Forward Looking Statements and Non-GAAP Financial Measures

This presentation may contain certain forward-looking statements provided by Company management. These statements are intended to be covered by the safe-harbor provisions of the Private Securities Litigation Reform Act of 1995. Forward-looking statements include all statements that do not relate solely to historical or current facts, including statements regarding future operations, financial results, cash flows, costs and cost management initiatives, capital structure management, growth rates, and operational and strategic initiatives, and can also be identified by the use of words like “may,” “believe,” “will,” “expect,” “project,” “estimate,” “anticipate,” “intend,” “plan,” “initiative,” “continue” or words or phrases of similar meaning. These forward-looking statements speak only as of the date hereof and are based on our current plans and expectations and are subject to a number of known and unknown uncertainties and risks, many of which are beyond our control. These risks and uncertainties are described under headings such as “Risk Factors” in our annual report on Form 10-K for the year ended December 31, 2018 and other reports filed with the Securities and Exchange Commission. As a consequence, current plans, anticipated actions and future financial position and results of operations may differ significantly from those expressed in any forward-looking statements in today's presentation. You are cautioned not to unduly rely on such forward-looking statements when evaluating the information presented and we do not intend to update any of these forward-looking statements.

The presentation may contain certain non-GAAP measures, including Adjusted EBITDA. The Company's earnings releases for the year ended December 31, 2018, the quarter and six months ended June 30, 2019, and similar earnings releases for the prior three December 31st year ends, located on the Company's investor relations page at www.hcahealthcare.com, include reconciliations of certain non-GAAP financial measures with the most directly comparable financial measure calculated in accordance with GAAP. These non-GAAP financial measures should not be considered alternatives to the GAAP financial measures.

References to “Company” used herein refer to HCA Healthcare, Inc. and its affiliates, unless otherwise stated or indicated by context.
Diversified Mix of Facilities, Services, and Settings

**Acute Care**
- **184** Hospitals
- **48.5k** Licensed Beds

**Ambulatory Services**
- **125** ASCs
- **20** GI Centers

**Access Centers**
- **137** Urgent Care Centers
- **95** FSERs

**Physicians**
- **~1,306** Physician Clinics
- **~38k** Active Medical Staff

Figures as of June 30, 2019

Investor Update

Strategic Guiding Principles

Committed to industry leading quality & service

Growth through patient & physician relationships

A well-informed response to the market environment

Industry leading efficiency

Development of future leaders

Be the provider system of choice for patients and physicians by leveraging the scale and capabilities of HCA Healthcare in the local markets to create a competitive advantage.
HCA Healthcare market share ranks 1st or 2nd in 28 of 37 studied markets.

HCA Healthcare’s Enterprise Market Share: 25.1%

- Statistics are derived by analyzing inpatient data supplied by relevant state agencies. State agencies supplying inpatient data specifically disclaim the statistics and findings resulting from such inpatient data.
- Recently acquired markets, Western North Carolina and Savannah, are not yet included in HCA’s same store enterprise market share definition and are not included in the current enterprise market share calculations.

Markets represent HCA’s major markets.
Consistent Top Line Growth

**Admissions**
- 5 year CAGR\(^1\) **2.8%**
- 2018\(^2\) **2.00M**
- 2019 over PY\(^3\) **3.9%**

**Equivalent Admissions**
- 5 year CAGR\(^1\) **3.8%**
- 2018\(^2\) **3.42M**
- 2019 over PY\(^3\) **5.5%**

**Revenues**
- 5 year CAGR\(^1\) **6.4%**
- 2018\(^2\) **$46.68B**
- 2019 over PY\(^3\) **9.4%**

**Surgeries**
- 5 year CAGR\(^1\) **1.8%**
- 2018\(^2\) **1.52M**
- 2019 over PY\(^3\) **2.8%**

**Emergency Room Visits**
- 5 year CAGR\(^1\) **4.7%**
- 2018\(^2\) **8.76M**
- 2019 over PY\(^3\) **2.0%**

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1 Percentages represent 5 year CAGR: 2013 – 2018
2 Values represent end of year 2018
3 Percentages represent June 2019 YTD over PY

Adjusting EBITDA & EPS Growth

- Q2 2019 - for the six months ended June 30, 2019, Adjusted EBITDA was $4.834 B compared to $4.345 B for the same period of 2018; diluted earnings per share was $5.22 compared to $5.50 for the first six months of 2018.
- Diluted earnings per share for the six months ended June 30, 2019 includes gains on sales of facilities of $17 million, or $0.04 per diluted share; diluted earnings per share for the six months ended June 30, 2018 includes gains on sales of facilities of $414 million, or $0.88 per diluted share.

* 2015-2018 Diluted EPS excludes gains/losses on sales of facilities, losses on retirement of debt and legal claim costs/benefits. 2016-2018 includes tax benefits for employee equity award settlements ($0.41, $0.22, and $0.35 per diluted share, respectively). 2017 and 2018 include impacts of Tax Reform (-$0.81 and $1.55, respectively).
Deploying a Balanced Allocation of Capital

**Investing in Growth**

- **$20.8B** Capital Expenditures
- **$8.1B** Acquisition Capital

**Delivering Shareholder Value**

- **$3.2B** Special Dividends
- **$765M** Quarterly Dividends*
- **$13.0B** Share Repurchases

Cash Flows provided by Operations and primary uses of Cash Flows from March 2011 IPO through June 2019 YTD

*HCA began paying a regular, quarterly dividend in the 1st quarter of 2018
Provider System of Choice

Local Sustainable Growth

Operational Excellence
Coordination Across Continuum
Access and Convenience
Strong Physician Relationships
Comprehensive Service Lines

Investor Update
Comprehensive Access Across the Continuum

Nashville, TN Market

- Hospitals: 10
- Imaging Centers: 21
- Ambulatory Surgery Centers: 6
- Health Parks: 9
- TriStar Medical Group Locations: 68
- Freestanding ERs: 4
- CareNow Urgent Care Centers: 14
- Transfer Center: 1

Figures as of May 2019
Sources of Differentiation

- Capital
- Innovation
- Economies of Scale

Improve Our Business
Drive Growth
Speed to Market
Support Execution
Committed to Ensuring Capacity and Access
$28.9B invested since the 2011 IPO

**2019 Pipeline**

**1,135** Inpatient Beds

**374** ER Beds

Annual Capital Investment

- **Projected pipeline does not include acquisition-related capacity.**
- **2011 includes $351M in Capital Investment incurred prior to the March 2011 IPO.**
Driving Value for Key Stakeholders

Patients
- Safe
- High Quality
- Compassionate
- Convenient
- User Friendly
- Cost-effective

Physicians
- Clinical Capabilities
- Efficient Place to Practice
- Voice
- Growth

Employees
- Compensation and Benefits
- Training and Development
- Resources
- Advancement

Payers
- Comprehensive Network of Access Points and Service Lines
- Competitively Priced
- Physician Network
- Clinical Outcomes

Shareholders
- Earnings Growth
- Return on Capital
- Future Growth
- Management
- Governance

Investor Update

Advancing the Patient Experience

Strong Leadership

Partnering with Physicians

Patient Experience

Big Data/Technology

Engaged Employees
Learning and Improving at Scale

Improved Care at the Bedside

SPOT & Surviving Sepsis Program
- SPOT detects sepsis ~6 hours earlier than clinicians
- HCA 2019 Red Hat “Innovator of the Year” for SPOT
- 23% YOY decrease in sepsis mortality in 2018
- HCA sepsis programs saved ~7.5K lives (since 2013)

Maternal Mortality
- 4.4 / 100K deliveries for HCA (2018)
- 14.2 / 100K U.S. nationally (published 2016)

Enhanced Surgical Recovery
- Up to 50% reduction in inpatient opioid use
- Up to 35% reduction in 30-day in-hospital HCA readmissions

Stroke
- 42-min median door-to-needle across HCA vs. 60-min national goal (YTD 2Q19)

Improved Care Everywhere

REDUCE MRSA
- Improved worldwide best practices for preventing infections in ICU patients by 44%
  (74K-patient study, published 2013)

ABATE
- Reduced infections in patients with central lines by 32% (529K patients, published 2019)

39 Weeks
- Found lower risk for elective deliveries at term (~17K deliveries)
- Developed national “Hard Stop” policy to prevent elective deliveries prior to 39 weeks

Cancer Patient ID
- NLP tool reads path reports 1,250% faster than clinicians, offering timelier recognition and treatment and saving 46K hours (2018)
Partnering with Physicians

- VOICE
- PHYSICIAN ENGAGEMENT
- TIME
- GROWTH

CLINICAL CAPABILITIES
Sources of Differentiation

- Experienced Leadership
- Diversified Portfolio
- Financial Strength
- Strong Operating Culture
- Scale