

PNC's Corporate Healthcare Index

Fourth Quarter 2025

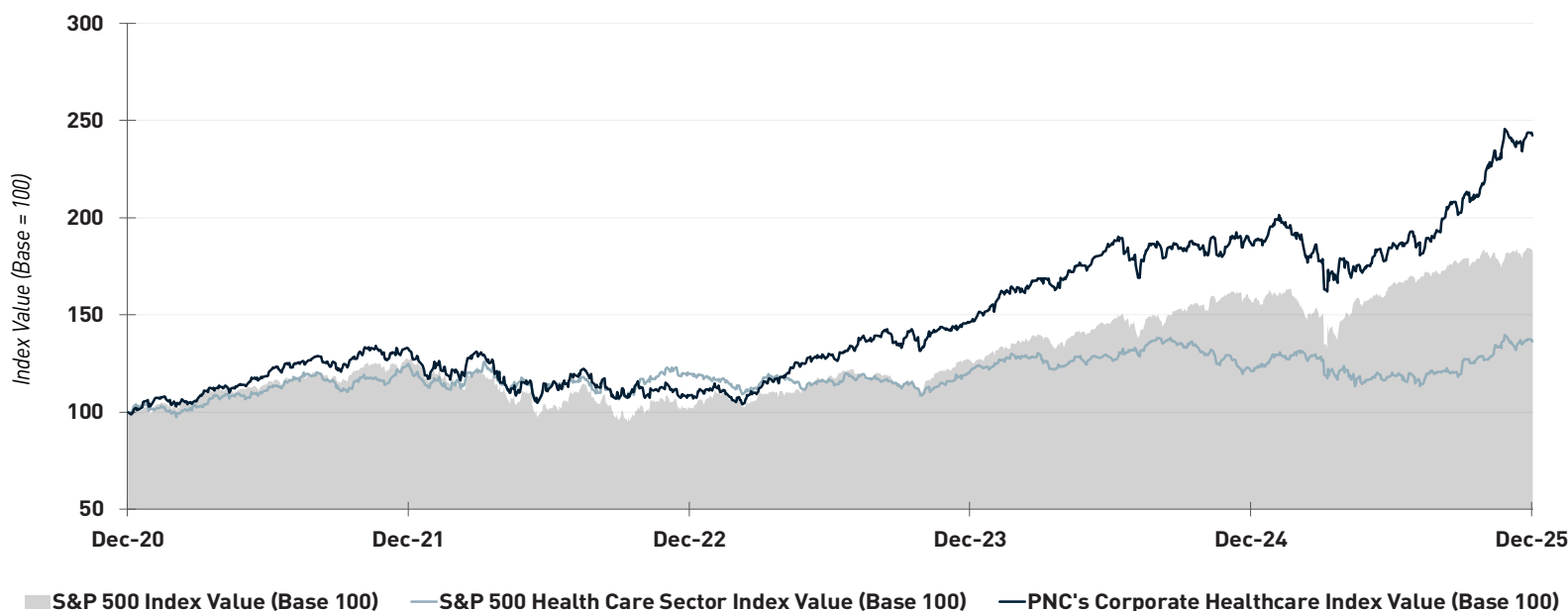


PNC's Corporate Healthcare Index (the "Index") is a tool, calculated quarterly, that examines the performance of—and trends within—the entire healthcare ecosystem. S&P launched the S&P 500 Healthcare Sector Index in 1996, but it is comprised of conventional healthcare entities in traditional subsegments. As healthcare becomes more consumer-centric, PNC's Index takes a modernized, non-traditional view of the healthcare landscape, tracking equity performance of the entire ecosystem based on a broad set of criteria.

Healthcare is being redefined and reshaped nearly every day in a variety of ways, as new entrants disrupt business models, retailers exit the ecosystem, and healthcare professionals search for new ways to improve the impact and efficiency of care delivery. It is the single, largest industry in the United States with an approximate spend of \$5.3T for 2024, or 18% of GDP.¹

- **PNC's Corporate Healthcare Index** examines 40 of the top public companies driving healthcare industry activity within six key categories: Emerging Trends, Health Technology / IT, Payors, Pharmaceuticals & Life Sciences, Providers, and Supply Chain / OEM.
- The Index is calculated on a market capitalization-weighted basis for direct comparison with both the S&P 500 Index and the S&P 500 Healthcare Sector Index.
- Over the last quarter, the Index **outperformed** both the S&P Healthcare Sector Index and the broader S&P 500. Performance was driven largely by gains among the Emerging Trends, Pharma & Life Sciences, and Supply Chain / OEM subsegments (see page 3).

PNC's Corporate Healthcare Index^{2,3}



Market Commentary

Healthcare Industry

Capping 2025, questions persist. The Affordable Care Act (ACA) enhanced premium subsidies, which expired December 31, fuel Congress’ ongoing debate addressing healthcare affordability and care delivery amidst the policy changes set to commence in 2026. Despite the end of the government shutdown and support for a temporary solution from Republican moderates, no material progress has been made on the enhanced subsidies.⁴ The funding deal that ended the shutdown did extend some other key policies through January, including funding for community and academic health centers, Medicare telehealth flexibility, and the acute Hospital-at-Home initiative.⁵ However, the next government budget funding deadline, January 30, looms, and healthcare promises to be at the center of the negotiations.

Downstream impacts of several other policy changes, along with Medicare Star Ratings assessments, continue to present payors with challenges in attracting new members to Medicaid and Medicare Advantage (MA) plans, accelerating payors’ preference to position providers for value-based care arrangements and site of service requirements.^{6, 7} Moreover, direct-to-consumer arrangements like Individual Coverage Health Reimbursement Arrangements (ICHRA) seemingly continue to gain interest, with proponents highlighting the swelling tide of consumerism in healthcare as underpinning ICHRA’s appeal.⁸ Consequently, the question for payors is whether their current infrastructures support the volume of individual choice and preference that widespread ICHRA adoption would attract.

On a final policy note, the Rural Health Transformation (RHT) Program is officially underway with first-year fund distributions awarded officially just before New Year’s Eve. \$10 billion of the program’s \$50 billion total allocation will be distributed in each of fiscal years 2026-2030, with half being distributed equally among the states. The balance will be awarded to states based on rural population and proportion of rural health facilities, as well as on the strength of their proposals for uses of the funds. These span several eligible spend categories, but are broadly focused on disease prevention, behavioral health, access, workforce development, and innovation in care and technology.⁹ TX, AK, and CA top the list for funding, receiving \$281, \$272, and \$234 million, respectively.¹⁰

In a recent Deloitte survey, **80% of US healthcare leaders** cite “regulatory and policy changes” as a top priority for 2026.¹¹ But, beyond the Hill, other pervading themes for year-end 2025 include:

- **Care Delivery:** While it’s no secret, providers continue to invest in Ambulatory Surgery Center (ASC) strategies, as ASCs continue to be the lower-cost, higher-margin gift that keeps on giving, particularly as high acuity procedure volumes rise.¹² In that same Deloitte survey, **over 40% of leaders cite “care delivery transformation” as a top priority for the new year.**
- **GLP-1 Pill Approved:** Novo Nordisk’s Wegovy beats out competitors as the first GLP-1 approved by the FDA for oral use, slated for launch in January.¹³ As time goes on, we anticipate continued improvement of accessibility and price for these relatively novel weight loss therapies, with utilization growing in concert.
- **Exit Activity:** With valuations on the rise on the back of loosening Monetary Policy, tight credit spreads, and deregulation, [the market is expecting a flood of transaction activity in 2026](#),¹⁴ and Medline, Inc.–a new addition to the Index, replacing Premier, Inc., which was taken private–closed out 2025 with the largest IPO of the year, raising \$6.26 billion.¹⁵
- **Despite Reductions, Healthcare is Big Business:** Demand for novel therapies and treatments, weight loss drugs, strong volume, and steady utilization trends drove strong earnings for S&P 500 healthcare companies in 2025, outperforming other industries.¹⁶ Meanwhile, CMS is projecting full-year 2025 healthcare spend at \$5.6T, a 7.1% increase.¹⁷

Industry Subsectors

Emerging Trends:

- Private Equity continues to pursue investments in specialty practices (e.g., cardiology), prioritizing outpatient settings and strong reimbursement in the fragmented provider landscape, particularly where the aging population has driven cost pressures¹⁸
- However, CMS’ new Ambulatory Specialty Model may negatively impact specialty reimbursement, potentially limiting potential ROI and disincentivizing further private equity investment¹⁹
- Record dry powder, tight spreads, and access to private credit are allowing smaller PE firms to punch above their weight in terms of deal size, adding further to heady expectations for 2026 transaction activity²⁰
- While still unclear for patient care, AI use cases for “back-office functions” continues to grow as major RCM companies acquire and integrate various platforms²¹
- As AI investment balloons, market participants are left to wonder who, if anyone, may be over-indexing, and how those over-investments may shake out²²

Health Technology / IT:

- Microsoft continues to leverage its AI tools within the healthcare industry, expanding its deployment of Dragon Copilot ambient AI through partnership and integration with Athenahealth²³
- GE Healthcare has spent \$2.3 billion in cash to acquire Intelrad, an imaging software developer, as a complement to the existing in-hospital imaging business. The purchase furthers GEHC’s goal of tripling its cloud-enabled product offerings by 2028²⁴
- Synchron, a direct competitor to Elon Musk’s Neuralink, raised an additional \$200M to aid in pursuit of a clinical trial for its brain implant, which is relatively less invasive and does not require brain surgery²⁵
- Digital Health remains a favored category of investment within healthcare, attracting \$14.2B in funding through FY 2025, a 35% Y/Y increase on the same period in 2024, though the market appears frothier²⁶
- To fuel growth among providers, value-based care (VBC) platform, Aledade, secures \$500M in private credit support from Ares Commercial Finance²⁷

Payors:

- UnitedHealth’s Optum will prune some of its providers and services in 2026, marking a return to the core value-based care mission with which it began.²⁸ At the same time, Optum Health will refocus around direct employment of physicians, straying from the affiliation model that it cites as having grown too large, unwieldy, and misaligned with core value-based priorities²⁹
- UnitedHealthcare, on the other side of the same coin, has elected to *stop* coverage of most Remote Patient Monitoring (RPM) among commercial and Medicare enrollees, generating some questions around how it will fully enact Optum Health’s “return to core VBC”³⁰
- Epic is expanding an MA verification partnership with Humana that will strengthen its foothold with major payors, one of its primary strategies for growth beyond acute care. Epic is pursuing similar partnerships with UnitedHealthcare and Elevance as well³¹

Pharmaceuticals & Life Sciences:

- The fevered pursuit of next-gen obesity treatments played out in the Pfizer / Novo Nordisk bidding war for Metsera. Pfizer ultimately won out, offering approximately \$10 billion in total consideration and with help from anti-trust considerations owing to the prevalence of Novo’s existing obesity treatments, Ozempic and Wegovy³²
- Moreover, Eli Lilly has become the first drugmaker worth over \$1 trillion from explosive growth in the weight-loss drug market and sales of Zepbound / Mounjaro³³
- In its quest for new pipeline and facing a patent cliff, Takeda makes a big bet on Innovent Biologics portfolio of oncology drugs³⁴
- To complement its clinical research services business, Thermo Fisher has purchased Clario Holdings for \$8.9B. Clario collects data from clinical outcome assessments, imaging, wearables, etc. and has supported about 70% of FDA drug approvals over the past decade³⁵

Providers:

- Amidst other plans for telehealth reimbursement and the Ambulatory Specialty Model, CMS finalizes a 2.5% pay increase for providers who treat Medicare beneficiaries as part of the 2026 Medicare Physician Fee Schedule³⁶
- Clinical joint ventures (JVs) expand as Fairview to spend \$1B as part of partnership with University of Minnesota Physicians³⁷
- Leading health systems report strong volumes, expense management, and length of stay improvements in positive end to the year, but are wary of potential financial headwinds that may come as One Big Beautiful Bill Act provisions go into effect in 2026 and beyond³⁸
- Several states are preparing to enact new laws and regulations in 2026, most of which seek to limit the persistent burden of the current prior authorization framework³⁹

Supply Chain / OEM:

- Medline helped close 2025 with a mid-December blockbuster IPO, raising \$6.26B at \$29-per-share and jumping an additional 40%+ in its first day of trading, lending further credence to the notion that the IPO window is open and creating more optimism for offerings in 2026⁴⁰
- Corewell Health and Quest Diagnostics have formed a JV, Diagnostic Lab of Michigan, focused on automated microbiology and high-throughput molecular testing. Quest will also provide lab services and supply chain management to all 21 of Corewell’s in- and outpatient hospital labs⁴¹
- In an analysis conducted by the WSJ, early prescription refills by mail-order pharmacies cost Medicare roughly \$3 billion over two years. Mail-order pharmacies account for about 37% of excess dispensing, despite filling only about 9% of Medicare prescriptions⁴²

PNC's Corporate Healthcare Index - Index Constituents and Periodic Return Data^{2, 3, 43}

	Periodic Return Data as of End of Trading on 12/31/25						
	1-Month	3-Month	6-Month	1-Year	3-Year	5-Year	Year-to-Date
S&P 500 Index Value	(0.05%)	2.35%	10.32%	16.39%	78.29%	82.25%	16.39%
S&P 500 Health Care Sector Index Value	(1.51%)	11.20%	14.84%	12.53%	13.90%	36.40%	12.53%
PNC's Corporate Healthcare Index Value	(0.79%)	18.39%	31.39%	30.54%	123.57%	142.30%	30.54%
Index Constituents:							
Emerging Trends							
1. Accendra Health, Inc.	2.94%	(41.67%)	(69.23%)	(78.58%)	(85.66%)	(89.65%)	(78.58%)
2. agilon health, inc.	5.77%	(33.14%)	(70.06%)	(63.75%)	(95.73%)	-	(63.75%)
3. Alphabet Inc.	(2.24%)	28.75%	77.61%	65.35%	254.75%	257.18%	65.35%
4. Amazon.com, Inc.	(1.03%)	5.12%	5.21%	5.21%	174.79%	41.74%	5.21%
5. AMN Healthcare Services, Inc.	(5.35%)	(18.60%)	(23.75%)	(34.11%)	(84.67%)	(76.91%)	(34.11%)
6. CVS Health Corporation	(1.24%)	5.27%	15.05%	76.79%	(14.84%)	16.19%	76.79%
7. Hinge Health, Inc.	(5.03%)	(5.36%)	(10.24%)	-	-	-	-
8. JPMorgan Chase & Co.	2.92%	2.15%	11.14%	34.42%	140.28%	153.58%	34.42%
9. Tempus AI, Inc.	(24.23%)	(26.84%)	(7.07%)	74.91%	-	-	74.91%
10. Walmart Inc.	0.81%	8.10%	13.94%	23.31%	135.72%	131.86%	23.31%
Health Technology / IT							
11. Oracle Corporation	(3.49%)	(30.70%)	(10.85%)	16.96%	138.45%	201.30%	16.96%
12. Salesforce, Inc.	14.91%	11.78%	(2.85%)	(20.76%)	99.80%	19.04%	(20.76%)
13. Teladoc Health, Inc.	(7.77%)	(9.44%)	(19.63%)	(22.99%)	(70.40%)	(96.50%)	(22.99%)
14. Veradigm Inc.	(4.00%)	0.00%	2.13%	(50.77%)	(72.79%)	(66.76%)	(50.77%)
Payors							
15. Centene Corporation	4.60%	15.33%	(24.19%)	(32.07%)	(49.82%)	(31.45%)	(32.07%)
16. The Cigna Group	(0.74%)	(4.52%)	(16.74%)	(0.33%)	(16.93%)	32.21%	(0.33%)
17. Elevance Health, Inc.	3.63%	8.49%	(9.88%)	(4.97%)	(31.66%)	9.17%	(4.97%)
18. Humana Inc.	4.22%	(1.55%)	4.77%	0.95%	(49.99%)	(37.57%)	0.95%
19. UnitedHealth Group Incorporated	0.10%	(4.40%)	5.81%	(34.74%)	(37.74%)	(5.87%)	(34.74%)
Pharmaceuticals & Life Sciences							
20. Biogen Inc.	(3.35%)	25.64%	40.13%	15.09%	(36.45%)	(28.13%)	15.09%
21. Cencora, Inc.	(8.45%)	8.07%	12.64%	50.32%	103.82%	245.49%	50.32%
22. Eli Lilly and Company	(0.07%)	40.85%	37.86%	39.21%	193.76%	536.51%	39.21%
23. Johnson & Johnson	0.01%	11.61%	35.48%	43.10%	17.15%	31.50%	43.10%
24. Merck & Co., Inc.	0.41%	25.41%	32.97%	5.81%	(5.13%)	28.68%	5.81%
25. Moderna, Inc.	13.51%	14.17%	6.89%	(29.08%)	(83.58%)	(71.77%)	(29.08%)
26. Pfizer Inc.	(3.26%)	(2.28%)	2.72%	(6.14%)	(51.41%)	(32.36%)	(6.14%)
27. Roche Holding AG	6.77%	26.28%	27.01%	28.45%	12.98%	6.21%	28.45%
28. Thermo Fisher Scientific Inc.	(1.93%)	19.47%	42.91%	11.38%	5.22%	24.40%	11.38%
Providers							
29. HCA Healthcare, Inc.	(8.15%)	9.54%	21.86%	55.54%	94.56%	183.87%	55.54%
30. Surgery Partners, Inc.	(9.49%)	(28.60%)	(30.50%)	(27.02%)	(44.54%)	(46.74%)	(27.02%)
31. Tenet Healthcare Corporation	(8.36%)	(2.13%)	12.91%	57.43%	307.30%	397.67%	57.43%
Supply Chain / OEM							
32. Cardinal Health, Inc.	(3.18%)	30.93%	22.32%	73.75%	167.33%	283.68%	73.75%
33. DaVita Inc.	(5.07%)	(14.50%)	(20.25%)	(24.03%)	52.15%	(3.23%)	(24.03%)
34. GE HealthCare Technologies Inc.	2.54%	9.21%	10.73%	4.91%	40.49%	-	4.91%
35. Hologic, Inc.	(0.64%)	10.37%	14.32%	3.33%	(0.43%)	2.28%	3.33%
36. McKesson Corporation	(6.90%)	6.18%	11.94%	43.93%	118.67%	371.65%	43.93%
37. Medline Inc.	-	-	-	-	-	-	-
38. Medtronic plc	(8.80%)	0.86%	10.20%	20.26%	23.60%	(18.00%)	20.26%
39. Molina Healthcare, Inc.	17.05%	(9.31%)	(41.75%)	(40.37%)	(47.45%)	(18.40%)	(40.37%)
40. Solventum Corporation	(7.06%)	8.55%	4.48%	19.95%	-	-	19.95%

Healthcare at PNC Overview

Contact Information

Healthcare at PNC by the Numbers⁴⁴

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\$39B+
*in Capital Commitments
to Healthcare Companies Across the US*

56,000+
*Healthcare Clients Served through PNC's
Extensive Suite of Solutions*

750+
*Relationships with
Private Equity Firms*

500+
*Employees Directly Serving
Our Healthcare Clients*

30+
*Years of Dedicated Sector Coverage via the
PNC Healthcare Industry Vertical*

\$15.8B
*Healthcare Client Assets Under
Management (AUM)⁴⁵*

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1. Centers for Medicare & Medicaid Services (CMS)
2. Share price data is sourced from S&P CapitalIQ as of January 2, 2026
3. "PNC's Corporate Healthcare Index Value" is a weighted average of the constituents' share prices as of the end of trading on December 31, 2025. The Index is a market capitalization-weighted equity index. Rebalancing occurs on the last trading day of each fiscal quarter, most recently December 31, 2025.
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