our vendors with whom we may share sensitive information are held to the same standards, and we conduct routine auditing and monitoring to ensure adherence to applicable laws, regulations and company policies. Additionally, we perform ongoing oversight and periodically conduct privacy assessments to evaluate our methods for storing, maintaining and safeguarding sensitive information, and remediate any identified deficiencies.

As agilon continues to leverage data in new ways to empower our physician partners, innovating the ways we analyze information for our partners to increase the quality of our insights and drive better patient care will continue to be of utmost importance.

We have continued to fortify our processes to ensure that data is secure and appropriate accessibility guardrails are in place for all users of our platform. Our advancements in 2024 include implementing role-based access controls that ensure only the right people are accessing information at the right time. Additionally, we have focused on consolidating our data systems and databases, which has ultimately helped harmonize the data we manage while streamlining the oversight and security of the information gathered.



Patient Confidentiality

Our standards for patient confidentiality apply to the use and disclosure of private health data or personally-identifiable information. These disclosures comply with HIPAA regulations and other applicable laws, rules and regulations, and are shared internally and externally in accordance with the HIPAA Privacy Rule.

Our [Statement of Privacy Practices](#) outlines processes for requesting copies of medical records, limiting the data we use or share and viewing a list of entities that have received patient data. It also defines the cases where agilon can share health information, such as to collaborate with physicians or bill for services.

Mitigating Unauthorized Disclosures

We promptly respond to requests for information and complaints regarding data privacy, and any suspected or actual breaches of information are immediately reported to agilon’s Chief Ethics, Compliance and Risk Officer (and to the Audit Committee of the Board and Compliance and Quality Committee, when appropriate).

In addition, we will never sell patient information or use it for marketing purposes without explicit written permission.

We actively work to identify vulnerabilities, prevent breaches and ensure data privacy and security for our systems and our users. agilon has a dedicated team responsible for data security, which includes the Chief Information Security Officer and the Chief Technology Officer as well as a wide-ranging business continuity plan that outlines procedures in the event of an emergency or disruption. As a company, we leverage cloud-based infrastructure to enhance efficiency and the way health care is delivered. Crucially, this cloud-based platform gives us layered security from leading vendors that plug right into our environment, and an extensive support team to help us evaluate our security posture and notify us in real-time of potential issues.

In 2024, we continued to uphold our commitment to protect sensitive information and ensure the highest standards of data privacy. We continue to fortify our defenses against evolving threats through ongoing investments in advanced cybersecurity measures, employee training and rigorous compliance.

Specific tactics include:

- Maintaining state-of-the-art cybersecurity technologies and practices that strengthen our systems against cyberattacks
- Engaging employees in continuous-training programs to ensure they are well equipped to recognize and respond to security threats effectively

These policies and actions reflect our commitment to help ensure the privacy of our data infrastructure, partners and patients. The protection of data is critical to the maintenance of our services and we continuously make data security and prevention a priority across our operations.

Responsible Use of AI

At agilon health, we are committed to integrating artificial intelligence (AI) in a manner that enhances operational efficiency and takes into account ethical considerations. To support the responsible use of AI among our employees, we have established an AI Policy that emphasizes appropriate and ethical use and our Risk Oversight Committee regularly evaluates the policy. By fostering a culture of responsible AI use, we aim to harness its potential while safeguarding the interests of our employees, our partners and their patients.

Appendix.

We value and welcome feedback from interested stakeholders.
Please email us: media@agilonhealth.com.



Glossary of Key Terms

Accountable Care Organization Realizing Equity, Access and Community Health (ACO REACH): An initiative led by the Centers for Medicare & Medicaid Services (CMS) that is designed to address healthcare disparities and improve outcomes for underserved populations by encouraging providers to work together to deliver high-quality, coordinated care.

Active Panel Management (APM): Proactive method for ensuring various high-risk patients are up to date and appropriately benefiting from important preventative care (e.g., cancer screenings or immunizations) and allowing for the early identification of health conditions in need of extra attention.

Centers for Medicare & Medicaid Services (CMS): A federal agency that administers the Medicare program and works in partnership with state governments to administer Medicaid and certain other health programs.

Full-Risk Environment: A payment model in which Payors partner with health care providers, then transfer all financial risk for patients' care to those providers.

Health Care: This term (two words) refers to the "service" provided by professionals, the care of their patients in order to keep them healthy.

Healthcare: This term (one word) refers to the "system" including insurance companies, doctors, patients, etc.

Health Professional Shortage Areas (HPSAs): Geographic areas, populations or facilities designated by the federal government's Health Resources and Services Administration (HRSA) as lacking sufficient primary care, mental health or dental providers to meet the needs of the community.

High-Risk Patients: Those with a significantly increased chance of poor health outcomes, often due to underlying medical conditions, multiple comorbidities, age or social factors, requiring specialized care and management.

Medically Underserved Areas (MUAs): Geographic areas designated by the federal government as having a shortage of primary care health services, often due to factors like low provider-to-population ratios or high poverty rates.

Medicare: The U.S. federal government health insurance program for people 65 and older and younger people living with certain illnesses or disabilities.

Medicare Advantage (MA): A type of health insurance plan in the U.S. that provides Medicare benefits through a private insurance company. The beneficiary pays a monthly premium to a private insurance company and receives various types of benefits, including coverage for inpatient hospital and outpatient services.

Medicare Members: Those who use Medicare to cover their health care costs.

Net Promoter Score (NPS): A metric used to measure customer loyalty and satisfaction based on their likelihood to recommend a company or product to others.

Payor: In healthcare, a payor is an organization or entity that pays for the care services administered by the provider. This term most often refers to private insurance companies with whom patients sign up to be members.

Peer Network: Connects independent physicians and physician groups, enabling collaboration and knowledge sharing to improve healthcare outcomes and empower physicians to focus on patient care.

Physician Partners: Individual PCPs and physician groups who partner with agilon health to advance value-based care in order to benefit patients around the country using the Total Care Model.

Primary Care Provider (PCP): A primary care provider, generally a physician but may also be a nurse practitioner or physician assistant, who practices general health care, addressing a wide variety of health concerns for patients. Ideally, the patients and their PCP share a close, collaborative relationship and this is the first health care professional a patient would contact about any health-related issues.

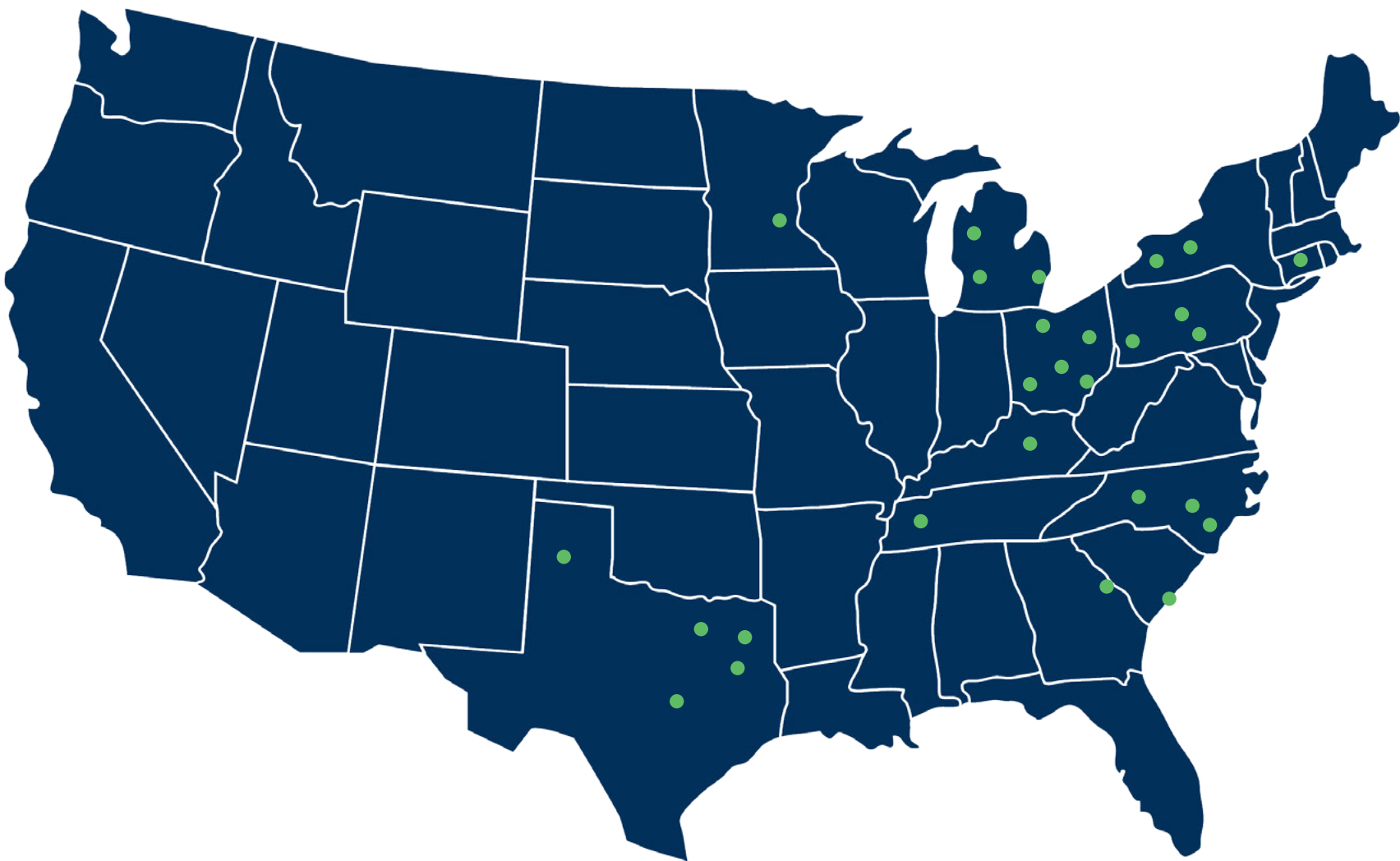
Provider: For the purposes of this report, the term refers to the PCP, the person who is providing primary care to a patient.

Senior Population: Individuals over the age of 65, including those who tend to be more vulnerable and at-risk for health-related issues.

Women Physician Leadership Council (WPLC): Dedicated to empowering women physicians in value-based care with a variety of personal, educational and clinical resources and a dynamic community that helps cultivate leadership skills and ultimately contributes to enhanced patient outcomes.

AGILON’S 2024 PRESENCE

In 2024, we partnered with longstanding and leading physician groups across 27 communities in 11 states.



Connecticut

- Hartford

Georgia

- Augusta

Kentucky

- Lexington

Michigan

- Grand Rapids
- Greater Detroit
- Traverse City

Minnesota

- Minneapolis-St. Paul

New York

- Buffalo
- Syracuse

North Carolina

- Pinehurst
- Statesville
- Wilmington

Ohio

- Akron
- Columbus
- Dayton
- Toledo
- Zanesville

Pennsylvania

- Harrisburg
- Williamsport
- Pittsburgh

Tennessee

- Jackson

Texas

- Amarillo
- Austin
- Dallas
- Longview
- Lufkin
- Texarkana

Priority Sustainability Topics and Materiality Assessment

Driving impact is embedded within our business and informed by the materiality assessment we conducted in 2021. Our strategy was informed by a process that included identifying a list of potentially relevant topics based on benchmarking, Sustainability Accounting Standards Board (SASB) and internal business strategy. We then collected insights and survey data from various stakeholders. With this input, we identified the following material issues that are both relevant to our core business and important to our stakeholders. Looking ahead, we continue to prioritize integration of our priority sustainability issues within our business. Learn more about our [Impact Strategy Oversight](#).



Environment

1. Energy Management / 2. GHG Emissions / 3. Waste / 4. Water Stewardship

Social

5. Value and Quality of Healthcare / 6. Employee Wellbeing / 7. Sustainable Healthcare System / 8. Simplifying the Health Care Experience / 9. People Management: Recruitment, Engagement, Development and Retention / 10. Access to Primary Care / 11. Health Equity / 12. Diversity, Equity and Inclusion / 13. Community Engagement / 14. Corporate Giving and Employee Volunteerism / 15. Supplier Diversity / 16. Ethics and Compliance

Governance

17. Value-based Innovation / 18. Human Rights / 19. Data Privacy and Security / 20. Technology Continuity / 21. Corporate Governance / 22. Advocacy and Public Health / 23. Product Governance

Impact Data Appendix

WORKFORCE AND DIVERSITY DATA



Our Workforce

2024

Global Workforce ¹⁸	Global Workforce	1,076
	U.S. Workforce	538
	India Workforce	538
Global Workforce Diversity	Self-Identify as Female (Global Workforce)	50%
	Self-Identify as Female (U.S. Workforce)	59%
	Self-Identify as Female (India Workforce)	41%
	Self-Identify as a Person of Color (U.S. Workforce)	34%
Gender Leadership Diversity (Global Workforce)	Self-Identify as Female in Management Positions – CEO Directs	33%
	Self-Identify as Female in Management Positions – Directors and Above	40%
People of Color Leadership Diversity (U.S. Workforce)	Self-Identify as a Person of Color – CEO Directs	33%
	Self-Identify as a Person of Color – Directors and Above	21%
Hiring & Turnover (Full-Time Equivalent)	Total Number of New Hires ¹⁹	195
	Annual Percent Voluntary Turnover (U.S. Workforce)	14%

¹⁸ Global workforce includes FTE employees from the United States and India.

¹⁹ Total hires that were active on 12/31/24; does not include terms.



Our Workforce (continued)

2024

Parental Leave ²⁰	Total Percentage of Employees Entitled to Parental Leave	100%
Employee Engagement	Employee Engagement Survey Response Rate	87%
	Employee Engagement Score	75 th percentile compared to industry peers
Board Diversity	Self-Identify as Female – Board Members	38%
	Self Identify as a Person of Color – Board Members	38%

²⁰ Includes FTE employees from the United States and India.

Sustainability Accounting Standards Board (SASB) Index

agilon health reports in alignment with the Sustainability Accounting Standards Board (SASB) Standards most relevant to our business. The table below includes disclosures from the Health Care Delivery Standards. The data and information below is for fiscal year 2024 (January 1, 2024 through December 31, 2024) unless otherwise indicated in specific disclosures.

SASB Topic	Accounting Metric	2024 Disclosure
Energy Management	(1) Total energy consumed, (2) percentage grid electricity, (3) percentage renewable	In 2024, we continued to work to understand our Scope 1 and 2 emissions. We are currently measuring and working to establish our baseline, and intend to share more in future reports.
Patient Privacy & Electronic Health Records	Description of policies and practices to secure customers' personal health data records and other personal data	Information about agilon's policies and practices to safeguard PHI and PII can be found in agilon's Statement of Privacy Practices as well as pg. 34 of our 2024 Impact Report.
	(1) Number of data breaches, (2) percentage involving (a) personally identifiable information (PII) only and (b) protected health information (PHI), (3) number of customers affected in each category, (a) PII only and (b) PHI	In 2024, agilon health had zero (0) material data breaches.
	Total amount of monetary losses as a result of legal proceedings associated with data security and privacy	There were zero (\$0) monetary losses as a result of legal proceedings associated with data security and privacy in 2024.
Access for Low-Income Patients	Discussion of strategy to manage the mix of patient insurance status	While this indicator is not directly material based on agilon health's business, we do track the percentage of the locations in our partnership model operating in Medically Underserved Areas (MUA) — 17% for 2024 — and Health Professional Shortage Areas (HPSA) — 42% for 2024.

SASB Topic	Accounting Metric	2024 Disclosure
Workforce Health & Safety	Total recordable incident rate (TRIR) for (a) direct employees and (b) contract employees	The total recordable incident rate (TRIR) for the 2024 calendar year was zero (0). The total days away, restricted or transferred (DART) rate was zero (0).
Employee Recruitment, Development & Retention	(1) Voluntary and (2) involuntary turnover rate for: (a) physicians, (b) non-physician health care practitioners, and (c) all other employees	We track overall retention of physicians employed by agilon's physician partners. For the 2024 calendar year we saw 92% retention for MDs and DOs. For agilon employees, our voluntary turnover rate was 14% and involuntary turnover rate was 19%. ²¹
	Description of talent recruitment and retention efforts for health care practitioners	While agilon does not directly employ practicing physicians, we work with physician partners and support their retention efforts through educational and networking initiatives that develop and further train PCPs in our network. Programs include our Women's Physician Leadership Council, peer networks, Provider Resource Groups, a Provider Learning Platform, forums, summits and mentorship. Find more details about these retention programs for health care practitioners in the Empowering Physicians section on pg. 8 of our 2024 Impact Report. For 2024, agilon's partners saw a 92% retention rate among primary care physicians operating in the agilon model.
Climate Change Impact on Human Health & Infrastructure	Description of policies and practices to address: (1) the physical risks due to an increased frequency and intensity of extreme weather events and (2) changes in the morbidity and mortality rates of illnesses and diseases, associated with climate change	agilon health acknowledges that climate change has impacts on human health and our business operations. While it's not a key risk for our business, it is something we continue to monitor. Broadly, we assess ESG initiatives that may impact our financial risk and reputation. Please see our form 10-K for a list of our key risks.
Fraud & Unnecessary Procedures	Total amount of monetary losses as a result of legal proceedings associated with Medicare and Medicaid fraud under the False Claims Act	There were zero (\$0) monetary losses as a result of legal proceedings associated with Medicare and Medicaid fraud in 2024.

²¹ Data is for U.S. employees only.

Forward Looking Statements

Statements in this report that are not historical factual statements are “forward-looking statements” within the meaning of Section 27A of the Securities Act of 1933, as amended, and Section 21E of the Securities Exchange Act of 1934, as amended. Forward-looking statements include, among other things, statements regarding our and our officers’ intent, belief or expectation as identified by the use of words such as “goals,” “believes,” “expects,” “may,” “will,” “shall,” “should,” “would,” “could,” “seeks,” “aims,” “projects,” “is optimistic,” “intends,” “plans,” “estimates,” “anticipates” or the negative versions of these words or other comparable terms. Examples of forward-looking statements include, among other things: statements regarding benefits of the Total Care Model, expectations and benefits regarding our PCP Quality Dashboard, our expectations regarding healthcare regulatory reform, and our expectations regarding our sustainability initiatives and reporting. Forward-looking statements reflect our current expectations and views about future events and are subject to risks and uncertainties that could significantly affect our ability to accomplish our goals, future financial condition, and results of operations. While forward-looking statements reflect our good faith belief and assumptions we believe to be reasonable based upon current information, we can give no assurance that our expectations or forecasts will be attained. Forward-looking statements are subject to known and unknown risks and uncertainties, many of which may be outside our control. These risks and uncertainties that could cause actual results and outcomes to differ from those reflected in forward-looking statements include, but are not limited to: our history of net losses and the expectation that our expenses will increase in the future; failure to identify and develop successful new geographies, physician partners and payors, or execute upon our growth initiatives; success in executing our operating strategies or achieving results consistent with our historical performance; medical expenses incurred on behalf of our members may exceed revenues we receive; our ability to maintain and secure contracts with Medicare Advantage payors on favorable terms, if at all; our ability to grow new physician partner relationships sufficient to recover startup costs; availability of additional capital, on acceptable terms or at all, to support our business in the future; significant reduction in our membership; transition to a Total Care Model may be challenging for physician partners; public health crises, such as COVID-19, could adversely affect us; inaccuracy in estimates of our members’ risk adjustment factors, medical services expense, incurred but not reported claims, and earnings pursuant to payor contracts; the impact of restrictive clauses or exclusivity provisions in some of our contracts with physician partners; our ability to hire and retain qualified personnel; our ability to realize the full value of our intangible assets; security breaches, cybersecurity attacks, loss of data and other disruptions to our information systems; our ability to protect the confidentiality of our know-how and other proprietary and internally developed information; reliance on our subsidiaries; reliance on a limited number of key payors; our use of artificial intelligence; the limited terms of contracts with our payors and our ability to renew them upon expiration; our ability to navigate the changing healthcare payor marking; reliance on our payors, physician partners and other providers to operate our business; our ability to obtain accurate and complete diagnosis data; reliance on third-party software, data, infrastructure and bandwidth; consolidation and competition in the healthcare industry; the impact of changes to, and dependence on, federal government healthcare programs; uncertain or adverse economic and macroeconomic conditions, including a downturn or decrease in government expenditures; regulation of the healthcare industry and our and our physician partners’ ability to comply with such laws and regulations; federal and state investigations, audits and enforcement actions; repayment obligations arising out of payor audits; negative publicity regarding the managed healthcare industry generally; our use, disclosure and processing of personally identifiable information, protected health information, and de-identified data; failure to obtain or maintain an insurance license, a certificate of authority or an equivalent authorization; current and potential securities class action litigation; lawsuits not covered by insurance; changes in tax laws and regulations, or changes in related judgments or assumptions; our indebtedness and our potential to incur more debt; dependence on our subsidiaries for cash to fund all of our operations and expenses; provisions in our governing documents; ability to achieve a return on your investment depends on appreciation in the price of our common stock; sustainability issues; and risks related to other factors discussed in our filings with the Securities and Exchange Commission (the “SEC”), including the factors discussed under “Risk Factors” in our Annual Report on Form 10-K for the fiscal year ended December 31, 2024, which can be found at the SEC’s website at www.sec.gov. Except as required by law, we do not undertake, and hereby disclaim, any obligation to update any forward-looking statements, which speak only as of the date on which they are made.

Trademarks

All rights to the trademarks included herein, other than the Company’s trademarks, belong to their respective owners and our use hereof does not imply any endorsement by the owners of these trademarks.



