BRIGHTSPRING® HEALTH SERVICES

Overview Presentation

July 2026

Forward-Looking Statements; Non-GAAP Financial Information

Forward-Looking Statements

This presentation contains "forward-looking statements" within the meaning of the Private Securities Litigation Reform Act of 1995. These forward-looking statements reflect our current views with respect to, among other things, our operations and financial performance. Forward-looking statements include all statements that are not historical facts. These forward-looking statements may relate to matters which include, but are not limited to, industries, business strategy, goals and expectations concerning our market position, future operations, margins, profitability, capital expenditures, liquidity and capital resources and other financial and operating information. In some cases, we have used words such as "anticipate," "assume," "believe," "continue," "could," "estimate," "expect," "intend," "may," "plan," "potential," "predict," "project," "future," "will," "seek," "foreseeable," "target," "guidance," the negative version of these words, or similar terms and phrases to identify these forward-looking statements.

The forward-looking statements are based on management's current expectations and are not historical facts or guarantees of future performance. The forward-looking statements relate to the future and are therefore subject to various risks, uncertainties, assumptions, or changes in circumstances that are difficult to predict or quantify. Our expectations, beliefs, and projections are expressed in good faith and we believe there is a reasonable basis for them. However, there can be no assurance that management's expectations, beliefs, and projections will result or be achieved. Actual results may differ materially from these expectations due to changes in global, regional, or local economic, business, competitive, market, regulatory, and other factors, many of which are beyond our control. We believe that these factors include but are not limited to the following:

- our operation in a highly competitive industry;
- our inability to maintain relationships with existing patient referral sources or establish new referral sources;
- changes to Medicare and Medicaid rates or methods governing Medicare and Medicaid payments for our services;
- cost containment initiatives of third-party payors, including post-payment audits;
- the implementation of alternative payment models and the transition of Medicaid and Medicare beneficiaries to managed care organizations may limit our market share and could adversely affect our revenues;
- changes in the case mix of patients, as well as payor mix and payment methodologies, and decisions and operations of third-party organizations;
- our reliance on federal and state spending, budget decisions, and continuous governmental operations which may fluctuate under different political conditions;
- changes in drug utilization and/or pricing, PBM contracts, and Medicare Part D/Medicaid reimbursement, which may negatively impact our profitability;
- changes in our relationships with pharmaceutical suppliers, including changes in drug availability or pricing;
- reliance on the continual recruitment and retention of nurses, pharmacists, therapists, caregivers, direct support professionals, and other qualified personnel, including senior management;
- compliance with or changes to federal, state, and local laws and regulations that govern our employment practices, including minimum wage, living wage, and paid time-off requirements;
- fluctuation of our results of operations on a quarterly basis;
- harm caused by labor relation matters;
- limitations in our ability to control reimbursement rates received for our services if we are unable to maintain or reduce our costs to provide such services;
- delays in collection or non-collection of our accounts receivable, particularly during the business integration process;
- failure to manage our growth effectively, which may inhibit our ability to execute our business plan, maintain high levels of service and satisfaction or adequately address competitive challenges;
- our ability to identify, successfully complete and manage acquisitions, joint ventures, divestitures and other significant transactions and strategic initiatives;
- our ability to continue to provide consistently high quality of care;
- maintenance of our corporate reputation or the emergence of adverse publicity, including negative information on social media or changes in public perception of our services;
- contract continuance, expansion and renewal with our existing customers, including renewals at lower fee levels, customers declining to purchase additional services from us, or reduction in the services received from us pursuant to those contracts;
- effective investment in, implementation of improvements to and proper maintenance of the uninterrupted operation and data integrity of our information technology and other business systems;
- security breaches, loss of data, and other disruptions, which could compromise sensitive business or patient information; cause a loss of confidential patient data, employee data or personal information; or prevent access to critical information and thereby expose us to liability, litigation, and federal and state governmental inquiries and damage our reputation and brand;
- risks related to credit card payments and other payment methods;
- potential substantial malpractice or other similar claims;
- various risks related to governmental inquiries, regulatory actions, and whistleblower and other lawsuits, which may not be entirely covered by insurance;
- our current insurance program, which may expose us to unexpected costs, particularly if we incur losses not covered by our insurance or if claims or losses differ from our estimates;
- factors outside of our control, including those listed, which have required and could in the future require us to record an asset impairment of goodwill;
- a pandemic, epidemic, or outbreak of an infectious disease;
- inclement weather, natural disasters, acts of terrorism, riots, civil insurrection or social unrest, looting, protests, strikes, or street demonstrations;
- our inability to adequately protect our intellectual property rights;
- risks related to our compliance with our regulatory framework;
- The significant interests of KKR Stockholder may conflict with our stockholders' interests in the future;
- our substantial indebtedness;
- significant changes in tax or trade policies, tariffs, or trade relations between the United States and other countries, such as the imposition of unilateral tariffs on imported products, including impacts on imported drug products, which could result in supply chain disruptions and significant increases in costs; and
- fluctuations in the amount and frequency of repurchases of our common stock.

The forward-looking statements included in this press release are made only as of the date of this press release, and we undertake no obligation to publicly update or revise any forward-looking statement, whether as a result of new information, future developments, or otherwise, except as required by law. These factors should not be construed as exhaustive, and should one or more of these risks or uncertainties materialize, or should any of our assumptions prove incorrect, our actual results may vary in material respects from those projected in these forward-looking statements. Factors or events that could cause our actual results to differ may emerge from time to time, and it is not possible for us to predict all of them. We may not actually achieve the plans, intentions, or expectations disclosed in our forward-looking statements and you should not place undue reliance on our forward-looking statements. Our forward- looking statements do not reflect the potential impact of any future acquisitions, mergers, dispositions, joint ventures, investments, or other strategic transactions we may make. For additional information on these and other factors that could cause BrightSpring's actual results to differ materially from expected results, please see our filings with the Securities and Exchange Commission (the "SEC"), which are accessible on the SEC's website at www.sec.gov.

Presentation of Data

Within this presentation, we reference information and statistics regarding the industries in which we compete. We have obtained this information and statistics from various independent third-party sources, including independent trade associations, industry publications, government publications, reports by market research firms and other independent sources. Some data and other information contained in this presentation are also based on management's estimates and calculations, which are derived from our review and interpretation of internal company research, surveys, information from our customers and suppliers, trade and business organizations and other contacts in the markets in which we operate and independent sources. Data regarding the industries in which we compete and our market position and market share within the industries are inherently imprecise and are subject to significant business, economic and competitive uncertainties beyond our control, but we believe they generally indicate size, position and market share within the industries. In addition, assumptions and estimates of our and our industries' future performance are necessarily subject to a high degree of uncertainty and risk due to a variety of factors, which could cause our future performance to differ materially from our assumptions and estimates.

Numerical figures included in this presentation have been subject to rounding adjustments. Accordingly, numerical figures shown as totals in various tables and charts may not be arithmetic aggregations of the figures that precede them.

Non-GAAP Financial Information

This presentation contains "non-GAAP financial measures," including "EBITDA," "Adjusted EBITDA," and "Adjusted EPS," which are financial measures that either exclude or include amounts that are not excluded or included in the most directly comparable measures calculated and presented in accordance with accounting principles generally accepted in the United States, or GAAP.

EBITDA, Adjusted EBITDA, and Adjusted EPS have been presented in this release as supplemental measures of financial performance that are not required by, or presented in accordance with, GAAP, because we believe they assist investors and analysts in comparing our operating performance across reporting periods on a consistent basis by excluding items that we do not believe are indicative of our core operating performance. Management also believes that these measures are useful to investors in highlighting trends in our operating performance, while other measures can differ significantly depending on long-term strategic decisions regarding capital structure, the tax jurisdictions in which we operate and capital investments. Management uses EBITDA, Adjusted EBITDA, and Adjusted EPS to supplement GAAP measures of performance in the evaluation of the effectiveness of our business strategies, to make budgeting decisions, to establish and award discretionary annual incentive compensation, and to compare our performance against that of other peer companies using similar measures.

Management supplements GAAP results with non-GAAP financial measures to provide a more complete understanding of the factors and trends affecting the business than GAAP results alone. EBITDA, Adjusted EBITDA, and Adjusted EPS are not GAAP measures of our financial performance and should not be considered as an alternative to net income as a measure of financial performance or any other performance measures derived in accordance with GAAP. Additionally, these measures are not intended to be a measure of free cash flow available for management's discretionary use as they do not consider certain cash requirements such as tax payments, debt service requirements, total capital expenditures, and certain other cash costs that may recur in the future.

Management defines EBITDA as net income from continuing operations before income tax expense, interest expense, net and depreciation and amortization. Management also defines Adjusted EBITDA as EBITDA, further adjusted to exclude non-cash share-based compensation, acquisition, integration and transaction-related costs, and restructuring and divestiture-related and other costs.

The presentations of these measures have limitations as analytical tools and should not be considered in isolation, or as a substitute for analysis of our results as reported under GAAP. Because not all companies use identical calculations, the presentations of these measures may not be comparable to other similarly titled measures of other companies and can differ significantly from company to company. Please see the end of this press release for reconciliations of non-GAAP financial measures to the most directly comparable financial measure prepared in accordance with GAAP.

BRIGHTSPRING™
HEALTH SERVICES

A leading pharmacy and health care provider in the U.S.,

serving large and growing markets that have significant unmet needs,

with high-quality and integrated services that improve outcomes and reduce cost

BrightSpring At A Glance

Providing Needed Solutions

Serving large and growing healthcare populations, characterized by high-cost, high-acuity, and significant complexity, with patient-centered and high-quality services delivered in preferred and lower-cost home and community settings

Focus on Operational Capabilities

Driving patient access and outcomes, through operational focus, quality, and technology and people investments, supplemented with new locations and patient engagement, analytics, and integrated care capabilities

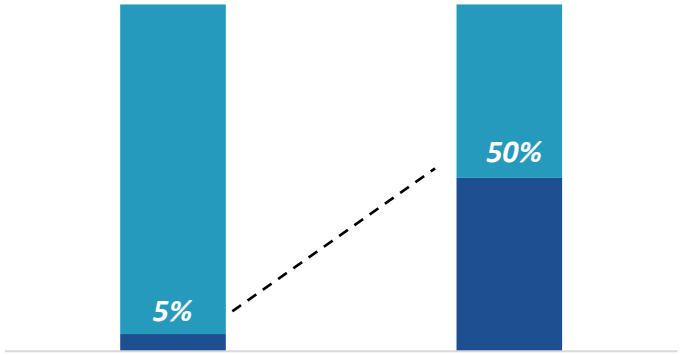
Importance of Scale and Services

Leveraging a uniquely scaled and complementary platform of leading services, defined by continuous process innovation, best practices deployment, and enterprise efficiency, for differentiation and longer-term sustainability

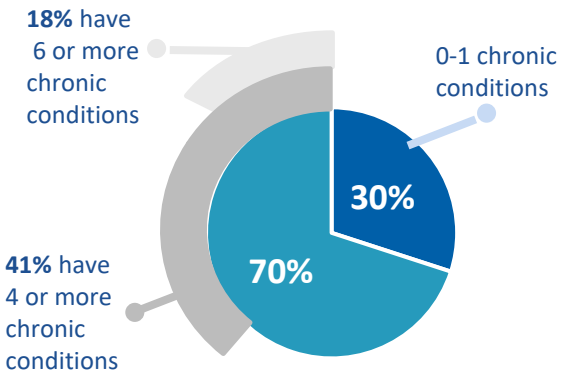
High-Quality, Preferred, and Lower Cost Health Services
Delivered to Large and Complex Populations Where They Are

The Problem: Care Delivery for Complex Senior and Specialty Patients is Not Optimized

5% of the Population Represents 50% of Healthcare Spending [1]



~70% of Seniors Have 2+ Chronic Conditions [2]



6
Chronic Conditions per Patient[3]

9
Medications per Patient[3]

- ER and acute hospital settings for many services that can be more logically provided elsewhere
- Uncoordinated and fragmented care from clinicians and staff
- ***Complex and ongoing polypharmacy needs across all settings***
- ***Providers that only address one service / specialty***
- Suboptimized outcomes and ~$100Bn of avoidable spending annually

1) NIHM, Spend Study. 2) CMS, Multiple Chronic Conditions: Prevalence State Level. 3) Represents average BrightSpring patient.

The Solution: Lower-Cost, Preferred Settings with BrightSpring's Platform of Services

Lower-Cost and Preferred Settings

Home

Community

$2,400
average annual savings from medication adherence

90%
lower average cost per day of home care vs. hospital care [1]

Comprehensive Care Model

Benefits

- Enhanced care access
- Comprehensive and coordinated pharmacy and provider services
- Leading clinical quality metrics
- Cost efficiency and scale advantages
- Unique value-based care opportunities and capabilities

A differentiated model for home and community services that better addresses required patient services with improved outcomes

1) CMS, Medicare, Physician Fee Schedule.

Demonstrated Operational Strength Drives Growth and Profitability

Attractive Markets

Secular Growth Driven by Healthcare System and Patient Needs

- ✓ Large and Growing Markets with Demand for Lower Cost and Preferred Home and Community Settings
- ✓ Strong Operational Quality and Commercial Capabilities Drive Market Share Gains
- ✓ Existing Customers Facilitate a Base of Market Expansion Opportunity through Increased Volume and Integrated Care

Scale

Critical in Pharmacy and Health Services

- ✓ Purchasing
- ✓ Information Technology
- ✓ Payer Contracting and Diversification
- ✓ Government Relations (Advocacy)
- ✓ Automation / AI Investments and overall Continuous Improvement and Efficiency Program

Best Practices

Ability to Drive Across the Enterprise

- ✓ Clinical, Quality, and Compliance
- ✓ Human Resources (e.g. Recruiting, Training)
- ✓ Sales and Marketing
- ✓ Technology and Data / Analytics
- ✓ Project Management Office and Lean Initiatives

Execution

Organizational Discipline

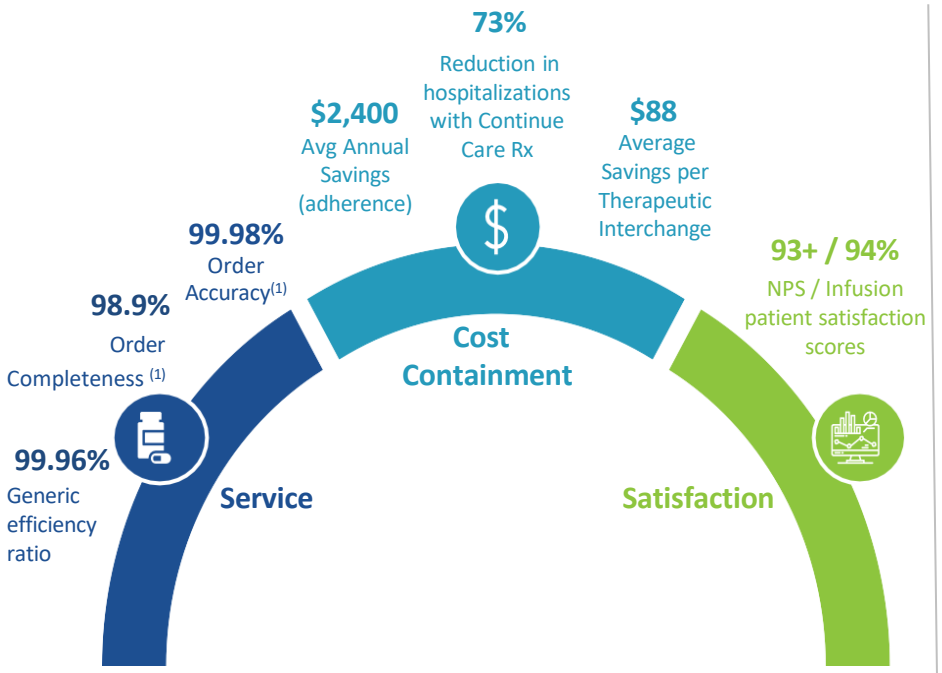
- ✓ Leading Patient Outcomes and Continuous Improvement Program in Quality and Ops
- ✓ Additional De Novos to Build Market Density
- ✓ Platform Constructed to Deliver Integrated Care for Customers and Patients
- ✓ Value-Based Care Opportunities based on Patient Access, Capabilities, and Outcomes
- ✓ Acquisitions Capability: Access to Deals, Operational Improvement, and Synergies

Sustained Long-term Value Driven By Operational Focus on Attractive Markets, Scale, Best Practices, and Execution

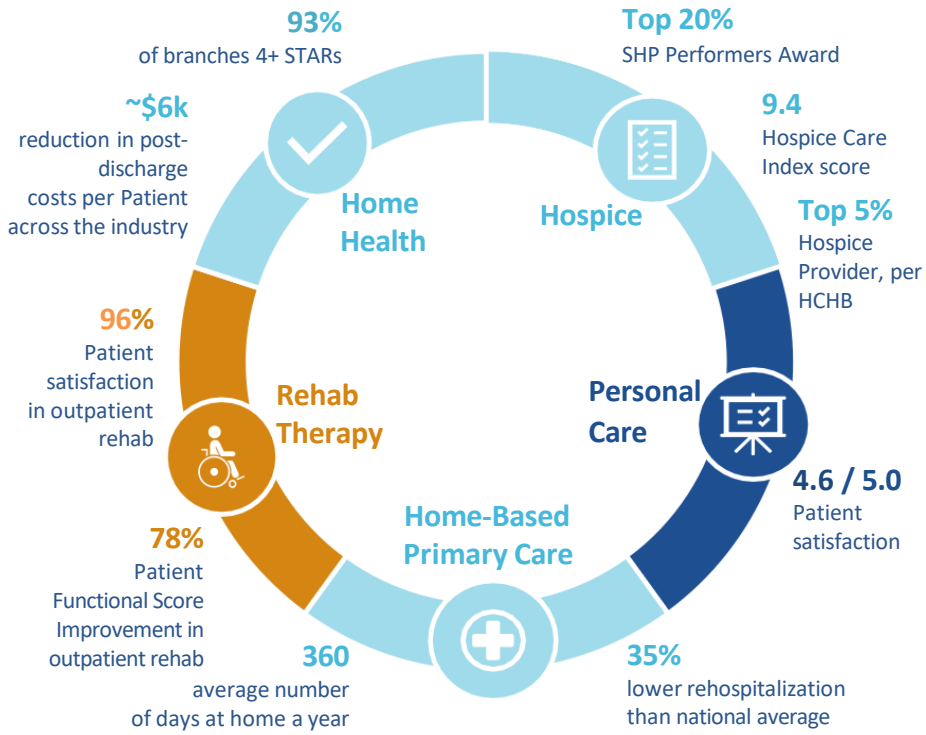
Unwavering Commitment to Clinical Quality and Execution

Focus on quality and operational excellence results in highly attractive outcomes

Pharmacy Solutions



Provider Services



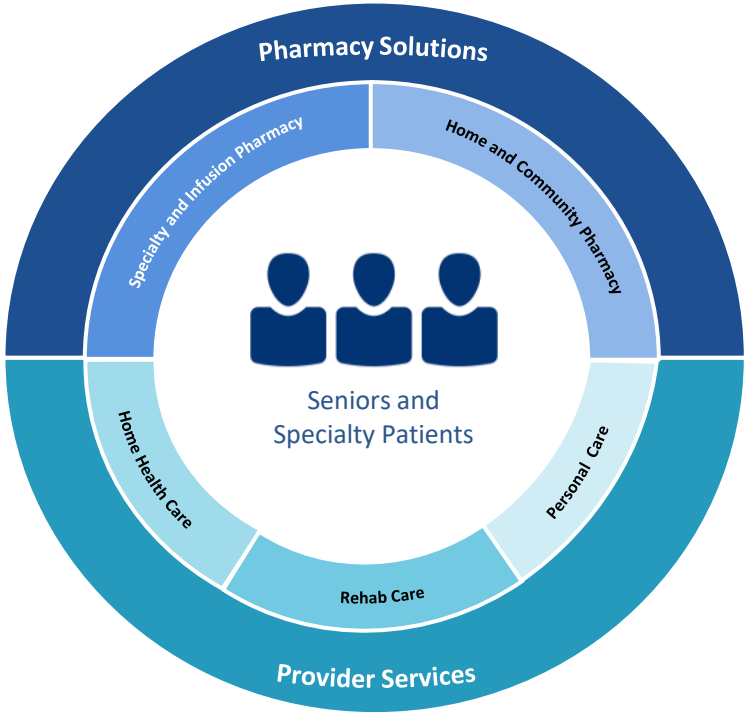
Demonstrated excellence in performance and quality scores across Pharmacy and Provider

1) Order accuracy and completeness metrics are for the Home and Community Pharmacy settings.

BrightSpring Financial Highlights

Second Quarter 2026

$3,873M	23.0%	$206M	44.2%
Revenue	Revenue Growth	Adj. EBITDA	Adj. EBITDA Growth



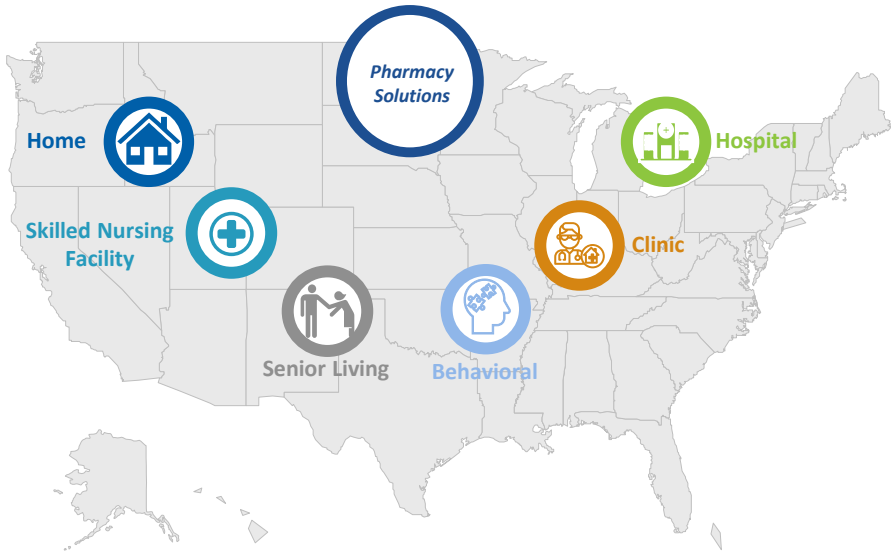
	Second Quarter 2026 ($ in millions)	Y/Y Growth
Pharmacy Solutions Revenue	$3,407	+22.1%
Specialty and Infusion Revenue	2,868	+30.1%
Home and Community Revenue	540	(8.0%)
Pharmacy Segment EBITDA	$180	+44.4%
Provider Services Revenue	$466	+30.3%
Home Health Care Revenue	278	+50.5%
Rehab Care Revenue	82	+11.9%
Personal Care Revenue	107	+6.6%
Provider Segment EBITDA	$75	+32.6%

Leading service lines in home & community healthcare markets, and meaningful clinical integrations across patients and services today

Note: Adjusted EBITDA is a non-GAAP metric. See Slide 25 for a reconciliation of Adjusted EBITDA to net income from continuing operations.
All financial results pertain to continuing operations and exclude the Community Living business, which was divested on March 30, 2026.

National Pharmacy Platform with the Infrastructure, Scale, and Capabilities to Serve Customers and Complex Populations in Home and Community Settings

BrightSpring's National Pharmacy Platform and Infrastructure



National pharmacy footprint and capabilities enable the Company to service settings and patient types outside of retail and only mail order

– participate in pharmacy markets with greater barriers to entry –

Why We Are Successful

Significant Scale Advantages

- In purchasing and contracting, and in leveraging fixed expenses
- Enable investments in automation and technology / systems
- Drive best practices: operations, sales & marketing, HR
- Support acquisition integrations and post-close synergy capture

Serve Home & Community Based Settings

- Focus on fast and reliable daily service that customers require
- Heightened expectations and importance of service levels
- Cost containment solutions a priority for customers
- Specific customer needs supported by customized programs

Local Pharmacy and Delivery Model

- Customers require immediate and 24/7 delivery and support
- In-person drug administration often required, vs. mail
- National pharmacy network and licenses built-out over years
- Customer needs that can only be met through local presence

Elevated Patient Acuity

- Patient base with more significant needs, compared to retail
- Patients with more complex medication regimens
- Patients at greater risk if they receive suboptimal services
- Address patients' clinical, educational, and reimbursement needs

Infusion and Specialty Pharmacy

- **Specialty Pharmacy services include coordination of patient services, education, clinical support, and expert fulfillment**
- **Infusion therapy services that treat a wide range of acute and chronic health conditions,** such as infections, auto-immune illnesses, cancer, pain, multiple sclerosis, hemophilia and nutritional deficiencies

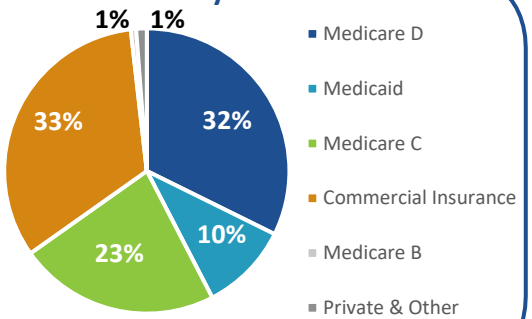
KPIs

155[1]
LDD Oncology drugs

44K+
Touchpoints with Infusion patients a year

>27%[2]
Total script growth

Payer Mix[3]



Quality Metrics

94%
Infusion Patient Satisfaction Score

98/100
Specialty Net Promoter Score (Onco360 & Caremed)

93%
Specialty MPR

Market Estimates

~$265Bn *Specialty Market* [4] — *Growing* **~11%** *Annually* [4]

~$140Bn *US Infusion Services Market*[5] — *Growing* **~11%** *Annually* [5]

~$28Bn *US Home Infusion Therapy Market* [5] — *Growing* **~11%** *Annually* [5]

Long-Term Growth

- **Therapy Penetration & Extensions**
  - Increasing momentum in Specialty from LDD manufacturing partnerships, innovative new therapies coming to market, and brand conversions to generic
  - Acute infusion a large market with limited national providers
  - Sales and growth focus on targeted therapies
  - Hub and data fee-for-services
- **Geographic Reach**
  - De novo pharmacy locations in attractive geographies
  - AIS (Ambulatory Infusion Suite) rollout
  - Hospital and Payer expansions and partnerships
  - Select acquisitions

1) As of June 30, 2026.
2) As of December 31, 2025.
3) Continuing operations for the second quarter ended June 30, 2026.
4) Drug Channels Institute (2024).
5) Harris Williams (2023).

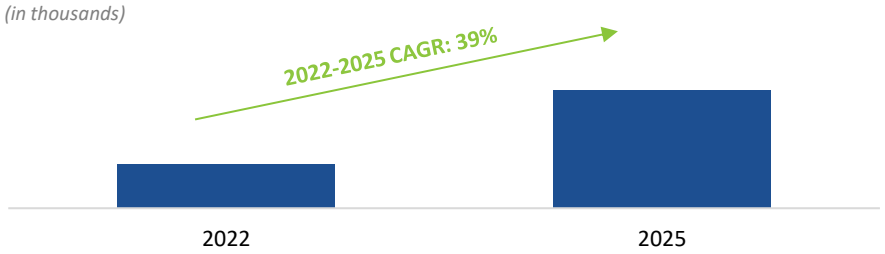
Specialty Pharmacy Capabilities

Leading independent specialty pharmacy in the U.S. focused on Oncology, Rare Disease, and value-add manufacturer (biopharma) services

Critical Success Factors and Differentiated Capabilities ...

Quality / Service and Clinical Programs	Leading service levels and world-class Net Promoter Scores; customized clinical and technology systems
Trade Relationships and LDD Product Access	Industry leading product access across exclusive, ultra-narrow, and limited distribution drug networks
Sales Coverage and Execution	National sales reach and coverage of prescribers with a high level of referral execution
Generic Conversion	Brand life cycle creates long-term generic conversion opportunities
Data Analytics and Technology Offerings	Recognized by biopharma as a leading provider of data, insights, analytics, and technology products
Hub & FFS Programs	Comprehensive hub and patient services offering in support of cancer, rare and orphan diseases
Hospital Expansion	Enhanced partnerships in the future for existing and new hospitals with combined infusion capabilities

... Has Driven Significant Patient Growth Over the Past Three Years



Leading Quality Metrics Have Driven LDD Access and Referrals

> 90
Net Promoter Score (NPS)

93%
Medication Possession Ratio (MPR)

With Meaningful New Opportunities Approaching

>415
Drug Therapies in Phase III in Specialty Pharmacy and Infusion Pipeline

~$90Bn
Pharma industry Revenue expected by 2032 from Oncology drugs to launch(1)

Generics
Drugs representing billions of revenue to go generic in next seven years

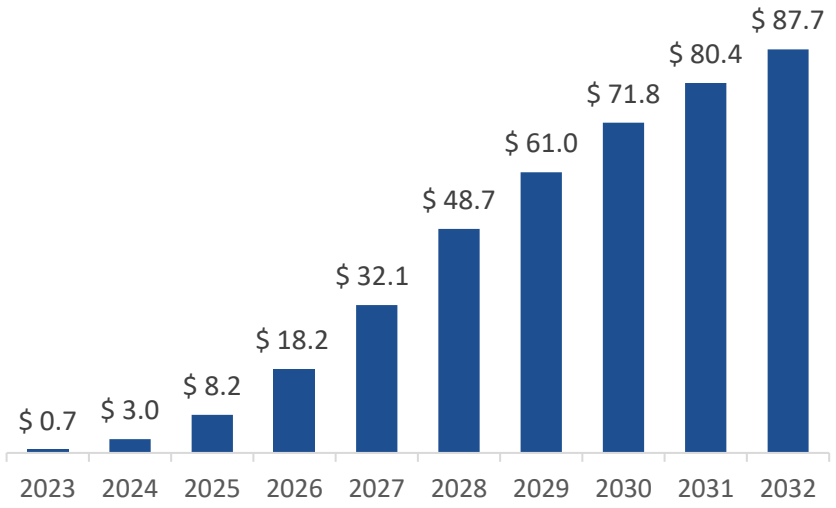
1) Includes oncology drugs not yet launched, drugs that will become generic over the next five years, and over 415 drug therapies in Phase III in the infusion and specialty pharmacy pipeline.

Growing Pipeline of Specialty Pharmacy and Infusion Therapies and Generics

Significant and continued near-term growth expected in the Specialty Pharmacy market, driven by over 250 new Oncology, Rare, and Neuro therapies in Phase III; additionally, fourteen brand drugs that are converting to generic over the next five – seven years represent a meaningful opportunity

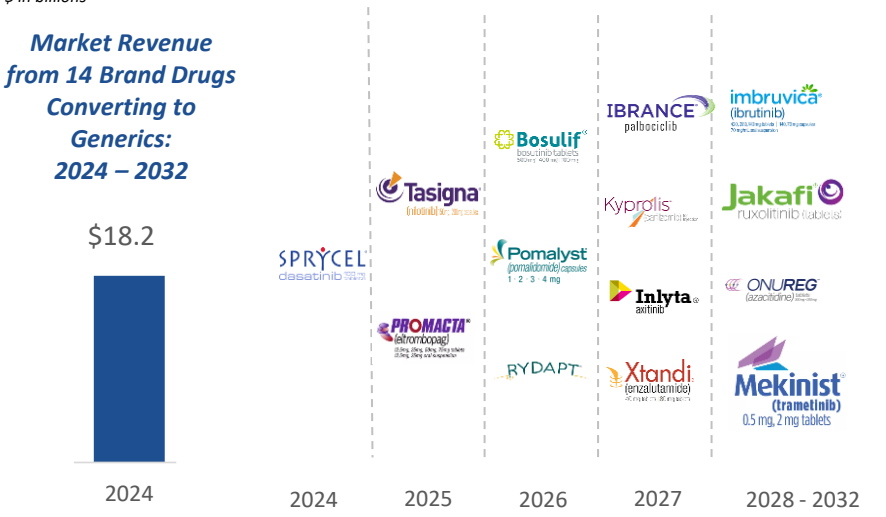
Pharma Industry Revenue Increase Expected from New Oncology Drugs [1]

$ in billions



Large Brand Revenue Conversion to Generics [2]

$ in billions



Specialty Pharmacy and Infusion Pipeline: >415 drug therapies in Phase III

Oral / Injectable Oncology	Rare Oral / Injectable	Infusion	Cell & Gene Therapy
~159 Products in Phase III	~126 Products in Phase III	~100 Products in Phase III	32 Products in Phase III

1) Per Evaluate Pharma.
2) Source: Public company filings and Company estimates.

Home and Community Pharmacy

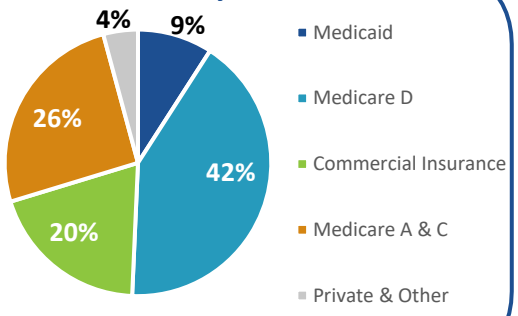
- **Home and community-based pharmacy solutions ensure that medications are accessible and clinically supported for patients outside of retail pharmacies**
- **Focus on achieving leading medication availability, cost containment, and clinical and regulatory education for customers**
- **SNF, ALF, I/DD / Behavioral, Hospice, PACE, Home Health, Hospital, and numerous Other end markets**

KPIs

>43MM[1]
Prescriptions filled

~400K
Licensed beds / individuals

Payer Mix[2]



Quality Metrics

99.98%
Order accuracy

98.9%
Order completeness

99.96%
Generic Efficiency Ratio

Market Estimates

~$24Bn
US Institutional Pharmacy Market [2]

Growing ~2% Annually [2]

Long-Term Growth

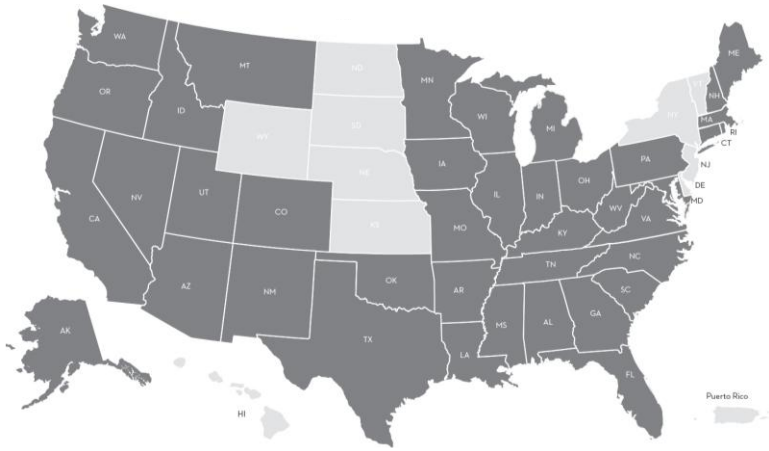
- **Market Share Growth**
  - Continued market share capture through quality and service, customized programs and cost containment for customers
  - ALF, I/DD/Behavioral, Hospice/PACE, and Home Health targets and growth markets
  - Low multiple, synergistic acquisitions
- **Drive Operational Innovation and Leadership**
  - Automation and efficiency programs
  - Intake, Revenue Cycle, Procurement
  - Advantages of scale
- **Further Develop Continue Care Rx Program**
  - Continue Care Rx momentum with a care transition and optimized medication therapy management program in the home; in combination with HBPC and Home Health

1) As of December 31, 2025.
2) Continuing operations for the second quarter ended June 30, 2026. Note: Differences due to rounding.
3) IBISWorld (2025).

Integrated Provider Services Platform that is Complementary with Pharmacy Solutions

National Coverage[1] and Targeted Market Density

Home Health & Hospice | Primary Care | Personal Care | Rehab Care



● Provider Services States

Delivering impactful and valuable Provider Services to large and growing populations of high-need, chronic, and complex patients in lower-cost and preferred home and community settings

Delivering Critical Services to Patients

Provider Services

Home Health Care
- Compassionate clinical care support for Seniors and other patients in their homes
- Provide high-quality and lower-cost home health, hospice, and home-based primary care

Rehab Care
- Highly-skilled rehab and behavioral therapy to patients with neurotherapy needs and behavioral conditions
- Services make a dramatic impact on the trajectory of a patient's life significantly lower longer-term costs

Personal Care
- Supportive care and ADL care that addresses SDOH, nutrition support, and medication management
- Enhances quality of life and independence for clients while plugging them into broader offerings where needed

Why We Are Successful

- Cost-Effective Services
- Strong Quality and Patient Satisfaction
- Sales and Marketing Expertise
- Scale
- Coordinated Complementary Services
- Local Network Density
- HR Processes and Investments
- Geographic Expansion Experience

1) As of December 31, 2025.

Home Healthcare (Home Health, Hospice, Primary Care)

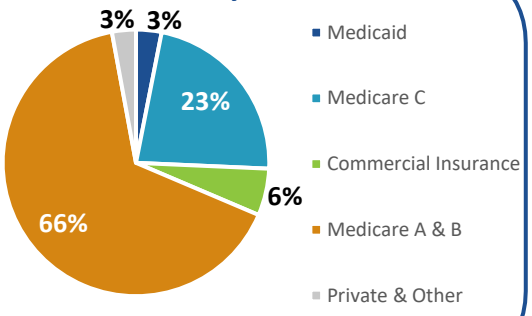
- Patient-centric and compassionate nursing and therapy primarily to senior patients with a variety of illnesses, injuries, and rehabilitation needs
- Palliative and hospice services designed to give patients and their families options to make care decisions while retaining control and quality of life
- Home-based primary care (physicians and nurse practitioners) and care coordination in assisted living, skilled nursing, and home settings

KPIs

46,448[1]
Average daily census

9.4	16.9	~21MM
Hospice Care Index	*Average visits per month per patient*	*Hours of care provided in 2025*

Payer Mix[1]



Quality Metrics

44%	35%	Top 5%
Reduction in hospitalizations with home-based primary care	*Lower hospital readmission rate than the national average*	*Hospice Program in the U.S. and 93%+ of Home Health branches with 4+ STARs*

Market Estimates

~$150Bn
US Home Care Providers Market [2]

Growing **~7%** *Annually* [2]

Long-Term Growth

- **Continued core execution for share expansion in current markets**
  - Quality performance
  - Referral generation performance
  - Hospital and ACO partnerships
  - Preferred MA contracts
- **Operational innovation driven by automation and data / analytics**
- **De novo investments: ~ 12+ / year in target markets**
- **Strategic acquisitions in target markets**
- **Care Management Opportunities**
  - Integrated Home Health, Hospice, Home-Based Primary Care services
  - Home Health – Rehab – Primary Care integrated services offering in ALFs
  - Clinical Hub (Care Mgmt / Contact Center)
  - Continue Care Rx

1) Continuing operations for the second quarter ended June 30, 2026. Note: Differences due to rounding.
2) Grandview Research (2025); Home Health Care Services addressable market size of $150bn includes Hospice of $31bn, and other Home Health Care services of $119bn.

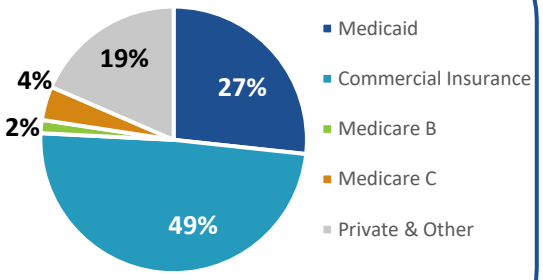
Rehab Care

- **Highly clinical rehabilitation services help adults and children who have experienced a brain injury, spinal cord injury, or stroke due to injury or illness**
- **Deliver rehab and behavioral therapy for the treatment of pediatric and adult conditions, including I/DD, autism, sensory processing, scoliosis, and orthopedic injuries**

KPIs[1]

7,755
Persons Served

Payer Mix[1]



Quality Metrics

96%	97%	9/9
Patient satisfaction (outpatient rehab)	*Patients who would recommend BrightSpring's service*	*"Best-in-class" improvement in patient limitation measures*

Market Estimates

~$6Bn
US Neurorehabilitation Market [2]

Growing **~7%**
Annually [2]

Long-Term Growth

- **Market Expansion**
  - Continued growth in current markets
  - Continue to build out new Rehab locations / markets of ~ eight per year
  - Expansion of new Seniors "Rehab in Motion" program in assisted living
- **Preferred Payer Contracts**
- **Integrated Care and Customer Synergies, including between Home Health and Rehab in ALFs**
- **Strategic Acquisitions**
- **Increase in Prevalence of Neurological Diseases**
  - Rise in prevalence of neurological diseases that lead to mobility problems (strokes, traumatic brain injuries, spinal cord injuries, cerebral palsy, tremors

1) Continuing operations for the second quarter ended June 30, 2026. Note: Differences due to rounding.
2) Grandview Research (2025).

Personal Care

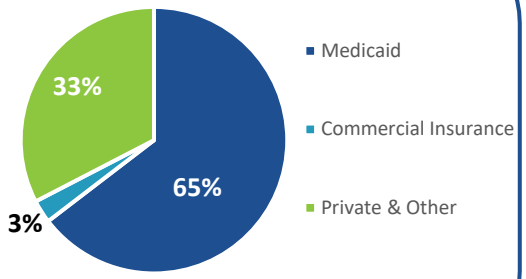
- **Supportive care to seniors who require long-term care and assistance with activities of daily living to maintain their independence at home**
- **Home care support activities address social determinants of health, including dietary and nutrition management, cognitive and social engagement, and medication management, among others**

KPIs[1]

16,357

Persons Served

Payer Mix[1]



Quality Metrics

4.6 / 5

Patient satisfaction in personal care

Market Estimates

~$82Bn

US Personal Care Market [2]

Growing ~2% Annually [2]

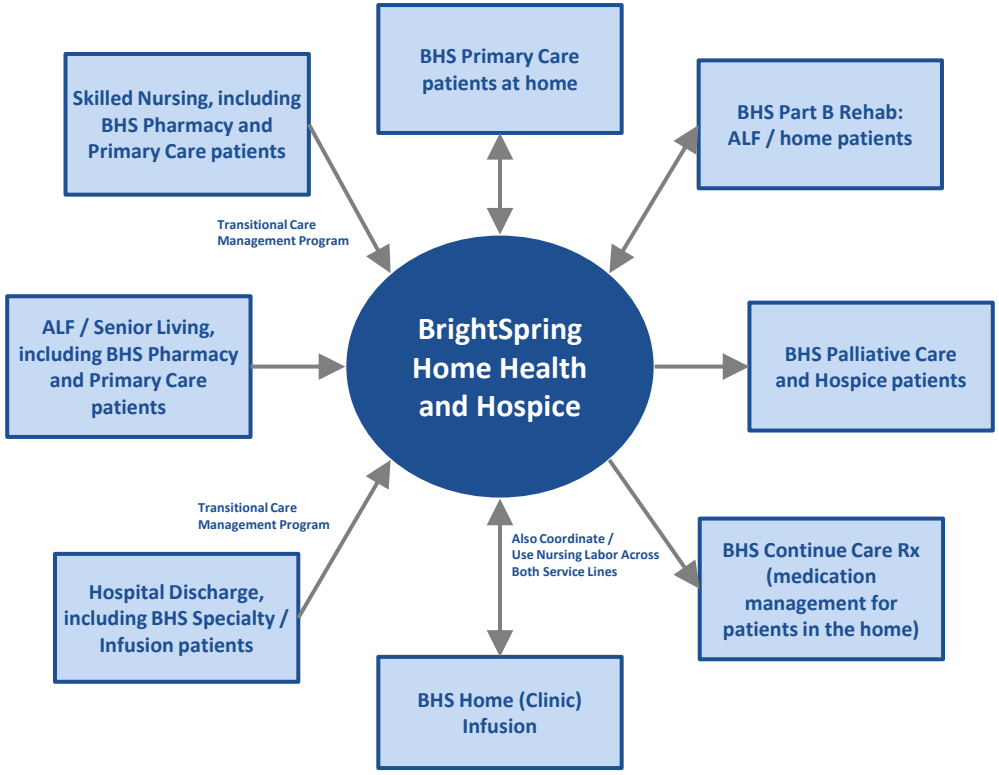
Long-Term Growth

- **Ability to Bend the Cost Curve in the Home**
  - 90 percent of adults over 65 want to remain in their current homes as they grow older
  - Services are comparatively lower-cost and significantly reduce hospitalizations
- **Target End Market Focus for Upside Growth Opportunities**
  - Continued VA and commercial payer focus
  - I/DD expansion (periodic services)
  - Private Pay expansion
  - ALF market
- **Continuous operational and technology investments to drive processes, quality, and efficiency**
- **Available Synergies with Home Health, Hospice, HBPC, and Continue Care Rx**

1) Continuing operations for the second quarter ended June 30, 2026. Note: Differences due to rounding.
2) IBISWorld (2025).

Home Health and Hospice Complementary to Primary Care, Pharmacy, and Rehab

Home Health and Hospice are central to outcomes and benefit from access to relevant referrals and patients through related service lines and ACOs and Managed Care partnerships



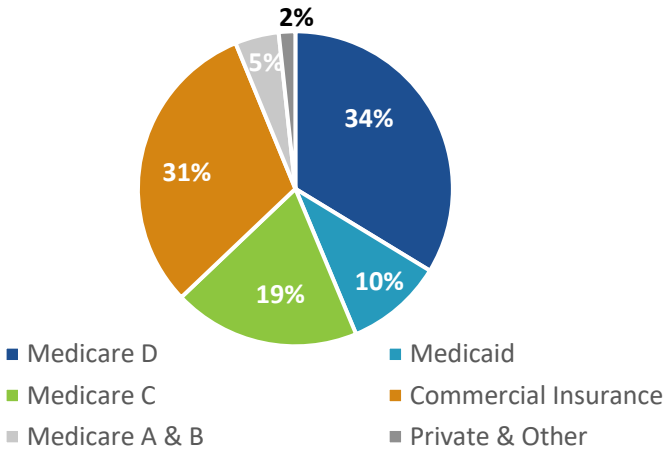
Hospice is a required component of home-based services and value-based care and results in increased satisfaction with reduced costs

- Provides **better end-of-life care solutions** for all stakeholders
- **Leading quality** and **patient / family satisfaction**
- **Common service progression** for many chronic patients
- Essential **bridge** from home health and/or prior to hospice
- **Significantly reduces hospitalization rates** in combination with home-based primary care and advance directives
- **~6-8% historical market growth**, with hospice utilization still only ~50%
- **Hospice services are complementary** to home health services, creating a coordinated end of life model
- **Managed Care needs primary care, palliative, and hospice** solutions to ensure effective patient transitions to a coordinated end-of-life model
- Medicare spending for those on hospice care was **$3.5Bn less** than without [1]; Hospice **lowers end-of-life costs** when lengths of stay > 10 days; stays of > six months result in savings; Hospice results in **greater satisfaction, quality of life**

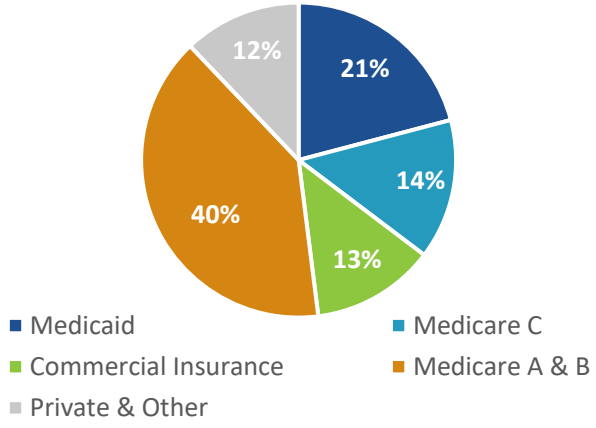
1) NORC at the University of Chicago, Value of Hospice in Medicare (2023).

Significant Payer Diversification

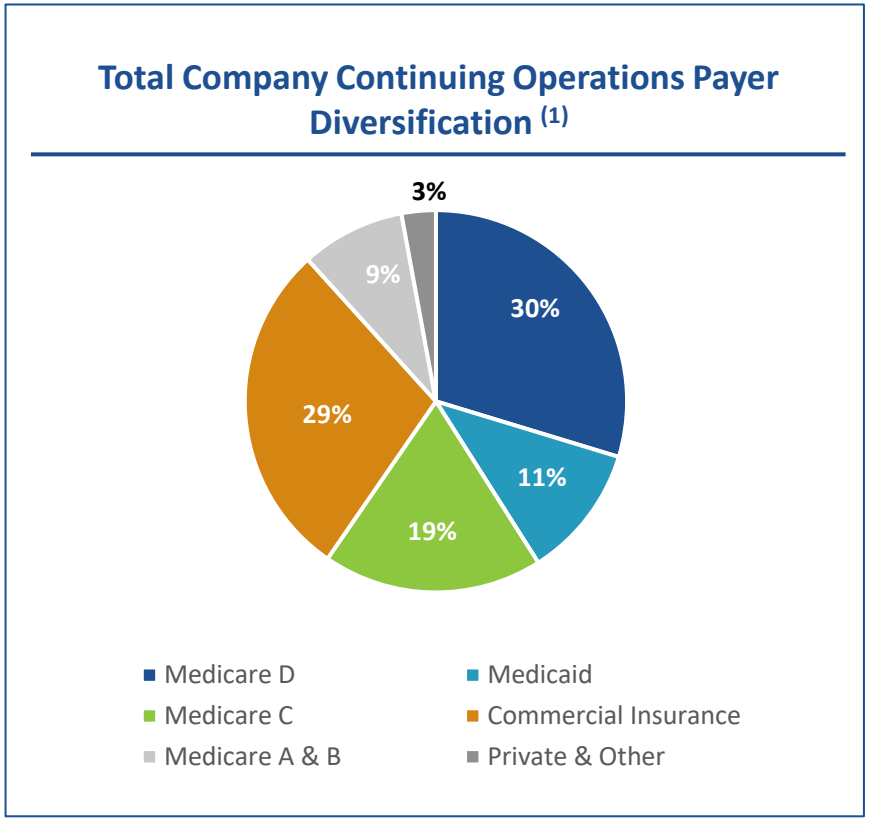
Pharmacy Solutions Payer Diversification[1]



Provider Services Continuing Operations Payer Diversification[1]



Total Company Continuing Operations Payer Diversification [1]



Note: Differences due to rounding.
1) Represents figures for second quarter ended June 30, 2026 from Continuing Operations (based on revenue).

De-leveraging Update and Capital Allocation Priorities

De-leveraging driven by operational performance and capital allocation

Cash Flow Generation Capability

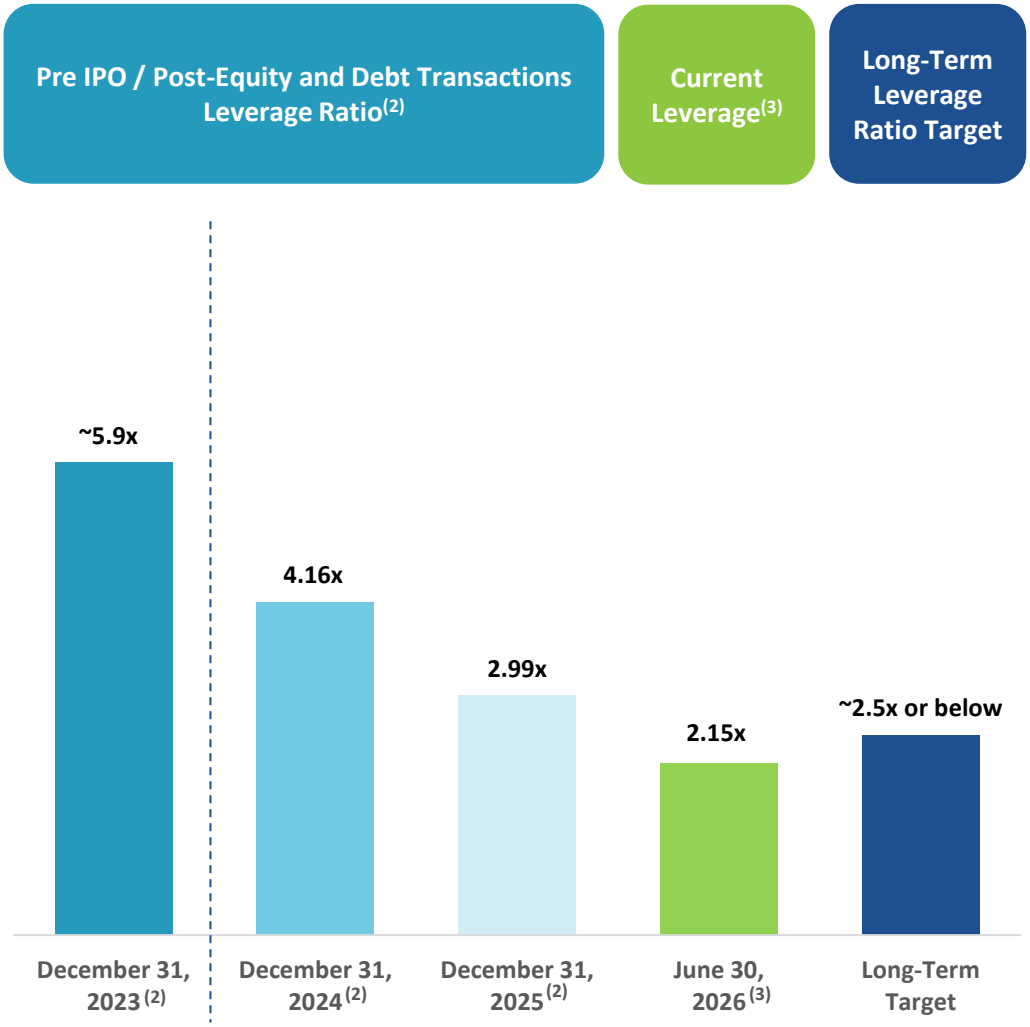
- Capex investments: 1% of revenue
- Sustainable net working capital position and annual investments
- Estimated 2026 Operating Cash Flow of ~$600 million(1)

Debt Service

- Capital allocation priority to reduce leverage ratio and interest expense
- Long-term leverage target of ~2.5x or below

M&A

- Acquisitions focused on synergistic and accretive transactions to drive geographic expansion and increased scale
- Strategic divestitures that reduce leverage and optimize platform
- Disciplined target selection and strong integration capabilities



Note: The forward-looking information presented in this slide are not projections; they are goals/ targets and are forward-looking, subject to significant business, economic, regulatory and competitive uncertainties and contingencies, many of which are beyond the control of the Company and its management, and are based upon assumptions with respect to future decisions and opportunities, which are subject to change. Actual results will vary and those variations may be material. For discussion of some of the important factors that could cause these variations, please consult "Forward–Looking Statements" at beginning of this presentation. Nothing in this presentation should be regarded as a representation by any person that these goals/targets will be achieved, or that these goals/targets should act as guidance, and the Company undertakes no duty to update its goals/targets.

1. Operating cash flow estimate for 2026 excludes the impact of discontinued operations.
2. Calculated pursuant to the company's credit facilities. Leverage calculation includes the Community Living business.
3. Leverage as of June 30, 2026 is calculated excluding the Community Living business, given the divestiture closed on March 30, 2026.

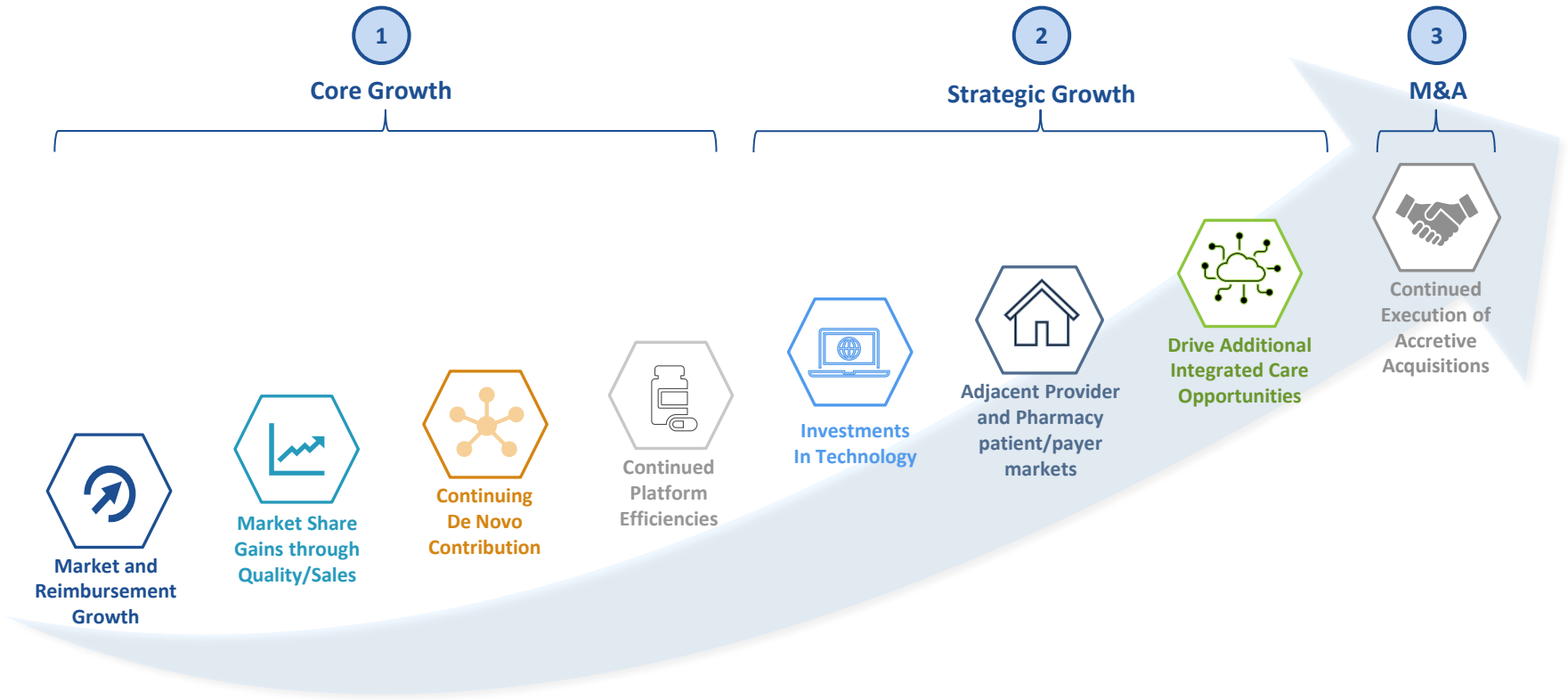
Experienced Management Team with a Successful Track Record of Building Companies

26 Years

Average Healthcare Experience on Management Team

Jon Rousseau *President & Chief Executive Officer*	Previous Experience	Kindred Healthcare, Mylan, Medtronic, FFL Partners, Morgan Stanley	**Dr. William Mills** *Senior Vice President, Medical Affairs*	Previous Experience	Cleveland Clinic, Case Western Reserve University, University Hospitals, Western Reserve Medical Group
Jen Phipps *Executive Vice President and Chief Financial Officer*		CardinalHealth, EY	**Daryn Demeritt** *Senior Vice President, Government Relations*		D2 Public Affairs LLC, UCP
Lisa Nalley *Chief of Staff and Senior Vice President, Human Resources*		Barrel Consulting LLC, Kindred Healthcare	**Rachael Kurzer Givens** *Chief Compliance Officer*		BrightSpring Health Services
Charles Wardrop *Chief Information Officer*		Kindred Healthcare, Humana	**Scott Greenwell** *Pharm.D., President of PharMerica*		Humana
Jeff Hopper *Jeffrey A. Hopper, Esq., Partner, Barnes & Thornburg Contract Counsel*		Barnes & Thornburg	**Elizabeth Robinson** *President, Home Health*		amedisys

Consistent Growth Strategy Focused on Expanding Core Services, Strategic Growth, and Driving Value Through Acquisitions



Future expansion driven by market growth, quality foundation, sales & marketing capabilities, de novos, leveraging scale, technology investments, adjacent patients and payers, and M&A

BrightSpring: A Leading, Integrated, and Transformative Health Services Company

- Large Markets with Growing Demand
- Serving Preferred, Lower-Cost Settings
- Comprehensive Platform of Services
- Scaled Platform Drives Efficiencies
- Consistent Quality Performance
- Integrated Value-Based Care Capabilities
- Accretive De Novo and M&A Growth
- Financial Track Record of Robust Growth

Advantages of our One Company Solution, on the Right Side of Healthcare Mega Trends

Non-GAAP Reconciliations

	For the Three Months Ended		For the Six Months Ended	
($ in thousands)	June 30, 2025	June 30, 2026	June 30, 2025	June 30, 2026
Net Income from Continuing Operations	$ 8,541	$ 86,604	$ 17,757	$ 160,887
Income Tax Expense	1,238	6,908	998	15,459
Interest Expense, net	38,778	36,879	80,541	75,494
Depreciation and Amortization	41,839	41,423	82,671	80,517
EBITDA	$ 90,396	$ 171,814	$ 181,967	$ 332,357
Non-Cash Share-Based Compensation[(a)]	19,508	19,488	31,982	32,604
Acquisition, Integration, and Transaction-Related Costs [(b)]	19,828	6,630	29,349	12,730
Restructuring and Divestiture-Related and Other Costs [(c)]	12,785	7,573	30,281	17,575
Total Adjustments	$ 52,121	$ 33,691	$ 91,612	$ 62,909
Adjusted EBITDA	142,517	205,505	273,579	395,266
Revenue	$ 3,147,698	$ 3,873,140	$ 6,025,827	$ 7,486,861
Adjusted EBITDA Margin	4.5%	5.3%	4.5%	5.3%

(a) Represents non-cash share-based compensation to certain members of our management and full-time employees.

(b) Represents transaction costs incurred in connection with planned, completed, or terminated acquisitions, which include investment banking fees, legal diligence and related documentation costs, finance and accounting diligence and documentation; costs associated with the integration of acquisitions, including any facility consolidation, integration travel, or severance; and costs associated with other planned, completed, or terminated non-routine transactions.

(c) Represents costs associated with restructuring-related activities, including closure, and related license impairment, and severance expenses associated with certain enterprise-wide or significant business line cost-savings measures.