Company Overview

July 2021

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This presentation contains forward-looking statements, including without limitation, statements related to: HCCC or Alpha Tau becoming the leader in delivering innovative devices in medical technology, our ability to expand our development pipeline, opportunities to expand our portfolio through partnerships and collaborations, the progress, timing and results of our clinical trials, the safety and efficacy of our development programs, the timing of the potential approval of our products, the timing and commercial success of our products, strategies for completion and likelihood of success for our business and activities, size and growth of markets in which we may compete and potential market opportunity, and potential growth opportunities. Forward-looking statements can be identified by the words "believe," "anticipate," "continue," "estimate "project," "expect," "plan," "potential," "intends," "will," "would," "could," "should" or the negative or plural of these words or other similar expressions that are predictions or indicate future events, trends or prospects but the absence of these words does not necessarily mean that a statement is not forward-looking. In addition, any statements that refer to expectations, projections or other characterizations of future events or circumstances are forward-looking statements.

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Additional Information

In connection with the proposed Business Combination, the Company intends to file with the SEC a registration statement on Form F-4 containing a preliminary proxy statement/prospectus of the combined company, and after the registration statement is declared effective, HCCC will mail a definitive proxy statement/prospectus relating to the proposed Business Combination to its shareholders. This Presentation does not contain all the information that should be considered concerning the proposed Business Combination and is not intended to form the basis of any investment decision or any other decision in respect of the Business Combination. HCCC's shareholders and other interested persons are advised to read, when available, the preliminary proxy statement/prospectus and the amendments thereto and the definitive proxy statement/prospectus and other documents filed in connection with the proposed Business Combination, as these materials will contain important information about the Company, HCCC and the Business Combination. When available, the definitive proxy statement/prospectus and other relevant materials for the proposed Business Combination will be mailed to shareholders of HCCC as of a record date to be established for voting on the proposed Business Combination. Shareholders will also be able to obtain copies of the preliminary proxy statement/prospectus, the definitive proxy statement/prospectus and other documents filed with the SEC, without charge, once available, at the SEC's website at www.sec.gov, or by directing a request to: Healthcare Capital Corp., 301 North Market Street, Suite 1414, Wilmington, DE 19801.

Financial Information

The financial information and data contained in this Presentation is unaudited and does not conform to Regulation S-X promulgated under the Securities Act of 1933, as amended (the "Securities Act"). Accordingly, such information and data may not be included in, may be adjusted in or may be presented differently in, the registration statement to be filed by HCCC and Alpha Tau with the SEC.

Participants in the Solicitation

HCCC, the Company and their respective directors and executive officers may be deemed participants in the solicitation of proxies from HCCC's shareholders with respect to the proposed Business Combination. A list of the names of HCCC's directors and executive officers and a description of their interests in HCCC is contained in HCCC's final prospectus relating to its initial public offering, dated January 11, 2020, which was filed with the SEC and is available free of charge at the SEC's web site at www.sec.gov, or by directing a request to Healthcare Capital Corp., 301 North Market Street, Suite 1414, Wilmington, DE 19801. Additional information regarding the interests of the participants in the solicitation of proxies from HCCC's shareholders with respect to the proposed Business Combination will be contained in the proxy statement/prospectus for the proposed Business Combination when available.

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Today's Presenters

Uzi Sofer
CEO & Chairman
Alpha Tau

Raphi Levy
CFO
Alpha Tau

William Johns
CEO
Healthcare Capital Corp.

HCC's Investment Rationale

Potential to Transform Solid Tumors Treatment

- HCC evaluated many potential business combination candidates. Alpha Tau was chosen because of its innovative cancer radiotherapy and its potential to transform the treatment of solid tumors
- HCC and its external advisors were particularly impressed by Alpha Tau's proprietary therapy and advanced state of clinical development

Differentiated Science

- World-class science and medical research has harnessed the power of the alpha particle, with the potential to be applied directly into tumors
- Isotopes attached to small metallic darts release alpha-emitting particles that can create double-strand DNA breaks, and have the potential to destroy cancer cells permanently
- The alpha radiation is emitted inside the tumor, and may be able to minimize damage to healthy surrounding tissue

Wide-Ranging Applicability Potential

- Alpha Tau's technology process is innovative and proprietary, and may be able to broaden the scope for radiotherapy delivery across multiple clinical settings and different kinds of practitioners

Well Positioned for Potential Marketing Approvals

- Alpha Tau's well-designed research and clinical trials across the world stand to further the progress toward potential marketing approvals for the treatment of challenging solid tumors, and may ultimately demonstrate that the Alpha DaRT is useful both as a monotherapy as well as in combination with other therapies

Alpha Tau – Key Investment Highlights

1. Proprietary Alpha DaRT designed to safely deliver alpha radiation with localized precision in solid tumors, sparing surrounding healthy tissue
2. Broad potential and preclinical evidence supporting evaluation across various solid tumors (skin, pancreas, breast, GBM, etc.) with 18 peer-reviewed pre-clinical papers
3. Compelling potential immuno-stimulatory effect and synergetic combination with other therapies
4. Exhibited 100% ORR and ~78% CR in first-in-human clinical trial in 28 SCC tumors, with over 75 clinical tumors treated to date exhibiting a similar profile
5. No systemic toxicities and minimal (grade ≤ 2) local toxicities observed
6. Robust clinical-trial strategy with leading global centers, led by Memorial Sloan Kettering multi-center feasibility study, with FPI in early July 2021
7. Solid logistics based on purpose-built manufacturing facilities, built or in planning, in the US, Israel and Asia, with a highly scalable and optimized proprietary production process
8. Strong intellectual property (method and device) with over 135 issued and pending patents worldwide
9. Experienced management team, including Alpha DaRT's co-inventors, with expertise in oncology development, manufacturing scale up and commercialization

Therapeutic Focus

We are focused on delivering solutions to three markets that we believe would be best served by the unique characteristics of the Alpha DaRT

Localized & Unresectable

- Localized tumors that are not surgical candidates and tumors that recur after surgery and are resistant to other therapies, specifically radiotherapy
- Alpha DaRT to be evaluated as a later line therapy
- Tumor types include SCC, H&N SCC and prostate

High Unmet Need

- Solid tumors that have limited treatment options with limited SOC offering
- Alpha DaRT could potentially target broad patient populations
- Tumor types include GBM and pancreatic cancer

Metastatic

- Alpha DaRT would be evaluated for its potential to induce an immune response in metastatic tumors
- Alpha DaRT would be evaluated in combination with check point inhibitors as an adjuvant therapy
- Tumor types include liver, breast and H&N (which includes lip, oral cavity, salivary glands, oropharynx & pharynx) cancers

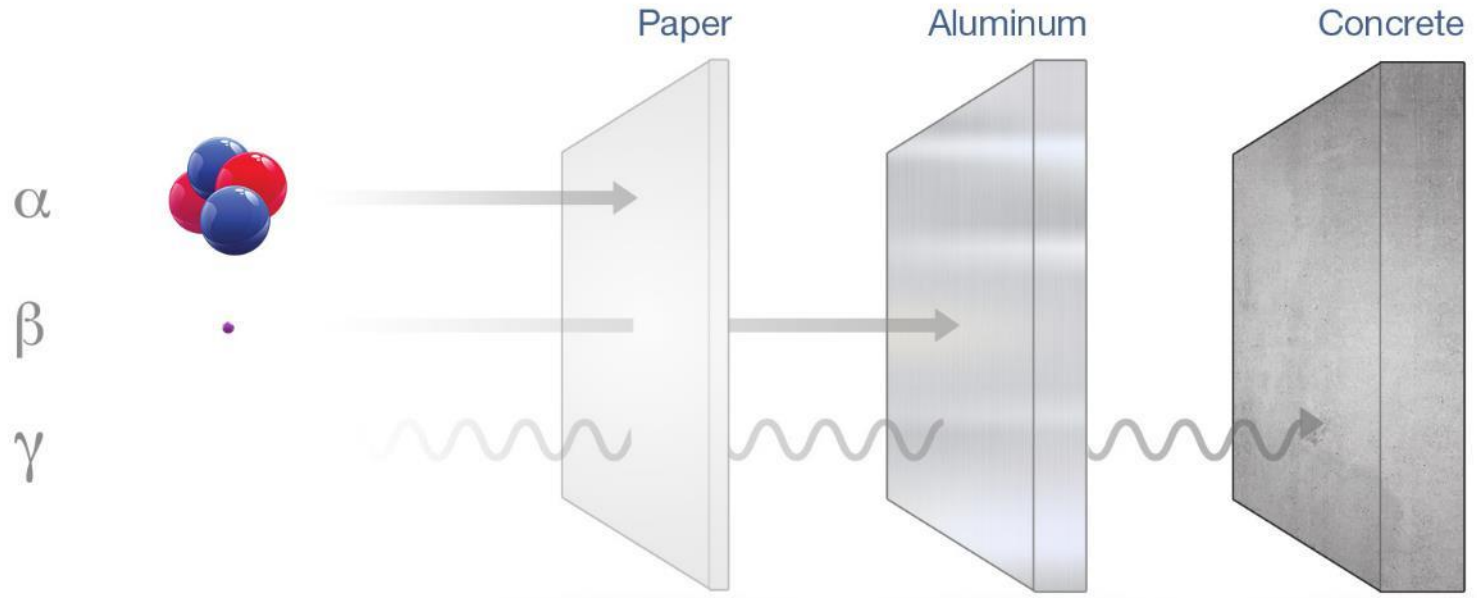
Development Pipeline

With over 75 clinical tumors treated to date across trials, our clinical trial strategy involves progressing our lead program (superficial tumors), particularly in the US, while conducting feasibility studies in other tumors in order to evaluate the potential of the Alpha DaRT in tumors of high unmet need or metastatic disease

Geography	Indication	Pre-Clinical Research / Feasibility Trial / Pivotal Trial / Marketing Authorization	Anticipated Milestones
North America	Skin Cancers	U.S.	• Complete feasibility trial recruitment YE2021
	Pancreatic Cancer	Canada	• First patient in feasibility trial 1Q 2022
Israel	Skin & Oral SCC		
	All Skin & Oral Cancers		• Trial completion and submission
	Ia/mHNSCC (combo with pembrolizumab)		• Initiate feasibility combination trial with Keytruda 3Q-4Q 2021
	Pancreatic Cancer		• Initiate feasibility trial 2Q 2022
	Prostate Cancer		• Initiate feasibility trial 3Q-4Q 2021
Europe	Neoadjuvant – Oral		• Initiate multi-center feasibility trial 2Q 2022
	Skin Cancers		• Trials underway
	Breast Cancer		• Trial underway
Japan	Skin & Oral SCC		• Targeting completion in 4Q 2021 – 1Q 2022
	Breast Cancer		• Trial underway
Additional Tumor Types	Hepatic cell carcinoma, GBM, lung		• Product development / pre-clinical trials currently underway

Types of Radioactive Decay

Due to the mass of the alpha particle, in comparison to beta particle, alpha has a low penetration power. This means that the outside layer of the human skin, for example, can block these particles.

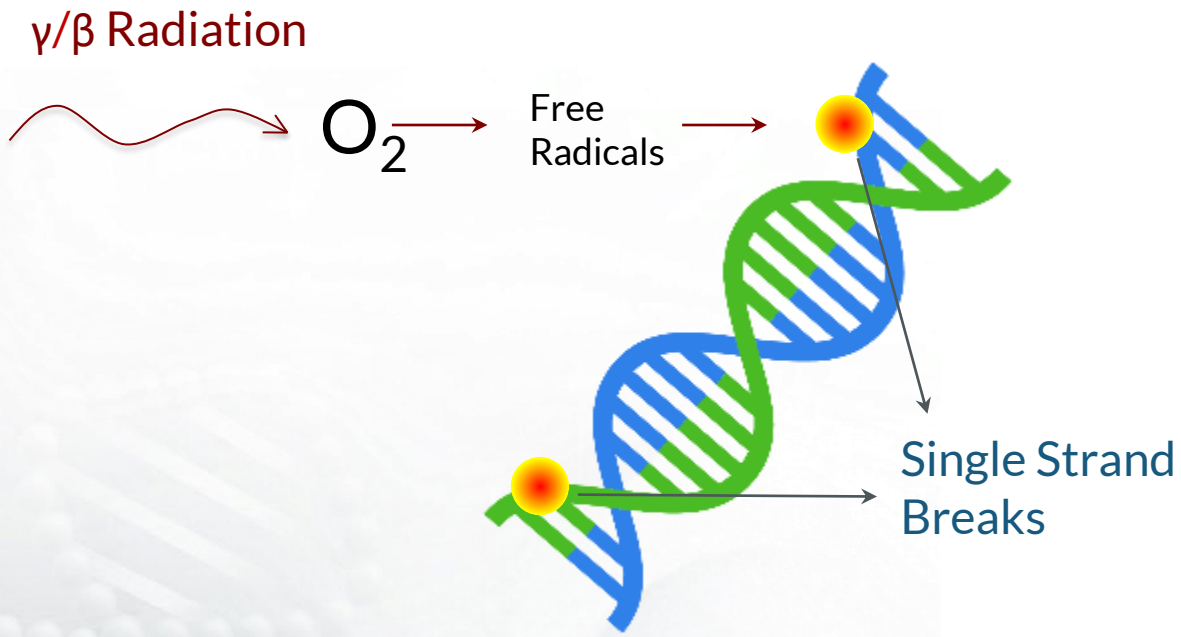


Potent Alpha Radiation: Extensively Damages the DNA

Local radiation therapy with gamma or beta radiation is a mainstay of cancer treatment, but requires high local dose to be effective, as it primarily relies on single-strand breaks in a process relying on oxygen. Alpha radiation can be significantly more efficient given its ability to destroy both strands of the DNA directly, requiring lower levels of radiation

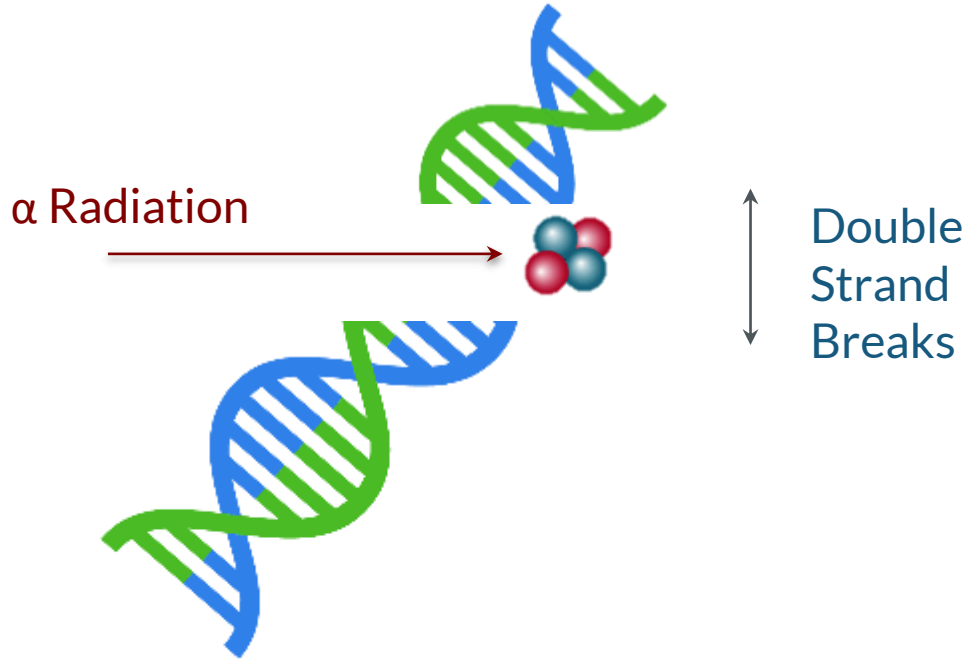
Conventional Gamma/Beta Radiation

- Indirectly damaging the DNA
- Dependent on oxygen presence
- **Repairable single strand breaks**



Alpha Radiation

- Directly damaging the DNA
- Independent of oxygen presence
- **Irreparable double strand breaks**

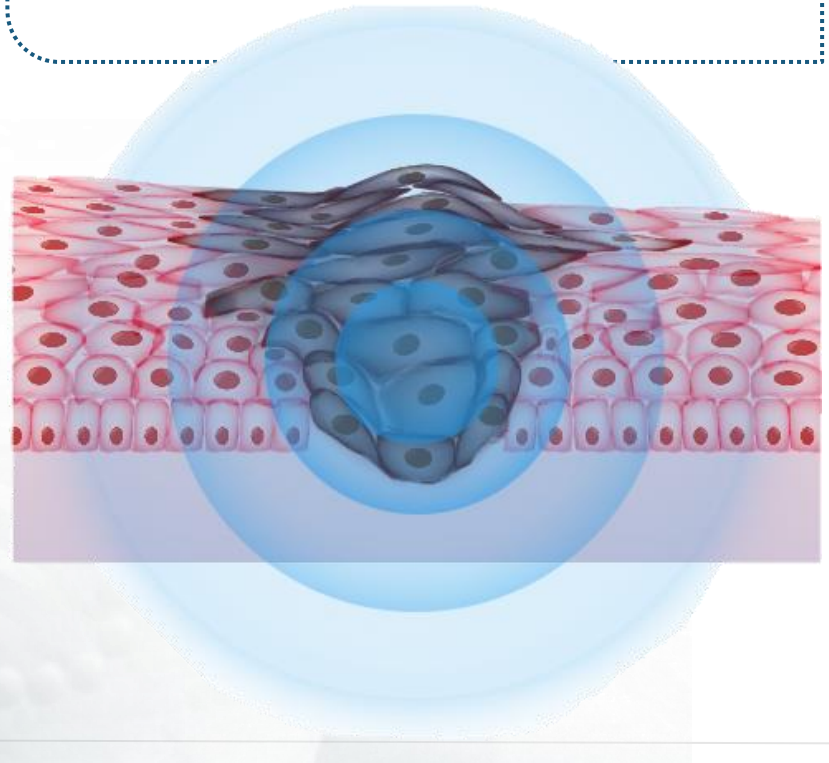


Alpha Radiation is Focal - Short Range Limits Clinical Use

Whereas beta and gamma radiation can penetrate tissue with sufficient range to facilitate tumor coverage (while risking damage to healthy tissue), alpha radiation has short range in tissue (<100 µm), which limits its clinical usefulness in local delivery

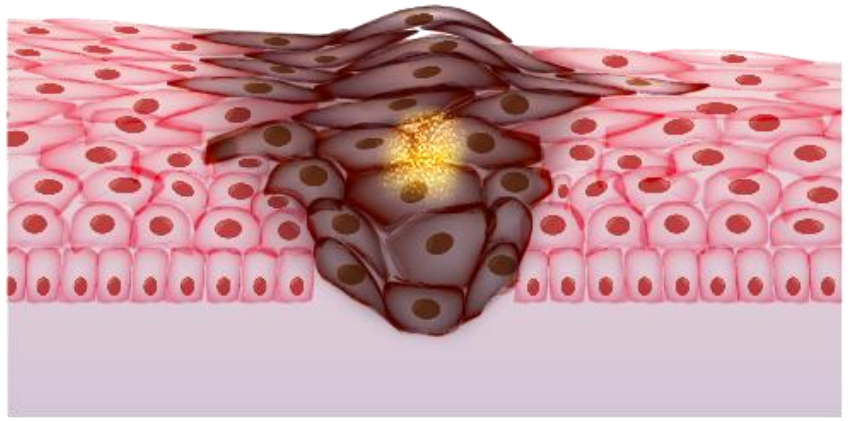
Beta/Gamma Radiation

Long therapeutic range with risk to surrounding organs



Alpha Radiation

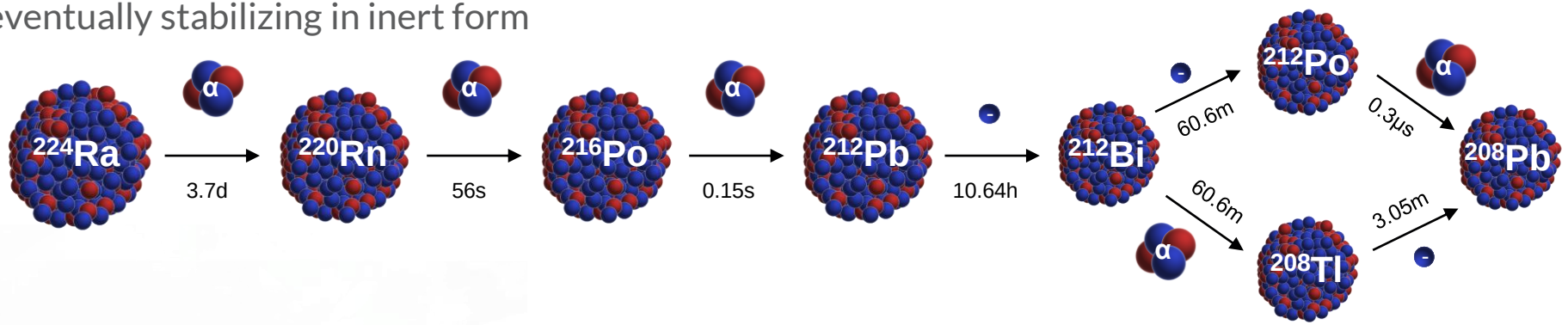
Short range in tissue limits damage to surrounding organs but also limits coverage



Mechanism of Action of the Alpha DaRT Technology

^{224}Ra Decay Chain

- Alpha DaRT leverages the innate decay chain of Radium-224
- The decay chain of Radium-224 includes four alpha particles
- Radium-224 has a half-life of ~3.7 days, while the remaining decay chain has a total half-life of approximately 12 hours, before eventually stabilizing in inert form



Alpha DaRT

- The Alpha DaRT utilizes stainless steel sources that are impregnated with Radium-224
- When the Alpha DaRT source is injected into the tumor, the radium remains attached to the source while its daughter atoms detach, emitting cytotoxic alpha particle payloads as they move deeper into the tumor until eventually stabilizing

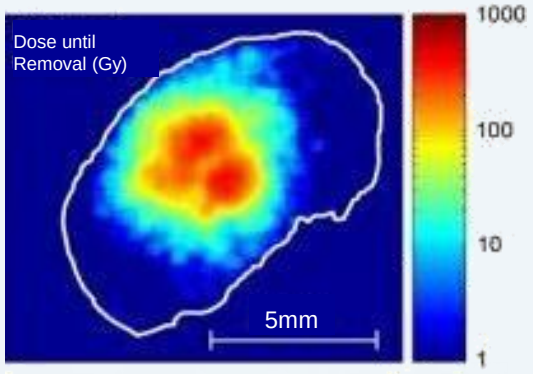
Alpha DaRT is designed to overcome the range limitations of alpha particles through precise release of alpha emitters into the tumor, generating a potent and tight distribution of alpha radiation

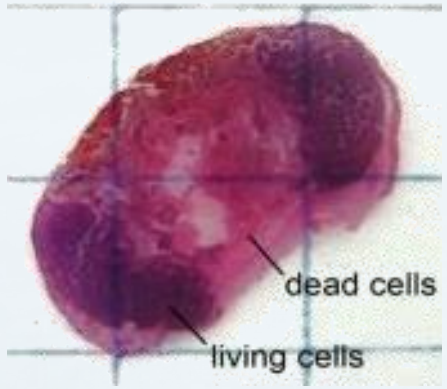
Alpha DaRT - Diffusing Alpha-emitters Radiation Therapy

https://www.youtube.com/watch?v=nwfzJHm0fTQ

Alpha DaRT Has a Unique Potential to Preserve Healthy Tissues

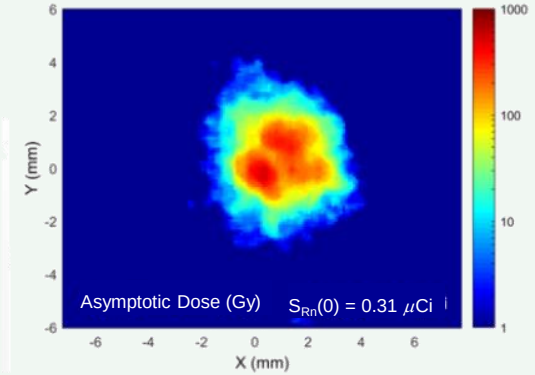
Alpha DaRT is unique in its potential to deliver a high dose of radiation in a very conformal form, with sharp dose drop-off outside of a 5mm range



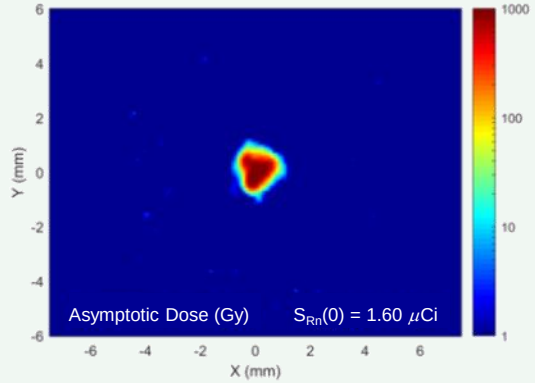


The range of the Alpha DaRT was observed to be meaningfully more extensive in tumor tissue than in healthy tissue in animal studies

Diffusion in SCC



Diffusion in healthy tissue



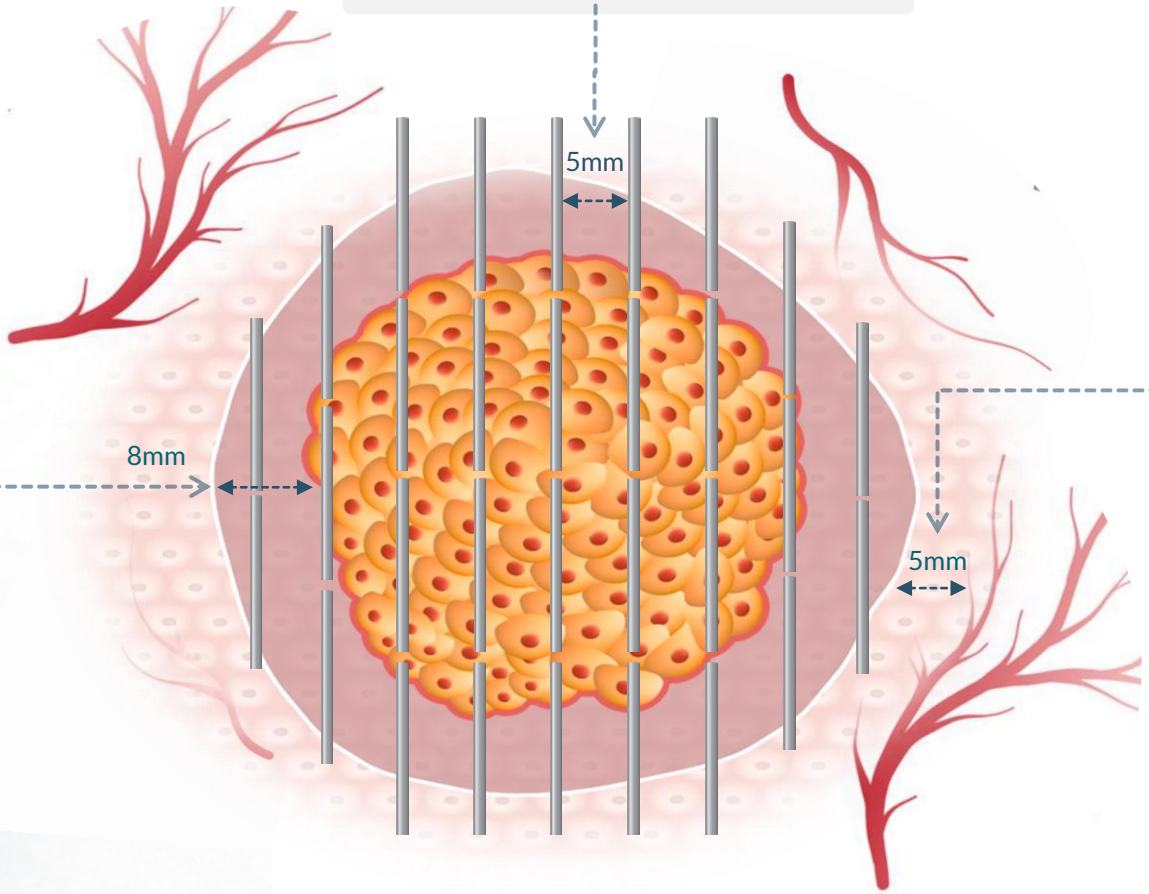
Alpha DaRT Source Placement

Through a series of Alpha DaRT injections to the tumor, spread a few millimeters apart, a clinician can potentially deliver alpha radiation to the full geometry of the tumor while taking care to avoid sensitive healthy tissue around the tumor

< **5 mm** between sources

Coverage of margins of **8 mm** (last source to be placed **5 mm** outside of the tumor)

5 mm safety distance from critical organs



Intra-tumoral Delivery Methods

We Have a Total of Seven Applicators Which Have Been Developed for a Range of Potential Uses to Accommodate for:

Treatment Delivery Method

Duration of Implantation

Tumor Location

Our Applicators Allow Us Flexibility to Deliver Alpha DaRTs Into Both Superficial and Internal Tumors

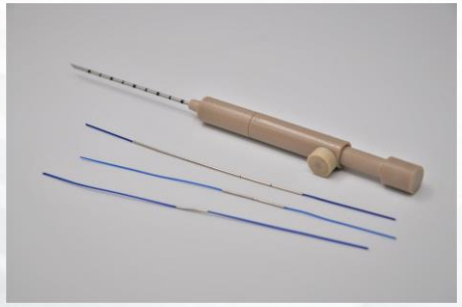
Temporary Implants (Superficial Tumors)

Applicators are supplied preloaded, sealed and designed for immediate use in the procedure room

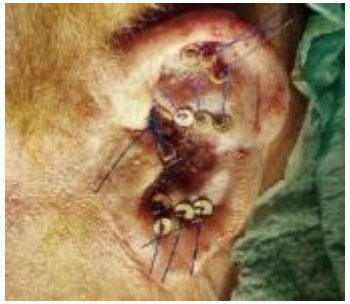
Sources are hollow and strung onto a surgical suture, allowing the clinician to insert the sources into the tumor and leave the suture in place

Example Indication: Superficial Tumors. *sources are affixed to a biocompatible suture and loaded inside the needle*

Alpha DaRT Needle Applicator



Needle Applicator in Action

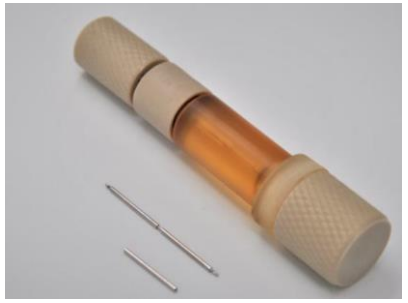


Permanent Implants (Internal Tumors)

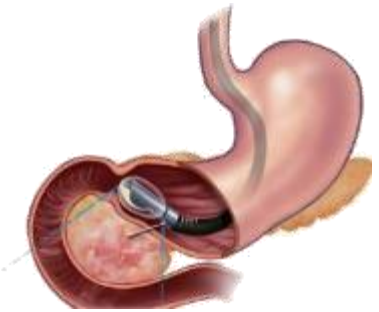
Applicators are supplied preloaded or unloaded, and are designed to allow clinicians flexibility to load the sources in the course of treatment and to select how many sources to deliver

Example Indication: Pancreatic Tumors. *Device is designed to be fitted to existing needles such as standard Fine Needle Aspirator (FNA) to ultimately deliver sources into the tumor*

Loading Device



Procedure: FNA in Conjunction with Endoscopic Ultrasound

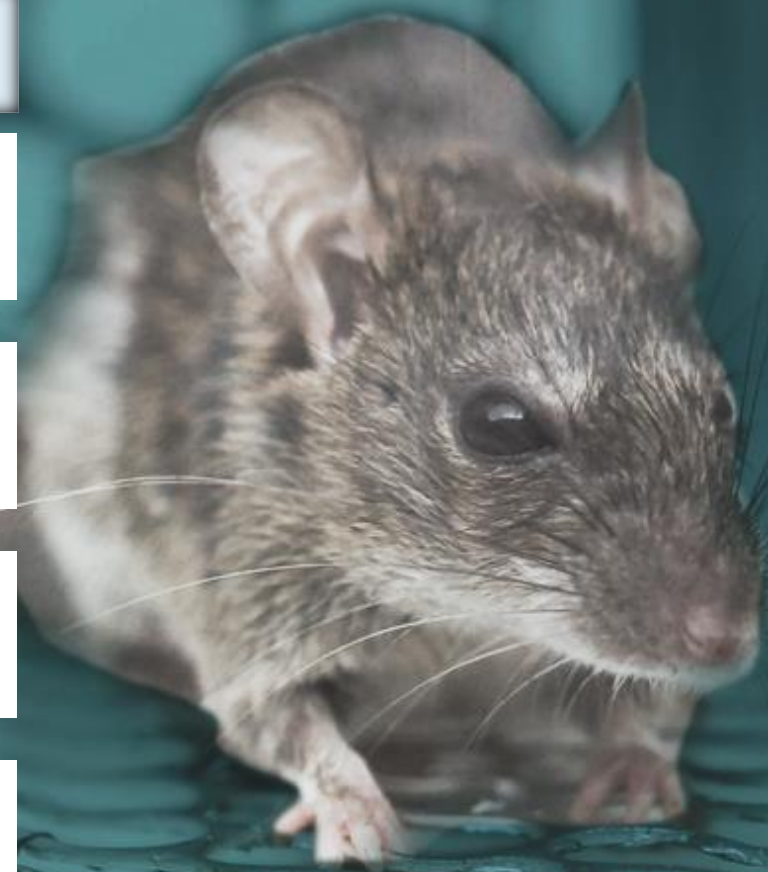


Response Observed in All Tested Solid Tumors in Preclinical Studies

18 Published Preclinical Studies in Peer-Reviewed Journals

Across a variety of tumor types, we have not observed resistance to the radiation delivered by the Alpha DaRT

- Squamous Cell Carcinoma
- Colon Carcinoma
- Lung Adenocarcinoma
- Glioblastoma Multiforme
- Lung Squamous Cell Carcinoma
- B-cell Lymphoma
- Pancreas Adenocarcinoma
- Melanoma
- Prostate Adenocarcinoma
- Breast Carcinoma

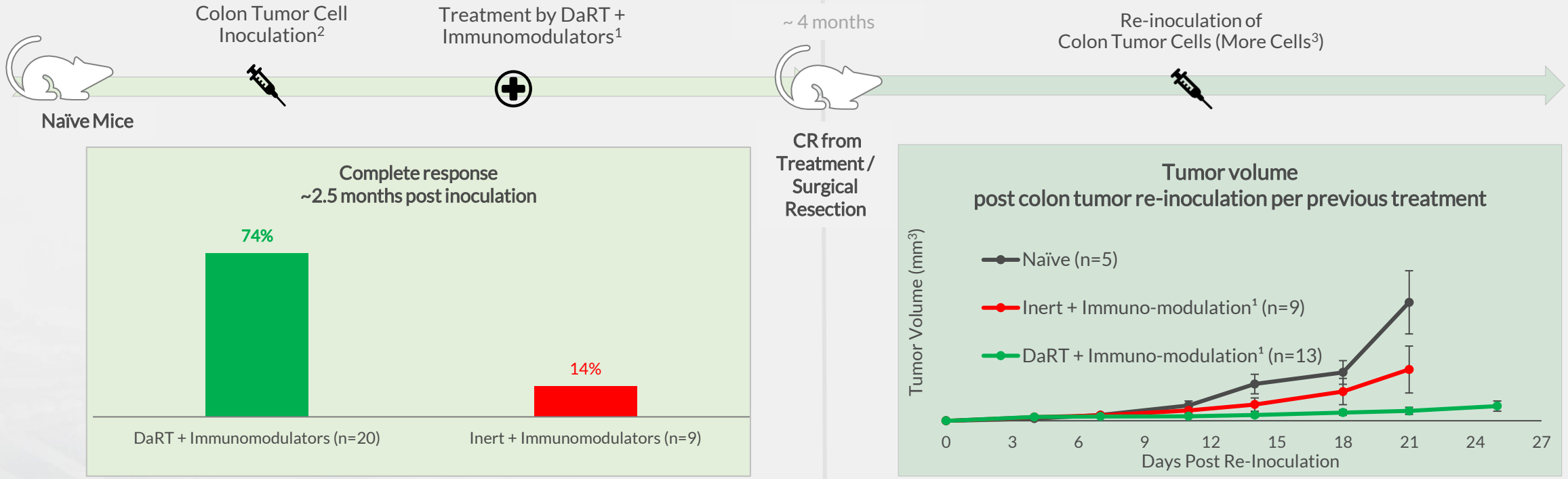


Observed Cancer-Specific Immune Protection (1/2)

In challenging mice 4 months after treatment, those previously treated by the Alpha DaRT displayed a meaningful retained protection against regrowth of the same tumor type, as compared to the two control groups

Tumor Treatment by DaRT + Immunomodulators[1]

Tumor Re-Inoculation after Treatment by DaRT + Immunomodulators vs. Inert[1]



(1) Three groups of mice were inoculated with 5 x 10^5 CT26 tumor cells and then treated with (1) DaRT + CP, Sildenafil and 2xCpG, N=10 (2) DaRT + CP, Sildenafil and CpG, N=10 or (3) inert + CP, Sildenafil and 2xCpG, N=9. Complete responders or tumor-resected mice were re-challenged ~4 months after DaRT with 5 x 10^6 CT26 tumor cells.
(2) CT26 5 x 10^5.
(3) CT26 5 x 10^6.

Observed Cancer-Specific Immune Protection (2/2)

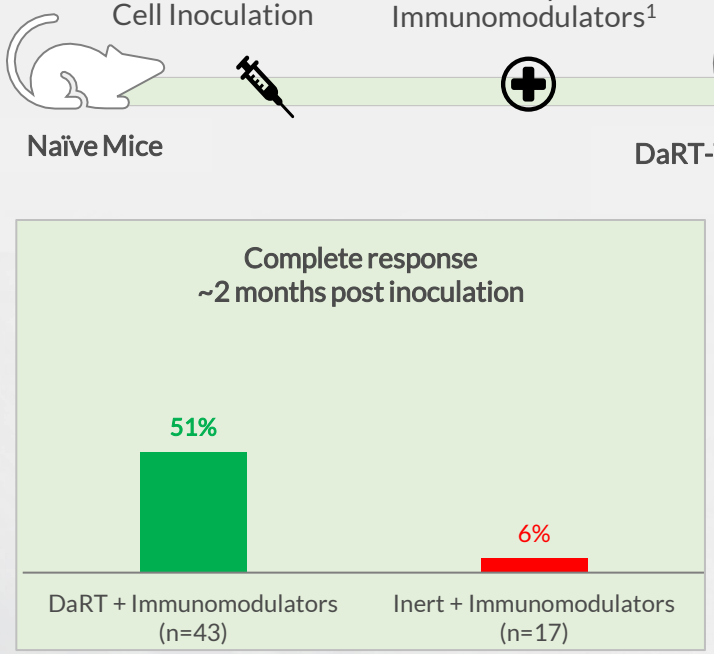
This activity was then shown to be tumor-specific – the challenge only resisted regrowth of the same tumor line. It was also shown to be transferrable via the transfer of splenocytes

Tumor Treatment by DaRT + Immunomodulators

Colon[3] Tumor Cell Inoculation

Treatment by DaRT + Immunomodulators[1]

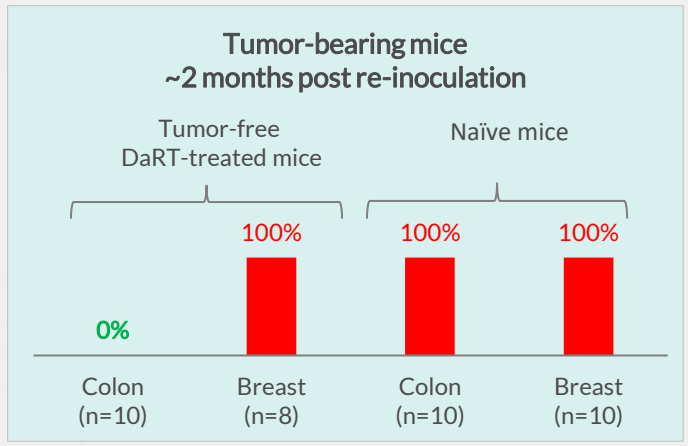
Naïve Mice



Tumor Re-Inoculation[2] (Challenge Assay)

Colon[3] / Breast[4] Tumor Cell Re-inoculation

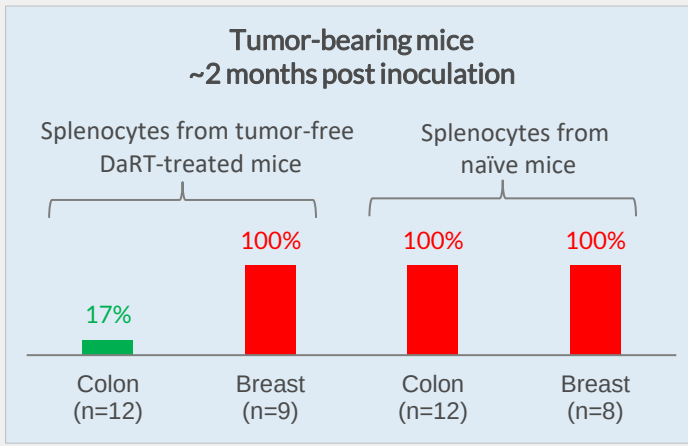
DaRT-Treated Tumor-free + Naïve Mice



Immune-Memory Transfer[2] (Winn Assay)

Naïve Mice

Inoculation of Colon[3] / Breast[4] Tumor Cells + **Splenocytes** from Tumor-free Pretreated Mice



(1) Immuno-modulation refers to a combination of low dose CP, Sildenafil and CpG.
(2) Mice with CR from DaRT + immuno-modulators (n = 18) and naïve mice (n = 20) were inoculated with 5 x 10^5 CT26 or DA3 cells 52 days post inoculation (Challenge Assay). Naïve mice were injected intradermally with splenocytes from either naïve or CT26-bearing mice treated by DaRT and immunomodulators, coupled with CT26 or DA3 tumor cells (Winn assay). The presented results are based on cumulative data from two different experiments.
(3) CT26 5 x 10^5.
(4) DA3 5 x 10^5.

Outline of Our First Clinical Study: Skin / Head & Neck SCC

Trial Sites: Israel, Italy

Primary objective: Evaluate feasibility & safety

Secondary objective: Evaluate initial tumor response & local progression-free survival

Key Eligibility Criteria

SCC histopathologically confirmed

Lesions ≤ 5 cm*

Age ≥ 18

ECOG performance scale ≤ 2

Patients W/O immunosuppression

Generally **previously treated by radiation or surgery, recurrent**

Treatment & Procedure

Treatment plan based on CT-simulation

Sources 1cm length, 0.7mm diam.

Activity per source 2 μCi

Outpatient setting

Local anesthesia

Number of sources inserted: min 3, max 169

Timeline and Follow-Up

Alpha DaRT sources insertion

Removal after 15 days

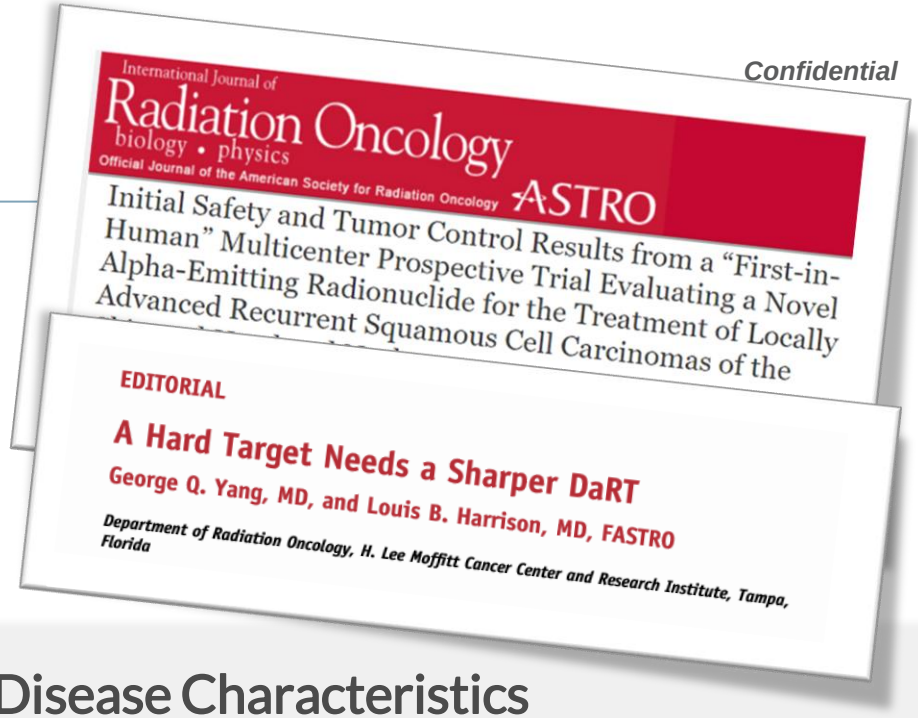
Check-up on days 4, 9 and 30 after insertion

Long term follow up based on standard of care

*in the longest diameter (without nodal spread).

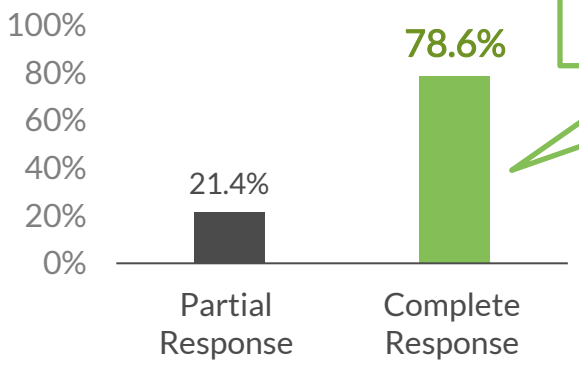
Skin / Head & Neck SCC Study Results

- 100% overall response rate
- Durable responses observed
- Responses observed within days
- Well tolerated; no systemic toxicity observed

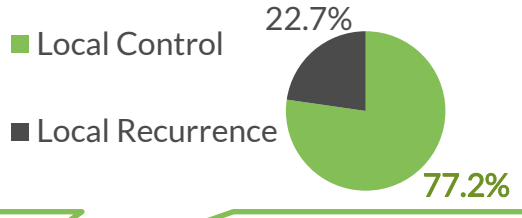


Efficacy Results

Overall Response (n=28)



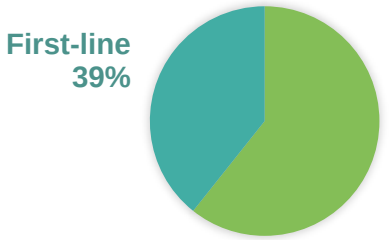
CR Durability (~7 months)



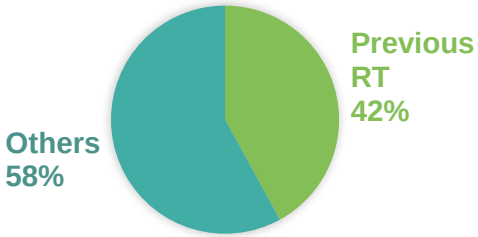
Baseline Disease Characteristics

Effective against radioresistant tumors (Patient median age = 80.5 years)

Previous Treatment[1]



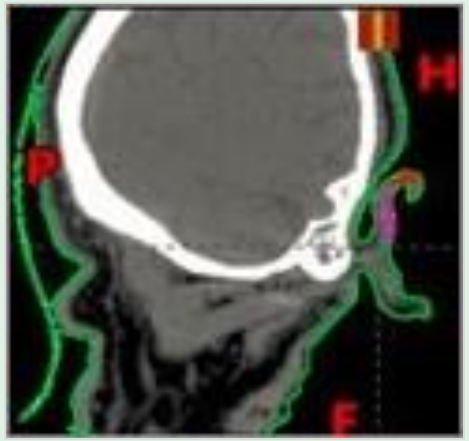
Previous Radiotherapy



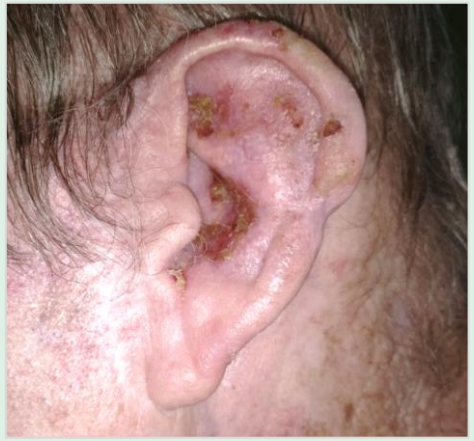
[1] Most patients (60.7%) had recurrent and previously treated disease by either surgery, prior external beam radiotherapy or both; 13 of 31 (42%) had received prior RT.

AP-02 Complete Response

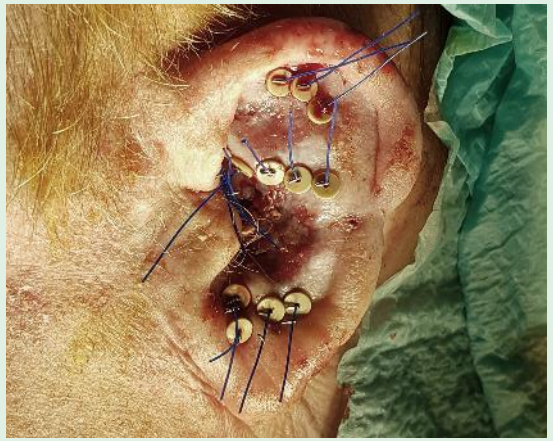
Age	80	Applicators used	6
Previous treatments	Radiation, Surgery	Alpha DaRT sources inserted	10
Tumor initial volume [cm^3]	1.4	Total activity [µCi]	20



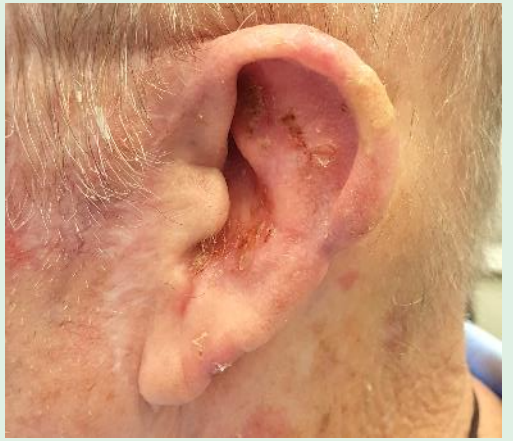
Planning



Before
21/03/2017



During
21/03/2017

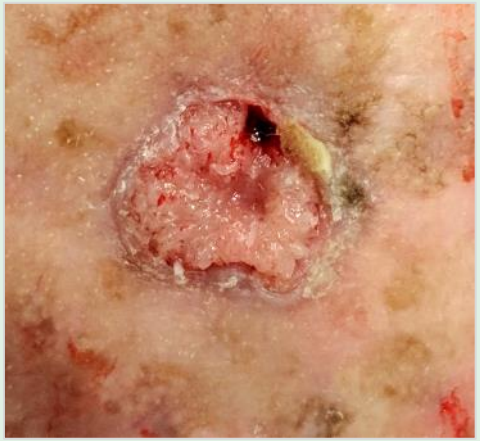


After
01/06/2017

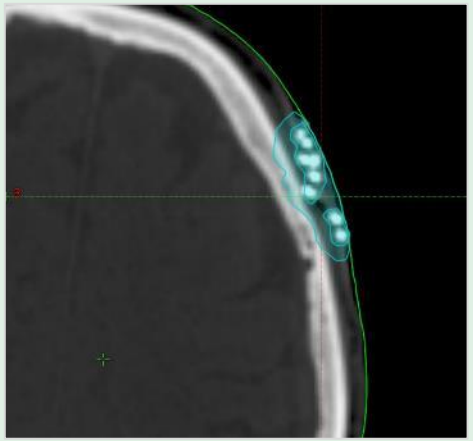
AP-022 Complete Response

Age	68
Previous treatments	None
Tumor initial volume [cm^3]	2.8

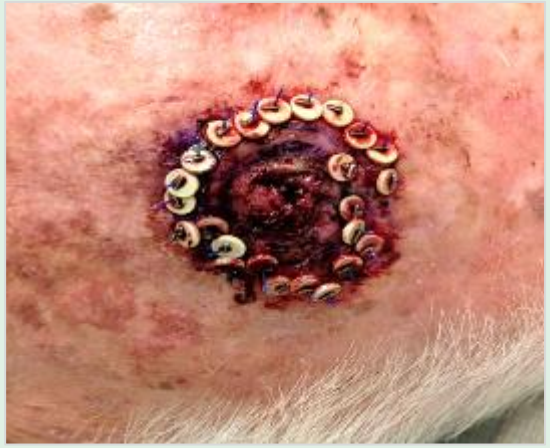
Applicators used	12
Alpha DaRT sources inserted	24
Total activity [µCi]	48



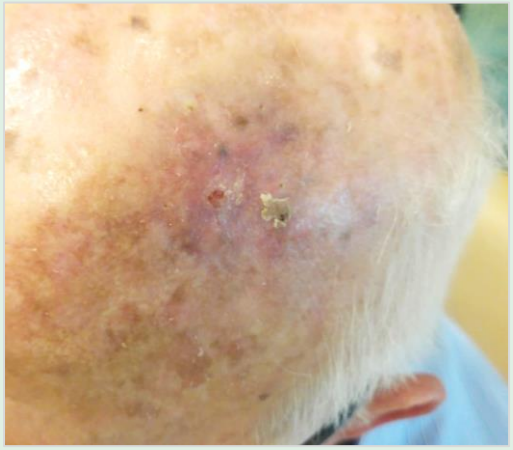
Before
27/08/2018



During
30/08/2018



During
30/08/2018

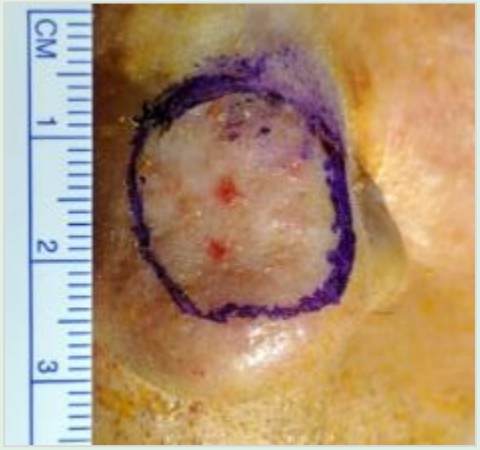


After
30/09/2018

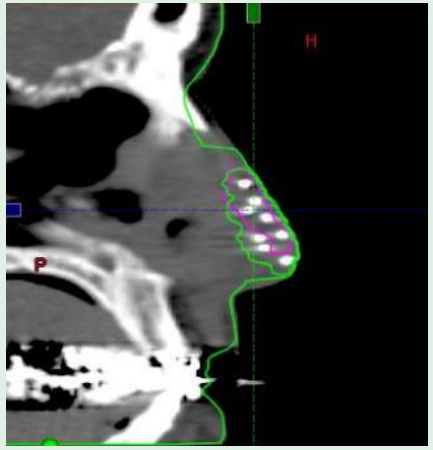
AP-024 Complete Response

Age	61
Previous treatments	None
Tumor initial volume [cm^3]	0.6

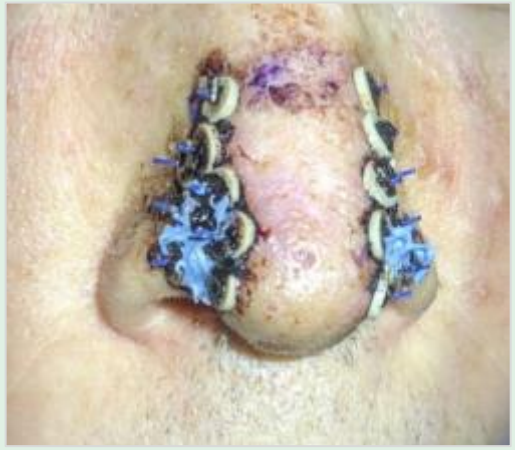
Applicators used	8
Alpha DaRT sources inserted	11
Total activity [µCi]	22



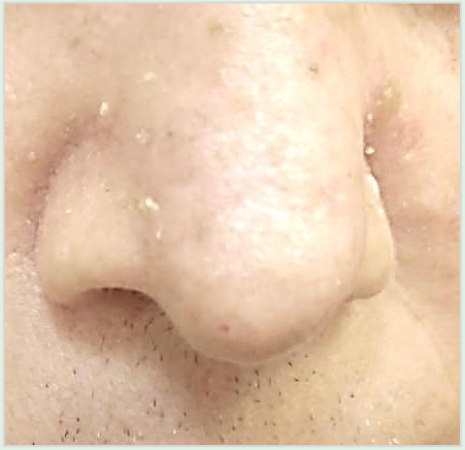
Before
13/11/2018



During
13/11/2018



During
13/11/2018



After
29/11/2018

Alpha DaRT Treatment was Well Tolerated

No systemic toxicities and minimal (≤ grade 2) local toxicities observed to date

Targeted treatment
Designed to spare neighboring healthy tissue

No systemic toxicity observed
Negligible and short-term radioactivity in the patient's body

Minimal local toxicity observed
Minimal local toxicity with grade ≤2 resolved within a month

Safe procedure for caregivers
No special shielding required

No suppression of immune system observed
Critical in these times of pandemic

Acute Local Toxicity	Incidence (%) Severity Grade 1	2	3
Administration site erythema	11 (41%)	9 (33%)	0 (0%)
Administration site edema	9 (33%)	10 (37%)	0 (0%)
Administration site pain	8 (30%)	11 (41%)	0 (0%)
Administration site exudate	2 (7%)	8 (30%)	0 (0%)
Administration site ulcer	4 (15%)	5 (19%)	0 (0%)
Administration site numbness	1 (4%)	0 (0%)	0 (0%)
Administration site pruritus	3 (11%)	0 (0%)	0 (0%)
Administration site bleeding	1 (4%)	0 (0%)	0 (0%)
Aural myiasis (administration site)	1 (4%)	0 (0%)	0 (0%)
Decreased appetite	1 (4%)	0 (0%)	0 (0%)

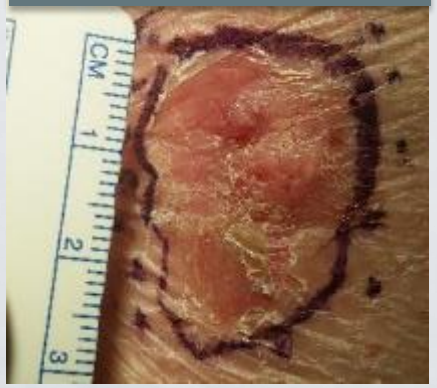
Potential Systemic Immune Effect Observed in One Patient Where a Second, Untreated Lesion Manifested CR

Complete Response + Potential Systemic Immune Effect

Treated Tumor

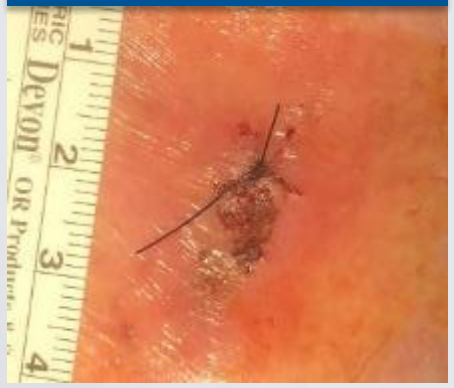
Before

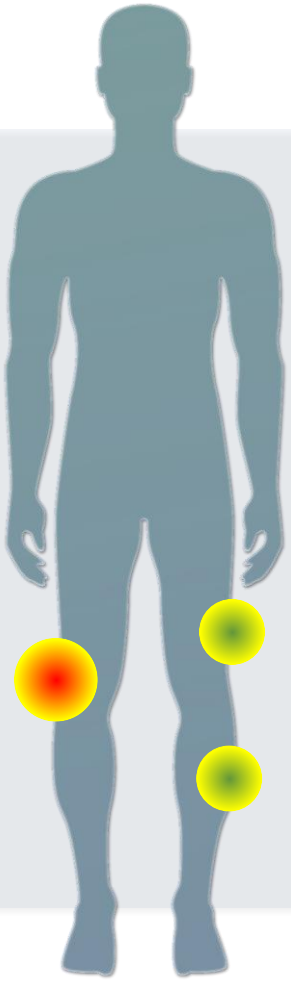
30-Nov-17



After

29-Dec-17

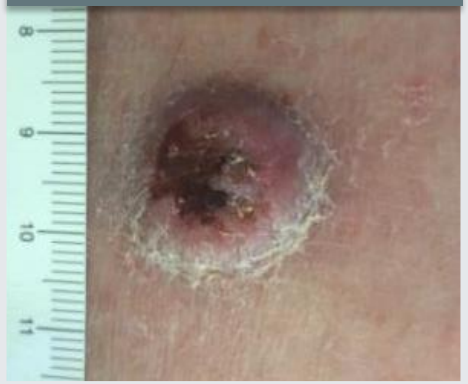




Untreated Tumors

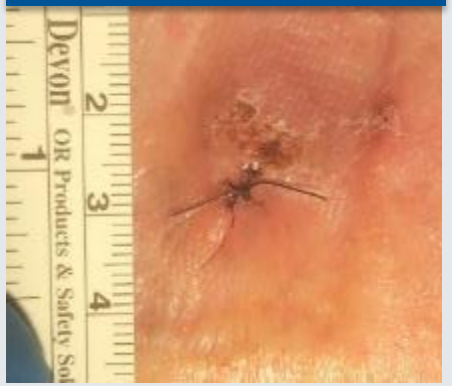
Before

30-Nov-17

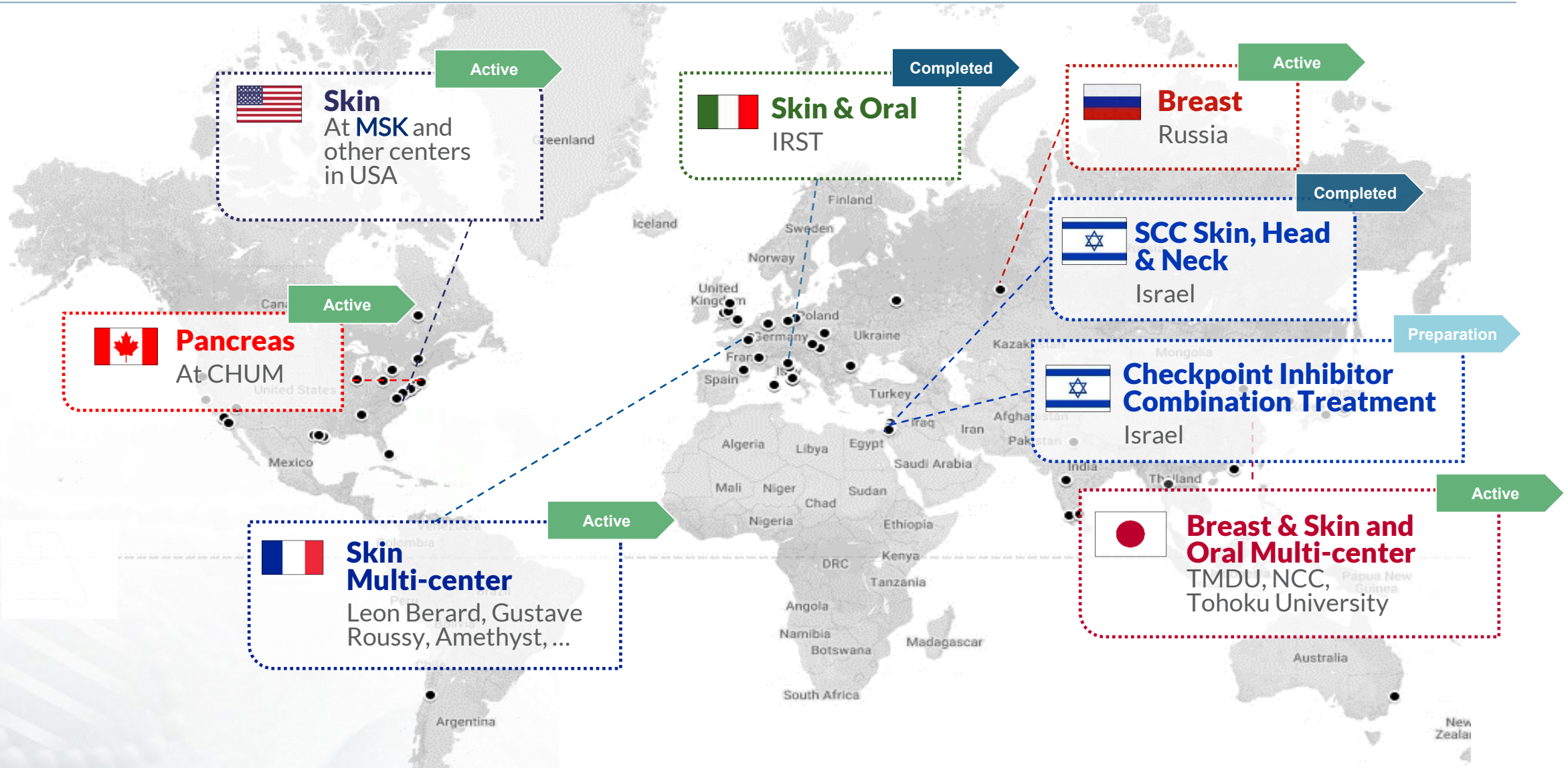


After

29-Dec-17



Seeds of Hope Worldwide – Selected Current Clinical Trials



FDA IDE Pilot Feasibility Study (Currently Recruiting)

- FDA has approved an expansion into a multi-center trial. First patient admitted to feasibility trial in early July 2021
- Breakthrough Device Designation received in June 2021

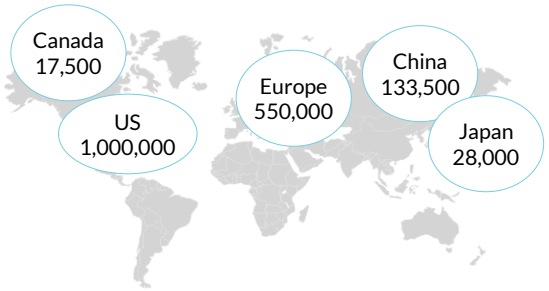
Location	Memorial Sloan Kettering Cancer Center
Target # of Patients	10
Tumor Type	Skin Cancers
Primary Objectives	Determine feasibility of delivering radiotherapy using DaRT, with successful delivery in at least 7 patients, and assess frequency and severity of acute AEs
Secondary Objectives	Assessments of radiotherapy-related AEs, tumor response, radiation safety, stability of device placement, and QoL
Eligibility	Malignant skin or superficial soft tissue tumor 1-5 cm in size that is suitable for percutaneous interstitial brachytherapy

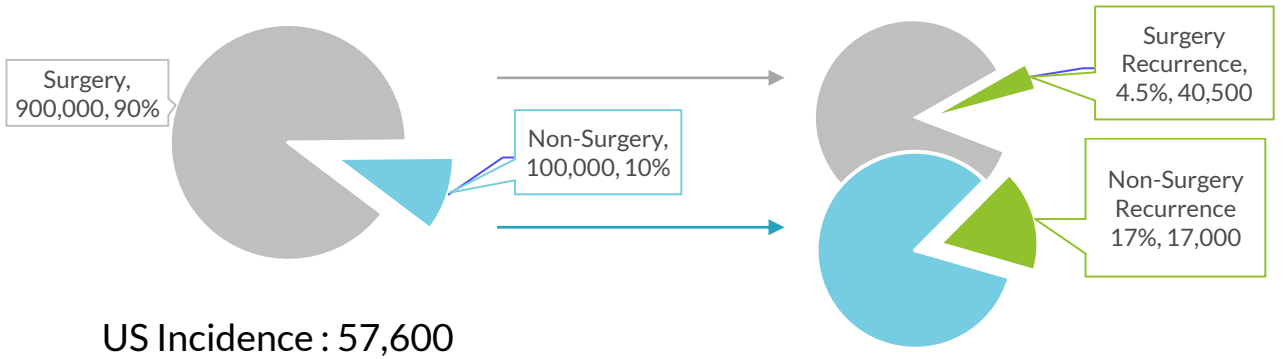
Applicable Market Size – Estimates of Annual Incidence Data

SCC / H&N Annual Incidence

US Incidence: ~1 million

US Applicable Mkt. Size



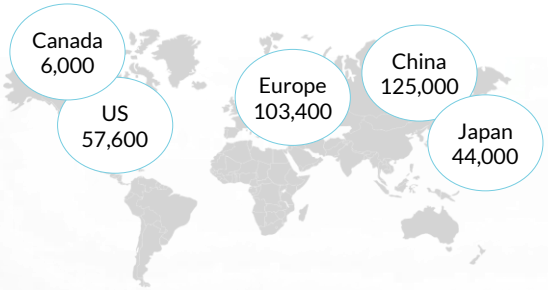


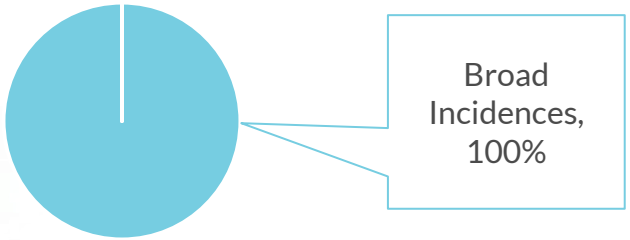
1L: 100,000
2L: 57,500

Pancreas Annual Incidence

US Incidence : 57,600

US Applicable Mkt. Size



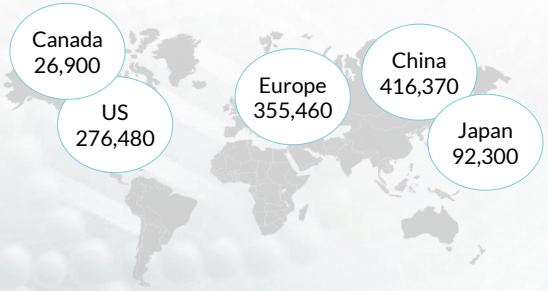


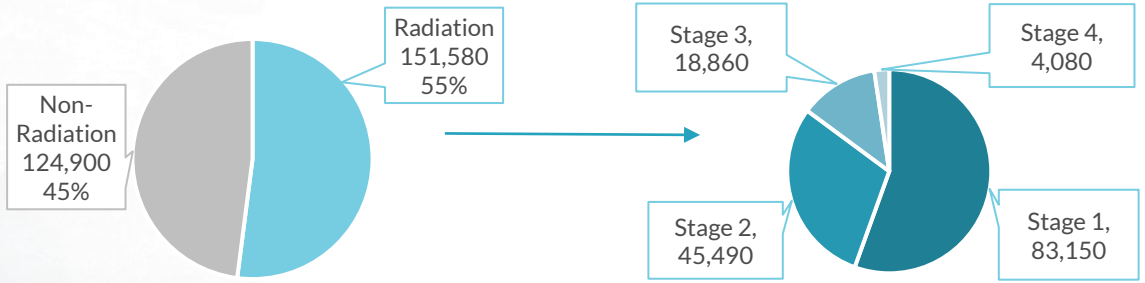
57,600

Breast Annual Incidence

US Incidence : 276,480

US Applicable Mkt. Size





151,580

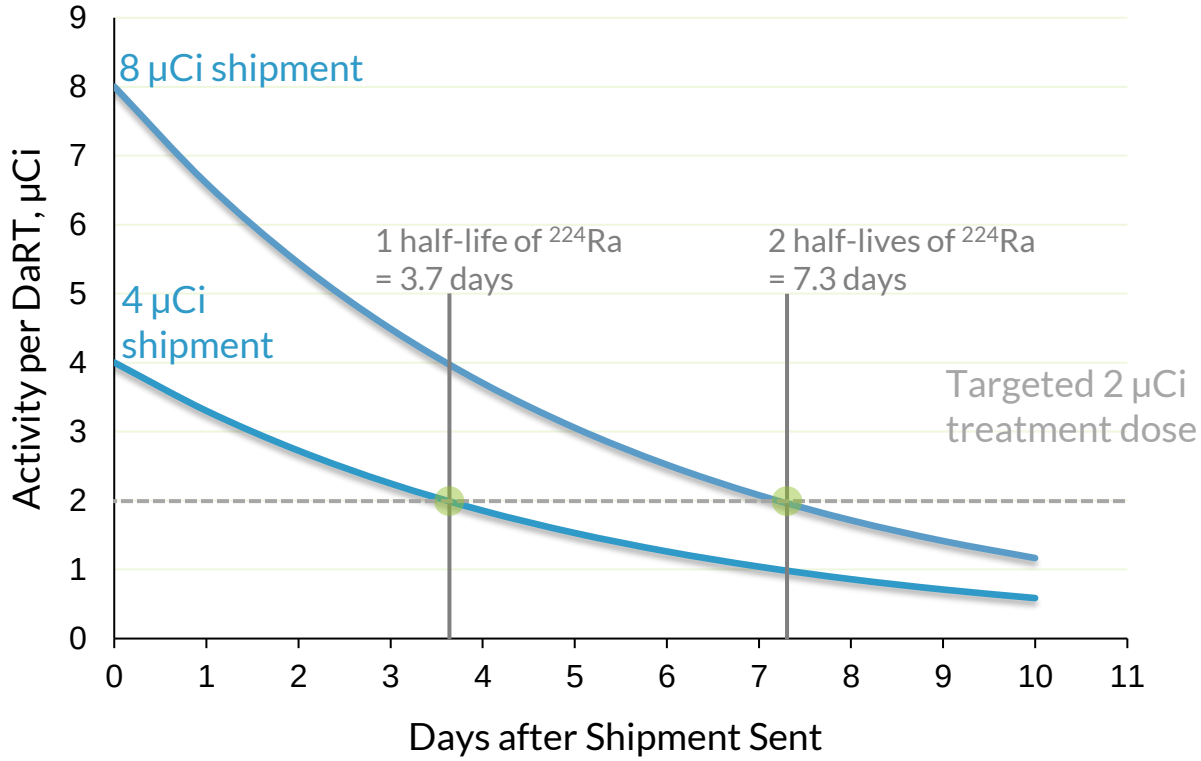
Source: Company estimates based on public industry sources.

Simple Radioactive Supply Chain

Delivery does not require any special handling and simple planning ensures on-time arrival

Alpha DaRT is shipped in Excepted Packages (low levels of radioactivity), and can therefore be dispatched in suitable applicators by standard courier, requiring no special handling or protective gear in transit

Alpha DaRT Radioactive Decay



Personalized treatment, shipped out on a per-patient basis
Simple planning ensures that an Alpha DaRT arrives with the required amount of ^{224}Ra available, even when allowing for radioactive decay, based on the known half-life of the ^{224}Ra

Global Manufacturing Facilities

For efficient commercial operations, we look to establish manufacturing operations in multiple regions of the world, to enable relatively short shipping times to our core markets

Jerusalem
(~400,000 sources per year - Equipping & Validation)

Lawrence, Massachusetts
(~125,000 sources per year - *Ramping Up)*

Tel Aviv
(Test Facility - Operational)

Togane, Japan
(In Design)

The Alpha Tau Executive Team

Strong management team with years of experience across the scientific and medical device space

Uzi Sofer
CEO & Chairman

- Co-Founder and CEO of BrainsWay (NASDAQ: BWAY)
- Medical device development, regulation, financing

Raphi Levy
Chief Financial Officer

- Former executive director in charge of healthcare investment banking in Goldman Sachs Israel

Prof. Itzhak Kelson
Chief Physics Officer

- Co-inventor of DaRT technology
- Emeritus professor of physics (taught at Tel Aviv University, Yale University, Weizmann Institute etc.)

Prof. Yona Keisari
Chief Scientific Officer

- Co-inventor of DaRT technology
- Professor of Immunology and Microbiology at Tel Aviv University, former NCI Post Doc Fellow

Robert Den, MD
Chief Medical Officer

- Radiation oncologist and Associate Professor at Thomas Jefferson University Hospital
- Medical degree from Harvard Medical School

Amnon Gat
Chief Operations Officer

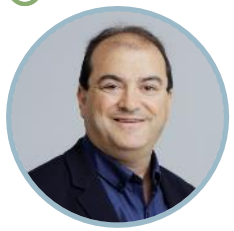
- >20 years experience in medical devices and healthcare
- Marketing strategy specialist

Ronen Segal
Chief Technology Officer

- >20 years of top leadership roles, including medical device industry
- Chairman of the BSMT Consortium

Board of Directors

Diverse mix of cancer therapeutic, medical device and financial expertise providing value-added oversight and guidance to corporate leadership



Uzi Sofer
CEO & Chairman

- Co-Founder and CEO of BrainsWay (NASDAQ: BWAY)
- Medical device development, regulation, financing

Michael Avruch
Director

- Expert in financing and restructuring
- CEO & CFO experience

Morry Blumenfeld
Director

- Former managing director at GE Healthcare, CEO of Quescon Consultants, Founding partner of Meditech Advisors Management, director at Mako

Meir Jakobsohn
Director

- Founder of Medison Ltd.,
- Representing Amgen, Biogen, etc. for the marketing and distribution of their products

Alan Adler
Director

- 14 Years at McKinsey
- Senior Partner Evergreen Venture Capital
- Chairman and CEO of Oridion until its sale to Covidien

Gary Leibler
Director

- Founder of Shavit Capital
- Led >20 companies to IPO

John Brown
Director

- Senior pharmaceutical executive and physician
- Headed translational medicine globally for GSK & Royal College of Physicians

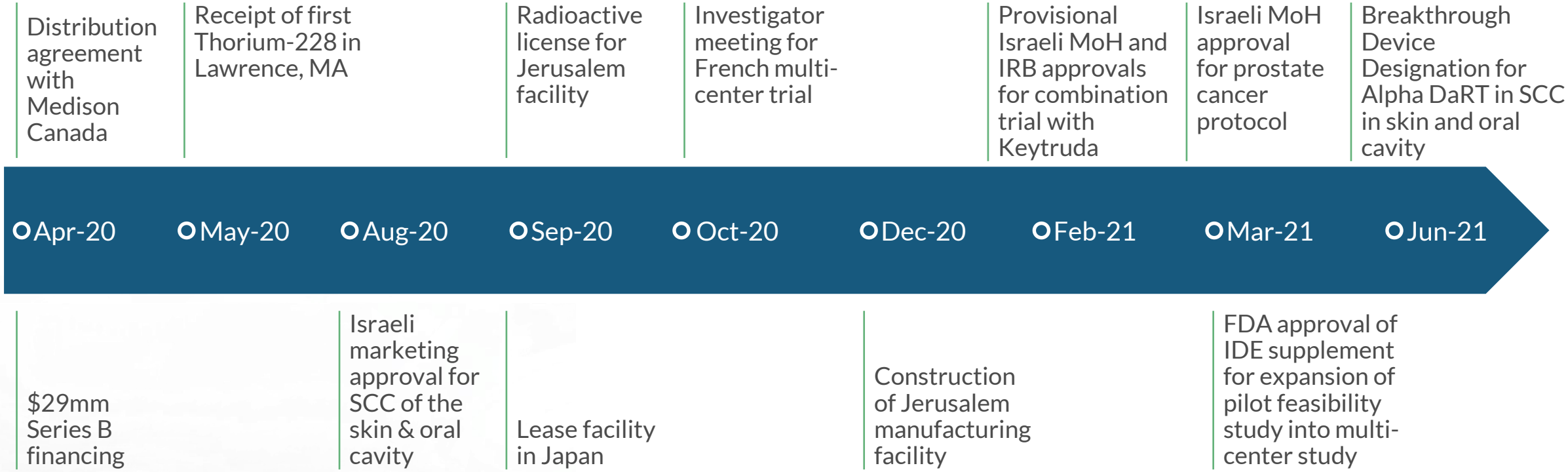
Peter Melnyk
Director

- Former Chief Commercial Officer at Novocure
- CEO of Fortovia Therapeutics
- Former Neuroscience marketing director at Bristol-Myers Squibb

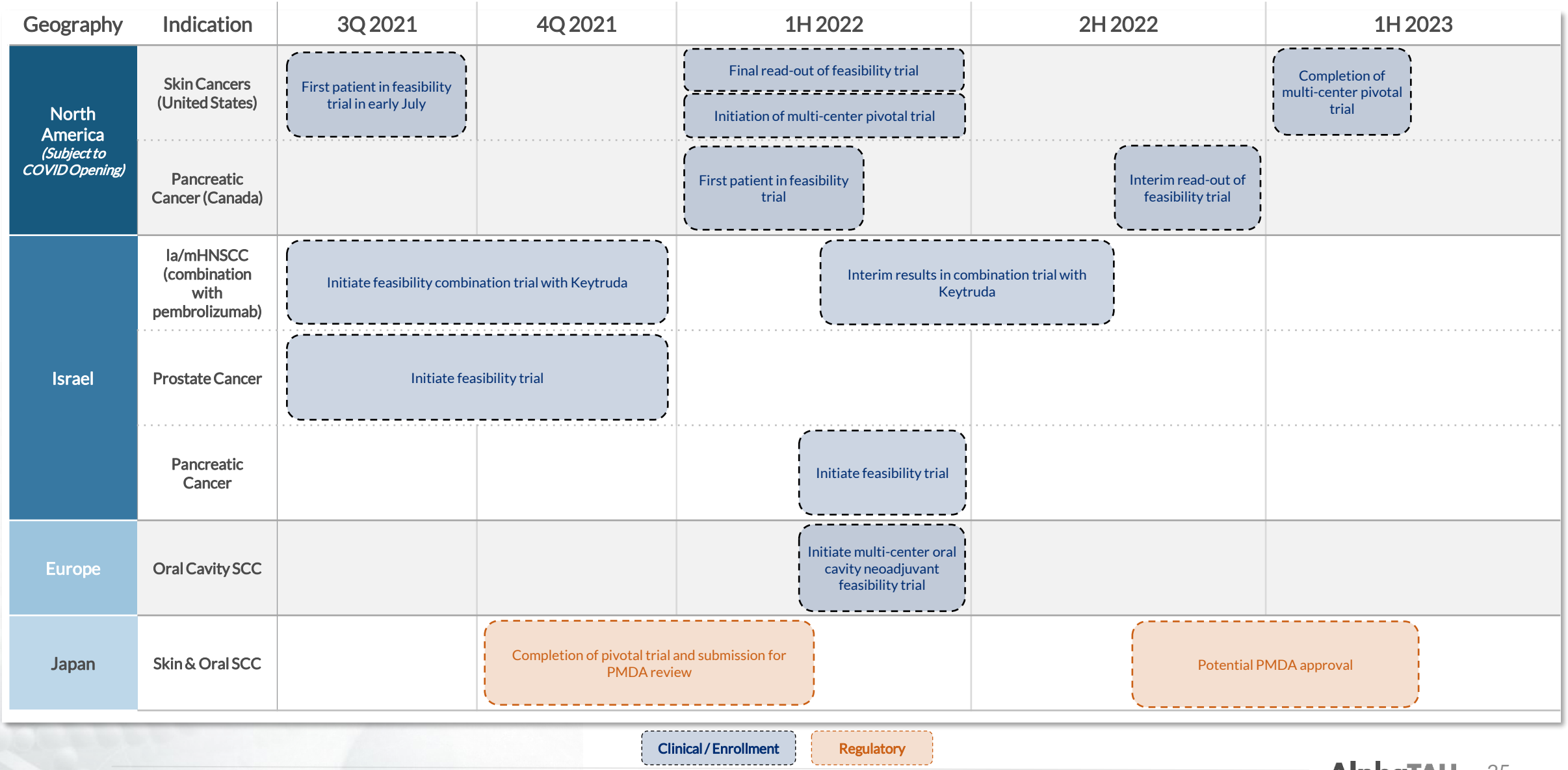
Significant Industry Experience:

GE Healthcare, BrainsWay, MEDISON Delivering Innovative Healthcare, NANOX X-RAY REIMAGINED, McKinsey&Company, MAKO, Pfizer, evergreen VENTURE PARTNERS, SHAVIT CAPITAL, gsk GlaxoSmithKline, Bristol Myers Squibb, Oridion, INSIGHTEC, novocure, FORTOVIA THERAPEUTICS, AlphaTAU

Continued Track Record of Execution



Anticipated Milestones



Transaction Overview

Transaction Overview

Transaction Summary	• Alpha Tau and Healthcare Capital Corp. (Nasdaq: HCCC) to combine and create a publicly traded company focused on transforming the treatment of solid tumors through the precision delivery of Alpha radiation • The transaction represents an implied pro forma equity value of approximately $1 billion(1) and is expected to provide up to $367 million in gross proceeds, including up to $275 million of cash held in the trust account of Healthcare Capital Corp and a $92 million PIPE • The $92 million fully-committed PIPE is anchored by a combination of Healthcare-focused financial and strategic investors including Yozma Investment Co. (part of Yozma Group Korea), Grand Decade Developments (an affiliate of China Grand Pharmaceutical and Healthcare Holdings) and Medison Group, as well as other leading technology investors including OurCrowd, Regah Ventures and the co-founders of Apax Partners, Alan Patricof and Sir Ronald Cohen • All Alpha Tau shareholders will retain 100% of their equity holdings in the public company(1)
Timing	• The proposed business combination is expected to be completed by the end of 2021, upon which Alpha Tau is expected to be listed on Nasdaq(2)
Use of Proceeds	• After giving effect to the transaction (and assuming no redemptions by public shareholders), Alpha Tau is expected to have approximately $362 million of cash on the balance sheet(1) – Net proceeds are to be used for further deepening of Alpha Tau's clinical strategy and broad R&D activities, expanding manufacturing capacity and preparing for commercialization, and are expected to provide cash runway at least into 2024
Management & Board	• Alpha Tau will continue to be led by its current management team, and upon closing, it is expected that HCC Chairman Dr. David M. Milch will be appointed to the Alpha Tau Board of Directors

(1) Assuming no redemptions from HCC public stockholders, PIPE proceeds of $92mm and transaction expenses of $30mm.
(2) Timing dependent upon the SEC review process and the satisfaction of other closing conditions.

Transaction Economics at Closing

$ in mm, unless otherwise noted.

Transaction Cash Sources and Uses

Sources	$	%
HCC Cash in Trust[1]	$275	*70.2%*
PIPE Investment	92	*23.5%*
Estimated Cash Contribution from AlphaTau's Balance Sheet[2]	25	*6.4%*
Total Sources	**$392**	***100.0%***

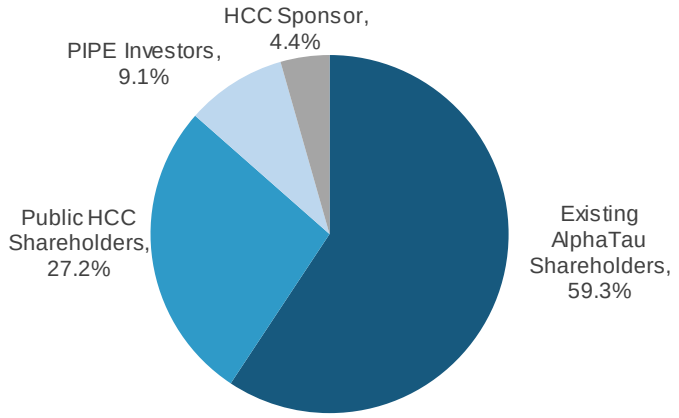
Uses	$	%
Cash to Balance Sheet	362	92.3%
Estimated Transaction Fees & Expenses[5]	30	7.7%
Total Uses	**$392**	***100.0%***

Pro Forma Valuation

Share Price	$10.00
Total Shares	101.2
Equity Value	**$1,012**
Pro Forma Cash	(362)
Enterprise Value	**$650**

Pro Forma Ownership ($10.00 / share)[3]	# Shares (mn)
Current AlphaTau Shareholders	60.0
HCC Public Shareholders	27.5
PIPE Investors	9.2
HCC Sponsor[4]	4.5
Total	**101.2**

Pro Forma Ownership[3]



(1) Assume no shareholder redemptions.
(2) Estimated existing Alpha Tau cash as of Q4 2021.
(3) Share allocation is at transaction pricing and excludes unvested options and shares, potential future equity earn-outs, HCC public warrants and HCC sponsor warrants, and includes vested Alpha Tau options and warrants on a net exercise basis.
(4) 40% of HCC's Face Value Promote (or 6.875mm shares and 6.8mm warrants) will be retained. 20% of HCC's Face Value Promote will be subject to a 3-year earn-out, earned out if prior to 3 years from closing of the merger the volume weighed average stock price of the Company is in excess of $14/share for at least 20 out of 30 consecutive trading days. 15% of HCC's Face Value Promote will be forfeited and allocated to employee and services providers of the Company for retention purposes (subject to vesting). 25% of HCC's Face Value Promote will be retained if the total proceeds received from a PIPE and from HCC, net of deferred underwriting fees and redemptions, is equal to or exceeds $250mm.
(5) Fees and expenses to HCC and Alpha Tau, includes deferred underwriting fees from HCC's IPO, advisory fees, PIPE fees, legal and other fees.

Use of Proceeds

Anticipated combined company is expected to be well capitalized.

- At the time of closing, the Company is expected to have approximately $362 million of cash on the balance sheet(1)
- Funding is expected to provide cash runway at least into 2024 and to primarily be used for clinical programs, manufacturing capacity and preparations for commercialization

Near Term(2) **$65-75mm**	• Operational expenses: $30-35mm • Company-led clinical trials underway or expected: ~$20mm • Near-term capex: $10-15mm • Pre-clinical / research collaborations: ~$5mm
Mid Term **~$290mm**	• Company-led clinical trials currently underway or expected: ~$5mm • Additional studies expected to launch: ~$20mm • KOL center of excellence in planning: ~$10mm • Manufacturing plants planned in US (expansion), Japan, Europe and China: ~$120mm in total (~$30mm each) • ~$135mm available for commercialization preparation efforts

(1) Assuming all warrants remain outstanding at close, no redemptions from HCC public stockholders, PIPE proceeds of $92mm and transaction expenses of $30mm.
(2) Partially occurring prior to deal closure.

AlphaTAU

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