

Date: March 25, 2026

To,

The Manager
Listing Department
National Stock Exchange of India Limited (NSE)
Exchange Plaza, 5th Floor
Plot No. C/1, G-Block
Bandra-Kurla Complex
Bandra (E), Mumbai - 400 051
Symbol: SAGILITY

The Manager
Listing Department
BSE Limited (BSE)
Phiroze Jeejeebhoy Towers
Dalal Street
Mumbai - 400 001
Scrip Code:544282

Dear Sir/Ma'am,

Sub: Submission of Investor Presentation pursuant to Regulation 30 read with Schedule III of the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015.

In continuation of our letter dated March 13, 2026, regarding the Investor and Analyst Day scheduled to be held on Wednesday, March 25, 2026, please find enclosed the presentation that will be discussed during the meeting later today.

The details are also being made available on the Company's website <https://sagilityhealth.com/>

This is for your information and record.

Thanking You,

For Sagility Limited

Satishkumar Sakharayapattana Seetharamaiah
Company Secretary & Compliance Officer
M. No. A16008

Encl: a/a

Sagility Limited

(Formerly Sagility India Limited, earlier Sagility India Private Limited)

Registered Office - No. 23 & 24, AMR Tech Park, Building 2A, First Floor Hongasandara Village, Off Hosur Road, Bommanahalli, Bengaluru – 560068, Karnataka, India

Corporate Identification Number: L72900KA2021PLC150054

Tel. No.: 080-71251500, E-mail: investorservices@sagility.com, Website: www.sagilityhealth.com



The Leader in Technology-Led Healthcare Operations Transformation

Powering Payers, PBMs, and Providers to
operate smarter, faster, and at scale.

Disclaimer

Certain statements in this release concerning Sagility's future growth prospects may be seen as forward-looking statements, which involve a number of risks and uncertainties that could cause the actuals to differ materially from such statements. Sagility does not undertake to update any such statement that may have been made from time to time by or on behalf of the company.

Business Overview

Ramesh Gopalan

Group CEO
and Managing Director



Agenda



- 1:30 PM – 2:15 PM Registration & Welcome Refreshments
- 2:15 PM – 3:00 PM CEO Presentation & Business Overview
- 3:00 PM – 3:30 PM U.S. Healthcare, Practice and AI led Solutions
- 3:30 PM – 4:00 PM Payer-Provider Ecosystem Expertise (includes demo)
- 4:00 PM – 4:30 PM Tea Break
- 4:30 PM – 5:00 PM Deep Clinical Expertise and Value Delivery (includes demo)
- 5:00 PM – 5:45 PM Technology, AI-led Transformation, and Partnership Ecosystem (includes demo)
- 5:45 PM – 6:15 PM GTM Plan
- 6:15 PM – 7:00 PM Interactive Q&A with Management
- 7:00 PM Dinner & Networking

The Global Leader in Healthcare Ops Transformation



Broad and Deep Domain Expertise

in medical, pharmacy, and dental business segments

Service Portfolio

Covers most of the payer value chain inclusive of both administrative and clinical workflows

Tech-led & Transformative

AI-led orchestration, BPaaS, platforms, point solutions, RPA, and Analytics

Strong Industry Presence And Client Partnerships

100%

US Healthcare focused

25

Years of experience in Healthcare

80+

Healthcare Clients

7

of the top 10 payers served

3

Of top 6 PBMs by claims volume

18

Average Client Tenure in Years

Global Scale of Operations

40,000+

Healthcare Associates

5

Geographies

35

Delivery centers

4100+

Clinicians and Technology Experts

1.37 B+

Transactions

90.6%

Offshore & Nearshore

Robust Growth

FY25 Revenue from Operations

\$658.3 M

Y-o-Y Growth (%)

14.9%



25.5%

Adjusted EBITDA margin for 9M FY26

15.9%

Adjusted PAT margin for 9M FY26

Analyst Highlights

Everest PEAK Matrix

- **Leaders Quadrant in Intelligent Payer Operations**
- Leaders Quadrant in Payer Operations
- Major Contender in Clinical CCM Services
- Major Contender in UM Services
- Major Contender in Payment Integrity Services
- Major Contender in BPaaS Payer Operations
- Major Contender & Star Performer in RCM

Avasant RadarView



HFS Horizon

HFS

Enterprise Innovator
Healthcare Payer Services
Capabilities

Disruptor
Healthcare Provider Services
Capabilities

ISG Provider Lens



Leader
Generative AI Services

Other Accolades



Sagility SmarTec Nurse Assist
Winner of Augmented
Intelligence award



Sagility
Leader in Revenue Cycle
Management (RCM)

Everest PEAK Matrix

- Analyst Blog Mention - AI Use Cases for Payment Integrity to Deliver ROI for U.S. Healthcare Payers
- Analyst Blog Mention - AI Agents: Use-Case Examples for Health Insurers

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Avasant RadarView



HFS Horizon



Enterprise Innovator
Healthcare Payer Services
Capabilities

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Healthcare Provider Services
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Everest PEAK Matrix

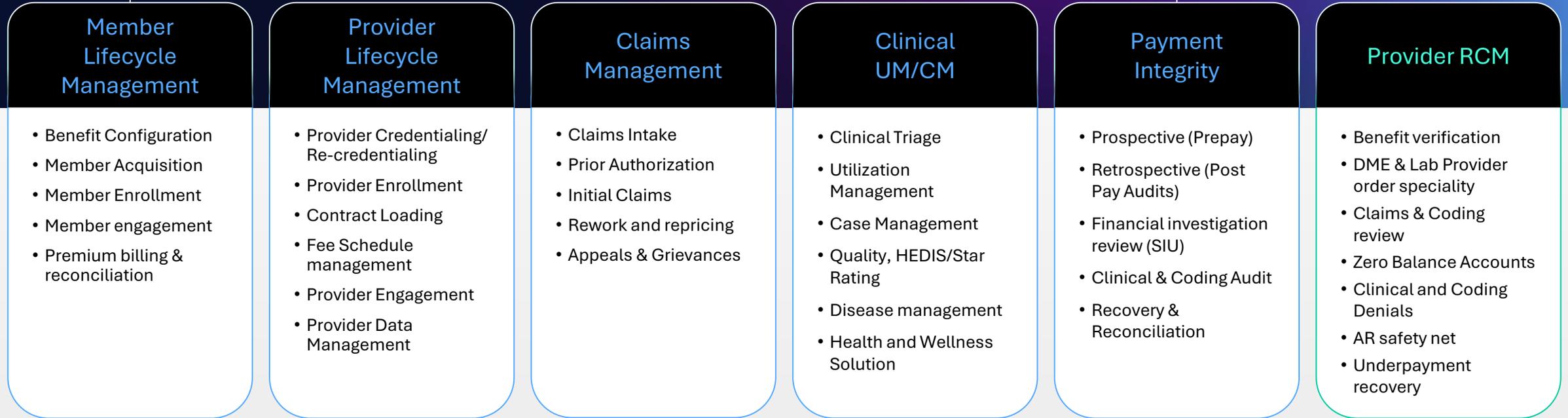
- Analyst Blog Mention - AI Use Cases for Payment Integrity to Deliver ROI for U.S. Healthcare Payers
- Analyst Blog Mention - AI Agents: Use-Case Examples for Health Insurers

Full Spectrum Payer & Provider Operations



Payer & PBM Practices

Provider Practice



Consulting + Technology Services

- Business Unit Assessments
- Cost Containment
- Implementation / Migration support
- Gen AI & Agentic AI deployments
- Managed Platform Services
- GCC support & services

Managed Services

MLR Reduction Solutions

Synchrony Lifecycle: AI-led Orchestration of Operational Workflows

Navigating Disruption and Winning in Healthcare Operations



Market Disruptions & Profitability Pressures Across US Healthcare

One Big Beautiful Bill

- Signed in July 2025, this legislation includes significant Medicaid spending reductions and related policy changes affecting eligibility, financing, and program operations.
- This could potentially result in drop in membership in Medicaid heavy plans.

Rising Medicare Utilization & CMS Rates

- CMS CY 2027 Advance Notice signals near-flat MA rates. If finalized, flat payments amid rising utilization may squeeze margins.

Growing Adoption of Generative & Agentic AI

- GenAI is gaining ground though adoption is much slower in a highly regulated industry like healthcare. Domain expertise will be a key differentiator to driving meaningful outcomes.
- CMS emphasizes the responsible use of technology and AI by ensuring strong privacy protections, maintaining human oversight in care decisions, and continuously monitoring tools for accuracy and safety.

ACA Subsidy Expiration

- Premium shock due to increase in out-of-pocket premiums is resulting in decline in total enrollment.
- As of Jan 2026, there was 29% decline in new consumers and 3.4% decline in total enrollment in 2026 vs 2025.

Tariffs

- With the February 20th US Supreme Court ruling, more uncertainty. No direct impact to our business.

H-1B Policy

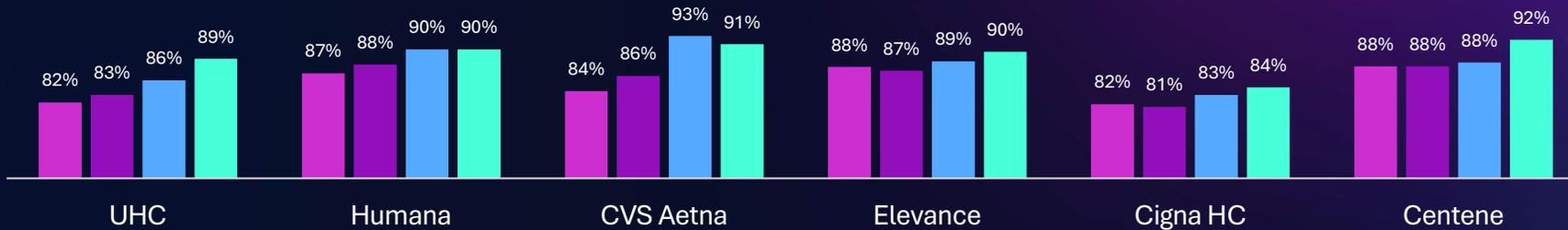
- H-1B policy changes can materially affect service delivery firms supporting payers by tightening onshore skilled labor supply and increasing wage pressure. However, Sagility does not rely on the H-1B program.



While some payers will face revenue headwinds, almost all payers face rising utilization-driven medical cost pressure, regulatory complexity, and membership volatility.

Margin protection will require **pricing precision**, **clinical/care management effectiveness**, **Stars performance**, and focused **admin cost reduction** initiatives

Top Client Realities: Pressures, Priorities, and What They're Saying



MLRs are continuing to rise for top payers resulting in depressed margins

● CY22 ● CY23 ● CY24 ● CY25

Margin recovery, cost discipline, and utilization management are key priorities across payers.

Payer	2026 Management Focus
United HealthCare	Margin recovery
Humana	5-Star focus and exiting unprofitable plans
CVS Aetna	Improving utilization
Elevance	Realign cost structure, improve margin consistency
Cigna	Focus on PBM business
Centene	Margin improvement

As part of our **efforts to address elevated trend and funding cuts**, we planned for some Medicare Advantage membership contraction in 2026. We now expect UHC Medicare Advantage contraction will be in the range of 1.3 million to 1.4 million members for the full year...These are greater losses than originally anticipated, as competitive market dynamics drove higher than expected plan shopping during the intensely competitive Annual Enrollment Period.

- UHC CEO, Q4 2025

We continue to view 2026 as a trough year. We expect our Medicaid operating margin to be approximately negative 1.75%, with improvement over time as rates incorporate more current experience and our actions take hold.

- Elevance CEO, Q4 2025

As a reminder, we **expect the increase between first quarter and fourth quarter MBR** to be approximately 850 basis points in 2026, which is slightly **steeper than the initial expectations** we provided for 2025.

- Aetna CFO, Q4 2025

70% of our portfolio, Cigna Healthcare and Specialty & Care Services, remains well positioned for growth in 2026 and beyond. And to **future-proof our company within our Pharmacy Benefit Services**, we continue to take significant actions.

- Cigna CEO, Q3 2025

Looking ahead, we expect our broader transformation efforts to increasingly impact results beginning this year. This includes **expanding outsourcing capabilities, simplifying and standardizing processes, and leveraging technology and automation.**

- Humana CFO, Q4 2025

Overall, we remain **focused on driving margin improvement across the enterprise and delivering EPS growth in 2026...** We have incredible runway ahead of us in the form of operational improvements, efficiency gains, and margin expansion.

- Centene CEO, Q3 2025

Despite Industry Pressures, Sagility Continues to Execute and Grow



Growth is diversified and resilient, driven by sustained YoY expansion in our Top 5 payers*

Why and how we are growing	
Significant cost pressures for clients	<ul style="list-style-type: none"> Look to take advantage of lower cost with partners Urgency to look at even lower volume functions Our domain expertise and one of the most expansive service capabilities is a plus
Proven results and credibility at scale	<ul style="list-style-type: none"> We have shown results for over 15 years for these clients Transition timelines are short as we understand their business and their systems/processes
Transformation capabilities	<ul style="list-style-type: none"> Ability to commit to cost take-out targets with no significant upfront investment from clients Capabilities across process reengineering, automation including the use of GenAI and platform-based point solutions along with deep domain expertise is a differentiator
Open to different business constructs	<ul style="list-style-type: none"> Expand scope on existing SOWs or enter into similar SOWs with price reduction commitments Commit to outcome based or variable cost models based on membership (pmpm) that factors cost reduction goals

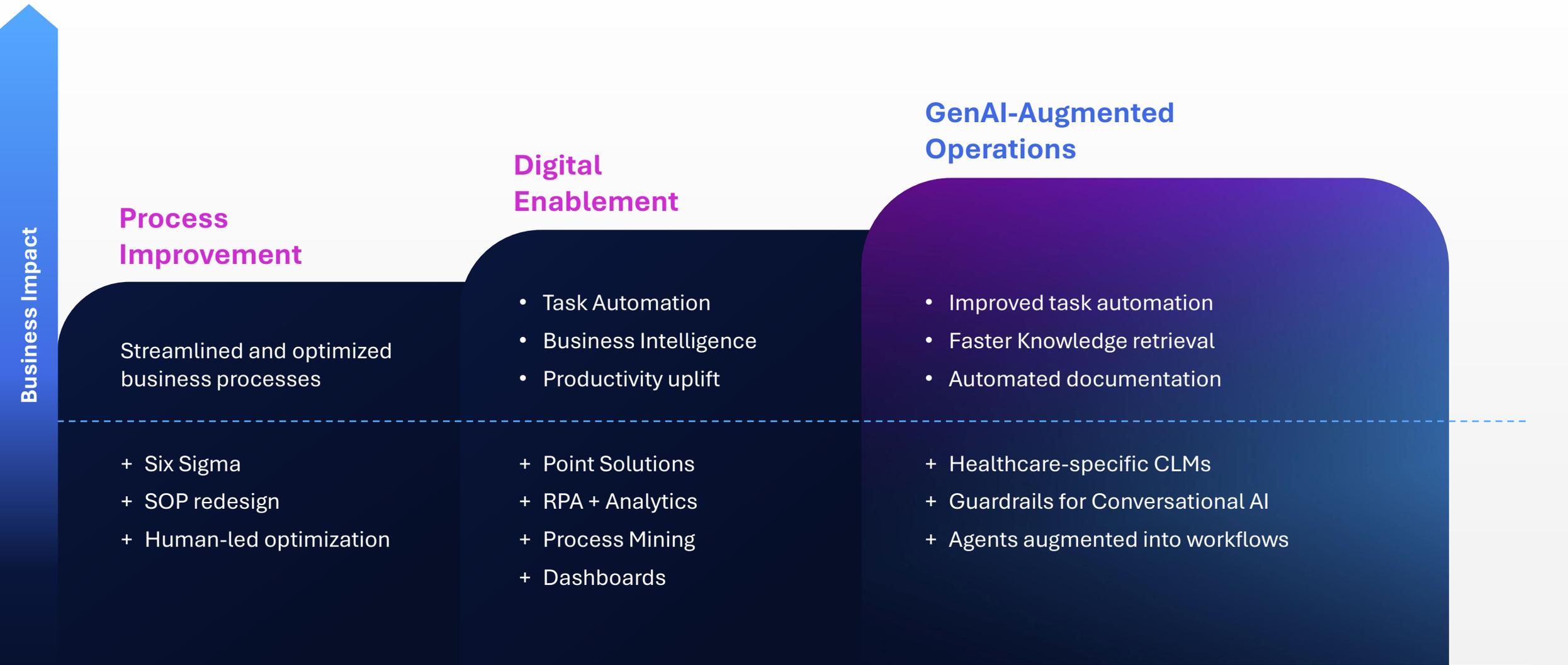


Supported by accelerated growth in the rest of the client base



*indicates Payer client groups **excludes BroadPath clients

Capabilities Powering the Growth



Process Improvement

Streamlined and optimized business processes

- + Six Sigma
- + SOP redesign
- + Human-led optimization

Digital Enablement

- Task Automation
- Business Intelligence
- Productivity uplift

- + Point Solutions
- + RPA + Analytics
- + Process Mining
- + Dashboards

GenAI-Augmented Operations

- Improved task automation
- Faster Knowledge retrieval
- Automated documentation

- + Healthcare-specific CLMs
- + Guardrails for Conversational AI
- + Agents augmented into workflows

Structural Complexities in U.S. Healthcare



Structural Complexities in U.S. Healthcare Operations



Structural Complexities in U.S. Healthcare Operations



Regulatory Density & Compliance Oversight

Healthcare is Governed by Multi-Layer Regulatory Oversight

Key Oversight Agencies



Centers for Medicare & Medicaid Services (CMS)



Office of Inspector General



State Regulatory Agencies (DOI, DOH, etc.)



Major Regulatory Frameworks



Health Insurance Portability and Accountability Act

Patient privacy and data protection



Affordable Care Act

Coverage mandates and insurance market rules



False Claims Act

Fraud, waste, and abuse enforcement

Implication

Healthcare decisions must be auditable, explainable, and compliant, limiting fully autonomous AI decision-making.

Structural Complexities in U.S. Healthcare Operations



Integrating Clinical Judgment into Core Operations

Healthcare administrative processes require clinical interpretation.



Whole-Person Context

Experts decode the complex interplay of genetics, social barriers, and personal goals that algorithms inevitably overlook in patient care.



Market-Driven Guidance

Clinicians navigate the friction of modern consumer choice, bridging the gap between patient preference and medical necessity.



Regulatory Accountability

CMS mandates that care decisions remain explainable and reviewable, ensuring that technology cannot legally override human-led medical necessity standards.



Strategic Risk Mitigation

Human intervention prevents the automated biases that trigger costly parity violations and ensures equitable access to behavioral health.

Implication

Many healthcare processes depend on clinical judgment and interpretation, requiring augmented (HITL) v/s autonomous AI models.

Structural Complexities in U.S. Healthcare Operations



Complex Stakeholder Relationships

Healthcare Payments Are Governed by Complex Payer-Provider Contracts



Multiple Stakeholder Incentives

Payer, provider, plan sponsor and member decisions all shape cost, reimbursement and payment outcomes.



Complex Payer/Provider Contracts

Negotiated terms and benefit-specific variations create thousands of unique payment rules.



Operational Friction Across Parties

Interoperability gaps and handoff issues slow payment decisions and extend issue resolution timelines.



Limited System Awareness

Low understanding across the population makes healthcare harder to navigate and resolve.

Implication

Payment decisions rely on contract-specific financial logic, requiring ecosystem level knowledge to precisely deploy AI.

Structural Complexities in U.S. Healthcare Operations



Fragmented Data & Legacy Technology Infrastructure

Healthcare operations rely on disconnected legacy platforms and fragmented data flows across the ecosystem.



Complex Legacy Platforms

Claims, membership, billing and clinical workflows often run on aging systems that are costly and difficult to modernize.



Restricted Access and Governance

HIPAA, consent requirements and data-sharing controls limit access, making orchestration of AI agents more complex.



Disparate Systems of Record

Provider, member, clinical and operational data are maintained across separate systems, requiring constant reconciliation.



Data Movement Across Enterprises

Information must move across payers, providers, PBMs, labs and other partners, creating additional handoffs and dependencies.

Implication

Fragmented legacy systems limit the impact of advanced AI, requiring deep client ecosystem knowledge and domain expertise to deploy solutions effectively.

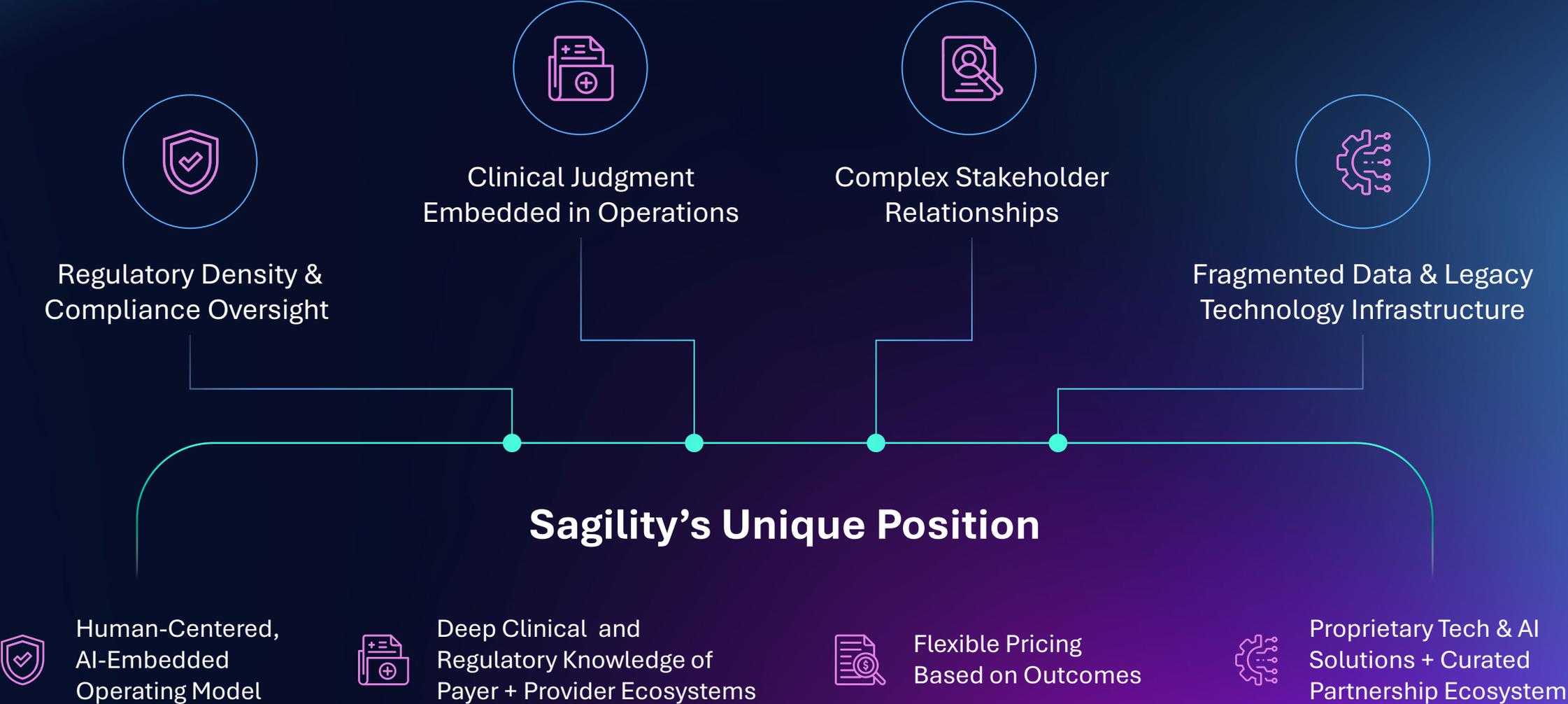
Sagility's Unique Position and Execution of Strategy



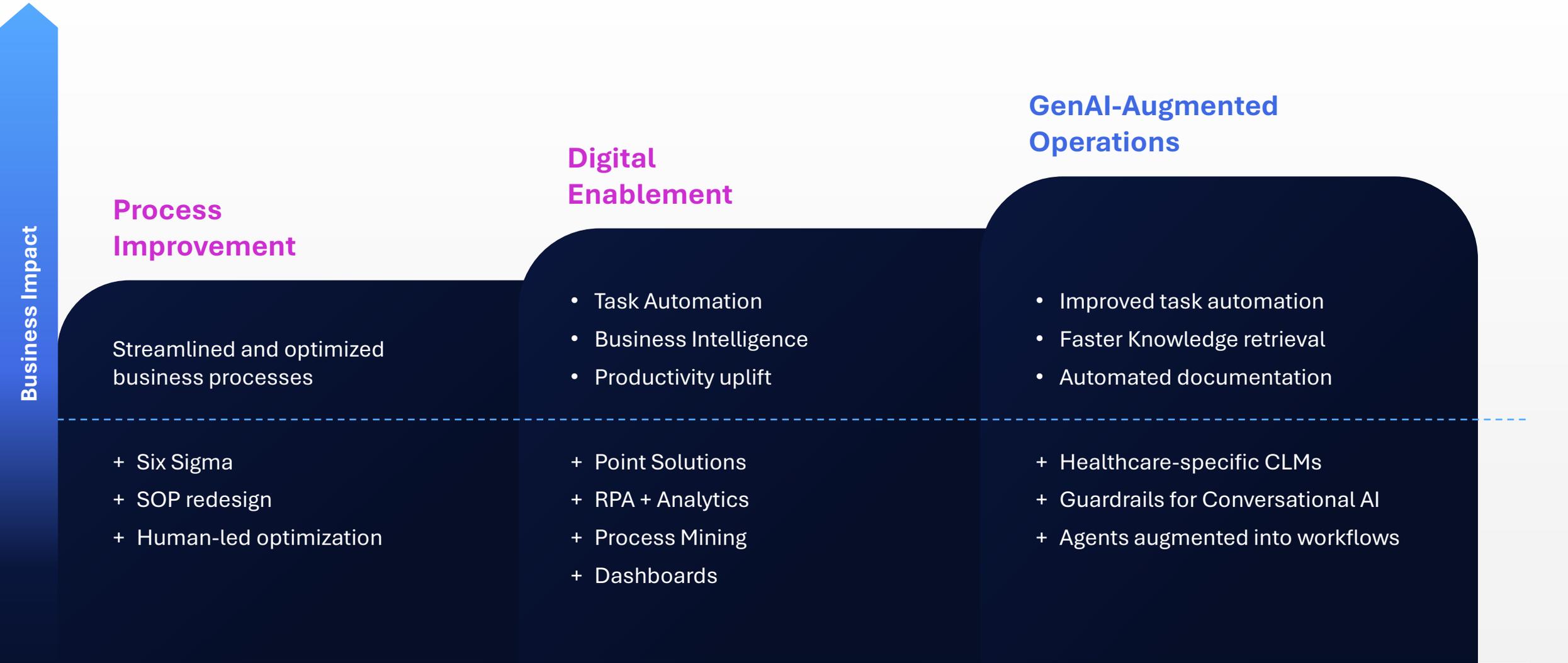
Structural Complexities in U.S. Healthcare Operations



Strategy Construct



Capabilities Powering the Growth



GenAI-Augmented Operations

- Improved task automation
- Faster Knowledge retrieval
- Automated documentation

- + Healthcare-specific CLMs
- + Guardrails for Conversational AI
- + Agents augmented into workflows

Process Improvement

Streamlined and optimized business processes

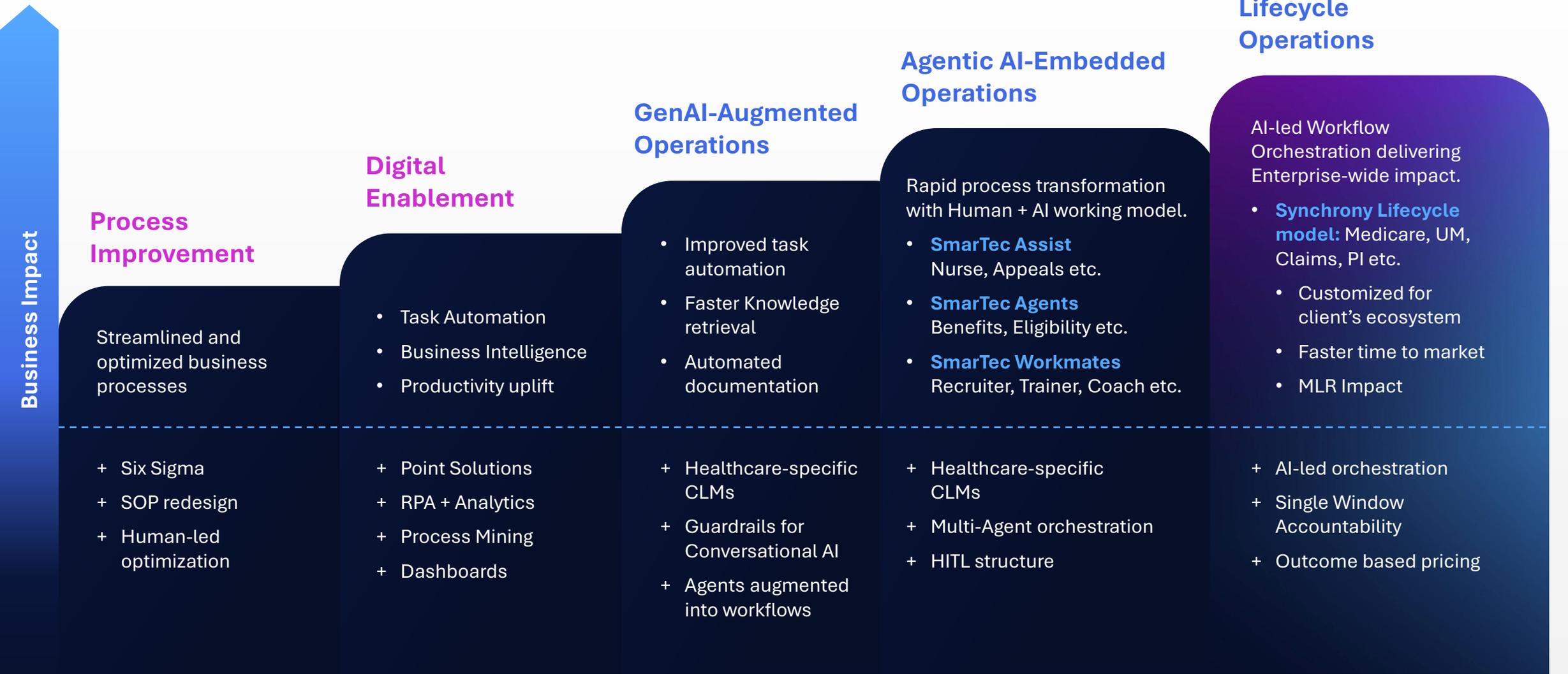
- + Six Sigma
- + SOP redesign
- + Human-led optimization

Digital Enablement

- Task Automation
- Business Intelligence
- Productivity uplift

- + Point Solutions
- + RPA + Analytics
- + Process Mining
- + Dashboards

Capability Evolution: Fueling Strategic Market Expansion





Deep Domain Practice & Solutions

- Managed Services model
- Payer-PBM-Provider Synergy
- Synchrony Lifecycle Operations
- MLR Reduction: Clinical Solutions



Tech-led Transformation & Partnership ecosystem

- Domain-rich tech solutions
- SmarTec, AI-embedded platforms
- Synchrony, Agentic AI-led orchestration platform
- Curated partnership ecosystem



Strategic Market Expansion

- Continued expansion within top accounts
- Expand into small & mid-market
- New service offerings across clients & prospects

U.S. Healthcare, Practice, AI-led Solutions

Roopam Narayan
Executive Vice President,
Practice & Solutions



Deep Domain Expertise Driving Growth



	Client Outcomes	Sagility Outcomes
 Managed Services / Structured Deals	<ul style="list-style-type: none">• Committed Savings at Enterprise Level• Speed to Value: Accelerated Outcomes• No-Black-Box: Transparent Models, Often leverages Sagility's incumbency	<ul style="list-style-type: none">• Scope addition of previously client retained onshore delivery• Control over automation projects• Breaks the linearity with FTE costs / price
 Synchrony Lifecycle Operations	<ul style="list-style-type: none">• Predictable pricing (PMPM) across IT and Ops• Speed to Value: Accelerated Implementation• Future-proof and Compliant (including underlying platform)	<ul style="list-style-type: none">• Transformed mid-market business with AI-Led Operations Lifecycle model• Higher wallet share as scope is end-to-end including underlying platform tech services• Highly sticky model – can survive M&A activities we often see in mid-market
 MLR Reduction: Clinical Solutions	<ul style="list-style-type: none">• Fixed cost/ PMPM Solutions driving medical cost impact, across care continuum• Focus on Member health outcomes – improves HEDIS Quality measures• Medicare: Revenue growth with higher stars	<ul style="list-style-type: none">• Take market-share from “traditional” contingency based UM players• Blend our key assets (Medical policies, Clinical Resources, SmarTec assets, Platforms and Partners) for higher revenue and margins

Managed Services / Structured Deals

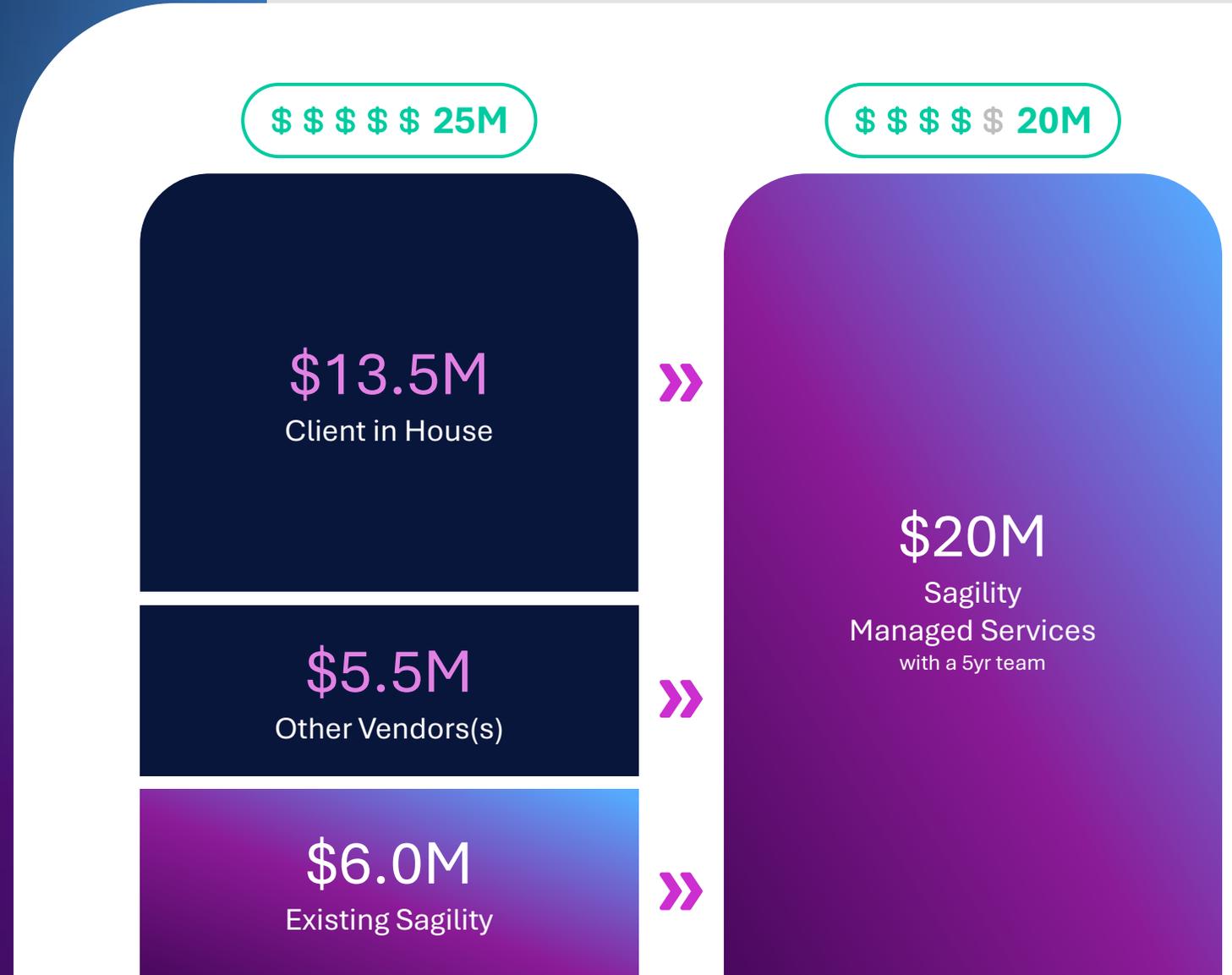
Example of a current deal:
Scope Provider Data, Claims, Provider
Calls for a line of business

Client Outcomes

- Committed Savings of **\$25M (5 years)**
- Speed to Value: Savings from Day-1
- No-Black-Box: Transparent Model, driven by Sagility as a trusted partner with 10+ years incumbency

Sagility Outcomes

- Additional \$70M of committed revenue (~3.5x)
- Breaks the linearity with FTE / Transaction costs
- Leverages “Payer-Provider Synergy” and precision in AI augmentation for improved margins



MLR Reduction Solutions: Clinical

Driver for growth in current year and has a large growth headroom for next 3-5 years:

High MLR

Rise in Consumerism

- GLP-1 drugs
- Genetic Testing
- Backlash against claims/procedure denial

Population Complexities

- Elderly population increase
- Uptick in Behavior Health services
- Increase in Noise and misinformation (like vaccines)

Regulatory Interventions

- UM Process (Augment AI and make more transparent)
- CMS changes for Star measures
- Ongoing regulatory updates

Solutions

Outcome Focused Utilization Management

- Committed Medical Impact with Fixed costs for plan (volume variations by ARCs/RRCs)
- Leverages partnerships like Availity (digital front-door and Auth AI)
- Differentiated from Traditional Medical Risk based model

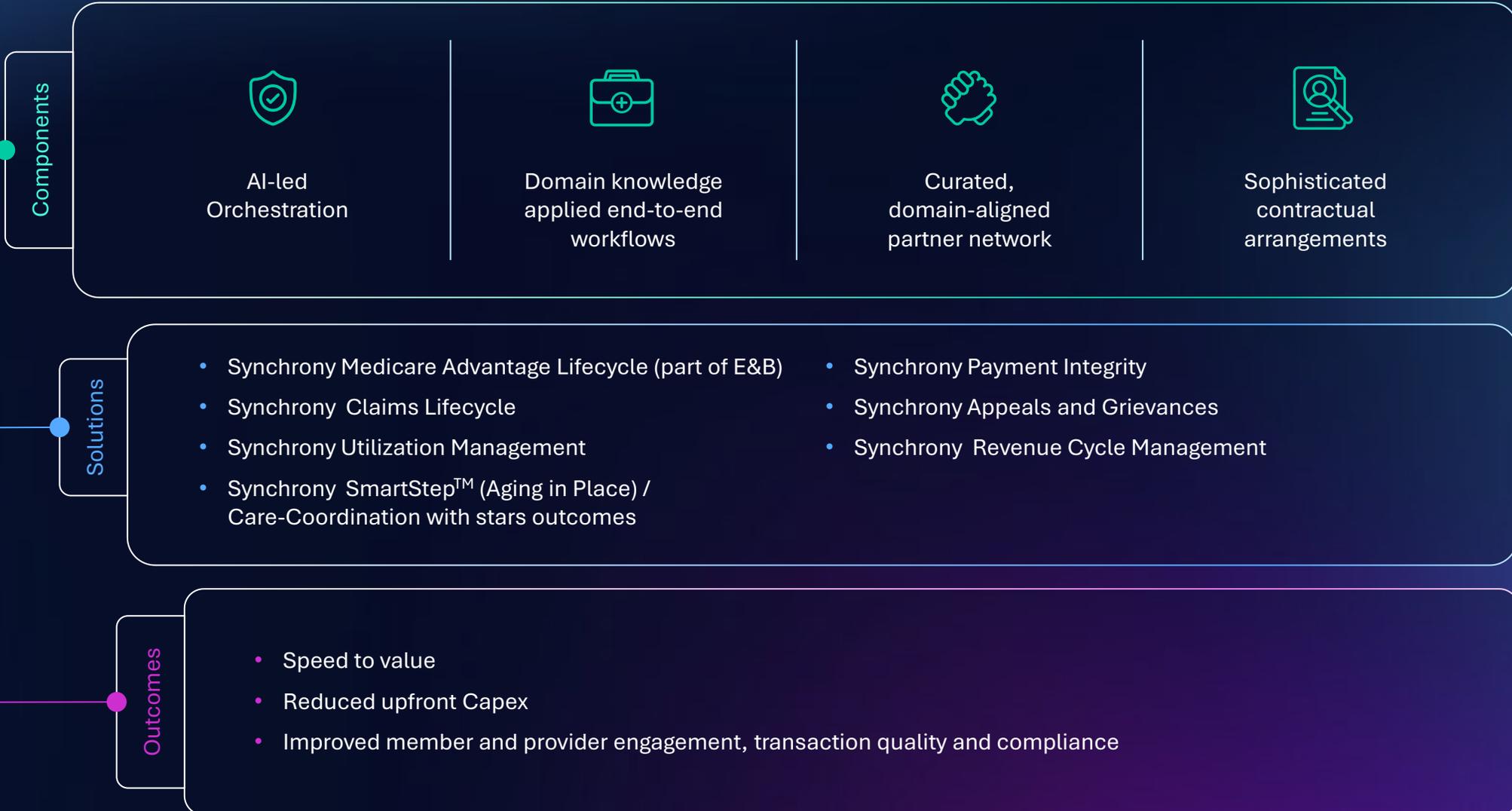
Care Continuum: Quality, Stars, & Care Coordination

- Quality focused offerings for preventative care-coordination and Behavioral Health support
- Examples of highly specialized offerings are:
 - Post Acute Care and Aging in Place
 - Uncontrolled Diabetes and Hypertension

Outcomes

- UM offerings provide similar medical cost impacts as Traditional model companies with more educative approach rather than the unpopular punitive control/denial of procedures & claims
- Integrated Care Offerings (Care Continuum) break silos in the health-plan organization, delivering better health outcomes at lower care-coordination spend
- Improved member and provider engagement: likely to result in better VoC and CMS CAHPS survey

Synchrony: AI-led Lifecycle Operations Model



Payer-Provider Ecosystem Expertise

Srikanth Lakshminarayanan

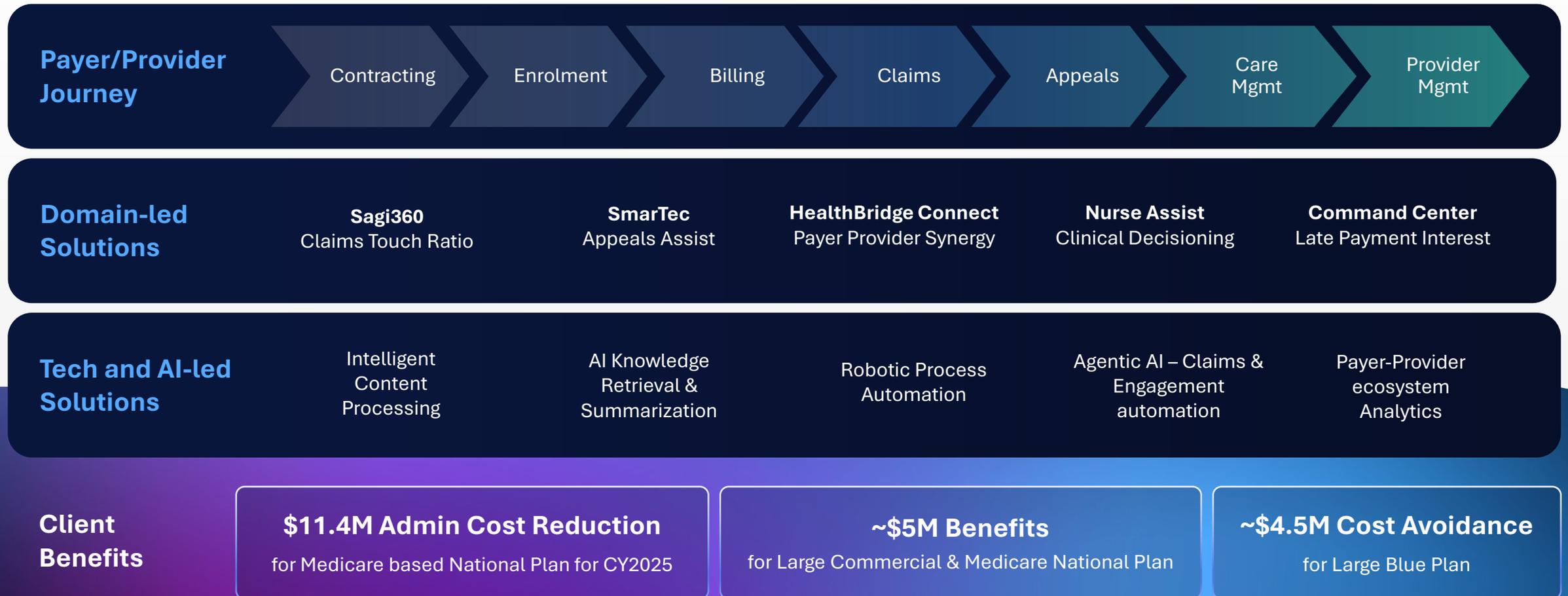
Senior Vice President,
Healthcare Practice



Delivering Managed Services Through Domain-led Transformation



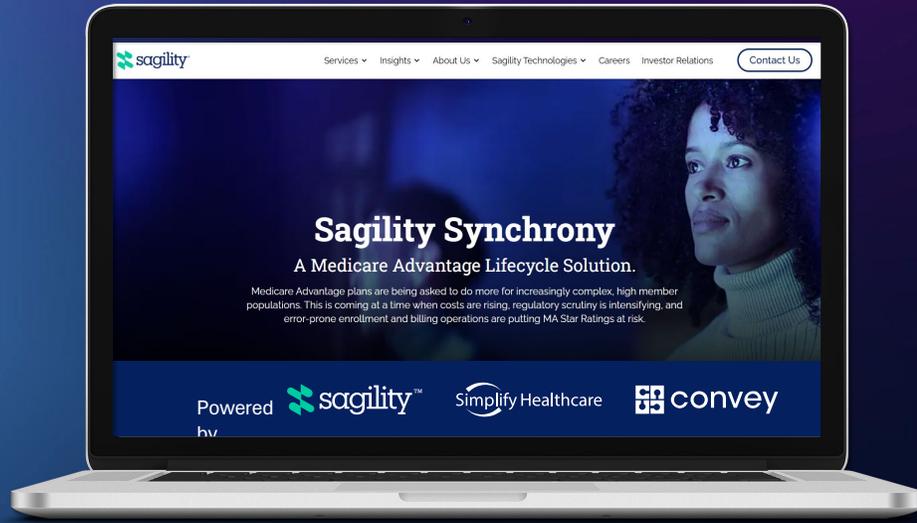
Our Managed Services framework measures the operational efficiency and maturity at an enterprise level – cutting across different functions and lines of business – to identify gaps and implement state-of-the-art digital solutions to cut down administrative leakage



HealthBridge Connect



Synchrony Medicare Advantage Lifecycle



Lifecycle Operations

AI-led workflow orchestration of Medicare Advantage Lifecycle Operations that brings together partner ecosystem across MA plan design, CMS filing, launch, member acquisition, enrollment, billing, reconciliation, and member support.

Value to Clients

- Faster, credible, scalable plan design, launch to member acquisition for small and mid-market MA plans.
- Unifies fragmented point solutions into one compliant workflow, for modular or end-to-end adoption by MA plans.

Go-to-Market Approach

- Leverage client relationships for modular or end-to-end positioning.
- Target small and mid-market MA plans through coordinated sales, marketing campaigns, brand positioning and events.

Strategic Value to Sagility

- Strategically leading the design and execution of future-state operating models.
- Drives MA new-logo and cross-sell growth through established partner ecosystem relationships.

Tea Break



Deep Clinical Expertise and Value Delivery

Krithika Srivats

Senior Vice President,
Clinical Practice



A Story of Graying Lines



Abigail DeYoung

Age: 67

Location: Santa Monica, CA

Language: English

-
- Severe Low back Pain, Affecting mobility
 - Numerous consultations with little to no relief
 - She is diabetic and has hypertension

-
- Transportation challenges
 - Lives alone in a two-story home
 - Financial issues affecting timely care

-
- Multiple Prior Auth required for MRI, pain injections, surgery PT and DME.
 - An average of 17 calls to get needed care

Problems + The Numbers

- Typical cases require 2-3 years of ongoing care
- 6-12 weeks average time to getting each episode
- >\$43,000-\$75,000 for her treatment
- Over 75M of such Abigails needing care
- \$1.2T Avg yearly cost of managing Medicare members

Inefficiencies

- 100,000 nursing hours on prior authorization each year
- ~60% of requests are submitted via fax or phone
- <25% of submissions are timely and accurate
- Average time to accurate and needed care is 7 days

MLR reduction from redesigned UM process:

Human Expertise Meets Algorithmic Precision to Reduce Waste in Healthcare

Prior Authorization Workflow - MLR Reduction \$200 – \$300B opportunity



<ul style="list-style-type: none"> • Availity portal request submission • Automated Fax Intake 	 <p>AI-Enabled Decision Making</p>	<p>Nurse Assist streamlines clinical review process, improving efficiency and reducing nurse review time by 10-12 minutes</p>	 <p>Agentic AI Summarizes Calls</p>	 <p>Automated Notifications</p>
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Abigail gets her care approval in 3 days; Reduced unnecessary care and hence medical spend by 10%

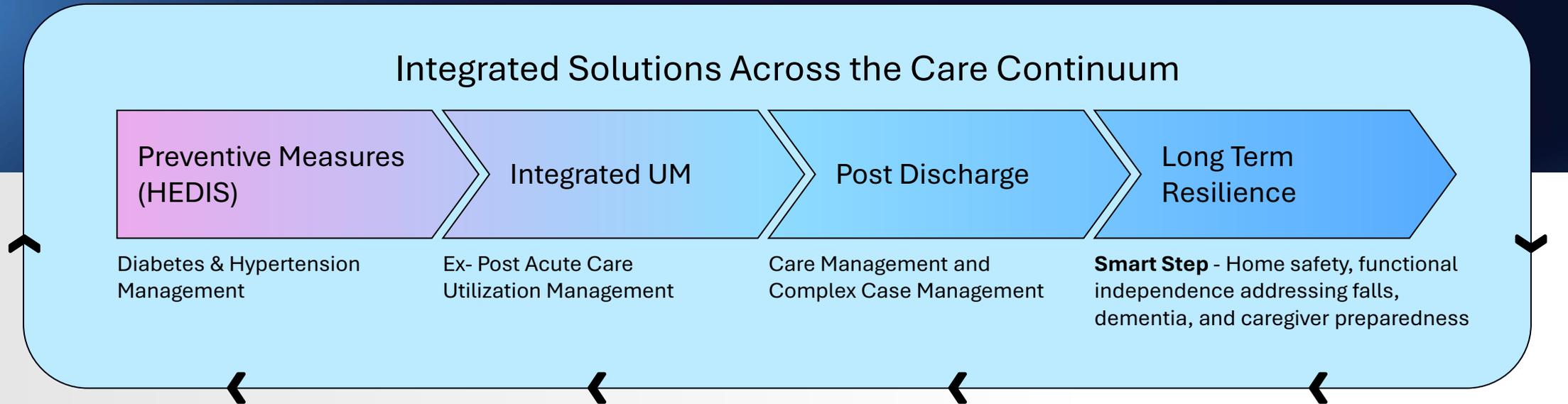
Outcomes

- Improve timeliness and access to care- 2-3 days
- Enhance provider and member experience
- Reduce unnecessary utilization
- Increase clinical operational efficiency by 25-35%
- Lower overall costs

UM 360 Ecosystem	Large Enterprise	Mid Market
Sagility Medical Policies	-	●
Sagility Analytics	●	●
Availity Portal	●	●
Availity Authorization	●	-
Elligint	-	●
Other niche point solutions	●	●

Integrated Quality of Care Solutions Improves Care Outcomes and Star Rating

After her back surgery, Sagility Gen AI and predictive models identified the right post-operative support, enabling a safe discharge home with appropriate equipment, therapy, follow-up care, and home health services.



Enhanced star ratings across impacted measures



Lower SNF utilization and diagnostic costs with 15%+ medical cost savings

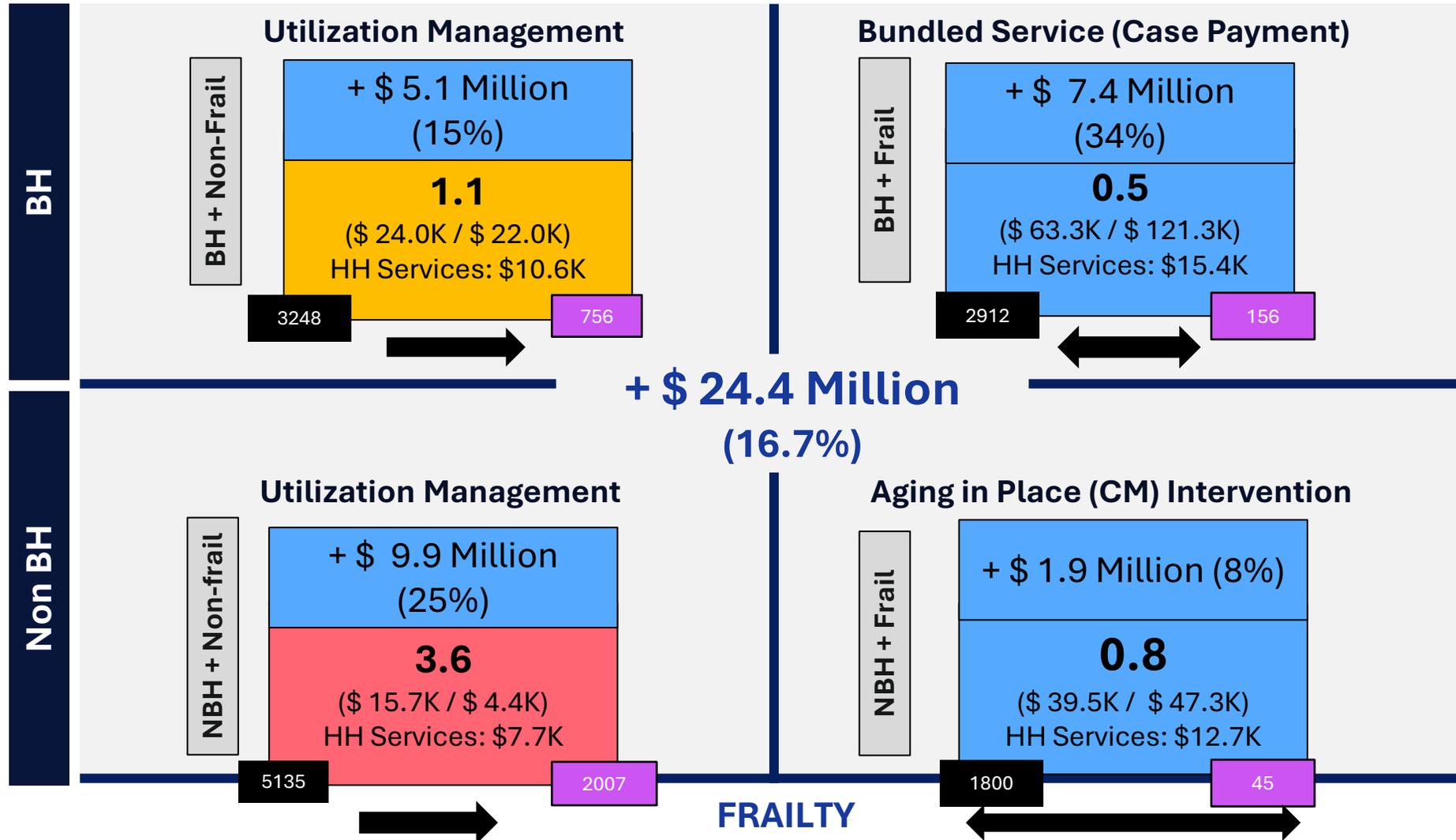


30% Lower re-admissions



5x ROI and 12%–18% lower long-term spend

MLR Reduction for a Plan Serving Special Needs Elderly Population



Proof of Value- Examples



Case Study | SmarTec Nurse Assist



Issue

Care delays tied to prior authorization.

Clinicians were overwhelmed by administrative work.

- Delays in treatment
- Resource-intensive manual reviews
- Compliance risks
- Administrative fatigue
- Increased Operational Cost



Action

SmarTec Nurse Assist transformed t through an agentic ecosystem of automation and clinical intelligence.

Core features:

- Automated review assistance
- Clinical documentation improvement (CDI)
- Resource optimization

Impact

25-35% reduction in clinician workload

80% boost in quality

Improved Compliance

with 96% AI accuracy overall and 100% accuracy with AI-assisted reviews

18 hr faster care delivery

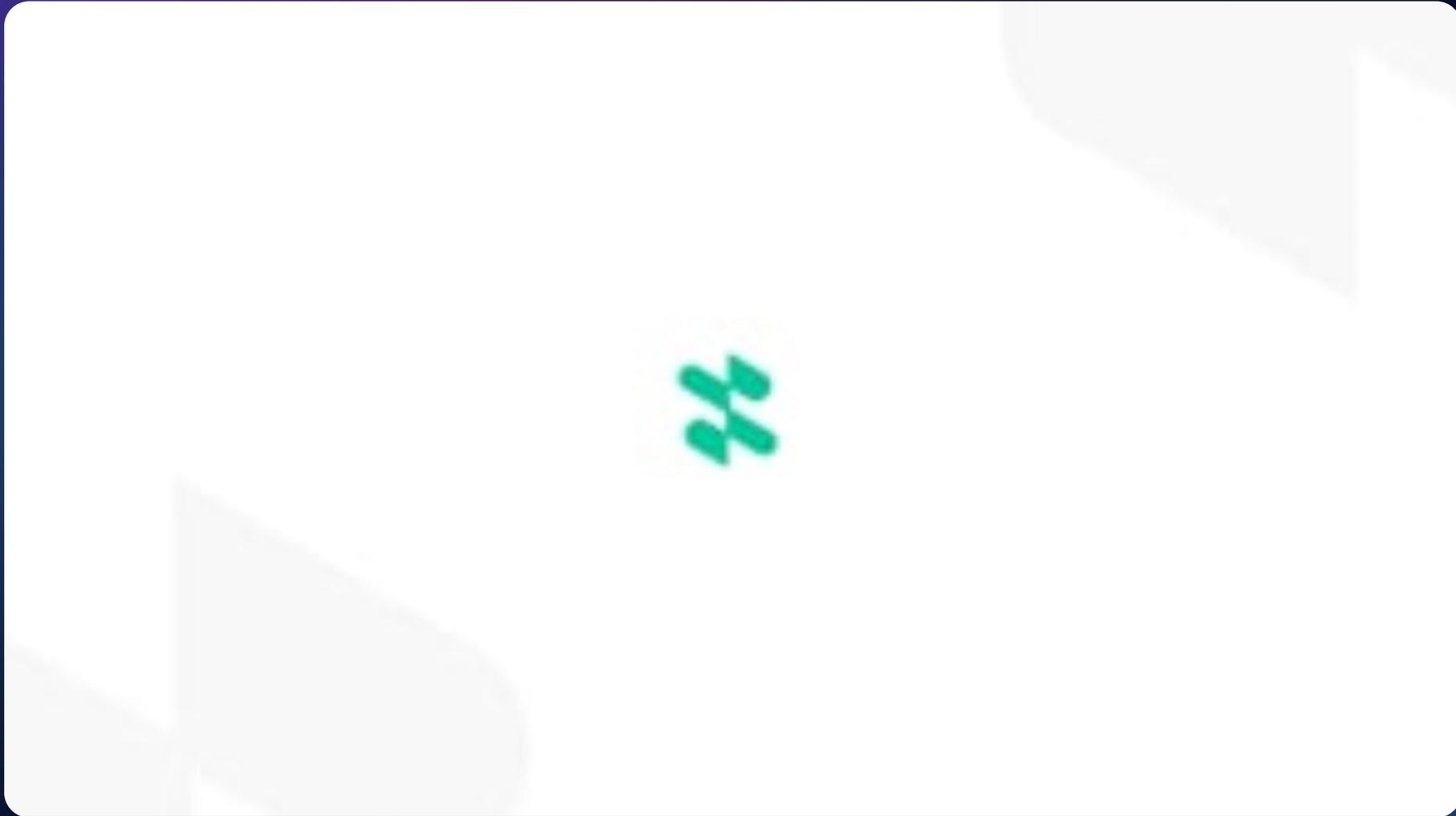
Winner in the 2026

Augmented Intelligence Awards

presented by the
Business Intelligence Group



SmarTec Nurse Assist

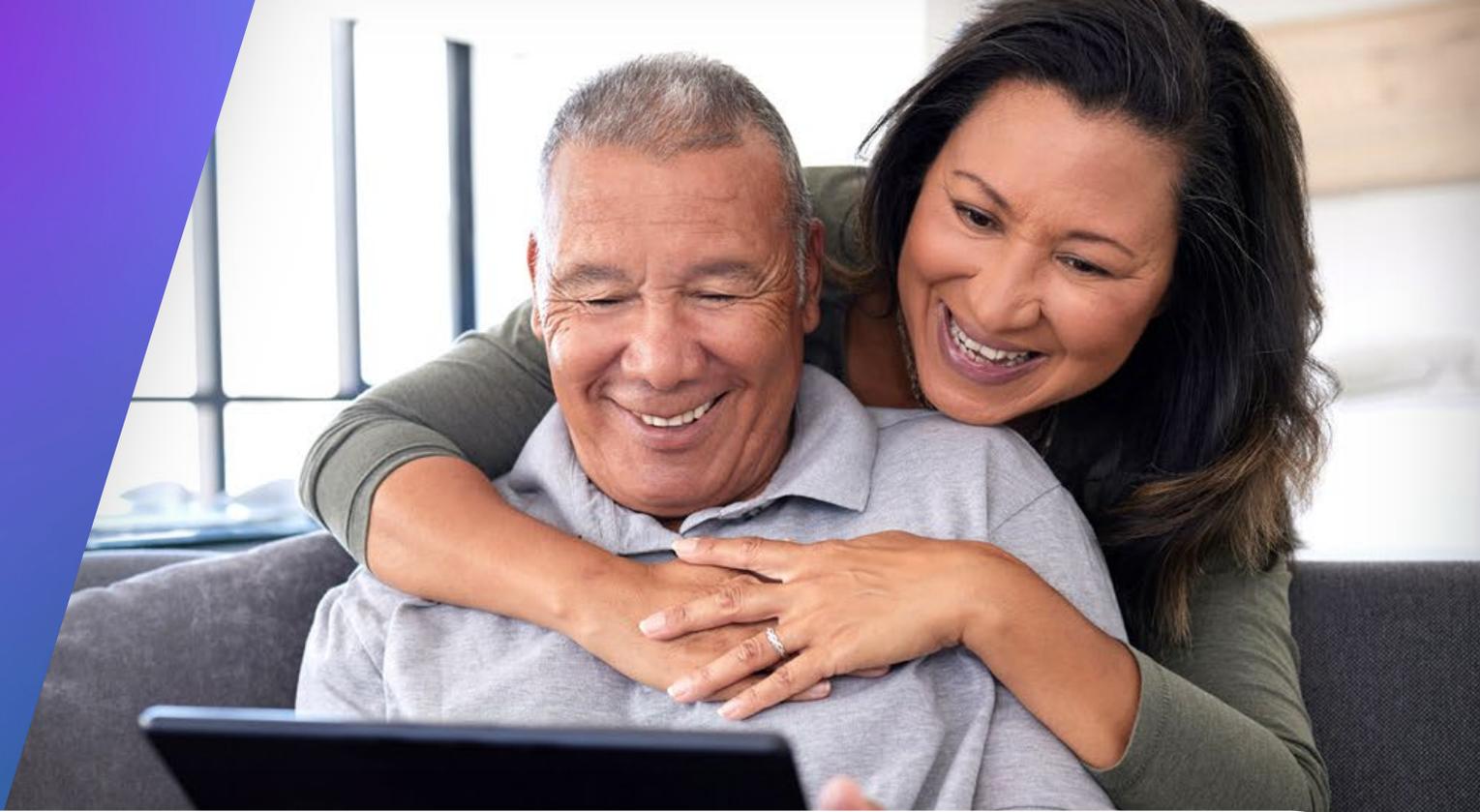




Sagility Smart Step™

A proactive path to maintain independence at home.

- ✓ Multidisciplinary
- ✓ Multidomain
- ✓ Whole Person Care



Whole-Person Risk Profiling



Personalized Care Coordination at Scale



Optimized Utilization Management



Targeted Omni-Channel Interventions

12%

Reduction in ER visits

18%

Reduction in frailty-related claims

10 Direct
Star Measures

8 Indirect
Star Measures

22%

Reduction in unnecessary inpatient admissions

98%

of active participants made changes to improve resilience

87%

Member Satisfaction

Tech-led Transformation Partner for Healthcare Entities

Madan Moudgal

Executive Vice President,
Chief Digital Officer

Ram Mohan Natarajan

Senior Vice President,
Business Transformation

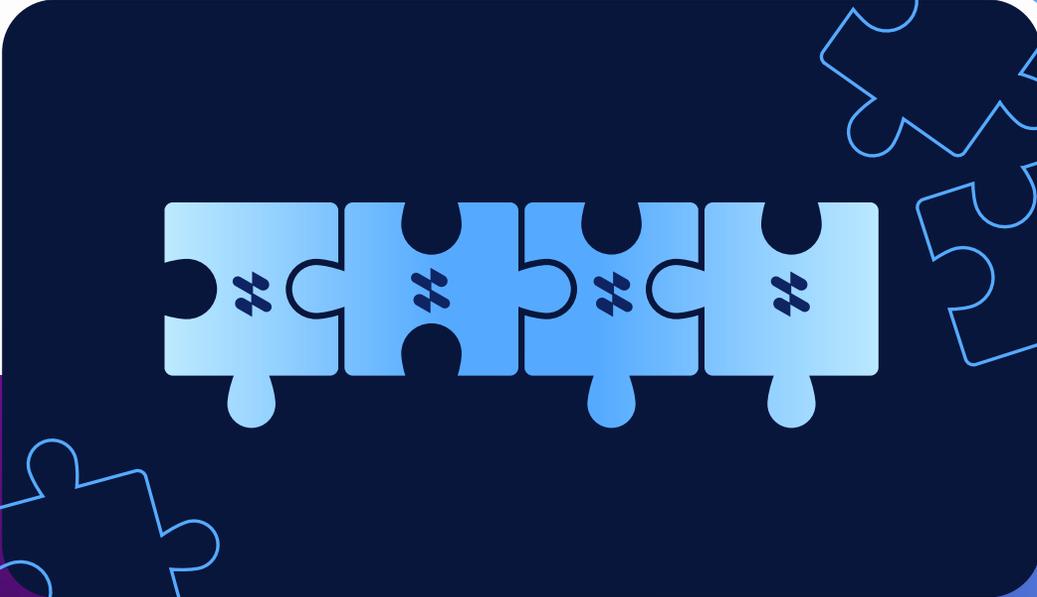


Technology & AI Investment Strategy



Partnering for Enterprise Systems

Where enterprise systems are required, Sagility pursues a partnership-first strategy with trusted vendors.



Modular Solutions

Sagility builds domain-rich, reusable, configurable components that enhance enterprise technology and accelerate solution development across use cases.

Capabilities and Assets

Years of investment across multiple waves of technology have created a rich portfolio of assets designed for distinct industry needs.

Domain Specific Data Models

- Member data model
- Provider data model
- Claim data model

Predictive Models & Advanced Analytics

- Propensity Models
- Overpayment Prediction
- Underpayment Prediction
- Risk Scoring Algorithms
- Population Stratification

Point Solutions & Platforms

- Member Enrollment
- Provider Credentialing
- Member Engagement
- Payment Integrity
- Revenue Cycle Management

Automation Bots

- Claims processing
- Benefit configuration
- Appeals management
- Provider Data Management
- Correspondence Generation

GenAI Based Autonomous Agents

- Conversational Agents
- Knowledge Retrieval Agents
- FWA Identification Agents
- Medical Record Summarization Agents
- Claims Adjudication Agents

Business Intelligence Dashboards

- Sagi360 - Provider Interactions Dashboard
- CX360 - Engagement Services
- SensAI - Audit & Analytics
- LPI Dashboard - Late Payment Interest

Frameworks & Accelerators

- Communications Mgr.
- Document Processing Engine
- Medical Records Manager
- Sagility Agent Execution Framework - SAGE

Interoperability

- HealthBridge Connect
- EDI transactions manager
- SFTP manager
- FHIR compliant APIs

Developed in an environment governed by controls that are SOC2 and HiTrust compliant.

Capabilities and Assets

Years of investment across multiple waves of technology have created a rich portfolio of assets designed for distinct industry needs.

Domain Specific Data Models

- Member data model
- Provider data model
- Claim data model

Predictive Models & Advanced Analytics

- Propensity Models
- Overpayment Prediction
- Underpayment Prediction
- Risk Scoring Algorithms
- Population Stratification

Point Solutions & Platforms

- Member Enrollment
- Provider Credentialing
- Member Engagement
- Payment Integrity
- Revenue Cycle Management

Automation Bots

- Claims processing
- Benefit configuration
- Appeals management
- Provider Data Management
- Correspondence Generation

GenAI Based Autonomous Agents

- Conversational Agents
- Knowledge Retrieval Agents
- FWA Identification Agents
- Medical Record Summarization Agents
- Claims Adjudication Agents

Business Intelligence Dashboards

- Sagi360 - Provider Interactions Dashboard
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Key Sagility Partners



Strategic Platform Partners



SI Partners



Capabilities Partners



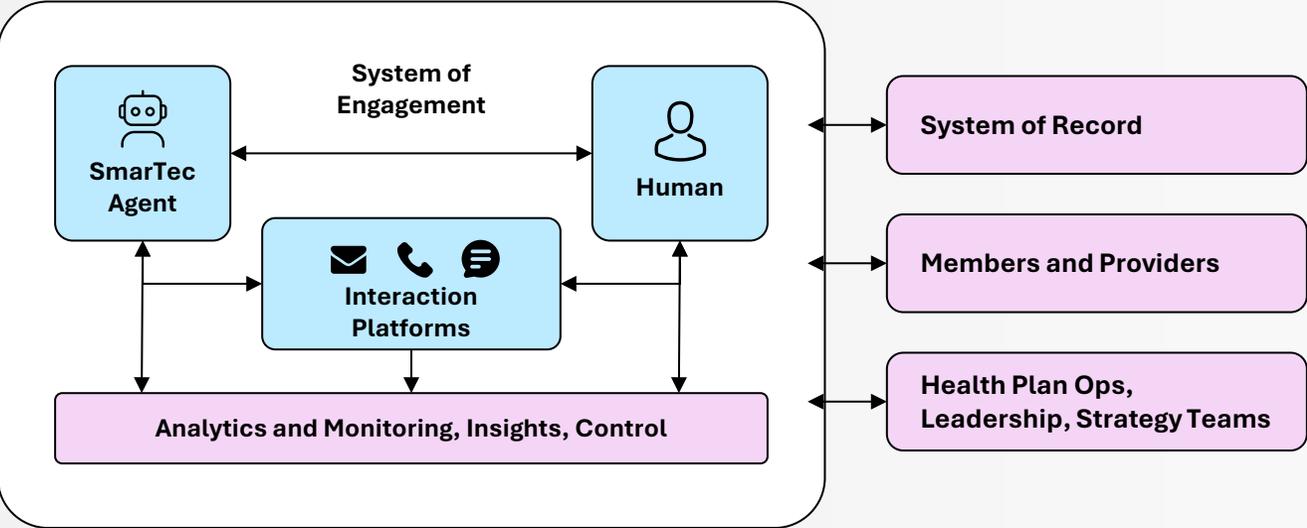
Hyperscale Partners



Agentic AI and Human Synergy



System of Engagement



Value of Synergy

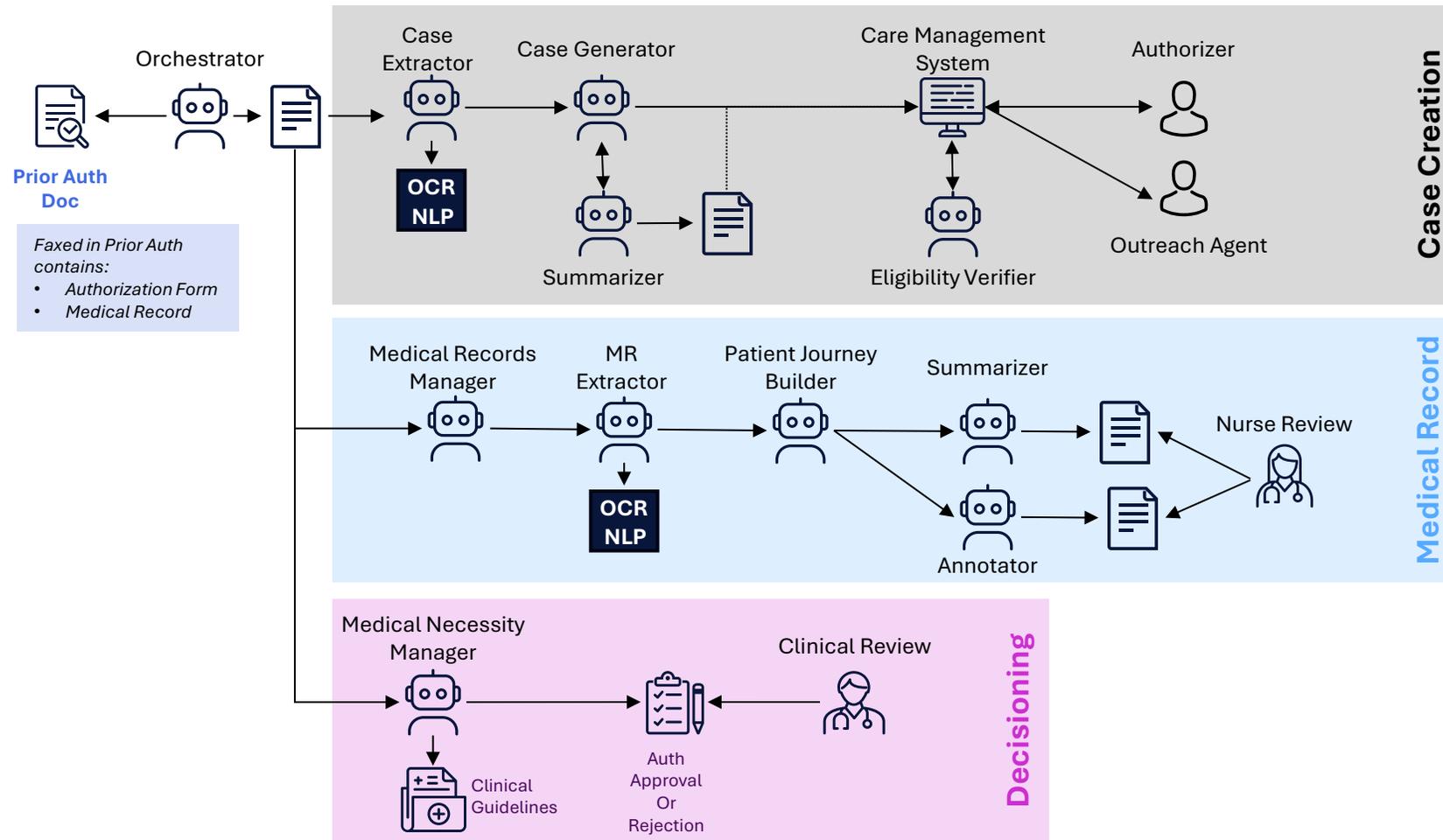
- Single point of responsibility
- Choose best of breed components
- Speed of execution with Operations and Technology teams under one roof
- Total alignment – All focused on NPS and efficiency – no tech for the sake of tech

Deployment Use Cases

Verification of Insurance/Benefits	Claims Status	Outbound Status Calls	UM Intake	Health Risk Assessment	Provider Verification
General Member Info	Appeals Status	Patient Balance / Collections	UM Status	Worker's Comp Provider Support	Accounts – Recv Follow-up

Agentic Workflows

A Factory or Assembly Line of Agents and Humans working together harmoniously



Anatomy of an Agent



- Data Structure
- Business Logic
- Prompts
- Directives
- Guardrails

SmarTec Appeals Assist

G&A is a significant function for any payer since it can impact a payer in multiple ways – administrative cost leakage, operational inefficiencies but more importantly can directly impact key stakeholder relationship and experience – providers and members.

Admin Cost Benchmarking for Payers

\$80 to \$100

Avg. blended admin cost to process each
appealed claim for payers

~\$2.5B

Annual appeals management cost by US payer industry



Potential Business Impact



Administrative Burden

Appeals are 3x more expensive to manage than straight-thru claims resulting in significant cost leakage and productivity impact due to rework.



Star Rating Reduction

Consistent growth in Appeal volume can lead to compliance and regulatory risks which directly impact a plan's star ratings.



Provider Abrasion

Appeals lead to higher claim processing cycles resulting in increased friction in payer-provider relationship.

Smarter Appeals Assist Demo



The Structural Problem in Healthcare

Go-to-Market (GTM)

Chris Shiffert

Executive Vice President,
Chief Growth Officer



Strategic Market Expansion

01

Continued Expansion within Top Accounts

- Build on legacy client retention rate, accelerate service expansion
- Expansion opportunities amongst our 7 national plan clients
- Leverage early success developing new business models with existing clients

02

Expand Small & Mid-Market Accounts

Expand current capabilities into small and mid-market clients
(Acquired through BroadPath)

- Member & Provider Lifecycle Management
- Claims Management
- Clinical UM/CM
- Payment Integrity

03

New Service Offerings Across Clients & Prospects

Build adjacent healthcare capabilities that extend into new revenue streams.

- Member Acquisition
- E2E Payment Integrity
- HEDIS Abstraction
- Star Ratings
- Synchrony, AI-led orchestration

Pipeline Accelerators

Advisors • Analysts • Ecosystem/Solution Partnerships • Consulting-led Deals

Strategic Market Expansion

01

Continued Expansion within Top Accounts

- Build on legacy client retention rate, accelerate service expansion
- Expansion opportunities amongst our 7 national plan clients
- Leverage early success developing new business models with existing clients

25 Years of Experience in Healthcare

7 of the top 10 payers served

18 Average Client Tenure in Years

97% Client Retention Rate

Top Accounts	Member LCM	Provider LCM	Claims Management	Clinical UM/CM	Payment Integrity
Client 1	●	●	●	●	●
Client 2	●	●	●	●	○
Client 3	●	●	●	○	○
Client 4	●	●	○	○	●
Client 5	●	●	○	●	○
Client 6	○	○	○	○	●
Client 7	●	○	○	○	○

Managed Services Workflow Solutions

Captive/GCC Build-Operate-Transfer

MLR Reduction Solutions

Strategic Market Expansion

02

Expand into Small & Mid-Market

Expand current capabilities into small and mid-market clients *(Acquired through BroadPath)*

- Member & Provider Lifecycle Management
- Claims Management
- Clinical UM/CM
- Payment Integrity

Existing BP Client Portfolio and New Logo Mid-Market Clients

30

Accounts Through the BP Acquisition

13

New Logos in FY26

Mid-Market Clients

Only 1 Practice

63% (30 Clients)

2 of 5

20% (13 Clients)

3 of 5

7.7% (5 Clients)

4 of 5

4.6% (3 Clients)

All 5 Practices

4.6% (3 Clients)

\$129.2M

\$166.0M

TTM Dec 24

TTM Dec 25

▲ 28.5%

03

New Services

Build adjacent healthcare capabilities that extend into new revenue streams.

- Member Acquisition
- E2E Payment Integrity (through DCI)
- HEDIS Abstraction
- Star Ratings
- Synchrony, AI-led orchestration

Medicare Acquisition

- Medicare Advantage
- Med Sup
- Medicare Part D
- Under 65

HEDIS + Stars

Quality + performance measures that drive top line revenue to payer clients

E2E Payment Integrity

- Prospective (Prepay)
- Retrospective (Post Pay Audits)
- Financial investigation review (SIU)
- Clinical & Coding Audit
- Recovery & Reconciliation

Synchrony

- Synchrony Medicare Advantage Lifecycle
- Synchrony Claims Lifecycle
- Synchrony Payment Integrity
- Synchrony Utilization Management
- Synchrony Appeals and Grievances

Interactive Q&A with Management



01 Raise hand to ask a question.

02 Once the microphone has been handed to you, please announce your full name and institution, followed by your question.



Thank you.



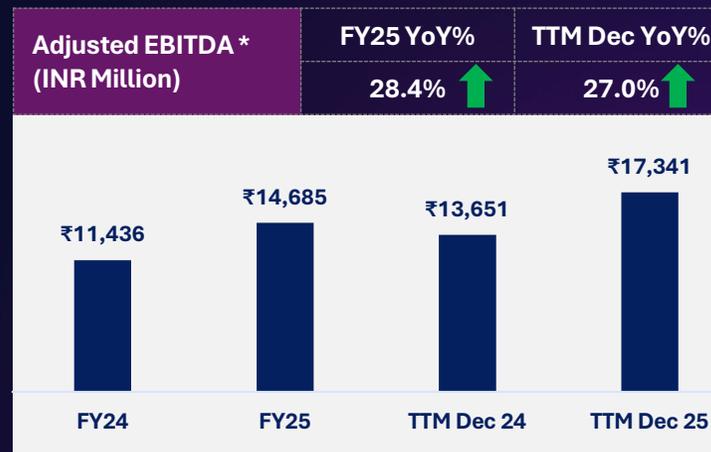
Financials



Long Term Financial performance snapshot

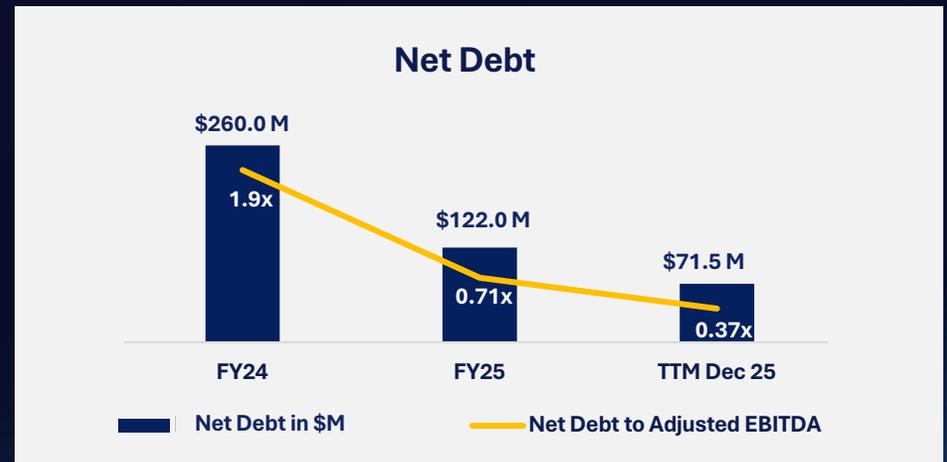
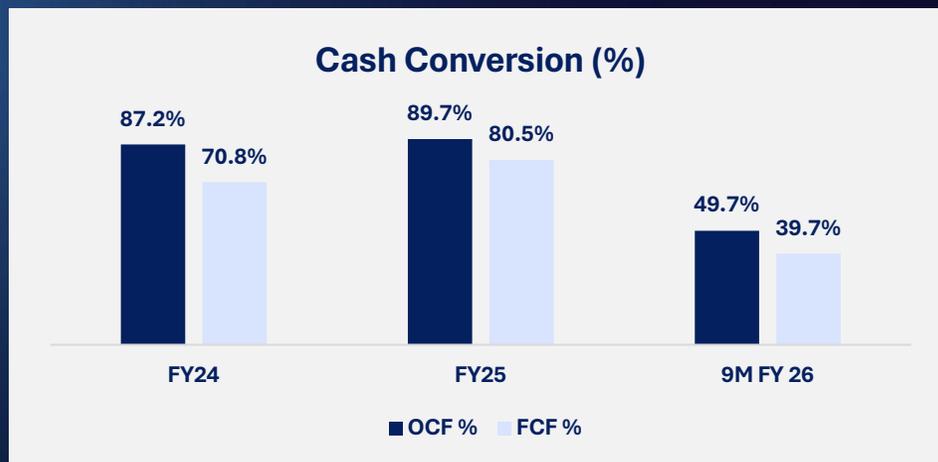
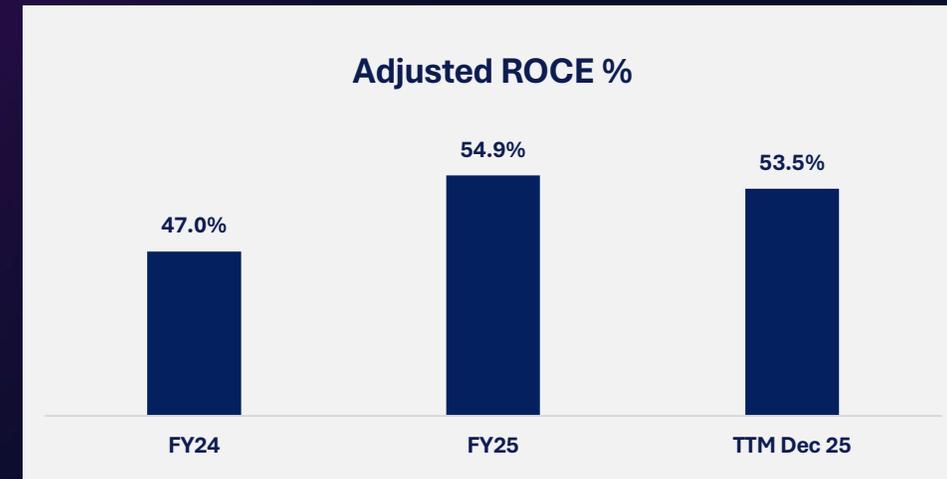
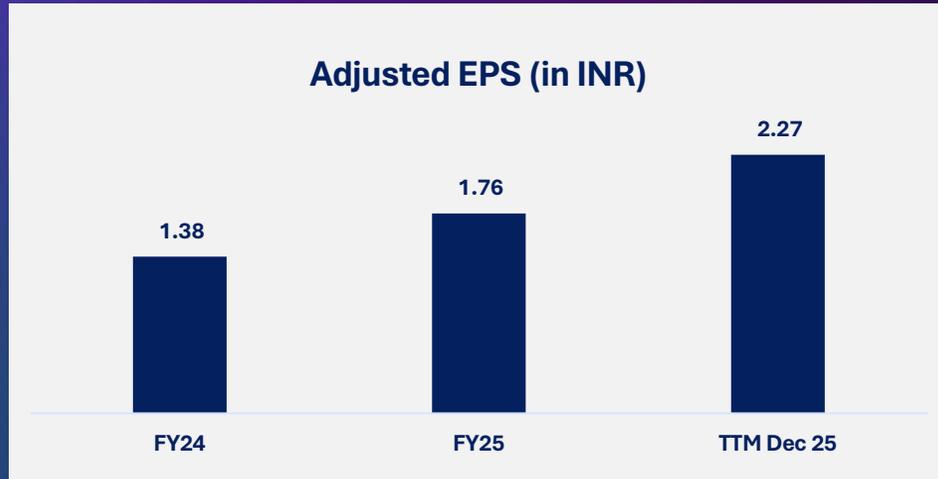


Consistent Revenue & EBITDA growth. Reduction in interest and amortization expense driving higher PAT growth



*Adjusted EBITDA represents EBITDA adjusted for earnouts payable under the acquisition agreements (DCI, BirchAI, & BroadPath), share-based payment awards and exclude other income (including forex gain/loss).

Other Financial Indicators



Steady Increase in Adjusted EPS. Adjusted ROCE consistent at 50%. Lower cash conversion in YTD Dec'25 due to higher DSO, Non cash gains & taxes

Adjusted EPS is Adjusted PAT divided by weighted average number of equity shares

Adjusted ROCE is Adjusted PAT plus Interest cost divided by capital employed (Assets excluding goodwill and intangibles assets less current liabilities)

Net Debt is Borrowing plus lease liabilities less Cash and Cash equivalent including investment in Mutual Fund and Deposits . Borrowing doesn't include accrued interest

Q3 FY26 Consolidated Profit and Loss

Amt in USD M

Particulars	Q3 FY26	Q2 FY26	Q3 FY25	YoY%	QoQ%	9M FY26	9M FY25	YoY%
Revenue from Operation	222.0	189.4	172.0	29.1%	17.2%	591.8	476.5	24.2%
Employee benefits expense	137.5	115.0	99.5			365.6	284.0	
Other expenses^	26.7	24.7	23.5			75.5	67.3	
Adjusted EBITDA**	57.7	49.8	48.9	18.1%	16.0%	150.7	125.1	20.5%
Adjusted EBITDA %	26.0%	26.2%	28.4%			25.5%	26.3%	
Adjustments:								
M&A Earnouts	0.4	1.4	1.4			3.7	4.3	
SAR (stock appreciation right) – NonCash	-0.7	0.8	1.0			1.0	12.3	
Other Income (excl. Forex gain)^^	1.0	0.7	1.2			2.3	3.4	
Forex Gain / (Loss)	-0.4	6.0	4.1			6.1	3.7	
Reported EBITDA	58.5	54.2	51.7	13.1%	8.0%	154.4	115.6	33.6%
Finance costs	2.8	2.8	3.6			8.8	11.6	
Depreciation and amortisation expenses	13.9	13.9	13.7			41.6	42.0	
Profit before Exceptional Items	41.9	37.5	34.4	21.7%	11.8%	104.0	62.1	67.6%
Statutory impact of new labour code in India	3.8					3.8		
Profit Before Tax	38.1	37.5	34.4	10.8%	1.8%	100.3	62.1	61.6%
Tax Expenses	8.0	8.7	8.6			23.9	19.6	
Reported Profit After Tax	30.2	28.8	25.8	17.0%	4.9%	76.4	42.5	79.9%
EPS	0.57	0.54	0.46	23.7%	6.7%	1.42	0.78	83.7%
Adjusted PAT	36.4	34.5	31.2	16.8%	5.5%	94.3	68.0	38.7%
Adjusted PAT %	16.4%	18.2%	18.1%			15.9%	14.3%	
Adjusted EPS (Rs)	0.69	0.64	0.56	23.0%	7.3%	1.76	1.24	41.7%

New Labour Code in India effective 21 Nov 2025:

- ▶ Prescribes uniform definition of wages based on which employee benefits like gratuity, leave encashment & statutory bonus are computed.
- ▶ Past service costs of INR 294.7M towards Gratuity and INR 33.5M towards Compensated absence reported as exceptional items in Q3.
- ▶ Ongoing impact on overall Margins is likely to be 0.2% of Revenues.

*Employee benefits expense excludes M&A earnout and SAR (shown separately under adjustments),

^ Other expenses exclude forex loss. ^^ Other income excludes forex gain. Forex Gain and Forex Loss clubbed together and shown separately.

** Adjusted EBITDA represents EBITDA adjusted for earnouts payable under the acquisition agreements (DCI, BirchAI & BroadPath), share-based payment awards and exclude other income (including forex gain/loss).

Profitability metrics for Sagility

Adjusted EBITDA

(USD M)	FY2023	FY2024	FY2025	9M FY26
Revenue from operations	518.2 (INR 42,184 M)	572.9 (INR 47,536 M)	658.3 (INR 55,699 M)	591.8 (INR 51,686 M)
EBITDA ³	126.2 (INR 10,272 M)	131.1 (INR 10,881 M)	153.4 (INR 12,979 M)	146.1 (INR 12,756 M)
Adjustments:				
Earnouts under acquisition agreements	-	6.7	6.8	3.7
Share based payment awards	-	-	13.4	1.0
Adjusted EBITDA¹	126.2 (INR 10,272 M)	137.8 (INR 11,436 M)	173.6 (INR 14,685 M)	150.7 (INR 13,164 M)
% revenue from operations	24.4%	24.1%	26.4%	25.5%
% growth		9.2% (11.3% in INR)	25.9% (28.4% in INR)	20.5% (25.3% in INR)

Adjusted PAT

(USD M)	FY2023	FY2024	FY2025	9M FY26
Revenue from operations	518.2 (INR 42,184 M)	572.9 (INR 47,536 M)	658.3 (INR 55,699 M)	591.8 (INR 51,686 M)
PAT	17.6 (INR 1,436 M)	27.5 (INR 2,283 M)	63.7 (INR 5,391 M)	76.4 (INR 6,670 M)
Adjustments:				
Earnouts under acquisition agreements (net of tax impact)	-	4.9	4.9	2.7
Share based payment awards	-	-	13.4	1.0
Statutory impact of new labour code in India	-	-	-	2.7
Amortization of other intangible assets acquired pursuant to business combinations (net of tax impact)	38.3	38.6	13.7	11.5
Adjusted PAT²	56.0 (INR 4,556 M)	71.1 (INR 5,896 M)	95.8 (INR 8,107 M)	94.3 (INR 8,236 M)
% revenue from operations	10.8%	12.4%	14.6%	15.9%
% growth		27.0% (29.4% in INR)	34.8% (37.5% in INR)	38.7% (44.3% in INR)

Note: 1. Adjusted EBITDA represents EBITDA adjusted for post-combination expenses in relation to earnouts payable under the acquisition agreements (DCI, BirchAI & BroadPath), and adjusted for post-combination expenses in relation to earnouts payable under the acquisition agreements and equity classified share-based payment awards exclude other income

2. Adjusted PAT represents restated profit/(loss) adjusted for amortization of other intangible assets acquired pursuant to business combinations incl. DCI, BirchAI & BroadPath (customer relationships in relation to for healthcare business carveout is valued at \$265 M and amortized over 16 years; amortization ends by Dec 2037), and for the tax impact of the above two EBITDA adjustments

3. EBITDA excludes other Income and forex gain/(loss)

Go Forward Positions

Amt in USD M

Particulars	FY25	FY26	FY27	FY28	FY29	FY30
Closing Debt position	93.8	63.1				
Debt Repayment	29.4	26.7	63.1			
Interest Payment	8.9	6.1	3.2			
Share based Payment awards	13.4	1.3	1.5	0.8	0.4	
Earnouts Cost - DCI / Birch/ BroadPath	6.8	5.8	0.1			
Intangibles Amortisation (A)	16.5	16.5	16.5	16.5	16.5	16.5
Intangibles Amortisation (B)	2.2	4.4	4.3	4.2	3.3	2.8

- *Intangibles Amortisation (A) - Amortization of intangible assets that got created due to carveout of healthcare business from HGS*
- *Intangibles Amortisation (B) - Amortisation for intangible assets acquired in relation to acquisitions (DCI, Birch and BroadPath) - Ends by FY33*

P&L for Previous Quarters

Amt in USD M

Particulars	Q1 FY24	Q2 FY24	Q3 FY24	Q4 FY24	Q1 FY25	Q2 FY25	Q3 FY25	Q4 FY25	Q1 FY26	Q2 FY26	Q3 FY26
Revenue from Operation	135.8	131.9	150.8	154.4	146.6	157.9	171.9	181.8	180.4	189.4	222.0
Employee benefits expense*	77.4	80.5	94.7	95.4	90.2	94.3	99.5	109.3	113.1	115.0	137.5
Other expenses^	22.9	21.6	21.4	21.2	21.5	22.3	23.5	24.1	24.1	24.7	26.7
Adjusted EBITDA**	35.5	29.8	34.7	37.8	34.9	41.3	48.9	48.4	43.2	49.8	57.7
Adjusted EBITDA %	26.2%	22.6%	23.0%	24.5%	23.8%	26.2%	28.4%	26.6%	24.0%	26.3%	26.0%
Adjustments:											
M&A Earnouts	3.4	1.6	0.8	0.8	1.5	1.4	1.4	2.4	1.8	1.4	0.4
SAR (stock appreciation right)	0.0	0.0	0.0	0.0	10.2	1.1	1.0	1.1	0.8	0.8	-0.7
Other Income^^	0.2	1.2	-0.1	0.1	0.4	1.8	1.2	1.1	0.6	0.7	1.0
Forex Gain / (Loss)	1.2	2.3	-2.0	0.5	2.5	-2.9	4.1	-1.6	0.6	6.0	-0.4
Reported EBITDA	33.5	31.7	31.8	37.5	26.2	37.7	51.7	44.4	41.7	54.2	58.5
Finance costs	5.7	5.8	5.6	5.2	4.5	3.5	3.6	3.4	3.2	2.8	2.8
Depreciation and amortisation	20.2	20.7	21.0	21.2	13.2	15.1	13.7	13.2	13.9	13.9	13.9
PBT before exceptional item	7.5	5.2	5.2	11.2	8.5	19.1	34.4	27.8	24.7	37.5	41.9
Exceptional item											3.8
Profit before tax	7.5	5.2	5.2	11.2	8.5	19.1	34.4	27.8	24.7	37.5	38.1
Tax Expenses	2.4	1.0	-3.3	1.5	5.8	5.1	8.6	6.5	7.2	8.7	8.0
Reported Profit After Tax	5.2	4.2	8.5	9.7	2.7	14.0	25.8	21.3	17.4	28.8	30.2
EPS (Rs)	0.10	0.08	0.16	0.19	0.05	0.25	0.46	0.39	0.32	0.54	0.57
Adjusted PAT	17.3	15.1	18.8	19.9	17.3	19.5	31.1	27.8	23.4	34.5	36.4
Adjusted PAT %	12.8%	11.5%	12.4%	12.9%	11.8%	12.3%	18.1%	15.3%	13.0%	18.2%	16.4%
Adjusted EPS(Rs)	0.32	0.29	0.37	0.39	0.33	0.35	0.56	0.51	0.43	0.64	0.69

*Employee benefits expense excludes M&A earnout and SAR (shown separately under adjustments),

^ Other expenses exclude forex loss. ^^ Other income excludes forex gain. Forex Gain and Forex Loss clubbed together and shown separately.

** Adjusted EBITDA represents EBITDA adjusted for earnouts payable for acquisitions (DCI, BirchAI & BroadPath), share-based payment awards and exclude other income / forex gain or loss).

Balance Sheet as on 31st Dec 25

<i>Amt in USD M</i>		
Particulars	Dec 25	Mar 25
Property, plant and equipment	46.7	43.3
Capital-work-in-progress	0.0	0.0
Right-of-use assets	55.4	64.6
Goodwill	691.1	706.0
Other intangible assets	221.3	238.1
Trade receivables and Unbilled	184.3	148.1
Cash and cash equivalents	64.4	40.2
Deferred tax assets (net)	16.4	15.6
Other Assets	39.1	36.1
Total Assets	1,318.8	1,292.0
Equity	1,022.7	974.6
Borrowings	76.8	95.5
Lease liabilities	60.5	68.4
Trade payables	22.7	25.0
Deferred tax liabilities (net)	43.9	50.0
Other Liabilities	92.2	78.5
Total Liabilities	1,318.8	1,292.0

Cash Flow

Amt in USD M

Particulars	9M FY26	FY25
Profit before tax for the period/ year	99.8	89.8
Adjustment for Non-Operating and Non-Cash items	45.4	82.5
Adjustment for working capital	(30.5)	-8.4
Income taxes paid (net of refunds)	(37.9)	-20.5
Net cash flows generated from operating activities (A) - OCF	76.8	143.5
Addition to Fixed Assets	(15.4)	-14.7
Free Cash flow (FCF)	61.4	128.8
Cash paid for M&A	-	-57.0
Pending Purchase consideration paid for healthcare business carveout	-	-44.4
Investment in Mutual fund and Fixed Deposit	(46.1)	-
Others	1.7	2.2
Net cash flows (used in) investing activities (B)	(59.8)	-114.0
Capital infused by promoter	-	43.8
Share Issue expense (paid)/ reimbursed	-	0.9
Dividend Paid	(2.7)	
Repayment of Promoter borrowings (include Interest)	(19.4)	-54.0
Repayment of lease liabilities (include Interest)	(15.7)	-21.0
Net cash flows (used in) financing activities (C)	(37.8)	-30.3
Net increase/ (decrease) in cash and cash equivalents (A+B+C)	(20.9)	-0.7
Cash and cash equivalents at the beginning of the year/period	40.2	41.3
Effect of movement in exchange rates on cash and cash equivalents	(0.4)	-0.3
Cash and cash equivalents at the end of the year/ period	18.9	40.2
Net cash flows generated from operating activities % (OCF on Reported EBITDA)	49.7%	89.7%
Free Cash flow % (FCF on Reported EBITDA)	39.7%	80.5%



Thank you.

