

Results for year ended 30 June 2014

13 August 2014



FY2014 result demonstrates the strength and resilience of the Primary model

FY2014 result highlights

- EBITDA up 4.7% to \$399.1m
- 80 bps EBITDA margin expansion in Medical Centres
- 8.3% 2HFY2014 EBITDA growth in Medical Centres over pcp
- Revenue growth of 6.1% in Pathology and 7.7% in Imaging division
- EPS up 7.7% to 32.2 cents per share (up 9.7% excluding \$3.0m refinancing charge)
- Final dividend of 11.0 cents per share (full year dividend of 20.0 cents per share, up 14.3% from FY2013)

Positioned for future growth

- 8 new medical centre sites identified for rollout in FY2016 and beyond
- Successful tender for immigration visa medicals highlights potential for outsourcing opportunities
- Utilise scale and footprint, e.g. Primary IVF business launched in July 2014
- Continue Medical Centres "backfill" strategy and expand bolt-on specialist practices
- Successful upgrade of 30-year-old Warringah medical centre highlights long-term growth potential



Proposed Federal Government co-payment initiatives

- Considerable uncertainty on the nature and extent of these changes (if any) that will be legislated
- In the event some form of legislation is passed, the earliest it will come into force will be July 2015
- · Specific details about how any changes will be implemented has not yet been provided
- Primary's potential response to be determined if / when details are confirmed
- Regardless of whether some form of co-payments is ultimately introduced, Primary's scale and broad range of capabilities ensure that it is well-positioned to continue to deliver sustainable earnings growth



Summary income statement

\$m	Year ended 30 June 2014	Year ended 30 June 2013¹
Revenue	1,524.1	1,440.0
EBITDA	399.1	381.2
EBITDA margin	26.2%	26.5%
Depreciation and amortisation	(94.0)	(89.3)
EBIT	305.1	291.9
Finance costs ²	(71.7)	(76.6)
Income tax	(70.8)	(65.3)
Minorities	(0.1)	0.1
Net profit after tax	162.5	150.1
Earnings per share (cps)	32.2	29.9
Final dividend per share - fully franked (cps)	11.0	11.0

Notes

- 1 Comparatives adjusted for adoption of AASB11 Joint Arrangements as at 1 July 2013
- 2 FY2014 includes a \$4.2m pre-tax charge (\$3.0m post-tax) of unexpired fees relating to the November 2013 bank facility refinancing





Sustained operating cash flow generation

\$m	Year ended 30 June 2014	Year ended 30 June 2013
Cash flow from operating activities	269.0	264.4
Add back:		
- Net interest and finance costs paid	60.7	71.4
- Net income tax paid	57.6	45.8
- Other	-	0.3
Gross operating cash flow	387.3	381.9
Gross operating cash flow as a % of EBITDA	97%	100%





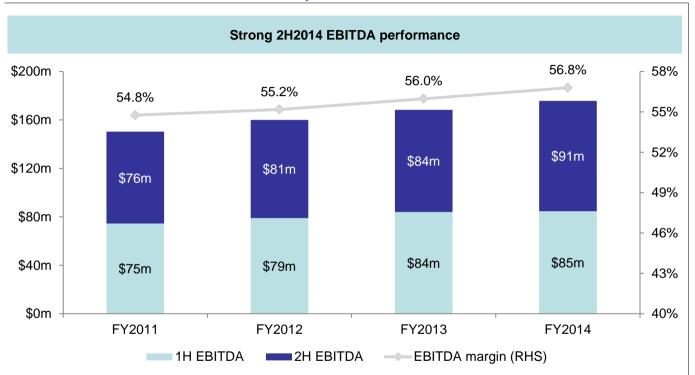
Margin expansion and EBITDA growth validates large scale model

\$m	Year ended 30 June 2014	Year ended 30 June 2013
Revenue	309.6	300.8
EBITDA	175.8	168.4
EBITDA margin (%)	56.8%	56.0%

- · Revenue growth of 2.9% impacted by:
 - Dental revenues decreased \$6.8m 1H2014 vs. 1H2013, now growing
 - No Medicare fee increase during FY2014 (delayed until 1 July 2014)
- Margin improvement of 80 bps
- Strong 2H2014 performance EBITDA up 8.3% on pcp and 7.6% on 1H14
- GP acquisition price has experienced a 10% downward trend during year
- GP retention levels in line with expected / historic levels



Medical Centres – Historic EBITDA performance



- 8.3% increase in 2H2014 over pcp despite no increase to Medicare funding in FY2014
- Strong margin improvement in extended period of negligible fee increases
- Headwind of smaller "Symbion" centres now complete





- Backfill existing centres
 - Newest 22 centres are currently under 7 years old
 - Operational leverage as health professionals are added to a centre's fixed cost base
- Addition of new specialists to enhance offering at Primary's medical centres
 - Primary IVF launched July 2014
 - Acquisition of additional specialist practices
- Roll-out of new / upgraded centres
 - Successful opening of upgraded Warringah centre during FY2014
 - Strong pipeline of new centres to be progressively rolled out from FY2016 onwards
- Ongoing investment in professionals for quality and productivity purposes
 - Regular clinical education meetings with over 1,000 hours delivered by lead doctors
 - 15 registrars now working in network and 74 accredited supervisors





- Relocation and upgrade of the original Primary centre opened 30 year ago
- Opened November 2013
- Services offered at Warringah centre by approximately 100 professionals include:
 - General practice
 - Pathology collection
 - Radiology (including MRI)
 - Expanded day surgery
 - Dental
 - Physio and sports clinic
 - Eye centre
 - Specialists and skin clinic
- Highlights growth potential of older sites not limited by age of centre
- GP attendances, day surgery revenues and other services all improving in line with expectations









- Primary IVF launched July 2014
 - IVF Medicare services will be bulk-billed (i.e. no co-payment)
- Consistent with Primary's core objective to provide high quality, affordable, accessible health care
- First site is co-located at Primary's George Street medical centre in Sydney
- · Agreements have been signed with leading fertility specialists
- Primary IVF will utilise existing infrastructure and capabilities and deliver incremental revenue to other divisions of Primary (e.g. pathology)
- · Initial focus will be on optimising the model and modest growth is expected



Pathology

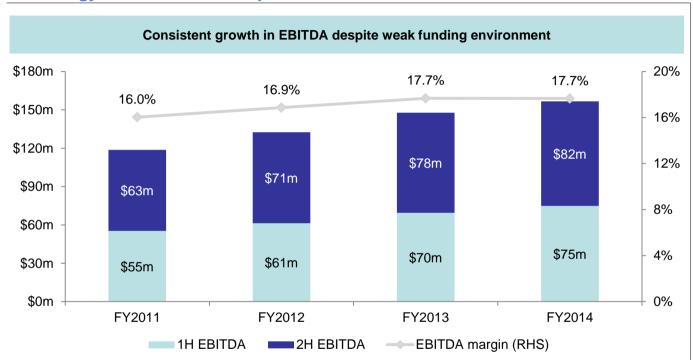
Continued growth in revenue and EBITDA

\$m	Year ended 30 June 2014	Year ended 30 June 2013
Revenue	887.4	836.3
EBITDA	156.7	147.8
EBITDA margin (%)	17.7%	17.7%

- Annual revenue growth of 6.1%
- No fee increase / decrease during FY2014
- · PRY market share stable
- · Volume growth over recent months has been subdued
- Entered Tasmanian market with organic start-up in 2HFY2014



Pathology – Historic EBITDA performance



- EBITDA growth supported by 6.2% revenue CAGR
- Achieved in an environment of net fee decreases
- Some rent escalation due to "land-grab" for ACCs
- Tasmanian operations will not contribute in short-run





- Ongoing investment in infrastructure and automation
 - Maintain and extend quality, cost and efficiency leadership
- "Bolt-on" acquisitions plus organic growth
 - Early stage commencement of pathology services into Tasmania
 - Acquisitions used to enhance capabilities, expand footprint and increase volumes
 - 3 small acquisitions successfully completed in FY2014
- Continued focus on Government outsourcing opportunities
 - · Pressure on government spending is likely to continue
 - Currently estimated 1/3 of pathology volume nationally is not contested
 - PRY has strong track record (e.g. visa medical screening, state public sector)
- 4 Collection centres regulatory environment
 - Deregulation has afforded opportunities (e.g. entry into Tasmanian market, new testing innovations)
 - Consideration of potential re-regulation of ACCs:
 - Driving further "land-grab" by some industry participants
 - Driving further rent escalation



Imaging division continues to grow

\$m	Year ended 30 June 2014	Year ended 30 June 2013 ¹
Revenue	316.1	293.4
EBITDA	73.0	68.1
EBITDA margin (%)	23.1%	23.2%

- 7.7% revenue growth
- Strong growth in MRI revenue since Medicare funding changes in November 2013
- Successful tender for immigration visa medicals outsourcing contract commenced August 2014
- Wage / productivity gains are slow and long-term
- Industrial action in Victoria during 2HFY2014 had negative impact on results, but now resolved
- 18.9% EBITDA CAGR and 800 bps EBITDA margin expansion since FY2011

Notes

1 Comparatives adjusted for adoption of AASB11 Joint Arrangements as at 1 July 2013





- Optimisation of radiologist model
 - Continued move to fee for service model.
 - Reduce reliance on locums
- 2 Improved utilisation of MRI equipment
 - November 2013 changes broadened the range of GP referrals covered by Medicare
 - · Strong increase in MRI revenue, however funded MRIs remain underutilised
 - Ongoing GP education program to increase awareness of MRI capability
- 3 Continued focus on Government and hospital outsourcing opportunities
 - Current examples include immigration visa medicals and several hospitals

Health Technology

Positive renewal trend in core Medical Director product

\$m	Year ended 30 June 2014	Year ended 30 June 2013
Revenue	37.2	37.0
EBITDA	20.2	20.2
EBITDA margin (%)	54.3%	54.6%

- · Positive renewal trend in core Medical Director product and other GP software products
- Hospital applications business continues to decline
- · Investment in product starting to deliver significant product enhancements
 - New web-based medicine information resource (AusDI) for PC, tablet and mobile
 - Medical Director / Pracsoft release 3.15 with performance improvements
 - Medical Director sidebar launched



Net corporate EBITDA in line with expectations

\$m	Year ended 30 June 2014	Year ended 30 June 2013
Revenue	4.0	1.6
Expenses	(30.6)	(24.9)
EBITDA	(26.6)	(23.3)

- FY2014 revenue includes \$3m profit on sale of Vision shares
- Expenses include \$2m non-recurring settlement of legal matters
- · Other expense increases primarily salary-related



Disciplined approach to capital expenditure

\$m	Year ended 30 June 2014	Year ended 30 June 2013
Property, plant and equipment	72.4	66.6
Business acquisitions	70.6	69.8
Intangibles	42.3	36.6
Sub-total ex-Warringah medical centre	185.3	173.0
Warringah medical centre	17.6	4.9
Total	202.9	177.9

- · Business acquisitions include GPs, radiologists, specialists and pathology businesses
- Average cost of GP practices experienced a 10% downward trend during FY2014
- Spend on intangibles
 - Continued increased spend on pathology software and system upgrades and integration
 - \$9.0m spend on extension of GP contracts post 5 years in FY2013 reduced to \$5.5m FY2014





Refinance of bank debt extends maturity profile and reduces the cost of debt

\$m	Year ended 30 June 2014	Year ended 30 June 2013
Bank and finance debt	952.7	930.3
Cash	(27.5)	(34.7)
Retail Bonds	152.3	152.3
Net debt per balance sheet	1,077.5	1,047.9

- \$1.25bn bank debt facility out to January 2017 (\$625m) and November 2018 (\$625m) with improved margins
- \$4.2m pre-tax charge on amortisation of unexpired borrowing costs on previous facility
- \$29.6m increase in net debt a result of spend on new Warringah centre and \$7m refinance costs
- · Two bank facility covenants
 - Gearing Ratio = Net Finance Debt (excluding Retail Bonds) / EBITDA
 - 2.32x at 30 June 2014 (bank covenant < 3.25x)
 - Interest Cover = EBITDA / Net Interest Expense
 - 6.45x at 30 June 2014 (bank covenant > 3.0x)





FY2014 result

- EBITDA up 4.7% to \$399.1m
- EPS up 7.7% to 32.2 cents (up 9.7% excluding \$3.0m refinancing charge)
- Full year dividend of 20.0 cents per share is 14.3% higher than FY2013

FY2015 earnings guidance

- EBITDA \$410m-\$425m
- EPS growth of 5%-12%
- Earnings guidance includes any short-term impacts to patient volumes caused by regulatory uncertainty

Positioned for future growth

- 8 new medical centre sites identified for roll-out in FY2016 and beyond
- Successful tender for immigration visa medical screening contract highlights outsourcing potential
- Utilise scale and footprint e.g. Primary IVF business launched in July 2014
- Continue Medical Centres "backfill" strategy and expand bolt-on specialist practices
- · Successful upgrade of original Warringah Mall medical centre highlights long-term growth





This presentation has been prepared by Primary Health Care Limited (ACN 064 530 516) ('PRY').

Material in this presentation provides general background information about PRY which is current as at the date this presentation is made. Information in this presentation remains subject to change without notice. Circumstances may change and the contents of this presentation may become outdated as a result.

The information in this presentation is a summary only and does not constitute financial advice. It is not intended to be relied upon as advice to investors or potential investors and has been prepared without taking account of any person's investment objectives, financial situation or particular needs.

This presentation is based on information made available to PRY. No representation or warranty, express or implied, is made in relation to the accuracy, reliability or completeness of the information contained herein and nothing in this presentation should be relied upon as a promise, representation, warranty or guarantee, whether as to the past or future. To the maximum extent permitted by law, none of PRY or its directors, officers, employees, agents or advisers (PRY parties) accepts any liability for any loss arising from the use of this presentation or its contents or otherwise arising in connection with it, including, without limitation, any liability arising from the fault or negligence on the part of any PRY parties.

Those statements in this presentation which may constitute forecasts or forward-looking statements are subject to both known and unknown risks and uncertainties and may involve significant elements of subjective judgment and assumptions as to future events which may or may not prove to be correct. Events and actual circumstances frequently do not occur as forecast and these differences may be material. The PRY parties do not give any representation, assurance or guarantee that the occurrence of the events, express or implied, in any forward-looking statement will actually occur and you are cautioned not to place undue reliance on forward-looking statements.

This presentation is provided for information purposes only and does not constitute an offer, invitation or recommendation with respect to the subscription for, purchase or sale of any security and neither this document, nor anything in it shall form the basis of any contract or commitment. Accordingly, no action should be taken on the basis of, or in reliance on, this presentation.