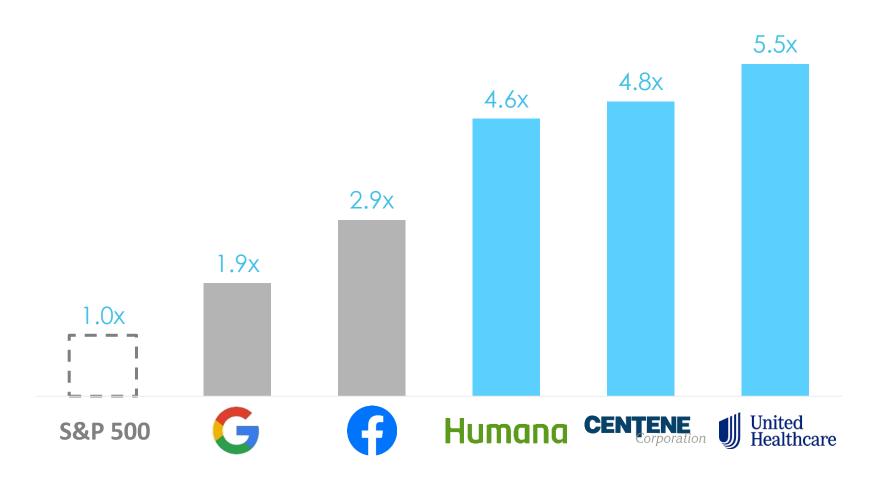
IPOC

SOCIAL CAPITAL HEDOSOPHIA III
OCTOBER 2020

TOTAL SHAREHOLDER RETURN IN THE LAST DECADE



TECHNOLOGY COMPANY

BETTER OUTCOMES AT A LOWER COST

GROWING 3X FASTER THAN THE INDUSTRY

Note: Based on internal Company analysis



SEQUOIA



AN INCREDIBLY VALUABLE COMPANY

ONCE IN A GENERATION OPPORTUNITY TO DO THE RIGHT THING

HEALTHCARE MOVING AT SOFTWARE SPEED

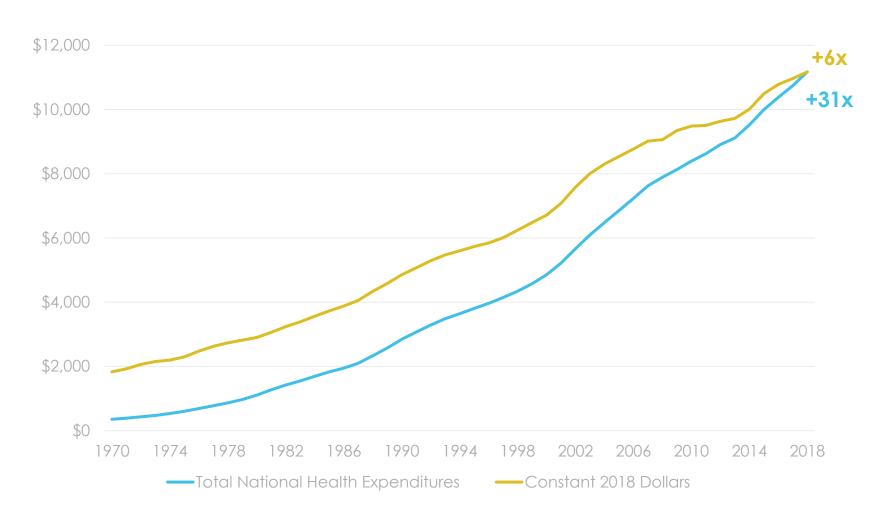
Clover

BACKDROP

HEALTHCARE SPENDING IN 2019 WAS \$3.65T

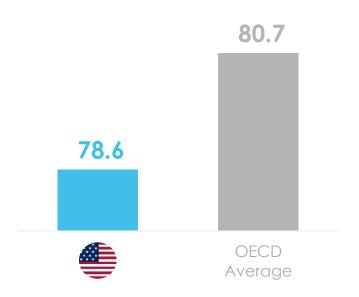
Source: The Centers for Medicare & Medicaid Services (CMS)

SPENDING PER CAPITA SINCE 1970

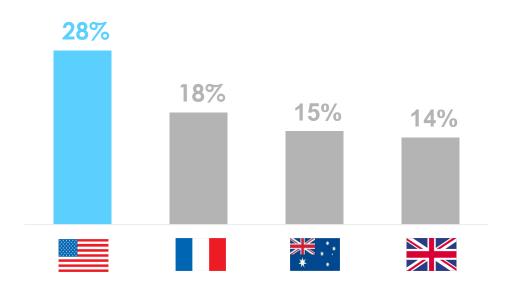


Note: Data sourced from the Kaiser Family Foundation

AVERAGE LIFE EXPECTANCY

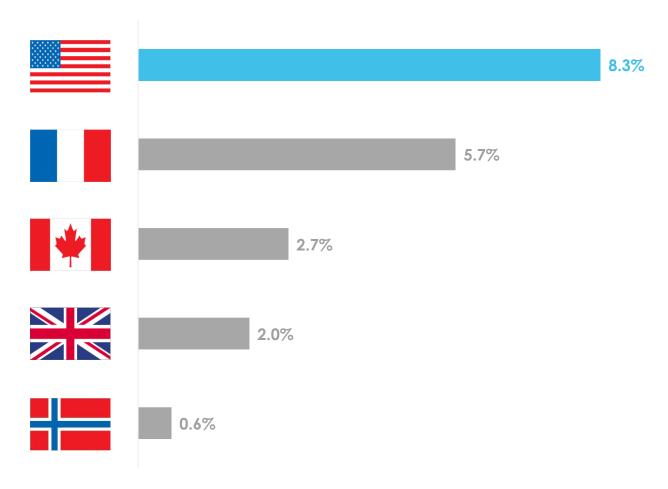


INDIVIDUALS WITH 2+ CHRONIC CONDITIONS



15

ADMINISTRATIVE COSTS



Administrative costs as a % of total health expenditures

81% OF CONSUMERS ARE DISSASTISFIED WITH THEIR HEALTHCARE EXPERIENCE

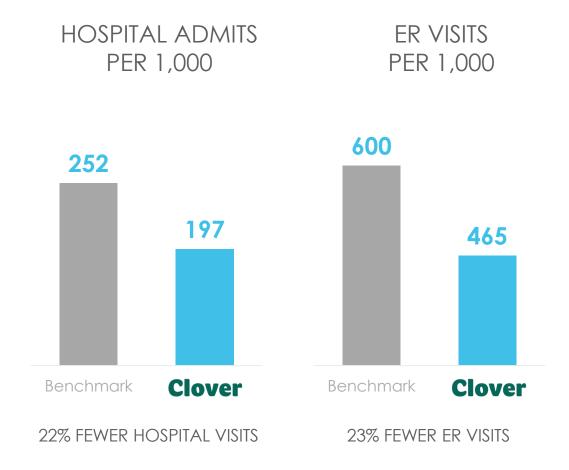
CLOVER

SOFTWARE THAT IMPROVES EVERY INTERACTION AT THE POINT OF CARE

CLOVER ASSISTANT IS A COMBINATION OF MACHINE LEARNING AND AN EXPERT SYSTEM

PHYSICIANS USE CLOVER ASSISTANT TO HELP THEM DELIVER BETTER CARE TO PATIENTS

BETTER OUTCOMES FOR MEMBERS



Note: Based on internal Company analysis 23

MARKET

IMPROVING MEDICARE ADVANTAGE

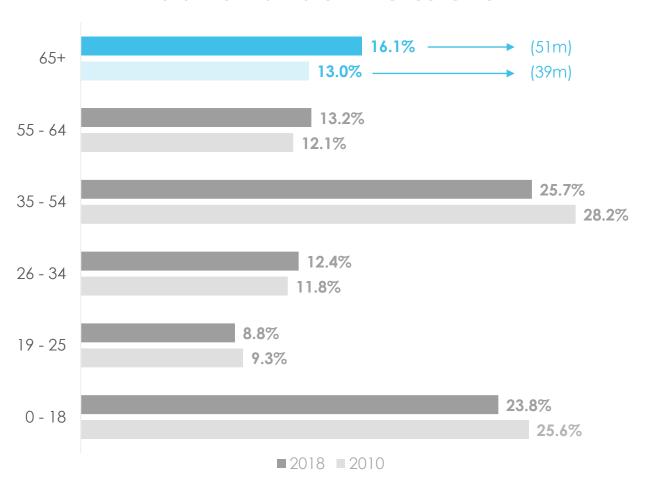
80% HAVE 1+ CHRONIC CONDITION 68% HAVE 2+ CHRONIC CONDITIONS

Source: Study commissioned by the National Council on Aging

SUPPORTED BY DEMOCRATS AND REPUBLICANS

FAST GROWING MARKET

POPULATION DISTRIBUTION BY AGE COHORT OVER TIME



WORTH \$270B TODAY

ESTIMATED WORTH \$590B BY 2025

10,000+ NEW PEOPLE BECOME ELIGIBLE EVERYDAY

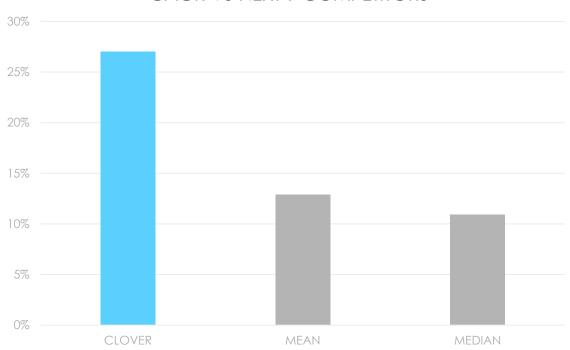
\$150M EACH DAY \$1B EACH WEEK \$55B EACH YEAR

TECHNOLOGY THAT DELIVERS BETTER OUTCOMES AT LOWER COSTS

GROWTH

FASTEST GROWING MEDICARE ADVANTAGE PLAN IN THE U.S.

CAGR VS NEXT 9 COMPETITORS

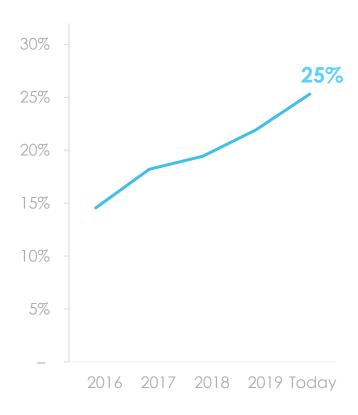


Note: Based on internal Company analysis

CAPTURE 50% OF NET MEMBERSHIP GROWTH IN THEIR ESTABLISHED MARKETS

Note: Based on internal Company analysis

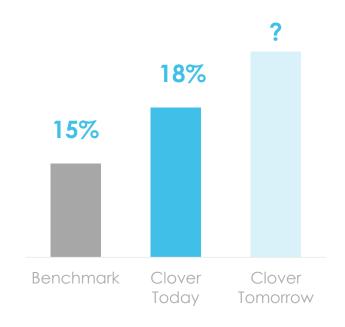
MARKET SHARE GROWTH PER COUNTY



Note: Based on internal Company analysis

SUPERIOR GROSS MARGINS WITH CLOVER ASSISTANT

Returning Member Gross Margin



JUST IN THE FIRST 18 MONTHS

41% CHEAPER THAN MEDICARE 17% CHEAPER THAN NEAREST COMPETITOR

Note: Based on internal Company analysis 39

34 COUNTIES TODAY 108 COUNTIES NEXT YEAR

57K MEDICARE ADVANTAGE MEMBERS 2020E 73K MEDICARE ADVANTAGE MEMBERS 2021E

Note: Company forecasts 41

DIRECT CONTRACTING

PROVIDE VALUE TO ORIGINAL MEDICARE

CONTRACT DIRECTLY WITH PHYSICIANS TO ADD THOUSANDS OF LIVES THROUGH ONE CONTRACT

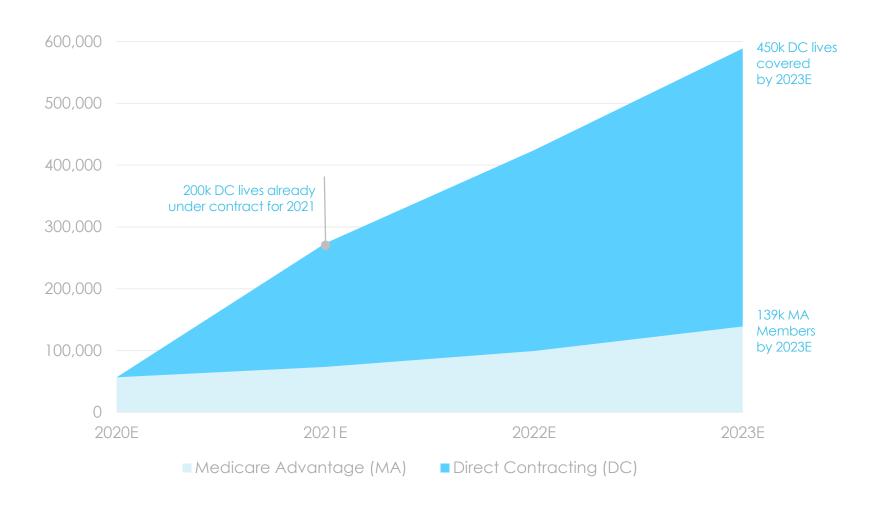
CREATES A LOW COST ACQUISITION CHANNEL TO COVER MORE LIVES

WITH SIMILAR PROFITABILITY AS MEDICARE ADVANTAGE

200K MEMBERS ALREADY UNDER CONTRACT FOR 2021

450K MEMBERS IN 2023E

TOTAL LIVES COVERED



Note: Based on internal Company analysis 49

BUILDING A VIRTUOUS CYCLE WITH COMPOUNDING ADVANTAGES OF SCALE

Capture and synthesize data





Drive strong market leading organic membership growth



Apply machine learning to provide data-driven, personalized insights at the point of care via the Clover Assistant





Share superior economics with members via lower cost and better benefits



Improve clinical decision-making to drive better care

MERGER DETAILS

IPOC + Clover

| Transaction Details | (\$m) |
|-------------------------------------|---------|
| Investment from IPOC | \$828 |
| PIPE / Co-Investment | \$400 |
| Contribution from affiliates | \$155 |
| Pro Forma Enterprise Value | \$3,702 |
| x 2021E Revenue of \$880m | 4.2x |
| x 2023E Revenue of \$1,723m | 2.1x |
| Pro Forma Net Cash on Balance Sheet | > \$730 |
| Expected Close | 1Q-2021 |

ILLUSTRATIVE VALUATION AT NORMALIZED INDUSTRY ECONOMICS

| | 2021E | 2023E | UNITED, HUMANA, CENTENE |
|---------------------------------------|----------|----------|----------------------------|
| MEDICARE ADVANTAGE | 73,000 | 139,000 | |
| DIRECT CONTRACTING | 200,000 | 450,000 | |
| TOTAL LIVES COVERED | 273,000 | 589,000 | |
| PREMIUM/ (DISCOUNT) | 13% | (48%) | |
| ANNUAL REVENUE PER MEMBER/LIFE | \$12,000 | \$12,000 | \$12,000 |
| Annual Profitability per Member | \$800 | \$800 | \$800 |
| EBITDA | \$218M | \$471M | |
| EBITDA MULT. | 15X | 15X | 15X |
| | | | |
| VALUATION | \$3.702B | \$3.702B | _ |
| MERGER VALUATION | \$3.702B | \$3.702B | |

ILLUSTRATIVE FUTURE ACQUISITION VALUE OF CLOVER'S MA BOOK

| | 2025E | UNITED, HUMANA, CENTENE |
|------------------------------|----------|----------------------------|
| MEDICARE ADVANTAGE | 323,000 | |
| DIRECT CONTRACTING | 0 | |
| TOTAL LIVES COVERED | 323,000 | |
| ANNUAL REVENUE PER MEMBER | \$12,000 | \$12,000 |
| REVENUE | \$3.876B | |
| MERGER VALUATION | \$3.702B | |
| PRICE TO REVS | 0.96X | 1.31X |

INVESTMENT THESIS

CLOVER IS A TECHNOLOGY COMPANY WHOSE SOFTWARE ALLOWS THEM TO IMPROVE OUTCOMES AND LOWER COSTS



CLOVER IS QUICKLY CAPTURING SHARE FROM INCUMBENTS AND ITS DIFFERENTIATION WILL MAKE IT HARD FOR OTHERS TO COPY



DIRECT CONTRACTING SUPERCHARGES THE ENTIRE BUSINESS BY CREATING A LOW COST ACQUISITION CHANNEL TO COVER MORE LIVES

CLOVER IS THE FASTEST GROWING MEDICARE ADVANTAGE COMPANY IN THE US



MEDICARE ADVANTAGE IS THE FASTEST
GROWING MARKET WITHIN HEALTHCARE WITH
BROAD REGULATORY MOATS AND POLITICAL
SUPPORT



HEALTHCARE HAS GROWN FASTER THAN EVERYTHING INCLUDING BIG TECH

GROWTH * GROWTH * GROWTH

TEAM

BETTER VS DIFFERENT



CarePoint Health





Vivek Garipalli

CEO and

Founder



Andrew Toy

President & CTO





IPOC + Clover

FIN

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Clover Health

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Clover believes that these non-GAAP measures of financial results (including on a forward-looking basis) provide useful supplemental information to investors about Clover. Clover's management uses forward looking non-GAAP measures to evaluate Clover's projected financial and operating performance. However, there are a number of limitations related to the use of these non-GAAP measures and their nearest GAAP equivalents. For example other companies may calculate non-GAAP measures differently, or may use other measures to calculate their financial performance, and therefore Clover's non-GAAP measures may not be directly comparable to similarly titled measures of other companies.

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See the footnotes on the slides where these measures are discussed and the Appendix for reconciliations of these non-GAAP financial measures to the most directly comparable GAAP measures. Additionally, to the extent that forward-looking non-GAAP financial measures are provided, they are presented on a non-GAAP basis without reconciliations of such forward-looking non-GAAP measures due to the inherent difficulty in forecasting and quantifying certain amounts that are necessary for such reconciliations.

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Solving The Big Issues In US Healthcare



Widespread Misaligned Incentives





Siloed and Inactionable
Health Data









Meaningful Impact as a Medicare Advantage Insurer

"Own" and Leverage the Data Stack

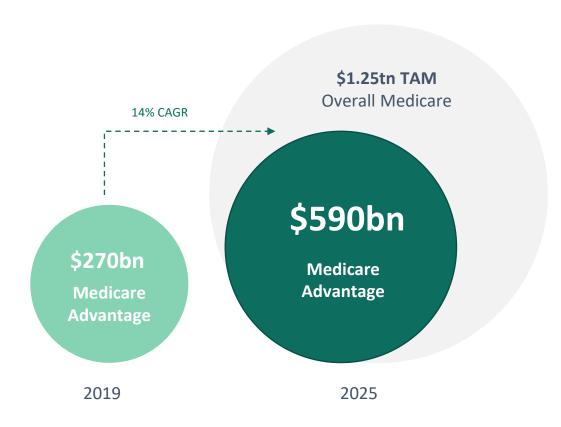
Opportunity for Economic Alignment

Create Better Health Outcomes for Members

Consumer-Driven Marketplace

Our Market: Medicare Advantage

Largest, Undisrupted Market in Healthcare



Spurred by Aging Demographic Tailwinds and Superior Value

10,000 new baby boomers joining Medicare everyday

MA penetration anticipated to rise from **36%** in 2020 to **50%** in 2025

More choice, often at less cost, in Medicare Advantage than Original Medicare

Strong **bipartisan** support



Who We Are

We are a next-generation **Medicare Advantage solution**, deploying best-in-class **technology** to solve one of the world's biggest data problems

Our mission is to improve every life

We execute upon our mission by empowering physicians with data-driven, personalized insights at the point of care

Founder-Led, Experienced Leadership Team



VIVEK GARIPALLI Founder, CEO









ANDREW TOY President, CTO







JOE WAGNER CFO







JAMIE REYNOSO COO





GIA LEE General Counsel





US Dept. of Health and Human Services

| Clinical | Tech | G | &A |
|----------|------|---|----|
|----------|------|---|----|

Dr. Sophia Chang Chief Clinical Informatics Officer



Calvin Chock Chief Product Officer



Luke Stepusin VP. Finance



Dr. Mark Spektor **Chief Medical Officer**



David Zhu VP, Head of Engineering





Rachel Fish Chief People Officer



Dr. Kumar Dharmarajan Chief Scientific Officer



Chris Ross Chief Information Security Officer



Wendy Richey Chief Compliance Officer





Clover Is The Fastest Growing Medicare Advantage Plan In The US⁽¹⁾

Key Metrics⁽²⁾

57K

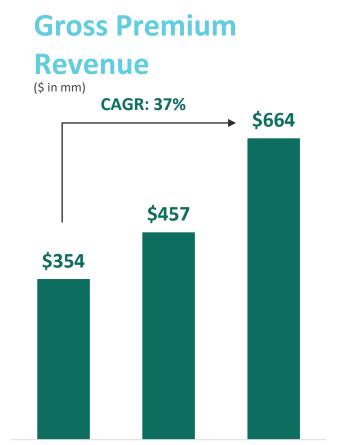
Members

34

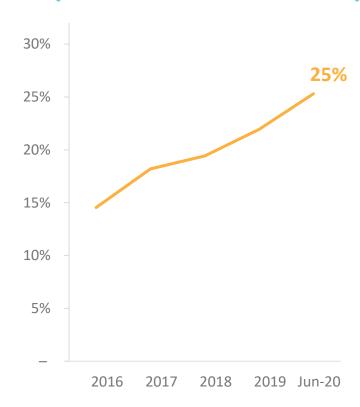
Counties

4.5x

LTV / CAC(3)



Market Share (established markets⁽⁴⁾)



Source: CMS

2018

2019

2020E

⁽¹⁾ Clover was the fastest growing MA plan with at Least 50,000 members over the Last 3 AEP / OEP periods.

⁽²⁾ As of June 30, 2020.

LTV/CAC calculation based on Q1 2020 MCR results and 1H 2020 member variable OpEx. Year 1 assumes new member margins; year 2+ assumes returning member margins; CAC = ~\$1,050.

⁴⁾ Markets where Clover has over 500 members prior to AEP results. Represents 13 of our 34 counties.

A Fundamentally Different Approach To Insurance

Clover

Increasing access and benefits while reducing costs

Consumer Experience

Improving health outcomes and accessibility of healthcare

Description of the control of the co

Clover Assistant

A true payor / provider partnership model

Physician Experience

Using data to enable high-quality, personalized care

US Healthcare System

Reducing the incidence of high-cost events that drive the largest share of healthcare expenditures

Why Choose Clover?

Providing members with better care at lower cost



Designing "Obvious" Plans

Five Burning Questions

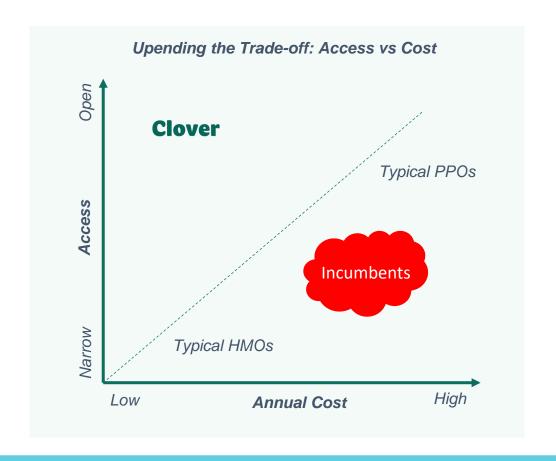
Is my PCP in the network?

Is my hospital in the network?

Is my specialist in the network?

Are drugs covered?

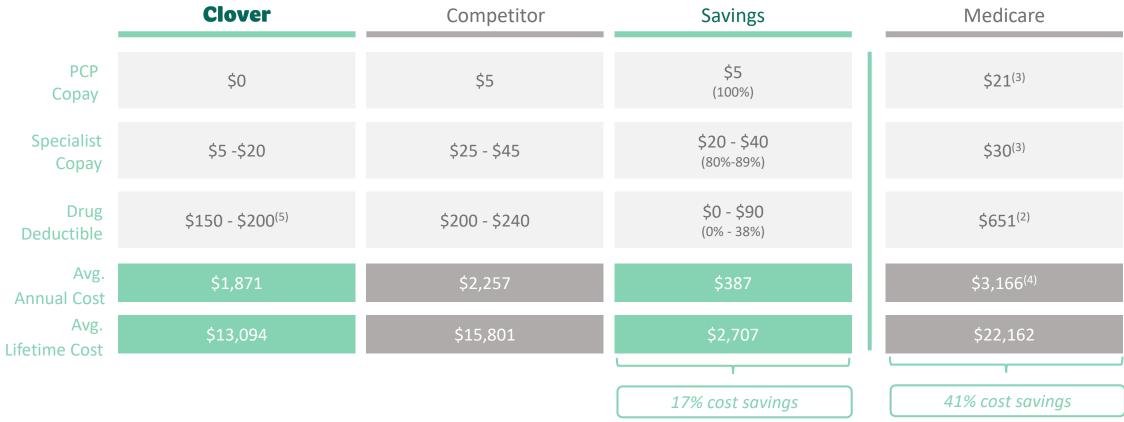
What is the plan going to cost me?



➡ We offer plans with the access of a PPO at lower than HMO costs.

Providing Better Care At A Lower Cost

Out of Pocket Costs(1)



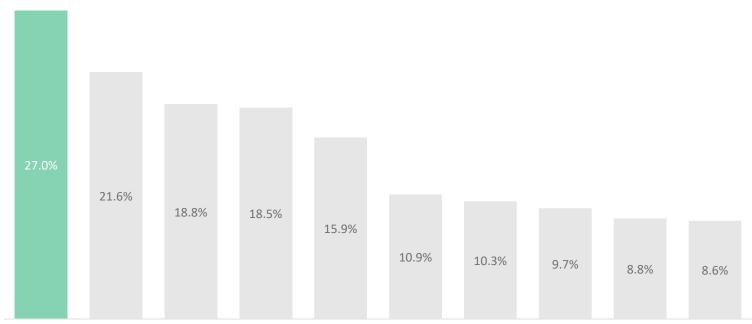
Note: Assumes lifetime of 7 years

- (1) Company analysis. Competitor column represents MA plans offered by the competitor with largest market share in the five counties where Clover has the most members.
- (2) Kaiser Family Foundation.
- 3) Calculated assuming a 20% coinsurance rate applied to the estimated 2021 primary care visit cost of \$103 and level 5 E/M visit cost of \$148 respectively (from CMS).
- (4) 2016 average out-of-pocket spending on medical and long-term care services (from Kaiser Family Foundation).
- Members with the federal low-income subsidy (LIS) pay \$0; \$200 represents an average that is comparable to our competitors after considering the LIS.

Consumers Are Choosing Clover

Clover was the Fastest Growing Medicare Advantage Plan with at Least 50,000 Members over the Last 3 AEP / OEP Periods⁽¹⁾

3-Year AEP / OEP Member Growth CAGR



Clover Health Competitor 1 Competitor 2 Competitor 3 Competitor 5 Competitor 5 Competitor 6 Competitor 7 Competitor 8 Competitor 9

Top 3

Market share position in all established markets⁽²⁾

>50%

Take rate in established markets over the past three years

600 bp

Retention advantage compared to industry⁽³⁾

⁽¹⁾ December 2017 to May 2020.

⁽²⁾ Represents a total of 13 counties of our 34 counties.

⁽³⁾ Industry data from Kaiser Family Foundation based on 2013/2014 survey.



For Physicians, The Clover Assistant Addresses Two Main **Issues: Money And Time**

Enhanced, Streamlined Payments

Clover takes the pain out of payor reimbursement by paying PCPs a prompt, predictable, and enhanced rate

> ~2x Industry reimbursement rate(1)

4 Days Average payment days

...helping them bridge the compensation gap with their specialty peers

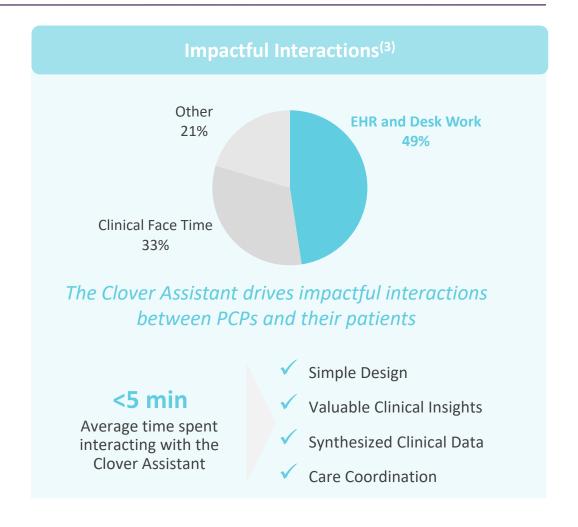
\$267k (2)

\$444k

PCP salary

VS.

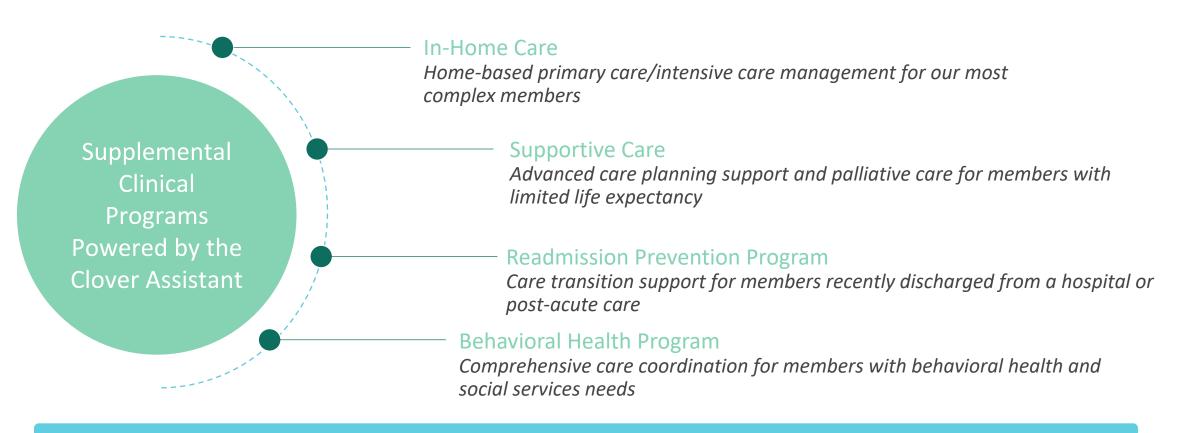
Specialist salary



Based on estimated CMS 2021 base reimbursement fee rate for primary care visit.

Source: Medical Group Management Association.

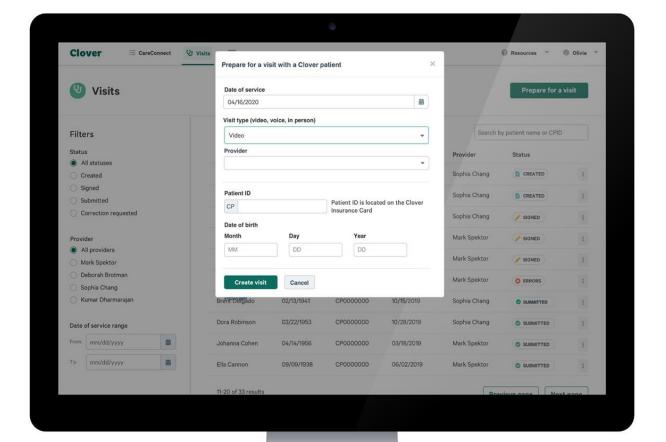
Comprehensive Complex Care



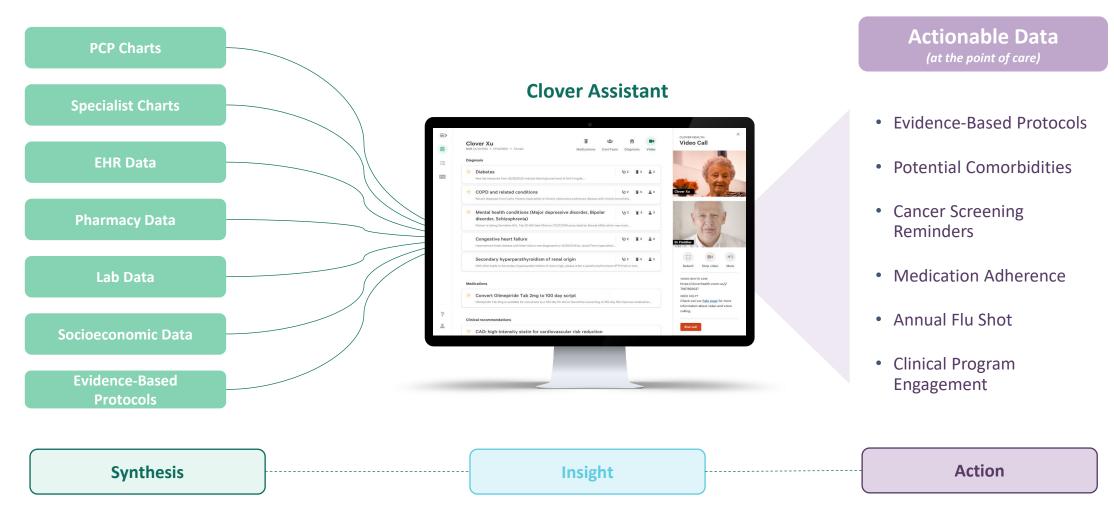
Member identification, engagement and care in our clinical programs is driven by the Clover Assistant.

The Clover Assistant

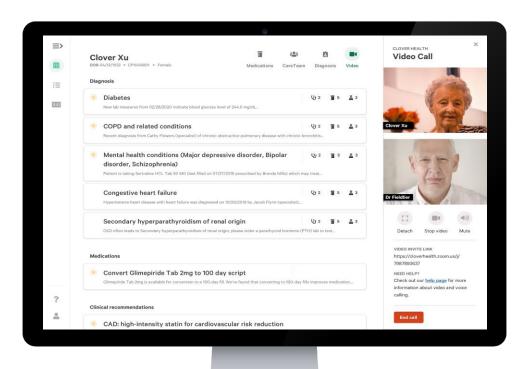
Software platform that delivers data-driven insights to physicians at the point of care



Data Aggregation And Machine Learning At The Point Of Care

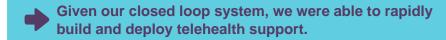


The Clover Assistant Via Telehealth



Telehealth Features

- COVID-specific symptom prompts to help identify members in need of additional support from Clover
- Embedded video functionality
- Invite a member via text or email link



Power To Bend The Cost Curve Over Time

Surfacing of potential comorbidities enables early evaluation and treatment of disease, driving better care and reducing the likelihood of acute episodes

Without The Clover Assistant

Jan – Mrs. James annual physical – Seems healthy, but missed markers – Visits PCP with fatigue – Stage 4 CKD diagnosis – ER visit after fall and broken hip

post-fracture

3 more years of CKD and
progression to ESRD

Heightened mortality risk

Chronic and Acute
Care Costs

CKD costs \$22K annually over 4 years

\$1K ER Visit

\$39K Hip Surgery

\$80K ESRD Treatment(1)

With The Clover Assistant

Jan – Mrs. James annual physical – PCP orders PTH lab test

CA receives results (elevated PTH) – CA recommends medication regimen – PCP prescribes meds via CA

Jan – Mrs. James remains happy and

healthy

~\$208k in Savings

26

~\$208k in Costs

The Clover Assistant Is...

1. Scalable

5.2X growth in CA primary care physicians from January 2019 to June 2020

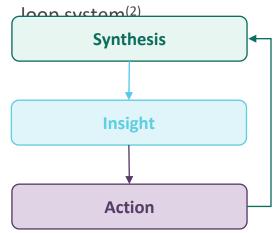
61% of members are attributed to a provider already contracted on platform

Engaging **92%** of eligible member visits utilize CA **Net Promoter Score Category Leaders 64**⁽¹⁾ Clover Legacy amazon Retailer Assistant EHRs

3. Improving

Releases every 3

Weeks highlighting rapid improvement cycle and closed



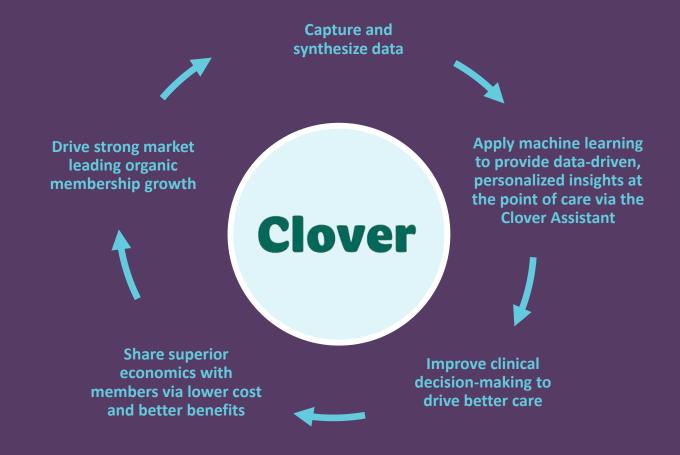
...most importantly driving an economic advantage that enables us to finance best-in-class benefits at best-in-class margins.

Growth

Our playbook to build a national MA plan



Our Virtuous Growth Cycle



We Are In 34 Counties Representing 3.1mm Medicare Lives

57k

Members

8%

Market Share

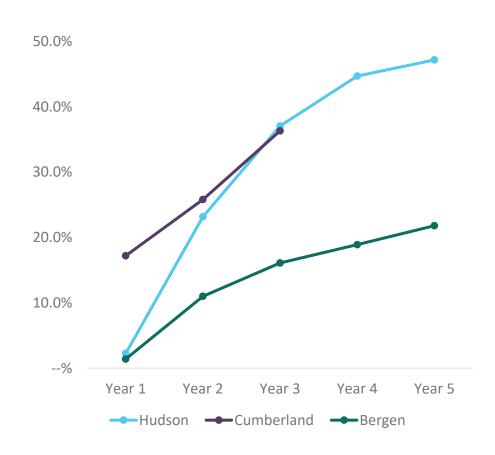
\$664mm

FY20E Gross Premium Revenue



A Scalable Playbook For Virtually The Entire US

Leading Market Share...

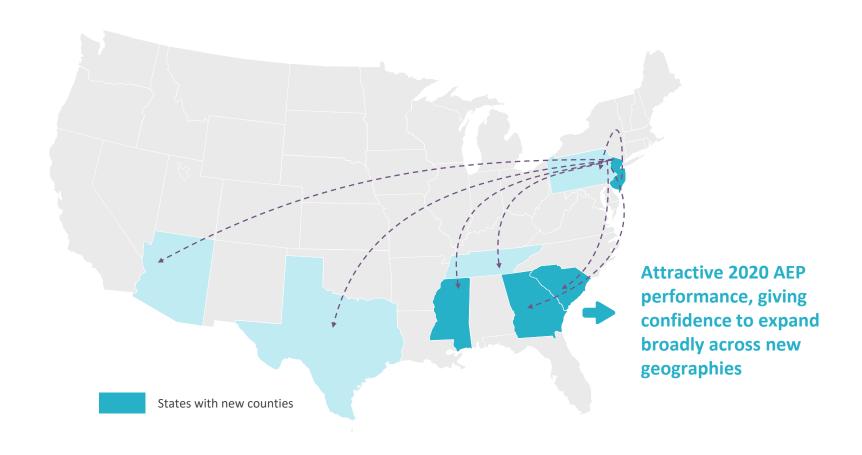


...Across Urban, Suburban, and Rural Markets

| | Hudson | Cumberlan d | Bergen |
|-----------------------------------|-------------|----------------|--------|
| Population Density ⁽¹⁾ | 13.7k | 0.3k | 3.9k |
| Median Household Income | \$66k | \$53k | \$96k |
| Minority (%) | 71 % | 55% | 45% |
| MA Penetration | 37% | 33% | 25% |
| Market Share | 48% | 36% | 24% |

In 2021, We Will Be In 108 Counties Representing 4.4mm Medicare Lives





The Path To \$25bn In Revenue

~28mm

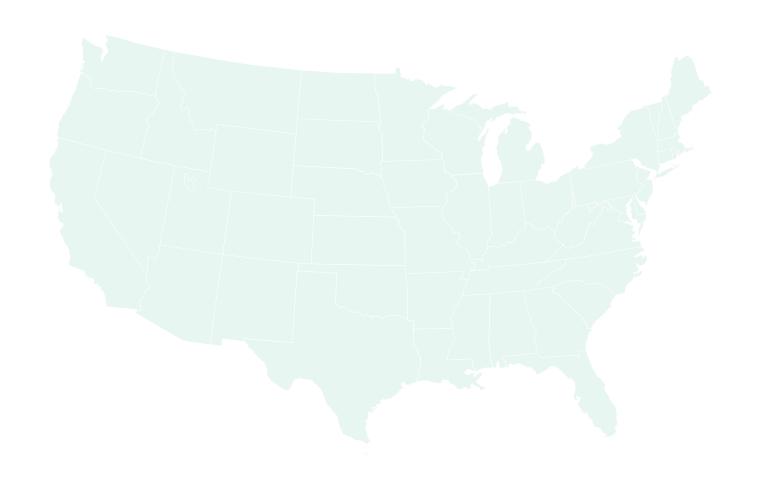
Medicare Advantage Lives expected by 2030⁽¹⁾

~40%

Of markets in the US⁽²⁾

12%

Market Share in addressed markets⁽²⁾



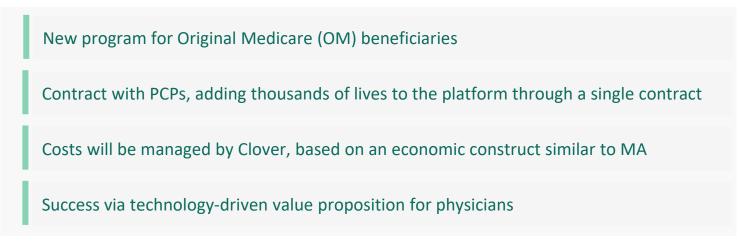
⁽¹⁾ Individual, non-SNP Market.

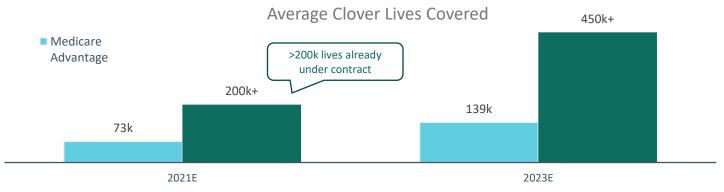
⁽²⁾ Company projections.

Direct Contracting Expands Our Addressable Market

Illustrative PCP Medicare Patient Mix(1) Medicare **Advantage** 64% **Original Medicare** (\$660bn+)(2) Ideally, 1 PCP can serve up to 400 Medicare Patients(3)

Expansion through physicians, not consumers





Based on current MA penetration.

Market size represents 2025E.

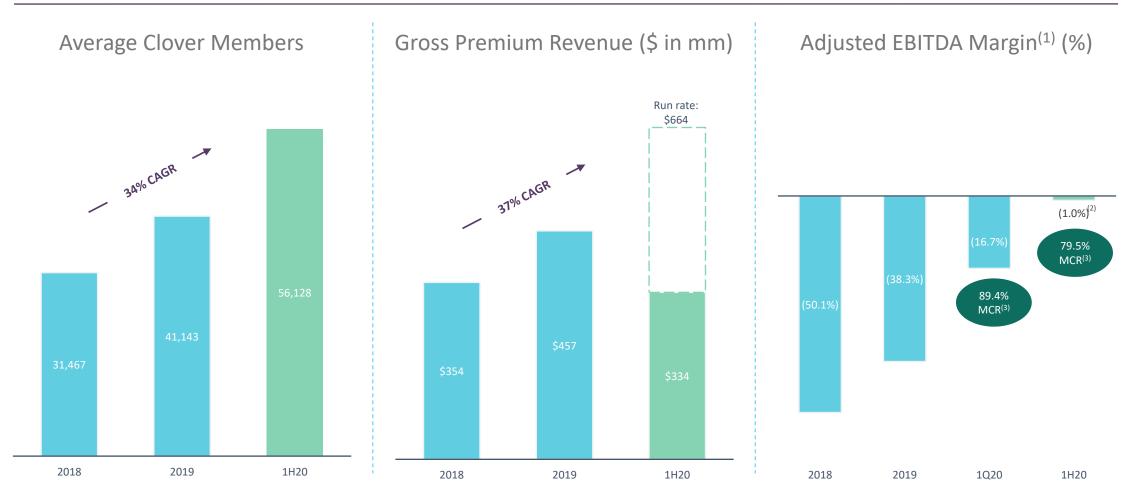
According to a leading physician group practice focused on serving seniors, their per physician patient panels are about 400 patients.

Financials

Building A Technology-Driven Financial Competitive Advantage



Market Leading Growth And Improving Margins

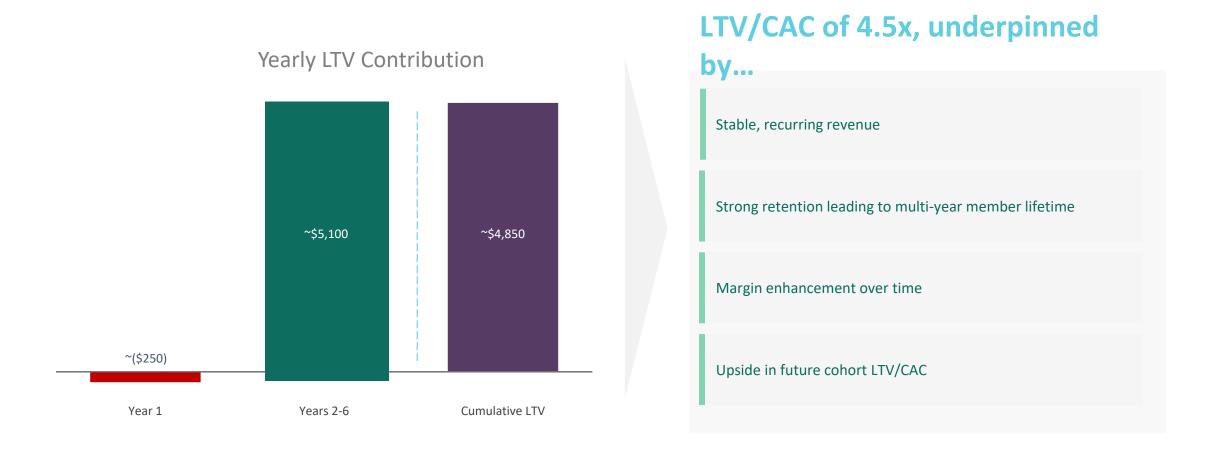


Adjusted EBITDA is a non-GAAP financial measure defined by us as net loss before interest expense and amortization of notes and securities discount, provision for income taxes, depreciation and amortization expense, change in fair value of warrants, loss on derivative, restructuring cost, stock-based compensation expense and health insurance industry fee. Adjusted EBITDA Margin is a non-GAAP financial measure defined by us as Adjusted EBITDA divided by premiums earned, gross. See reconciliation in Appendix. Historical numbers reflect an update to presentation materials dated 9/28. 30

Includes impact of reduced utilization of services due to COVID-19.

Represents Medical Care Ratio, which is defined as total net medical claim expenses incurred divided by premiums earned, in each case on a gross or net basis, as the case may be, in a given period.

Clover Has Strong Unit Economics With Upwards Trajectory, While Providing Members With A High Value Offering



Our Best-In-Class Growth Directly Impacts Margin Results

New Members

Returning Members

Gross Premium Revenue

Limited visibility into health profile (~\$800 per member per month)

Strong visibility into health profile (~\$1,100 per member per month)

Medical Expenses

Limited time to impact

Cost savings over time

Medical Care Ratio (MCR)⁽¹⁾

95% - 105%

70% - 85%

Operating Expenses

Acquisition costs

Variable operating expenses

Operating Margin

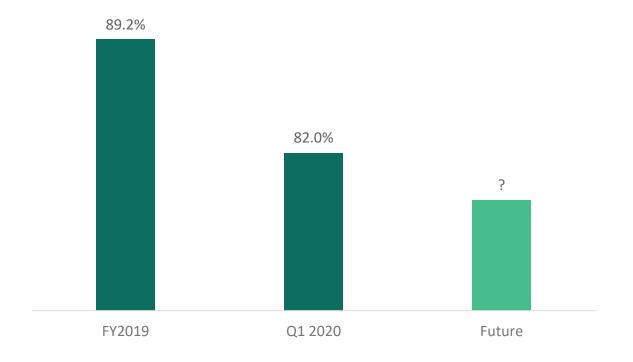
Year 1 loss

Profitable

³²

The Clover Assistant Has Already Made An Impact

Rapidly Improving Clover Assistant MCR^(1,2) While Delivering...



... A Value Proposition To The Consumer

The access of a PPO

Out-of-pocket cost savings

⁽¹⁾ MCR, or Medical Care Ratio, is defined as total net medical claim expense incurred divided by premiums earned, in each case on a gross or net basis, as the case may be, in a given period.

⁽²⁾ MCRs represent returning members in Clover Assistant physician panels. New and returning members are defined on a calendar year basis. Any member who is active on July 1 of a given year is considered a returning member in 33 the following year. Any member who joins a Clover plan after July 1 in a given year is considered a new member for the entirety of the following calendar year.

How We Achieve Enhanced Margins At Best-In-Class Growth

The Clover Assistant allows us to generate positive margins while maintaining 30+% annual growth

Room for margin expansion over time:

- Stars enhanced payment mechanism
- Improvement in the CA product
- Increase in CA adoption and coverage

Enhanced margins = more \$ available to reinvest in operating expenses and in enhancing the health plan value to the consumer

| Metric | 2019 | Q1 2020 | 2022E | Long-Term Target |
|--|-------|---------|-------|------------------|
| Member Growth ⁽¹⁾ | 31% | 38%(4) | 35% | 30%+ |
| Clover Assistant Penetration | 59% | 61% | 68% | 70%+ |
| Clover Assistant Returning Member MCR ⁽²⁾ | 89% | 82% | 76% | <75% |
| Consolidated MCR ⁽²⁾ | 99% | 89% | 86% | 82% - 83% |
| Adjusted EBITDA Margin ⁽³⁾ | (38%) | (17%) | (3%) | 6-7% |

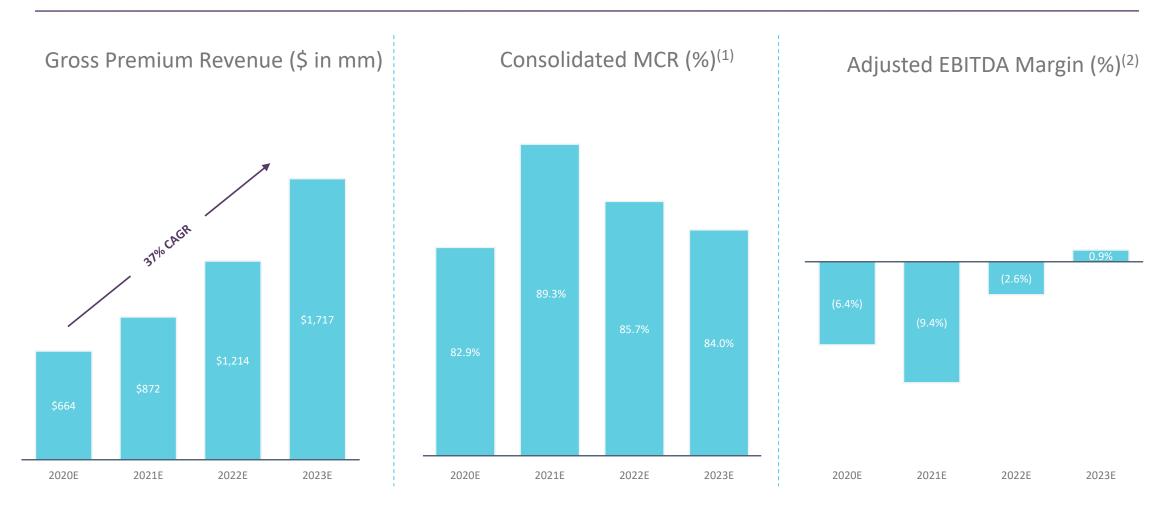
Excludes Direct Contracting.

²⁾ MCR, or Medical Care Ratio, is defined as total net medical claim expense incurred divided by premiums earned, in each case on a gross or net basis, as the case may be, in a given period. MCRs represent returning members in Clover Assistant physician panels. New and returning members are defined on a calendar year basis. Any member who is active on July 1 of a given year is considered a returning member in the following year. Any member who joins a Clover plan after July 1 in a given year is considered a new member for the entirety of the following calendar year.

⁽³⁾ Adjusted EBITDA is a non-GAAP financial measure defined by us as net loss before interest expense and amortization of notes and securities discount, provision for income taxes, depreciation and amortization expense, change in fair value of warrants, loss on derivative, restructuring cost, stock-based compensation expense and health insurance industry fee. Adjusted EBITDA Margin is a non-GAAP financial measure defined by us as Adjusted EBITDA divided by premiums earned, gross. See reconciliation in Appendix. Historical numbers reflect an update to presentation materials dated 9/28.

Based on full year 2020 membership estimates.

Continued Growth And Path To Profitability



⁽¹⁾ MCR, or Medical Care Ratio, is defined as total net medical claim expense incurred divided by premiums earned, in each case on a gross or net basis, as the case may be, in a given period.

⁽²⁾ Adjusted EBITDA is a non-GAAP financial measure defined by us as net loss before interest expense and amortization of notes and securities discount, provision for income taxes, depreciation and amortization expense, change in fair value of warrants, loss on derivative, restructuring cost, stock-based compensation expense and health insurance industry fee. Adjusted EBITDA Margin is a non-GAAP financial measure defined by us as Adjusted EBITDA divided by premiums earned, gross. See reconciliation in Appendix.

Financial Summary

| (in millions) | 2018A | 2019A | 2020E | 2021E | 2022E | 2023E | CAGR |
|--------------------------------|---------|---------|--------|--------|---------|---------|------|
| Counties | 19 | 26 | 34 | 108 | 161 | 219 | |
| Average Members | 31,467 | 41,143 | 56,707 | 73,477 | 99,194 | 138,871 | 35% |
| YoY Growth (%) | | 31% | 38% | 30% | 35% | 40% | |
| | | | | | | | |
| Total Revenue ⁽¹⁾ | \$358 | \$462 | \$671 | \$880 | \$1,219 | \$1,723 | 37% |
| YoY Growth (%) | | 29% | 45% | 31% | 39% | 41% | |
| | | | | | | | |
| Gross Profit | \$15 | \$12 | \$121 | \$102 | \$178 | \$281 | 81% |
| Gross Margin (%) | 4.1% | 2.5% | 18.0% | 11.5% | 14.6% | 16.3% | |
| MCR | 97.1% | 98.8% | 82.9% | 89.3% | 85.7% | 84.0% | |
| Net Loss | (\$202) | (\$364) | | | | | |
| Adjusted EBITDA ⁽²⁾ | (\$177) | (\$176) | (\$43) | (\$82) | (\$31) | \$16 | |
| Total EBITDA Margin (%) | (50.1%) | (38.3%) | (6.4%) | (9.4%) | (2.6%) | 0.9% | |
| | | | | | | | |

⁽¹⁾ Gross premium revenue plus investment income and other income.

⁽¹⁾ Adjusted EBITDA is a non-GAAP financial measure defined by us as net loss before interest expense and amortization of notes and securities discount, provision for income taxes, depreciation and amortization expense, change in fair value of warrants, loss on derivative, restructuring cost, stock-based compensation expense and health insurance industry fee. Adjusted EBITDA Margin is a non-GAAP financial measure defined by us as Adjusted EBITDA divided by premiums earned, gross. See reconciliation in Appendix. Historical numbers reflect an update to presentation materials dated 9/28.

Investment Highlights

Large, growing market

Aging population and awareness spurring MA growth

Obvious plan designs for consumers

Clover offers richer benefits and lower costs to consumers

Technology competitive advantage driven by software platform

Home-grown software provides personalized, real-time insights at the point of care

Rapid growth and scale

Demonstrated ability to grow rapidly and efficiently

Strong unit economics

Favorable LTV / CAC across all cohorts

Significant upside ahead

Clover's technology can excel in many adjacent opportunities

Transaction Overview



Transaction Overview

| 443.5 |
|---------|
| 64.425 |
| \$4,435 |
| (\$733) |
| \$3,702 |
| |
| |
| |

Sources and uses

| 14 | • | | |
|----|---|----|--|
| " | Λ | // | |
| | | | |

| Total sources | \$1,228 |
|--|---------|
| Cash from PIPE (including co-investment) | \$400 |
| Cash from IPOC | \$828 |
| Sources | |

Uses

| Total uses | \$1,228 |
|---|---------|
| Estimated transaction fees and expenses | \$60 |
| Secondary proceeds | \$500 |
| Cash to balance sheet | \$668 |

⁽¹⁾ Total shares include 300.0 million rollover equity shares, 82.8 million IPOC public shares, 40.0 million shares from PIPE and 20.7 million IPOC founder shares (exclusive of PIPE shares). Assumes no redemptions and no management awards. The terms of the management awards are subject to continuing negotiations between the parties, and as a result, the pro forma ownership percentages displayed may differ. Any dilution with respect to such management awards may be borne by all shareholders.

⁽²⁾ Cash on balance sheet includes unrestricted cash and marketable securities less corporate debt as of June 30, 2020 plus \$668 million of proceeds from this transaction.

Transaction Overview (Cont'd)

Pro forma enterprise value of \$3.70B

\$400M PIPE raised at \$10.00 per share, including \$155M from IPOC sponsors

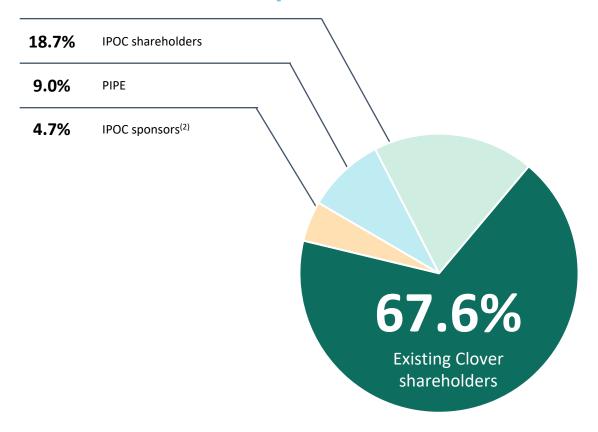
100% rollover by existing Clover management

Existing shareholders to receive super voting shares (10:1) with sunset provisions

Over \$733M of pro forma net cash held on balance sheet

Completion of transaction is expected by 1Q21

Pro forma ownership⁽¹⁾



Total shares include 300.0 million rollover equity shares, 82.8 million IPOC public shares, 40.0 million shares from PIPE and 20.7 million IPOC founder shares (exclusive of PIPE shares). Assumes no redemptions and no management awards. The terms of the management awards are subject to continuing negotiations between the parties, and as a result, the pro forma ownership percentages displayed may differ. Any dilution with respect to such management awards may be borne by all shareholders.



The Clover Assistant Platform Enables Real-Time Actionable Insights

Provider Engagement

Provides highly-actionable clinical content to providers at the point of care.

Member Engagement

Matches and engages members to most appropriate clinical interventions.

Machine Learning

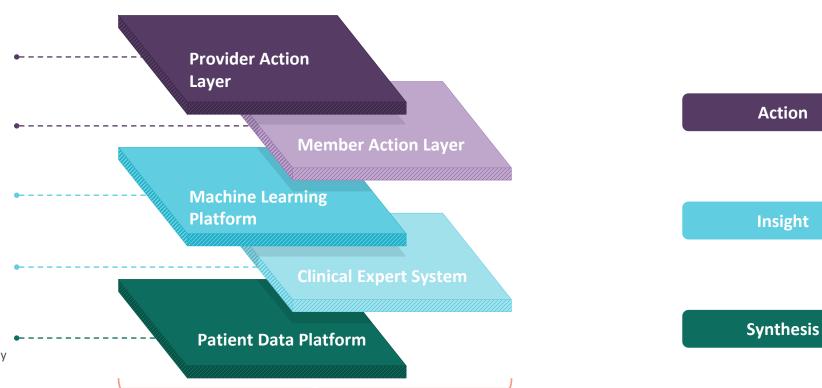
Automatically and continuously improves based on real-time closed feedback loop.

Clinical Expert System

Matches data to personalized, evidence-based protocols.

Longitudinal Data Platform

Collects, cleans, and standardizes data only available to us as an insurer.

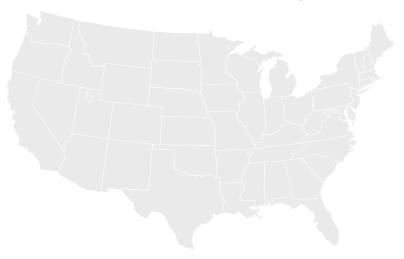


Platform is built in a flexible, cloud-based architecture that is scalable across geographies, healthcare delivery systems, and IT infrastructures

We Can Scale At The Breadth And Speed Of Software

Broad Market Expansion Capabilities

Because our primary lever is deploying software, we believe we can viably address virtually any market in the country...



Methodical Market Prioritization

Adjacencies: expand once landed

Network: target markets that allow for quickest build-out of network adequacy

Differentiation: target markets with least obvious incumbents

COVID-19 Impact



Patients

- Implemented **prescription medication home delivery and remote care support** to provide continued care for members
- Implemented multi-channel member communications, including provider network support for telehealth adoption, and a nurse practitioner COVID-19 hotline



Physicians

- Rapidly **enhanced our CA platform** to focus on video and telephonic visits
- Targeting to reopen field activities in the third quarter of 2020



Financials

- Have incurred additional costs during 2020 to care for members who contracted the virus
- Increased medical expenses are being **offset by the reduction in overall utilization** of healthcare services across our entire membership base; with a portion of these services believed to be deferred into near-term future

Non-GAAP Reconciliations

| | Years ended De | ecember 31, | Three months ended March 31, | Six months ended June 30, |
|--|----------------|-------------|------------------------------|---------------------------|
| (in millions) | 2018 | 2019 | 2020 | 2020 |
| Net Loss | (\$201.9) | (\$363.7) | (\$28.2) | (\$22.8) |
| Adjustments: | | | | |
| Interest Expense (including amortized debt discount) | 7.0 | 39.0 | 7.8 | 16.3 |
| Income Taxes | - | - | - | - |
| Depreciation and Amortization | 0.5 | 0.6 | 0.1 | 0.3 |
| Change in Fair Value of Warrant Expense | 8.3 | 2.9 | 2.2 | 11.9 |
| Loss (gain) on Derivative | - | 138.6 | (14.2) | (19.4) |
| Restructuring Cost | 0.9 | 3.9 | 0.6 | 2.4 |
| Stock-based Compensation | 3.6 | 3.3 | 2.0 | 3.4 |
| Health Insurance Industry Fee | 4.6 | - | 2.3 | 4.5 |
| Adjusted EBITDA | (\$177.1) | (\$175.5) | (\$27.4) | (\$3.4) |
| Premiums Earned, Gross | \$353.9 | \$457.8 | 164.0 | \$334.3 |
| Adjusted EBITDA Margin | (50.1%) | (38.3%) | (16.7%) | (1.0%) |

Other Financial Measures

| | Years ended D | Years ended December 31, | | |
|---------------------------|---------------|--------------------------|---------|--|
| (in millions) | 2018 | 2019 | 2020 | |
| Premiums Earned, Net | 286.5 | 456.9 | 334.0 | |
| Ceded Premiums | 67.4 | 0.8 | 0.3 | |
| Premiums Earned, Gross | \$353.9 | \$457.8 | \$334.3 | |
| Medical Care Ratio, Net | 97.4% | 98.6% | 79.5% | |
| Medical Care Ratio, Gross | 97.1% | 98.8% | 79.6% | |