omada

AS OF
November 5, 2026

Building a Between-Visit Provider



omadahealth.com

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Non-GAAP Financial Measures and Key Operational Metrics

This presentation includes certain financial measures not presented in accordance with U.S. generally accepted accounting principles ("GAAP"), including non-GAAP gross profit, non-GAAP gross margin, non-GAAP cost of revenue, adjusted EBITDA, and adjusted EBITDA margin, which are used by management for financial and operational decision-making and as a means to assist in evaluating period-to-period comparisons. These non-GAAP financial measures have certain limitations and should be considered in addition to, not as a substitute for or in isolation from, financial measures prepared in accordance with GAAP. Any non-GAAP financial measure as defined by us may not be comparable to similar non-GAAP financial measures presented by other companies. Presentation of such financial measures, which may include adjustments to exclude unusual or non-recurring items, should not be construed as an inference that our future results will be unaffected by other unusual or non-recurring items. See Appendix: GAAP to Non-GAAP Reconciliation for a reconciliation of each non-GAAP financial measure to the most directly comparable financial measure prepared in accordance with GAAP. Reconciliations of forward-looking non-GAAP measures are not included in this presentation because these GAAP measures are not available without unreasonable effort due to the potential variability and complexity of the items excluded from these Non-GAAP measures.



What Does Omada Do?

People need longitudinal, between-visit care in order to get well.



Omada engages with members between doctor's visits to help them stay on track

80%+

of factors determining outcomes occur between doctor's visits. [1]

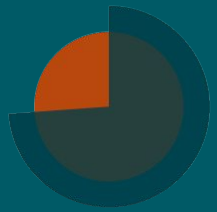




- High cost of prescriptions
- Lack of exercise
- Unhealthy eating habits
- Inconsistent prescription adherence
- Lack of social support
- Trouble understanding recommended care

1. Data from the American Journal of Preventive Medicine, Hood CM, Gennuso KP, Swain, GR, Catlin, BB, County Health Rankings: Relationships Between Determinant Factors and Health Outcomes, February 2016; 50(2):129-135.

Significant comorbidities make treatment more complex



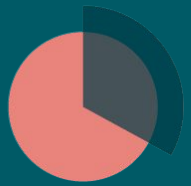
74%

of people with diabetes also have hypertension[1]



58%

of people with diabetes also have a musculoskeletal condition[2]



30%

of people with pre-diabetes also have hypertension[3]

Diabetes Hypertension Musculoskeletal Prediabetes

1. Endotext, Naha S, Gardner MJ, Khangura D, et al., Hypertension in Diabetes, August 2021.
2. Clinical Medicine, Harry Ward, Ali S. Jawad, Musculoskeletal manifestations of diabetes mellitus – an update, January 2026.
3. Journal of Research in Medical Sciences, Alijanvand, MH, Aminorroaya, A, Kazemi, I, Amini, M, Yamini, SA, Mansourian, M, Prevalence and Predictors of Prediabetes and Its Coexistence with High Blood Pressure in First-degree Relatives of Patients with Type 2 Diabetes: A 9-year Cohort Study, March 2020; 25:31.

It takes a system to change outcomes

Conditions we cover

The diagnoses & comorbidities that cluster in one member.

Metabolic Health	Cardiovascular Health	Musculoskeletal	Advanced Care
Prediabetes	Hypertension	MSK & mobility	GLP-1 therapy
Obesity	High cholesterol	Osteoarthritis	High-risk T2D
Type 2 diabetes	Sleep apnea	Chronic joint pain	Specialist consults
CKD	Heart failure		Fatty liver

Lifestyle support & tracking

Connected devices & tech for nutrition, sleep, activity, coaching.

Nutrition · Activity · Sleep · Stress · Human coaching · Social/peer support · Educational content

Connected scales · CGM · BP monitors · Glucose monitors · Digital biomarkers · Wearables

Medical & pharma services

Clinicians, diagnostics, labs, prescribing, adherence, devices.

GLP-1 Rx · Specialists · Med adherence · Diabetes Rx · HTN Rx

Labs · Cholesterol Rx

AI & data layer

Predictive interventions, risk scoring, longitudinal data.

AI coaching · Longitudinal data · Predictive care · Risk scoring

Population insights · Smart nudges · Care-gap detection

Covered today · Expansion Opportunities


Financial
Outlook

Three pillars powering Omada's growth

Covered Lives

Expand addressable market

+ 5 products, multiple end markets
+ 25M+ covered lives[1]
+ 1-10% penetration across major segments[2]
+ Relationships with large PBMs who together process ~80% of prescription claims[3]
+ 2,000+ customers with 90%+ retention[4]

Enrollment Effectiveness

Convert eligible lives to active members

+ 116M emails / 6,700 campaigns in 2025[5]
+ Multi-Program penetration
  - → Diabetes / Hypertension / Cholesterol
  - → Prescribing
+ Investing in AI to optimize funnel conversion

Engagement

Drive outcomes, retention and recurring revenue

+ 55% engaged at 12 months; 50% at 24 months[6]
+ GLP-1 Care Track can increase engagement and retention
+ AI features such as *OmadaSpark* and *MealMap* can enhance engagement
+ Increased engagement is highly accretive to revenue and margins

1. Estimated number of individuals with benefits coverage that can apply for one or more Omada programs if they have a clinical need, as of December 31, 2025.
2. Based on Omada covered lives as of December 31, 2025. Market sources: KFF, 2024 Employer Health Benefits Survey; PCMA, The Value of PBMs, 2024; KFF, Medicare coverage snapshot, September 2024.
3. The Top Pharmacy Benefit Managers of 2025, DRUG CHANNELS. Top three PBMs processed ~80% of prescription claims in 2025.
4. Customers as of 12/31/25; 3-year average customer retention rate as of December 31, 2025.
5. Approximate numbers for the year ended December 31, 2025.
6. As of December 2025, more than 55% of members in month 12 and more than 50% of members in month 24 of our cardiometabolic programs still engaged with the platform at least once during the respective month.

Financial Outlook

The Financial Model

How to model Omada in one equation

ESTIMATED COVERED LIVES[1]		ENROLLMENT RATE[2]		ENGAGEMENT (3Q26 TTM REV / MEMBER)		3Q26 TTM REVENUE
25M+	×	~4.5%	×	~$294	=	**$333M**

3Q26 TTM REVENUE		EFFICIENCY (NON-GAAP GROSS MARGIN[3])		3Q26 TTM NON-GAAP GROSS PROFIT[3]
$333M	×	~73%	=	**$242M**

1. Estimated number of individuals with benefits coverage that can apply for one or more Omada programs if they have a clinical need, as of December 31, 2025.
2. Enrollment rate = members billed at least once in the trailing twelve months ÷ estimated covered lives as of September 30, 2026.
3. See appendix for a reconciliation to the most comparable GAAP financial measure.

How we bill and measure engagement

Members contribute to revenue growth when they engage in care or achieve clinical outcomes.

Members × Engagement = Billings

Members

Unique members billed over the last twelve months

Engagement

The number of engagement activities performed by a Member

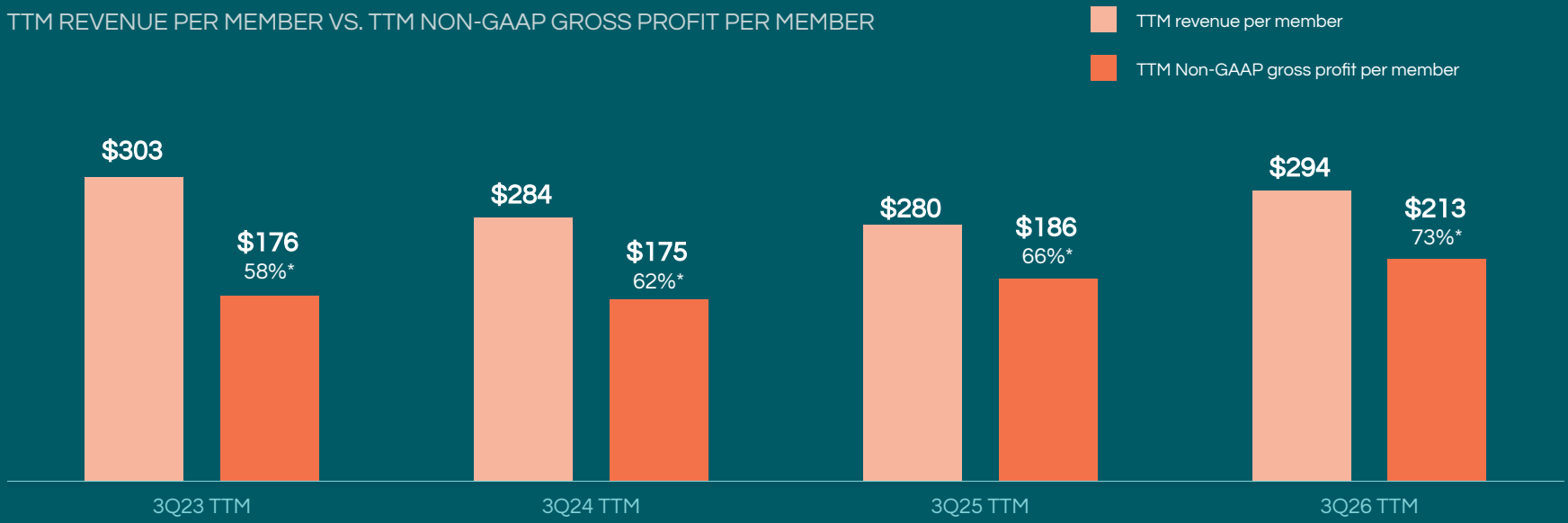
Billings

Omada bills for devices and services provided, which drives revenue recognition

Incentive Alignment:
Revenue tied to the care members receive, aligning economics with clinical value delivered.

Members have become more profitable over time

TTM REVENUE PER MEMBER VS. TTM NON-GAAP GROSS PROFIT PER MEMBER



* Non-GAAP TTM Gross Margin

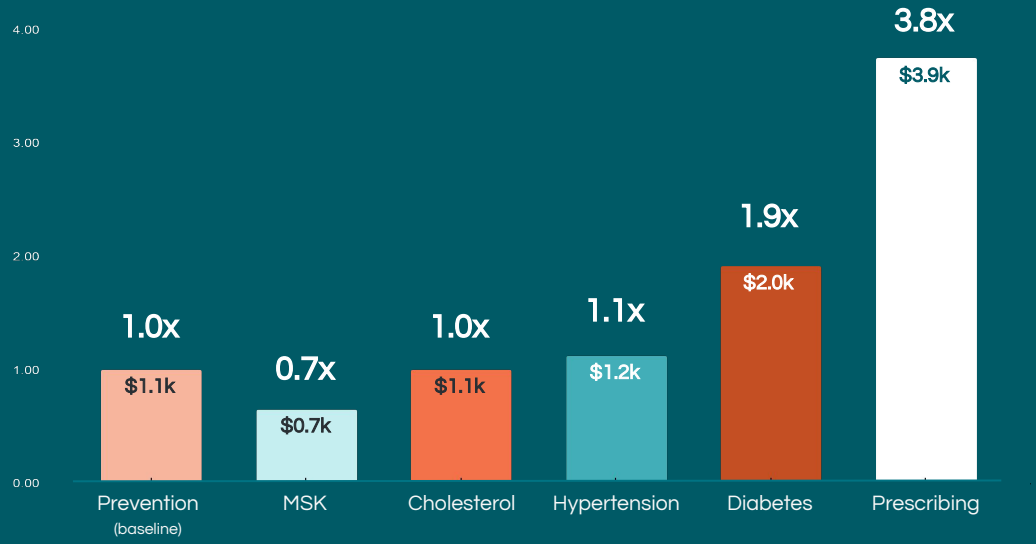
Unit economics that pay back in months

MEMBER PAYBACK

Month 3

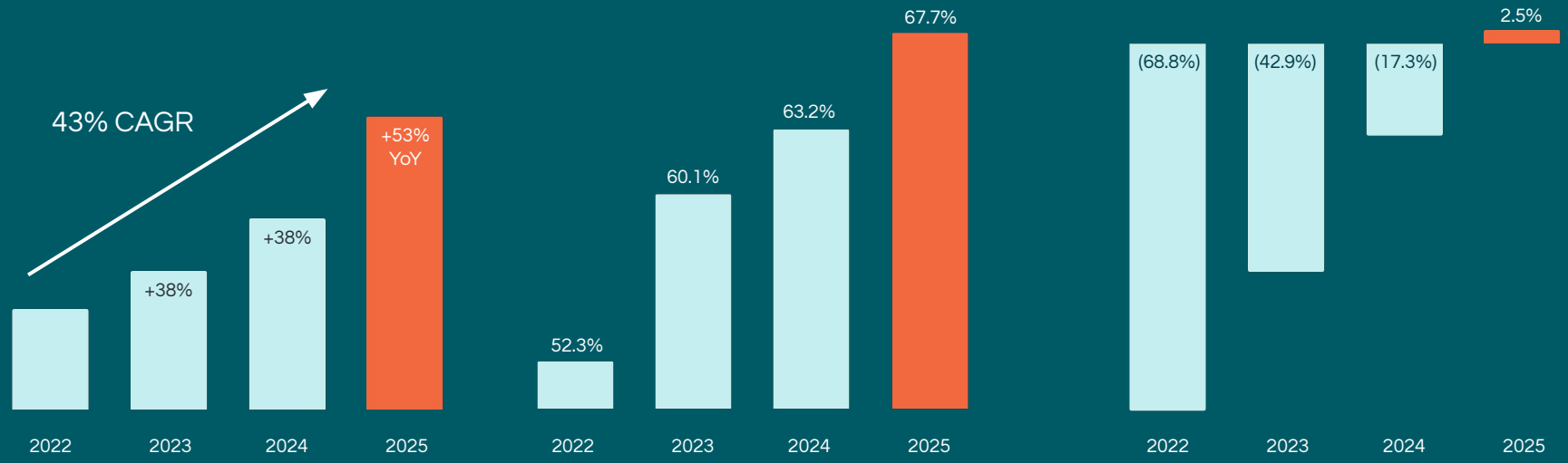
Members have historically generated contribution profit within one quarter of enrollment - and have generally increased in profitability the longer they stay in program.

LIFETIME REVENUE BY PRODUCT (5-YEAR)



Indexed to Prevention = 1.0x. Based on a blinded average of leading national channel partner rates; applies to new channels only. Lifetime Revenue covers 5 years as of June 2026.

Strong growth and a scalable model have driven rapid margin expansion



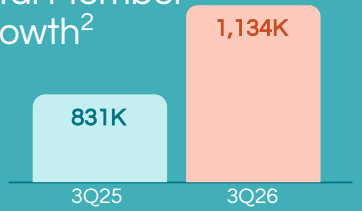
1. See appendix for a reconciliation to the most comparable GAAP financial measure.

Financial Outlook

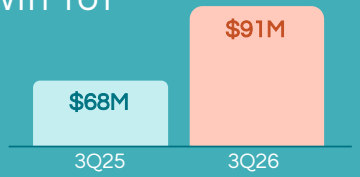
3Q26 Results

Financial snapshot

36%
Total Member Growth[2]



34%
Revenue Growth YoY



76%
GAAP Gross Margin
66% 3Q25

78%
Non-GAAP Gross Margin[1]
68% 3Q25

$7M
Net Income
($3M) 3Q25

$12M
Adjusted EBITDA[1]
$2M 3Q25

$294
(+5% YoY)

TTM Revenue per Ending Member 3Q26

Business Highlights

+ Total Members[2] reached 1.1 million at quarter-end, up 36% year over year, with growth broad-based across the cardiometabolic suite
+ Average member tenure reached a record 2 years and 4 months, up 10% year over year, supported by a growing mix of diabetes and hypertension members
+ Cost to serve reached an all-time low of $81 per member on a trailing-twelve-month, non-GAAP basis, down from $94 a year ago, reflecting greater care delivery efficiency

1. See appendix for a reconciliation to the most comparable GAAP financial measure.
2. Total member actuals are ending members as of September 30, 2026 billed on a trailing twelve month basis.

Investment highlights

Demonstrated Scale

25M+
Individuals with benefits coverage for one or more Omada programs[1]

1M+ +36% YoY
Members[2]

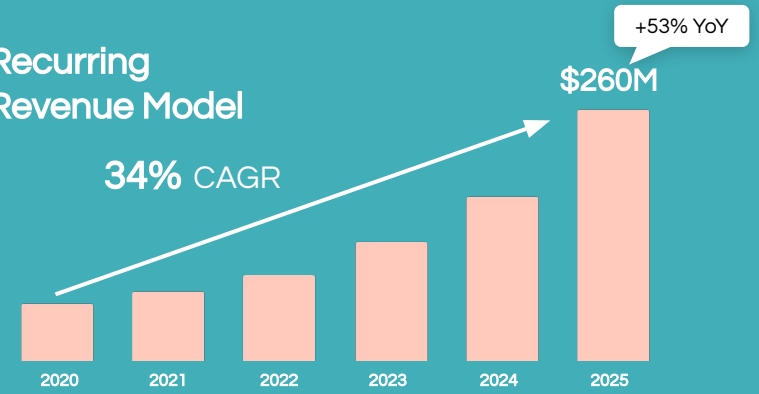
2M+
All-Time Members Enrolled[3]

2,000+
Customers[4]

90%+
Customer Retention[5]

90%+
Customer Satisfaction[6]

Recurring Revenue Model



- Billable through payer claims[7]
- Model tied to members' success

Platform vs. Point Solution

- Prevention & Weight Health
- Diabetes
- Hypertension
- Cholesterol
- Musculoskeletal

Strategic Opportunities

- GLP-1 Care Tracks
- Generative AI Data Corpus

1. Estimated number of individuals with benefits coverage that can apply for one or more Omada programs if they have a clinical need, as of December 31, 2025.
2. Number of members enrolled in one or more programs as of September 30, 2026 whose participation was billed at least once in the preceding 12 months.
3. As of September 30, 2026.
4. As of December 31, 2025.
5. 3-year average customer retention rate as of December 31, 2025.
6. Average customer satisfaction rate for each of program implementation and customer success, for the year ended December 31, 2025.
7. For customers who purchase our programs through a health plan that supports electronic claims billing of our services.


The Engine
Behind
Omada's
Growth

Covered Lives and Enrollment Growth

How we go to market with our partners

This motion helps us grow self-insured covered lives



Partner access

PBM and health plan partners offer access to their customer base

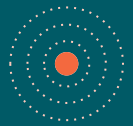
24+ months



Covered lives

Employers select Omada through a streamlined sales and contracting process

12–18 months



Program-eligible lives

Population is qualified for Omada based on programs available; grows with program expansion

Enrolled members

Multi-channel campaigns convert eligible lives into enrolled members, driving revenue

Accelerated path to enrolling members

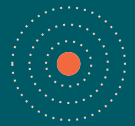
When partners see results, they can embed Omada into Lines of Business, like Fully Insured.



Partner access

Opens embedded access to certain Lines of Business

24+ months



Program-eligible lives

Population is qualified for Omada based on programs available; grows with program expansion

Enrolled members

Multi-channel campaigns convert eligible lives into enrolled members driving recurring program fees

From eligible members to enrolled members



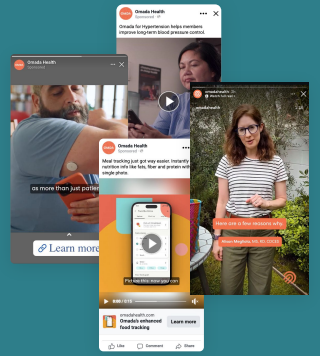
Email

Core component of outreach strategy with ongoing optimization to maximize conversion of eligible leads into enrollments.



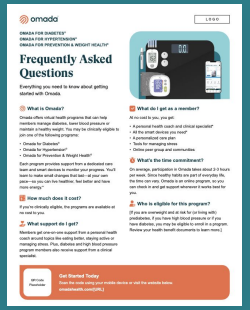
Direct Mail

Targeted direct mail strategy driving high-value conversions.



Paid Media

Search and social campaigns broaden awareness and complement other marketing tactics.

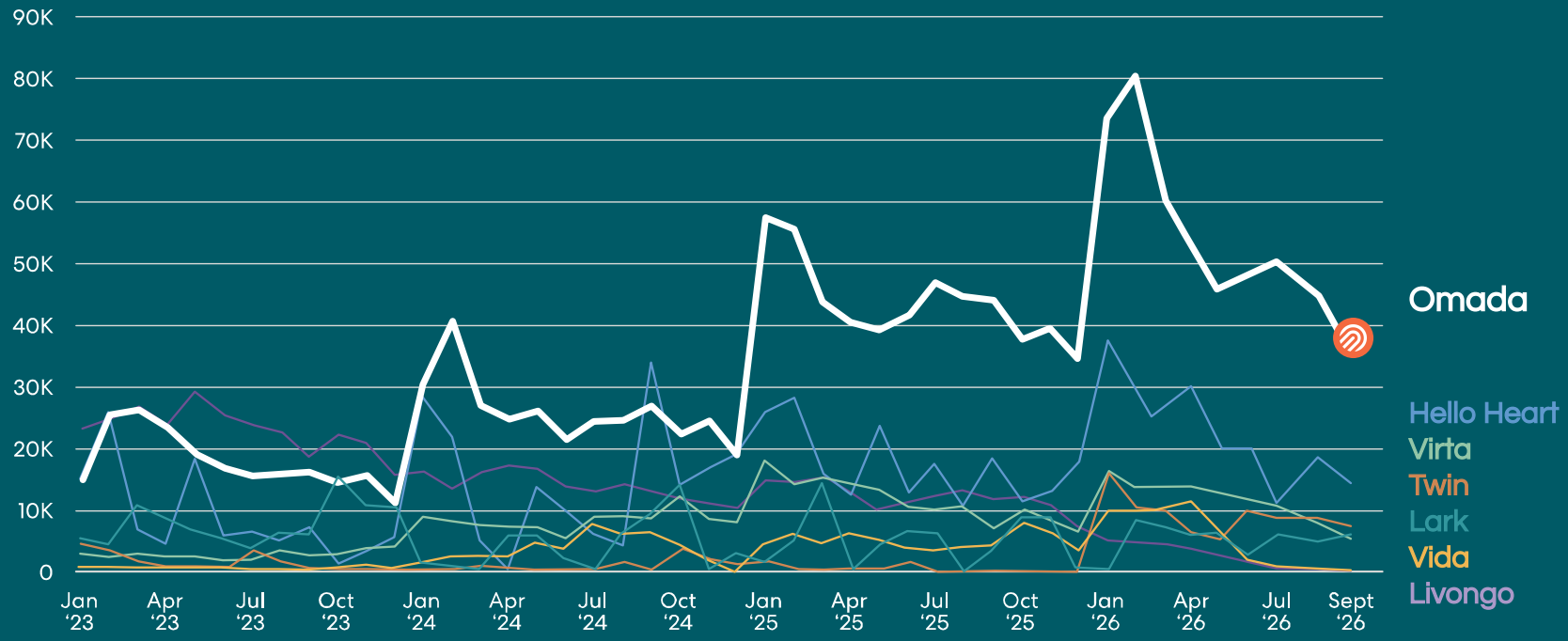


Onsite & Customer-Led

Employer- and health plan/PBM-led outreach compounds credibility at the moment of decision.

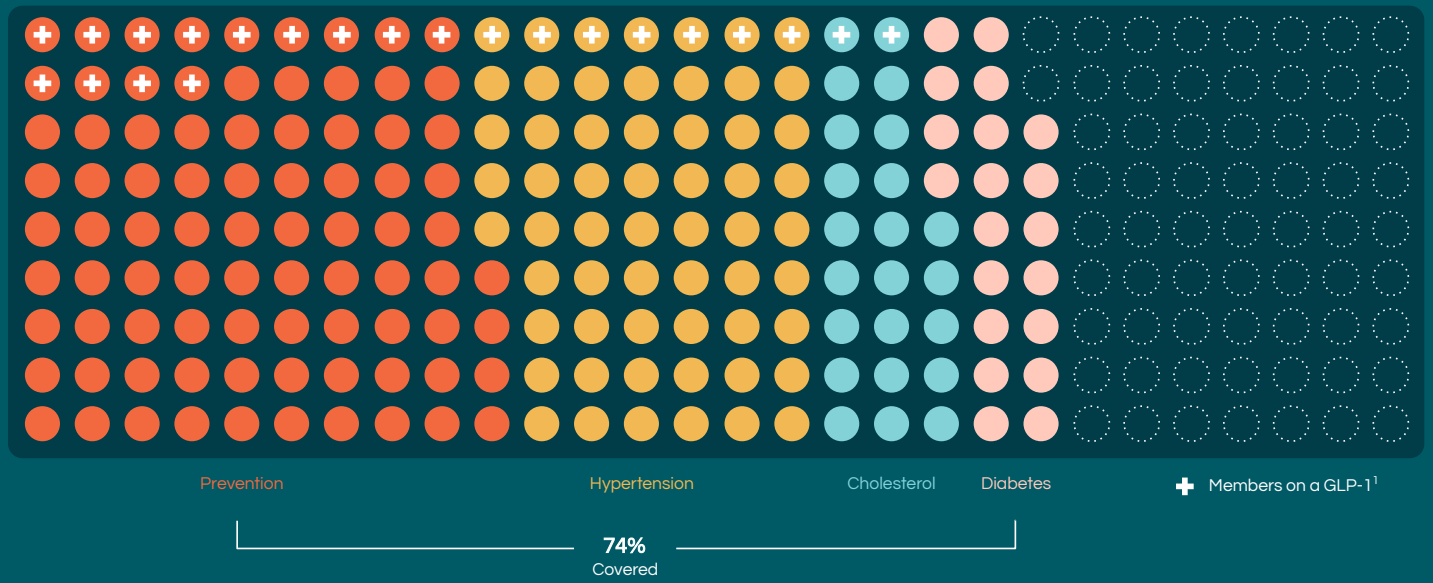
Omada stands out among competitors

MONTHLY GLOBAL APP DOWNLOADS SINCE 2023[1]



1. Total number of monthly global app downloads from January 2023 through July 2026 (inclusive), according to the Healthcare IT: App User Tracker Report from Sensor Tower, Inc. data as of August 3, 2026.

Selling more programs to existing customers unlocks more growth



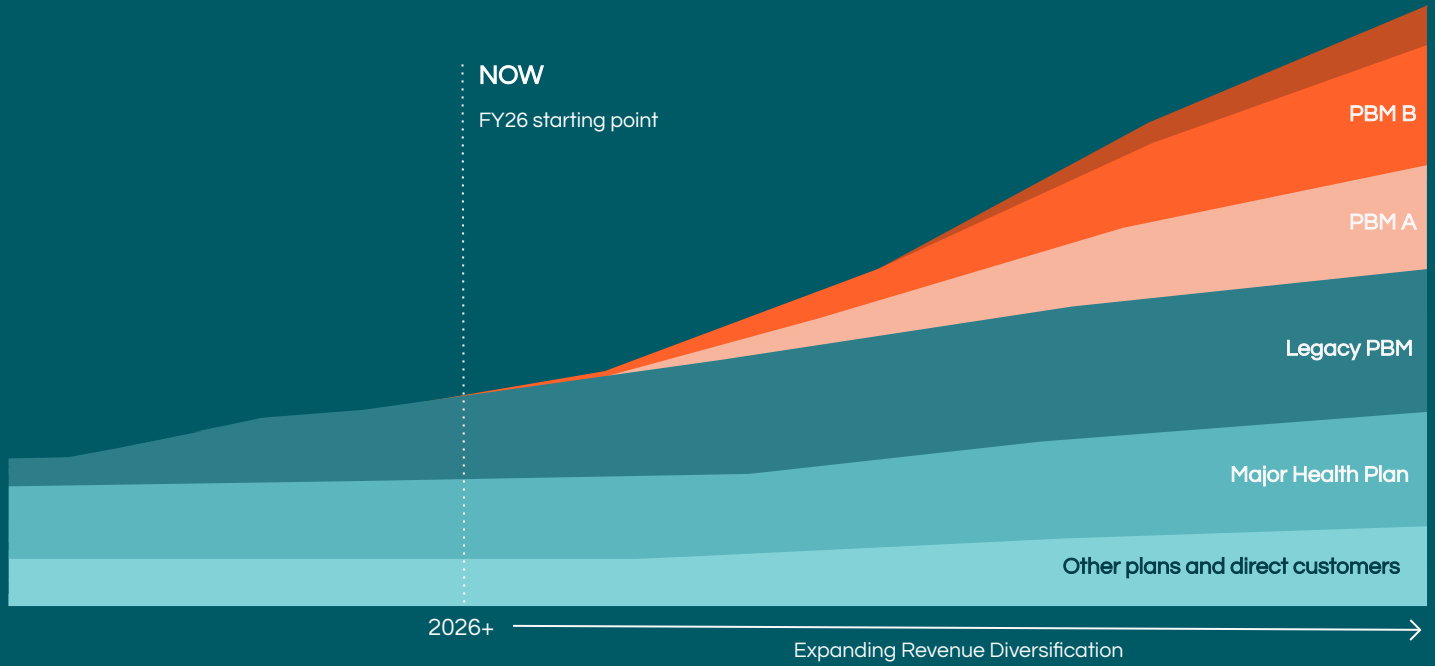
1 in 8
U.S. adults are now on a GLP-1[1]

100%
Members eligible for episodic MSK care if employer covers it

33%
of existing contracts are multi-product[2]

1. KFF, November 2025.
2. As of September 2026.

Multi-product PBM channels are expected to compound faster than our legacy book



New Channels

PBM A: multi-product launch with moderate competition

PBM B: multi-product + prescribing launch with minimal competition

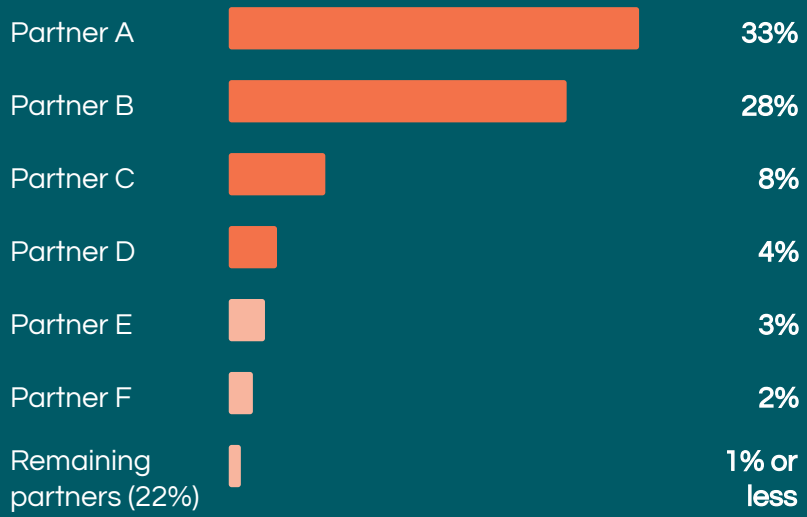
Legacy Channels

Launched with a single product, ramped slowly against established competition

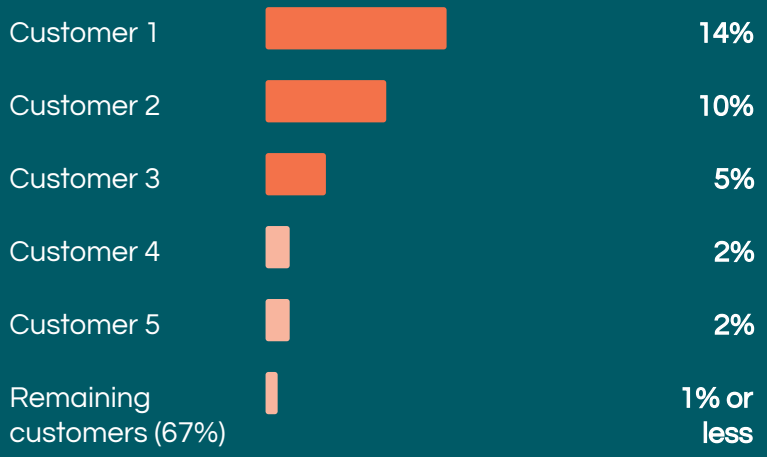
Graph is intended as directional/conceptual and for illustrative purposes; does not reflect specific numbers/metrics.

Our payer channels aggregate a broadly diversified customer base

% OF BILLINGS BY PAYER / PARTNER [1]



% OF BILLINGS BY END CUSTOMER [2]



1. % of billings by payer as of September 2026 YTD - grouped by the entity Omada contracts with. Concentration at the PBM and health-plan level reflects contracting efficiency where customers onboard faster through existing rails.

2. % of billings by end customer as of September 2026 YTD - same billings, viewed one layer down. There is significantly more diversification at the customer level who bought Omada for the benefit of their employees.

GLP-1s: An On-Ramp into Omada's Programs

Every employer can be a customer of Omada - whether they cover GLP-1s or not

	COVER GLP-1s	DO NOT COVER GLP-1s
Market Share[1]	33%	67%
Available Omada Products	**GLP-1 Care Track** with Prescribing	**GLP-1 Care Track** with Prescribing + Member Cash Pay

+ Core Cardiometabolic programs: Prevention & Weight Health, Hypertension, Diabetes, Cholesterol

1. Percent of large employers (with at least 200 workers) whose largest plan covers GLP-1 drugs for weight loss, according to KFF.org's 2026 Employer Health Benefits Survey.

Outcomes that address customer concerns and drive commercial growth

Lose more weight

~2x

greater average weight loss for GLP-1 members at 12 months compared with real-world evidence for standard care[1]

Protect muscle

3x

increase in muscle preservation at 12 weeks with Omada's strength-based exercise programming[2]

Minimal weight regain

0.8%

vs 11-12%

for GLP-1 members at 12 months after discontinuation compared to estimated clinical trial averages of 11-12%[3]

New!

Drive savings

$11,142

5-year simulated savings among GLP-1 members based on clinical outcomes from a combination of observed and modeled data[4]

1. Omada real-world cohort study of 965 Omada members for a 12-month period between June 2024 to November 2025. Weight loss outcomes at one year inclusive of time on and off medication
2. Compared to control participants at 12 weeks (n=94) Omada real-world cohort study of 51 Omada Members (94 Controls) from September 2025-January 2026.
3. Omada real-world retrospective study of 816 Omada members from 12/21/23-5/21/25.
4. Omada | GlobalData Markov-based microsimulation model among 24,595 Omada members persistent on GLP-1s for ≥12 months between December 2023 and December 2025. Gross savings do not take into account fees paid to Omada for program participation or the cost of GLP-1 medication; savings assume maintenance of Year 1 improvements.

Driving Engagement and Outcomes

Devices are the foundation of engagement & insights

Hundreds of millions of data points

Cellular by default, so clinically strong data lands in every program with no set up required.



Scale



Blood pressure monitor



Blood glucose monitor



Continuous glucose monitor



MSK kit

Hundreds of engagement pathways



Building relationships associated with 1.7x greater weight loss[1]

The self-directed



Highly motivated. Wired up. Tracks everything. Likely to succeed with a device or AI alone.

Who we're here for



Our Care Team and our devices are how we reach everyone else.

1. From an Omada Health analysis of GLP-1 users; relative to other types of engagement. Analysis Shows GLP-1s Work Best with Behavior Change Support, January 2024.
AI-generated and stock images. Not real Omada members.

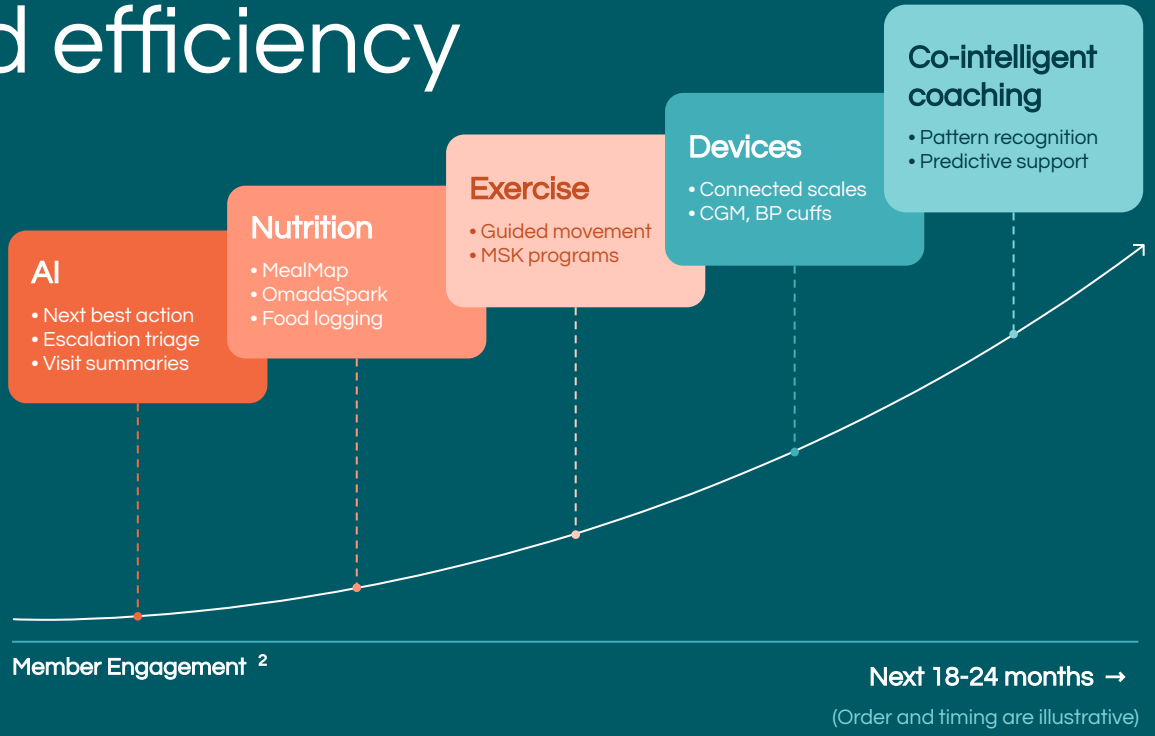
Driving engagement, outcomes and efficiency

What's ahead

Over the next **18-24 months** , we will continue adding to the product across several key dimensions.

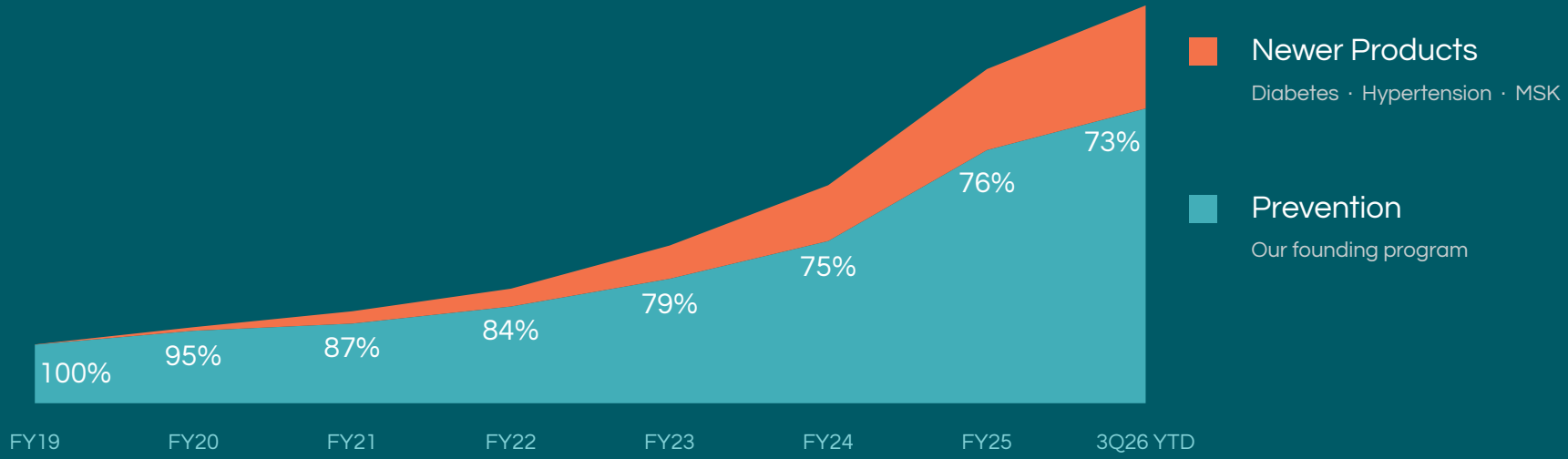
55%

Members engaged at 12 months[1]



1 As of December 2025, more than 55% of members in month 12 of our cardiometabolic programs still engaged with the platform at least once during the respective month.
2 Illustrative. Bubbles show product dimensions we're building; placement is not tied to specific dates or sequence.

Prevention and Weight Health are our foundation. Newer products can build revenue off of it.



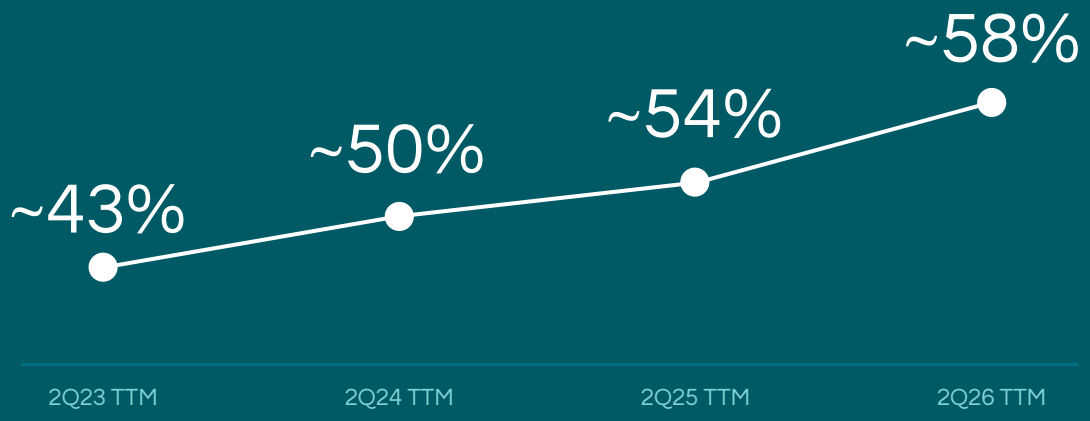
% shown = Prevention share of total revenue dollars. 3Q26 is 2026 YTD prevention share of YTD revenue dollars.

Retention has continued to improve year over year

MEMBER RETENTION [1] BY PRODUCT

Prevention	Diabetes
~56%	~66%
Hypertension	**MSK[2]**
~66%	NA

TOTAL MEMBER RETENTION [1] BY YEAR



1. The percentage of members who remained in our programs over the preceding 12 months, as of June 30, 2026.
2. MSK treatment is largely episodic in nature creating churn once a member completes treatment, typically after a couple months.

Clinical excellence drives employer trust and confidence

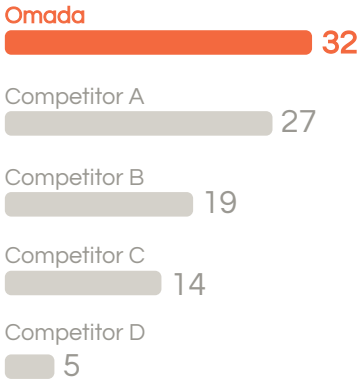
High-quality evidence

Two randomized controlled trials, the gold standard of proof, plus a matched claims analysis.

Am. J. Preventive Medicine
RCT, Diabetes Prevention

J. Medical Internet Research
RCT, T2D + CGM · PT claims analysis

Peer-reviewed studies



Accreditations and certifications

5

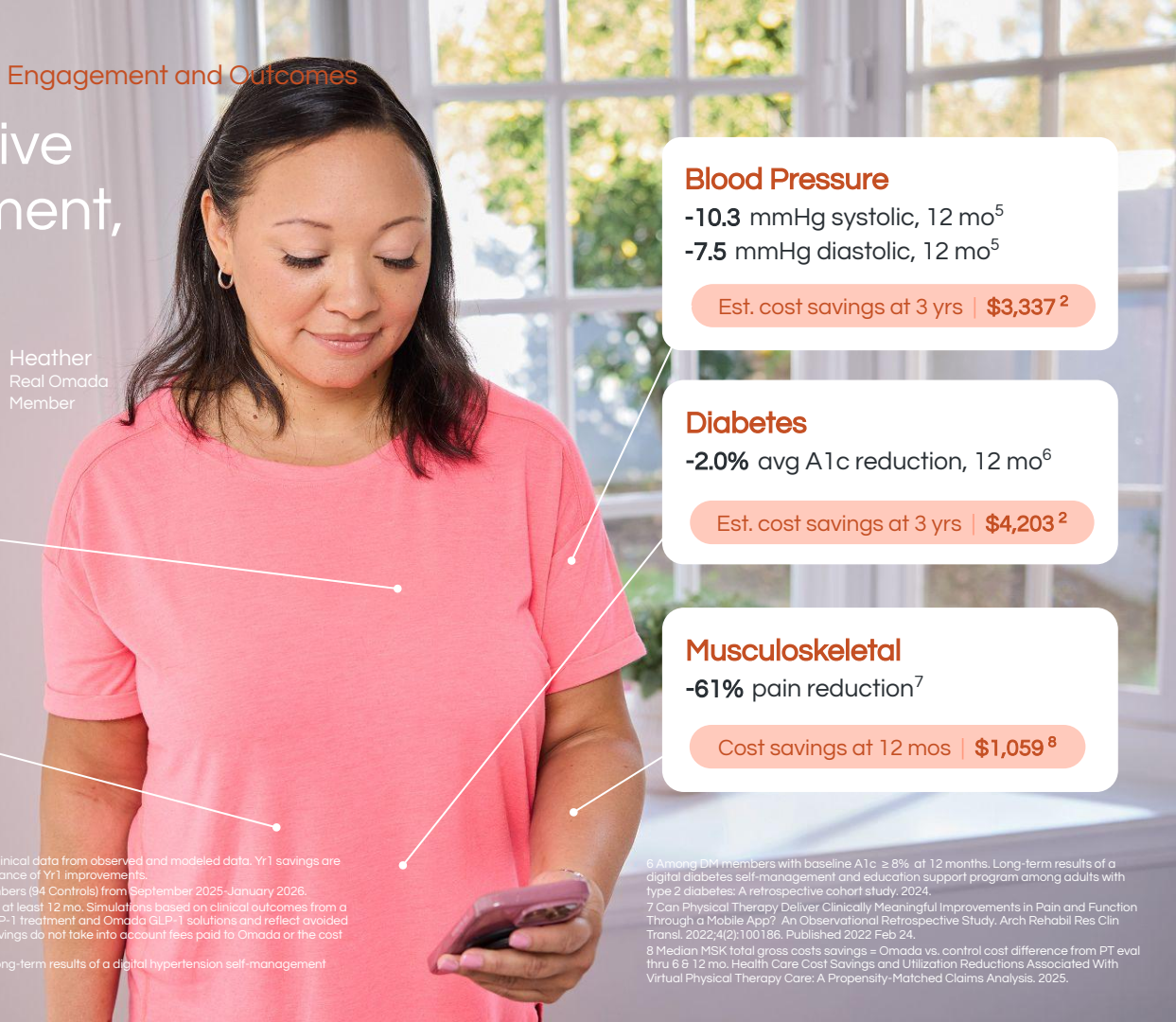
National clinical-quality accreditations[1]

- URAC Telehealth for MSK
- NCQA Population Health
- CDC DPRP
- ADCES DEAP
- CHAP Home Medical Equipment

Why it matters: Defining clinical excellence in digital care drives higher trust and confidence with employers leading to expanding covered lives over time because the quality of care is evidenced with higher engagement and outcomes for their members.

1. Omada holds five national clinical-quality accreditations or recognitions: URAC Telehealth Accreditation for MSK (through August 2029); NCQA Population Health Program Accreditation for T2D and T2D + HTN (through March 2029); CDC Diabetes Prevention Recognition Program Full Plus Recognition (through June 2027, contingent on ongoing biannual data submissions); ADCES Diabetes Education Accreditation Program (through March 2028); and CHAP Standards of Excellence for Home Medical Equipment (through December 2028). Excludes security certifications (HITRUST, SOC 2, ISO), industry memberships, seals, FDA 510(k) clearances, and non-U.S. accreditations. Sources: URAC Accreditations Directory, NCQA Report Cards, CDC DPRP Registry, ADCES DEAP Portal, CHAP Find a Provider Registry, Hinge, Lark, each company's websites.

Clinical outcomes drive covered lives, enrollment, and engagement



Prevention & Weight Health

5.5% avg weight loss, 12 mo, with behavioral support alone[1]

Est. cost savings at 3 yrs | **$3,325** [2]

GLP-1 Program

1.8x greater weight loss, 12 wks[3]

3.0x increase in muscle mass %, 12 wks[3]

Est. cost savings at 3 yrs | **$6,214** [4]

Blood Pressure

-10.3 mmHg systolic, 12 mo[5]

-7.5 mmHg diastolic, 12 mo[5]

Est. cost savings at 3 yrs | **$3,337** [2]

Diabetes

-2.0% avg A1c reduction, 12 mo[6]

Est. cost savings at 3 yrs | **$4,203** [2]

Musculoskeletal

-61% pain reduction[7]

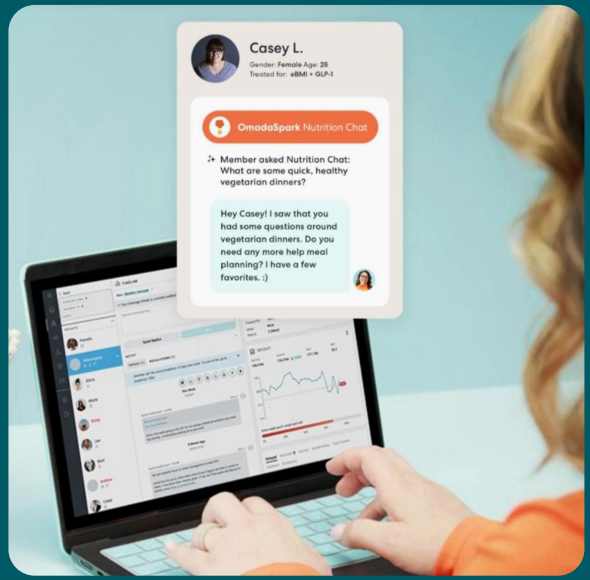
Cost savings at 12 mos | **$1,059** [8]

1 Effects of a Digital Diabetes Prevention Program: an RCT. 2022.
2 Omada 2023-2025 BoB data. Est. cumulative gross savings, simulated based on clinical data from observed and modeled data. Yr1 savings are based on clinical data received at mo 6-12 of program; Yr3 savings assume maintenance of Yr1 improvements.
3 Compared to control participants (n=94) real-world cohort study of 51 Omada Members (94 Controls) from September 2025-January 2026.
4 Est. cumulative gross savings among GLP-1 members persistent on medication for at least 12 mo. Simulations based on clinical outcomes from a combination of observed and modeled data; savings take into account effects of GLP-1 treatment and Omada GLP-1 solutions and reflect avoided spending on hospitalizations, office visits, outpatient services, and ED visits; gross savings do not take into account fees paid to Omada or the cost of GLP-1. Yr3 savings assume maintenance of yr1 health improvements.
5 Average SBP / DBP reduction among members with Stage 2 HTN at 12 months. Long-term results of a digital hypertension self-management program: Retrospective cohort study.
6 Among DM members with baseline A1c ≥ 8% at 12 months. Long-term results of a digital diabetes self-management and education support program among adults with type 2 diabetes: A retrospective cohort study. 2024.
7 Can Physical Therapy Deliver Clinically Meaningful Improvements in Pain and Function Through a Mobile App? An Observational Retrospective Study. Arch Rehabil Res Clin Transl. 2022;4(2):100186. Published 2022 Feb 24.
8 Median MSK total gross costs savings = Omada vs. control cost difference from PT eval thru 6 & 12 mo. Health Care Cost Savings and Utilization Reductions Associated With Virtual Physical Therapy Care: A Propensity-Matched Claims Analysis. 2025.

Driving Efficiency



Effective AI **amplifies** the humanity of our care team



WE'RE FOR AI — IN THE RIGHT PLACES

There is something invaluable about knowing a **real** human is expressing **real** care.

AI AND TECHNOLOGY

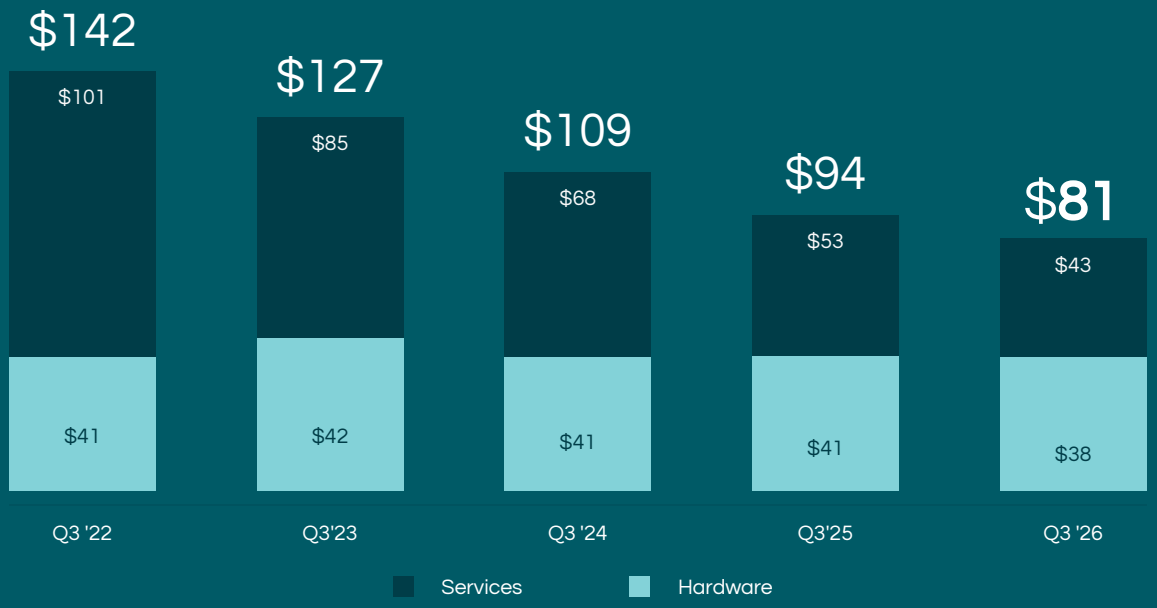
Summarizes context. Answers the factual questions. Gathers what we need up front.

THE CARE TEAM

Handles the moments where the relationship counts - and behavior changes in relation to people we trust.

The path to 80% non-GAAP gross margin

We're on our way. We have driven costs down quarter over quarter.



CONTINUOUS IMPROVEMENT & INNOVATION LEVERS

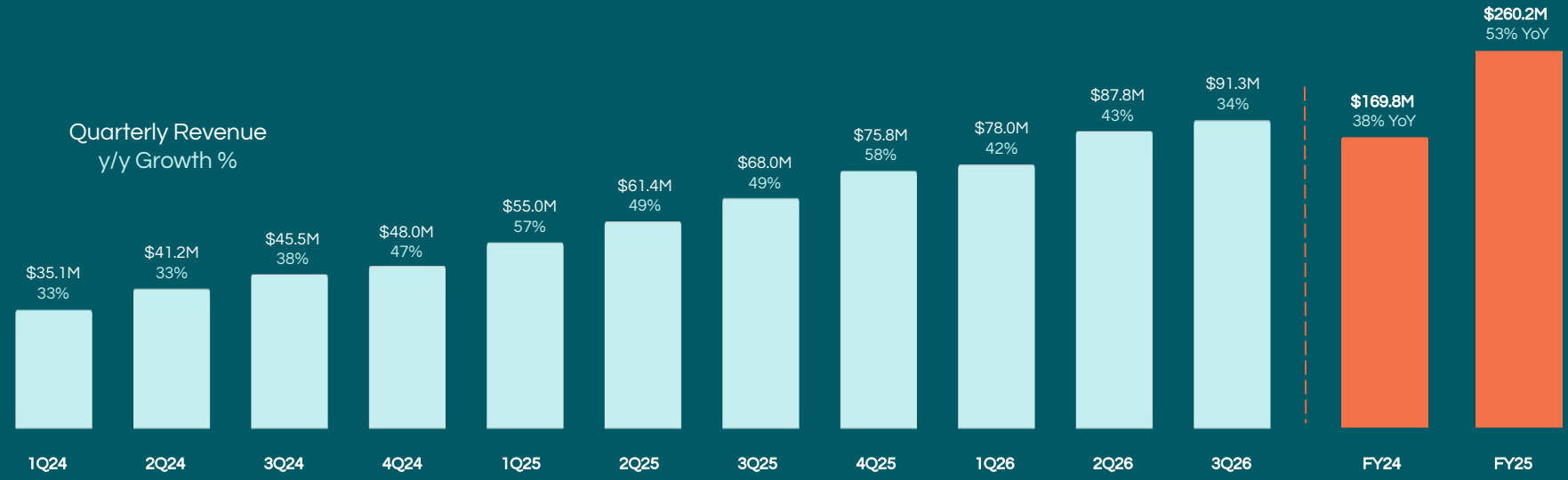
- Standard work
- Workload balancing
- Workflow automation
- Innovation and tooling
- Supply chain optimization

Figures present non-GAAP Cost of Revenue on a TTM basis by member, rounded to the nearest dollar.

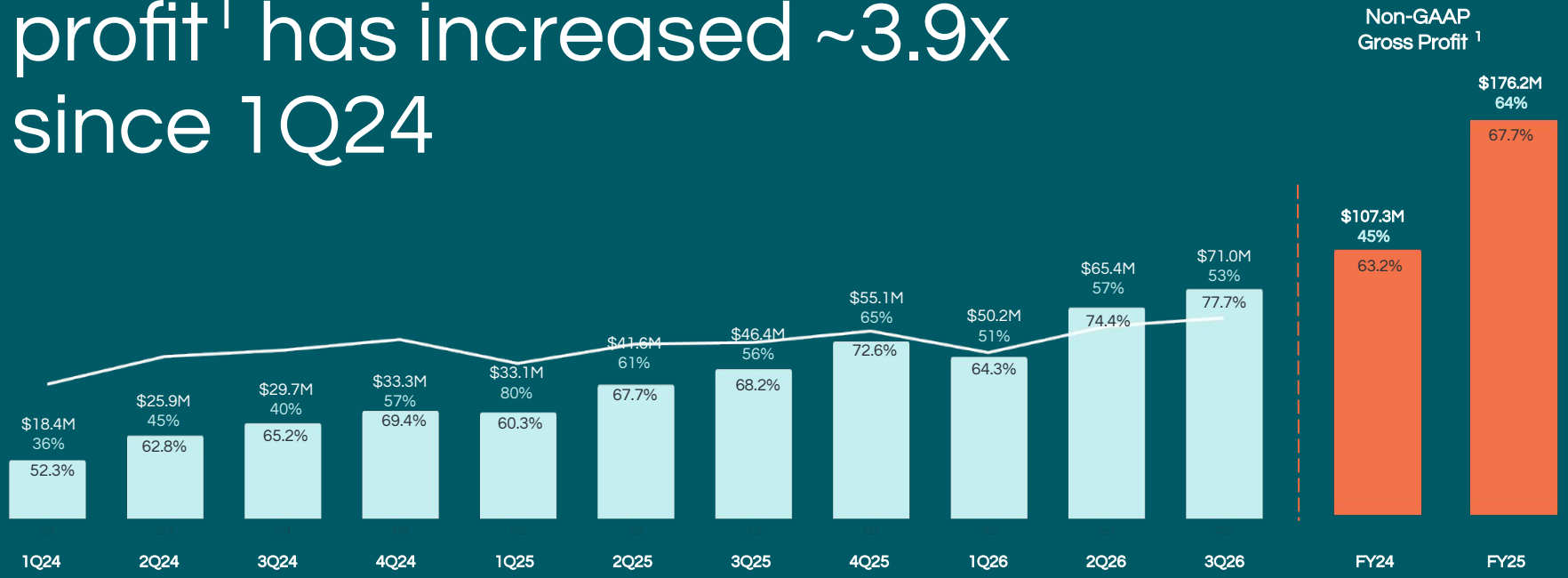

Thank
You

Appendix

Quarterly revenue has increased ~2.6x since 1Q24



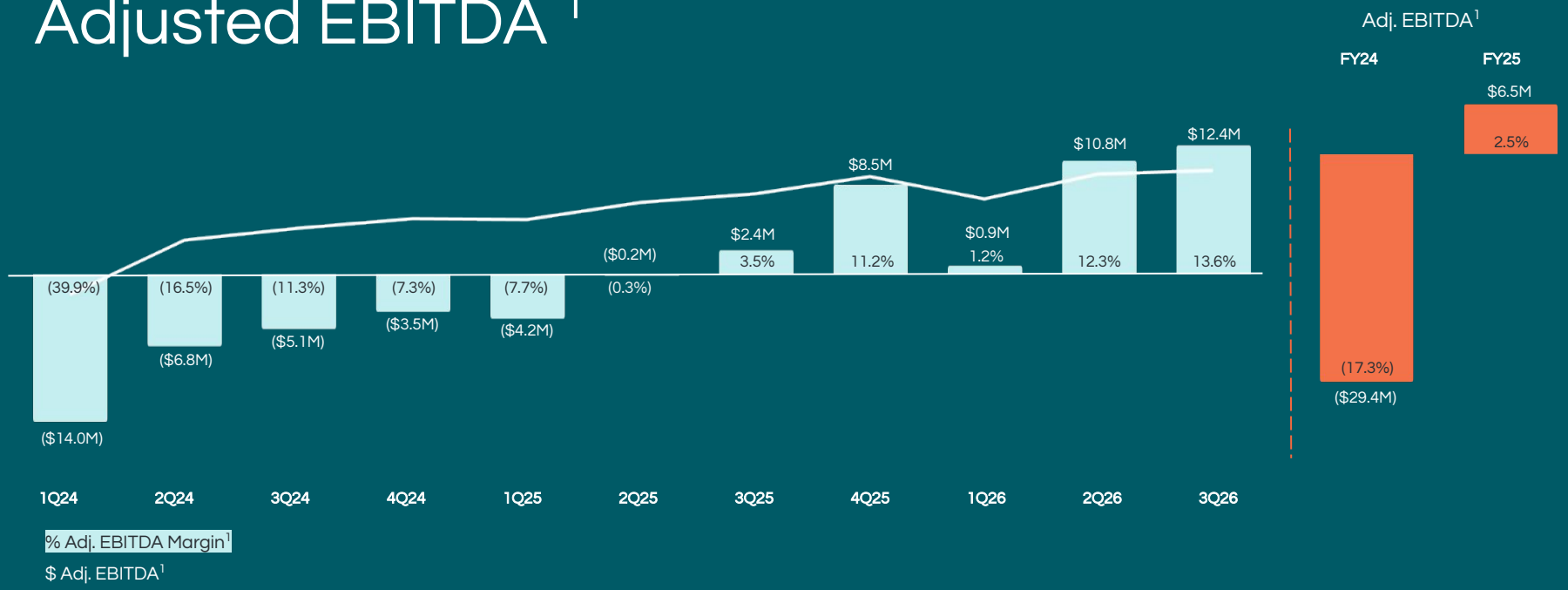
Quarterly non-GAAP gross profit[1] has increased ~3.9x since 1Q24



1. See appendix for a reconciliation to the most comparable GAAP financial measure.

Appendix

Strategic focus and scalable business model have driven strong improvements in Adjusted EBITDA [1]



1. See appendix for a reconciliation to the most comparable GAAP financial measure.

Appendix: GAAP to Non-GAAP Reconciliation

(in thousands, except percentages)	1Q23	2Q23	3Q23	4Q23	2023	1Q24	2Q24	3Q24	4Q24	2024	1Q25	2Q25	3Q25	4Q25	2025	1Q26	2Q26	3Q26
Revenue	$26,417	$30,892	$32,928	$32,547	$122,784	$35,095	$41,212	$45,515	$47,978	$169,800	$54,963	$61,371	$68,030	$75,846	$260,210	$78,048	$87,835	$91,306
GAAP cost of revenue	$13,837	$13,994	$12,692	$12,290	$52,813	$17,747	$16,378	$16,954	$15,844	$66,923	$23,063	$21,065	$22,959	$22,184	$89,271	$29,355	$24,048	$22,024
Non-GAAP cost of revenue	$12,872	$13,053	$11,735	$11,299	$48,959	$16,724	$15,318	$15,835	$14,665	$62,542	$21,845	$19,807	$21,648	$20,752	$84,052	$27,874	$22,457	$20,326
GAAP gross profit	$12,580	$16,898	$20,236	$20,257	$69,971	$17,348	$24,834	$28,561	$32,134	$102,877	$31,900	$40,306	$45,071	$53,662	$170,939	$48,693	$63,787	$69,282
Add:																		
Share based compensation expense	21	21	17	28	87	52	53	57	57	219	38	33	33	65	169	62	101	121
Amortization of intangible assets	476	439	439	439	1,793	439	439	439	438	1,755	439	439	439	440	1,757	439	439	439
Depreciation and amortization[1]	468	481	501	524	1,974	532	568	623	683	2,406	741	786	839	927	3,294	980	1,051	1,138
Non-GAAP gross profit	$13,545	$17,839	$21,193	$21,248	$73,825	$18,371	$25,894	$29,680	$33,312	$107,257	$33,118	$41,564	$46,382	$55,094	$176,157	$50,174	$65,378	$70,980
GAAP gross margin (as a % of revenue)	47.6%	54.7%	61.5%	62.2%	57.0%	49.4%	60.3%	62.8%	67.0%	60.6%	58.0%	65.7%	66.3%	70.8%	65.7%	62.4%	72.6%	75.9%
Non-GAAP gross margin (as a % of revenue)	51.3%	57.7%	64.4%	65.3%	60.1%	52.3%	62.8%	65.2%	69.4%	63.2%	60.3%	67.7%	68.2%	72.6%	67.7%	64.3%	74.4%	77.7%
GAAP operating expense	$32,682	$ 35,419	$ 34,213	$ 33,654	$135,968	$35,341	$34,871	$37,086	$39,233	$146,531	$40,296	$44,650	$47,584	$50,381	$182,911	$53,474	$60,238	$64,462
Less:																		
Share based compensation expense	(1,551)	(1,778)	(2,992)	(2,332)	(8,653)	(2,817)	(2,026)	(2,103)	(2,255)	(9,201)	(2,806)	(2,796)	(3,503)	(3,680)	(12,786)	(4,147)	(5,530)	(5,730)
Amortization of intangible assets	(63)	(62)	(63)	(63)	(251)	(63)	(63)	(63)	(63)	(252)	(63)	(31)	-	-	(94)	-	-	-
Depreciation and amortization[1]	(116)	(113)	(104)	(97)	(430)	(91)	(101)	(104)	(94)	(390)	(90)	(96)	(81)	(80)	(348)	(89)	(91)	(104)
Loss on disposal of property and equipment	(4)	(5)	(1)	(141)	(151)	-	(1)	(1)	-	(2)	(1)	(1)	(1)	(5)	(8)	(2)	(25)	(27)
Non-GAAP operating expense	$30,948	$33,461	$31,053	$31,021	$126,483	$32,370	$ 32,680	$34,815	$36,821	$136,686	$37,336	$41,726	$43,999	$46,616	$169,675	$49,236	$54,592	$58,601
GAAP operating expense (as a % of revenue)	123.7%	114.7%	103.9%	103.4%	110.7%	100.7%	84.6%	81.5%	81.8%	86.3%	73.3%	72.8%	69.9%	66.4%	70.3%	68.5%	68.6%	70.6%
Non-GAAP operating expense (as a % of revenue)	117.2%	108.3%	94.3%	95.3%	103.0%	92.2%	79.3%	76.5%	76.7%	80.5%	67.9%	68.0%	64.7%	61.5%	65.2%	63.1%	62.2%	64.2%
GAAP net income (loss) and comprehensive income (loss)	$(19,818)	$(19,803)	$(13,965)	$(13,925)	$(67,511)	$(18,969)	$(10,692)	$(9,227)	$(8,249)	$(47,137)	$(9,448)	$(5,311)	$(3,178)	$5,159	$(12,778)	$(2,970)	$5,294	$6,551
Add:																		
Interest expense	1,202	1,207	1,168	1,128	4,705	1,130	1,132	1,147	1,097	4,506	1,074	1,094	353	13	2,534	18	14	262
Interest income	(1,681)	(1,684)	(1,431)	(979)	(5,775)	(529)	(85)	(17)	(174)	(805)	(542)	(863)	(2,009)	(1,891)	(5,305)	(1,829)	(1,759)	(1,993)
Change in fair value of warrant liabilities	195	223	251	379	1,048	375	(392)	(428)	227	(218)	520	736	212	-	1,468	-	-	-
Loss on debt extinguishment	-	1,536	-	-	1,536	-	-	-	-	-	-	-	2,109	-	2,109	-	-	-
Provision for income taxes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Share based compensation expense	1,572	1,799	3,009	2,360	8,740	2,869	2,079	2,160	2,312	9,420	2,844	2,829	3,536	3,745	12,955	4,209	5,631	5,851
Amortization of intangible assets	539	501	502	502	2,044	502	502	502	501	2,007	502	470	439	440	1,849	439	439	439
Depreciation and amortization[1]	584	594	605	621	2,404	623	669	727	777	2,796	831	882	920	1,007	3,642	1,069	1,142	1,242
Loss on disposal of property and equipment	4	5	1	141	151	-	1	1	-	2	1	1	1	5	8	2	25	27
Adjusted EBITDA	$(17,403)	$(15,622)	$(9,860)	$(9,773)	$(52,658)	$(13,999)	$(6,786)	$(5,135)	$(3,509)	$(29,429)	$(4,218)	$(162)	$2,383	$8,478	$6,482	$938	$10,786	$12,379
Adjusted EBITDA margin (as a % of revenue)	(65.9%)	(50.6%)	(29.9%)	(30.0%)	(42.9%)	(39.9%)	(16.5%)	(11.3%)	(7.3%)	(17.3%)	(7.7%)	(0.3%)	3.5%	11.2%	2.5%	1.2%	12.3%	13.6%

1. Depreciation and amortization includes amortization of capitalized internal-use software costs.