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| <b>Form 5500</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2015</div><br><br><b>This Form is Open to Public Inspection</b> |
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| Part I                                                                                                   | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                                    |
| For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>09/30/2015</u> |                                                                                                                                                                                                                                                                                                                                                    |
| A This return/report is for:                                                                             | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____<br> |
| B This return/report is:                                                                                 | <input type="checkbox"/> the first return/report; <input checked="" type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input checked="" type="checkbox"/> a short plan year return/report (less than 12 months).                                                                                    |
| C If the plan is a collectively-bargained plan, check here. ....                                         | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                           |
| D Check box if filing under:                                                                             | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                                                                                                                          |

|                                                                                                                                                                                                                                                                                                                                                                                              |                                                                |                                                           |                                                      |
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| Part II                                                                                                                                                                                                                                                                                                                                                                                      | <b>Basic Plan Information</b> —enter all requested information |                                                           |                                                      |
| 1a Name of plan<br><u>CAREMARK INTERNATIONAL INC. PENSION PLAN</u>                                                                                                                                                                                                                                                                                                                           | 1b Three-digit plan number (PN) ▶                              | 022                                                       |                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                              | 1c Effective date of plan<br><u>11/30/1992</u>                 |                                                           |                                                      |
| 2a Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>CVS HEALTH CORPORATION HR RETIREMENT BENEFITS</u><br><br><u>ONE CVS DRIVE</u><br><u>MS #1110</u><br><u>WOONSOCKET, RI 02895</u> | 2b Employer Identification Number (EIN)<br><u>05-0494040</u>   | 2c Plan Sponsor's telephone number<br><u>401-770-7153</u> | 2d Business code (see instructions)<br><u>541600</u> |

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

|                                                                                                 |                                                   |            |                                                              |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN<br>HERE                                                                                    | Filed with authorized/valid electronic signature. | 07/13/2016 | CANDACE JODICE                                               |
|                                                                                                 | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE                                                                                    |                                                   |            |                                                              |
|                                                                                                 | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>HERE                                                                                    |                                                   |            |                                                              |
|                                                                                                 | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |
| Preparer's name (including firm name, if applicable) and address (include room or suite number) |                                                   |            | Preparer's telephone number                                  |

|                                                                                                                                                                                                                                                                      |                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                             | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div> |
| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br>CVS CAREMARK CORPORATION HR RETIREMENT BENEFITS | <b>4b</b> EIN<br>05-0494040<br><b>4c</b> PN<br>022                                                                                                               |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                              | <b>5</b> 1669                                                                                                                                                    |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                     |                                                                                                                                                                  |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                               | <b>6a(1)</b> 354                                                                                                                                                 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                    | <b>6a(2)</b> 0                                                                                                                                                   |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                   | <b>6b</b> 0                                                                                                                                                      |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                    | <b>6c</b> 0                                                                                                                                                      |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                          | <b>6d</b> 0                                                                                                                                                      |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                                                                                                                                            | <b>6e</b> 0                                                                                                                                                      |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                              | <b>6f</b> 0                                                                                                                                                      |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                       | <b>6g</b>                                                                                                                                                        |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                          | <b>6h</b> 4                                                                                                                                                      |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                 | <b>7</b>                                                                                                                                                         |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1A 1I 3H                                                                                             |                                                                                                                                                                  |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                          |                                                                                                                                                                  |

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

|                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |
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| <b>Part III</b> | <b>Form M-1 Compliance Information (to be completed by welfare benefit plans)</b> |
|-----------------|-----------------------------------------------------------------------------------|

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**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

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**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

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**11c** Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                 |                                                                                                |
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| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2015</div> <div>This Form is Open to Public Inspection</div> |
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 09/30/2015

Round off amounts to nearest dollar.  
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                                           |                                                             |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>CAREMARK INTERNATIONAL INC. PENSION PLAN                                                         | <b>B</b> Three-digit plan number (PN) 022                   |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>CVS HEALTH CORPORATION HR RETIREMENT BENEFITS | <b>D</b> Employer Identification Number (EIN)<br>05-0494040 |

**E** Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B **F** Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

|                                                                                                                                                                                                           |                            |                           |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>1</b> Enter the valuation date: Month 01 Day 01 Year 2015                                                                                                                                              |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                          |                            |                           |                          |
| <b>a</b> Market value                                                                                                                                                                                     | <b>2a</b>                  | 92691012                  |                          |
| <b>b</b> Actuarial value                                                                                                                                                                                  | <b>2b</b>                  | 87849954                  |                          |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                       | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment                                                                                                                                     | 508                        | 27353364                  | 27353364                 |
| <b>b</b> For terminated vested participants                                                                                                                                                               | 814                        | 34819398                  | 34819398                 |
| <b>c</b> For active participants                                                                                                                                                                          | 354                        | 4998011                   | 5137031                  |
| <b>d</b> Total                                                                                                                                                                                            | 1676                       | 67170773                  | 67309793                 |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                          |                            |                           |                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions                                                                                                                                       | <b>4a</b>                  |                           |                          |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | <b>4b</b>                  |                           |                          |
| <b>5</b> Effective interest rate                                                                                                                                                                          | <b>5</b>                   | 6.27%                     |                          |
| <b>6</b> Target normal cost                                                                                                                                                                               | <b>6</b>                   | 480000                    |                          |

**Statement by Enrolled Actuary**  
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

|                                            |  |                                        |
|--------------------------------------------|--|----------------------------------------|
| <b>SIGN HERE</b>                           |  | 06/07/2016                             |
| Signature of actuary                       |  | Date                                   |
| RICK L. POPP                               |  | 14-05532                               |
| Type or print name of actuary              |  | Most recent enrollment number          |
| HEWITT ASSOCIATES LLC                      |  | 847-295-5000                           |
| Firm name                                  |  | Telephone number (including area code) |
| 4 OVERLOOK POINT<br>LINCOLNSHIRE, IL 60069 |  |                                        |
| Address of the firm                        |  |                                        |

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

| <b>Part II Beginning of Year Carryover and Prefunding Balances</b>                                                                                                   |                       |                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 2916089                |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 2916089                |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>12.98</u> % .....                                                                                | 0                     | 378508                 |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 1925769                |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.50</u> % ..... |                       | 125175                 |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 2050944                |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 3294597                |

| <b>Part III Funding Percentages</b>                                                                                                                                        |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 125.62 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 130.51 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 120.10 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

| <b>Part IV Contributions and Liquidity Shortfalls</b>                                    |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
| Totals ►                                                                                 |                                   |                                 | <b>18(b)</b>             | 0                                 | <b>18(c)</b> 0                  |

|                                                                                                                                                                                  |            |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:                                             |            |         |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....                                                                             | <b>19a</b> | 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                                                               | <b>19b</b> | 0       |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....                                                          | <b>19c</b> | 0       |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                                                                      |            |         |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                   |            |         |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No |            |         |
| <b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:                                                                                  |            |         |
| Liquidity shortfall as of end of quarter of this plan year                                                                                                                       |            |         |
| (1) 1st                                                                                                                                                                          | (2) 2nd    | (3) 3rd |
|                                                                                                                                                                                  |            |         |
|                                                                                                                                                                                  |            |         |
|                                                                                                                                                                                  |            |         |
|                                                                                                                                                                                  |            |         |

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

|                                                                                                                                                                                              |                        |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.72 % | 2nd segment:<br>6.11 % | 3rd segment:<br>6.81 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                        |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        |                        | <b>22</b> 62                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                        |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....                                    | <b>27</b>                                                           |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                   | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 480000             |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 480000             |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           | 0                  |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...                                                            | <b>34</b>           | 0                  |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 0                  |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years.....                                                                                                                   | <b>40</b>           | 0                  |               |

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

|                                                                                                |                                                                                                                         |  |  |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:                |                                                                                                                         |  |  |
| <b>a</b> Schedule elected .....                                                                | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....               | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |  |
| <b>42</b> Amount of acceleration adjustment .....                                              | <b>42</b>                                                                                                               |  |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years ..... | <b>43</b>                                                                                                               |  |  |

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2015                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                                         |                                                      |     |
|---------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 09/30/2015              |                                                      |     |
| A Name of plan<br>CAREMARK INTERNATIONAL INC. PENSION PLAN                                              | B Three-digit plan number (PN) ▶                     | 022 |
|                                                                                                         |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>CVS HEALTH CORPORATION HR RETIREMENT BENEFITS | D Employer Identification Number (EIN)<br>05-0494040 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| Part I | Service Provider Information (see instructions) |
|--------|-------------------------------------------------|

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|------------------------------------------------------------------------------------------------------------|

|                                                                                                           |
|-----------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation |
|-----------------------------------------------------------------------------------------------------------|

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|------------------------------------------------------------------------------------------------------------|

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

HEWITT ASSOCIATES LLC

36-2235791

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 11 15 50                      | NONE                                                                                                     | 200000                                                                        | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

**(a)** Enter name and EIN or address (see instructions)

PIMCO

33-0239892

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 28 50 51 52                   | NONE                                                                                                     | 38819                                                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                 |

**(a)** Enter name and EIN or address (see instructions)

BUCK CONSULTANTS LLC

13-3954297

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 28 50 51 70 99                | NONE                                                                                                     | 21000                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

MOSS ADAMS LLP

91-0189318

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 50                  | NONE                                                                                              | 12000                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**(a)** Enter name and EIN or address (see instructions)

JPMORGAN CHASE BANK

13-4994650

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21 50 51 52 62         | TRUSTEE                                                                                           | 9000                                                                   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

**(a)** Enter name and EIN or address (see instructions)

PBI

94-2850621

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 49 50                  | NONE                                                                                              | 7000                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**Part I Service Provider Information (continued)**

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

**Part II Service Providers Who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|--------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------|
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
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|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |

**Part III** **Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                           |                                                                                                                                                                                                                              |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                           |                                                                                                                                                                                                                              | <b>2015</b>                                    |
|                                                                                                                                                                           |                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2015 or fiscal plan year beginning **01/01/2015** and ending **09/30/2015**

|                                                                                                                              |                                                                    |            |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><b>CAREMARK INTERNATIONAL INC. PENSION PLAN</b>                                                     | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <b>022</b> |
|                                                                                                                              |                                                                    |            |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><b>CVS HEALTH CORPORATION HR RETIREMENT BENEFITS</b> | <b>D</b> Employer Identification Number (EIN)<br><b>05-0494040</b> |            |

|               |                                                                                                                                                                                  |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **CVSCAREMARK DB PLNS MT CON EQT ACNT**

**b** Name of sponsor of entity listed in (a): **CVS CAREMARK CORP HR RET BENEFITS**

|                                       |                               |                                                                                                              |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>61-1617506-001</b> | <b>d</b> Entity code <b>M</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b> |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **CVSCAREMARK DB PLNS MT FXD INC ACNT**

**b** Name of sponsor of entity listed in (a): **CVS CAREMARK CORP HR RET BENEFITS**

|                                       |                               |                                                                                                              |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>61-1617506-002</b> | <b>d</b> Entity code <b>M</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b> |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)

**Part II Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2015</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>09/30/2015</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>CAREMARK INTERNATIONAL INC. PENSION PLAN</u>                                                                                                                                                                                                 | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>022</u>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>CVS HEALTH CORPORATION HR RETIREMENT BENEFITS</u>                                                                                                                                                    | <b>D</b> Employer Identification Number (EIN)<br><u>05-0494040</u>                                                                                                                                                                                                           |                                                                                           |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |          | (a) Beginning of Year | (b) End of Year |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------|-----------------------|-----------------|
| <b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                               |          |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Assets</b>                 |          |                       |                 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     |          |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |          |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  | 2100000  |                       | 0               |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>                  |          |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>                  | 14       |                       | 0               |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |          |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  | 1208565  |                       | 0               |
| <b>(2)</b> U.S. Government securities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(2)</b>                  |          |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |          |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               |          |                       |                 |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b>               |          |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |          |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |          |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               |          |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |          |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |          |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |          |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  |          |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(9)</b>                  |          |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(10)</b>                 |          |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 | 89906667 |                       | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 |          |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>                 |          |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 |          |                       |                 |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>                 |          |                       |                 |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 93215246              | 0               |

**Liabilities**

|                                                                           |           |        |   |
|---------------------------------------------------------------------------|-----------|--------|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |        |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 475178 | 0 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |        |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |        |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 475178 | 0 |

**Net Assets**

|                                                           |           |          |   |
|-----------------------------------------------------------|-----------|----------|---|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 92740068 | 0 |
|-----------------------------------------------------------|-----------|----------|---|

**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a</b> Contributions:                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> |            |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 0         |
| <b>b</b> Earnings on investments:                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 95         |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 95        |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            | -3585885  |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            |           |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | -3585790  |

**Expenses**

|                                                                                      |       |         |         |
|--------------------------------------------------------------------------------------|-------|---------|---------|
| e Benefit payment and payments to provide benefits:                                  |       |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 2165732 |         |
| (2) To insurance carriers for the provision of benefits .....                        | 2e(2) |         |         |
| (3) Other .....                                                                      | 2e(3) |         |         |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                        | 2e(4) |         | 2165732 |
| f Corrective distributions (see instructions) .....                                  | 2f    |         |         |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g    |         |         |
| h Interest expense .....                                                             | 2h    |         |         |
| i Administrative expenses: (1) Professional fees .....                               | 2i(1) | 233000  |         |
| (2) Contract administrator fees .....                                                | 2i(2) |         |         |
| (3) Investment advisory and management fees .....                                    | 2i(3) | 47819   |         |
| (4) Other .....                                                                      | 2i(4) | 7000    |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                 | 2i(5) |         | 287819  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |         | 2453551 |

**Net Income and Reconciliation**

|                                                          |       |  |          |
|----------------------------------------------------------|-------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | -6039341 |
| l Transfers of assets:                                   |       |  |          |
| (1) To this plan .....                                   | 2l(1) |  |          |
| (2) From this plan .....                                 | 2l(2) |  | 86700727 |

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: MOSS ADAMS LLP

(2) EIN: 91-0189318

**d** The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

|                                                                                                                                                                                                                                                                                                                  | Yes | No | N/A | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|--------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) .....                 |     | X  |     |        |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) ..... |     | X  |     |        |

|                                                                                                                                                                                                                         | Yes | No | N/A | Amount   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|----------|
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)                                          |     | X  |     |          |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)                               |     | X  |     |          |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                      | X   |    |     | 25000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                       |     | X  |     |          |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                    |     | X  |     |          |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?                                          |     | X  |     |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                |     | X  |     |          |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) |     | X  |     |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                           | X   |    |     |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                            |     | X  |     |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                  |     |    |     |          |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.                                     |     |    |     |          |
| <b>o</b> Did the plan trust incur unrelated business taxable income?                                                                                                                                                    |     |    |     |          |
| <b>p</b> Were in-service distributions made during the plan year?                                                                                                                                                       |     |    |     |          |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No Amount:

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| 5b(1) Name of plan(s)                      | 5b(2) EIN(s) | 5b(3) PN(s) |
|--------------------------------------------|--------------|-------------|
| CVS HEALTH CORPORATION LEGACY PENSION PLAN | 05-0494040   | 027         |
|                                            |              |             |
|                                            |              |             |
|                                            |              |             |
|                                            |              |             |

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☒ Yes ☐ No ☐ Not determined

## Part V Trust Information

**6a** Name of trust

**6b** Trust's EIN

**6c** Name of trustee or custodian

**6d** Trustee's or custodian's telephone number

|                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|-----|
| <div>SCHEDULE R<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>                                                                                                                              |  | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div> |  | <div>OMB No. 1210-0110</div> <div>2015</div> <div>This Form is Open to Public Inspection.</div> |     |
| For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 09/30/2015                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| A Name of plan<br>CAREMARK INTERNATIONAL INC. PENSION PLAN                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                 |  | B Three-digit plan number (PN) ▶                                                                | 022 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>CVS HEALTH CORPORATION HR RETIREMENT BENEFITS                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                 |  | D Employer Identification Number (EIN)<br>05-0494040                                            |     |
| Part I Distributions                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                 |  | 1                                                                                               | 0   |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): _____<br><br>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                              |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                 |  | 3                                                                                               | 0   |
| Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A<br>If the plan is a defined benefit plan, go to line 8.                                                                                               |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.                 |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                 |  | 6a                                                                                              |     |
| b Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                 |  | 6b                                                                                              |     |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                 |  | 6c                                                                                              |     |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| Part III Amendments                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> No         |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                       |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                 |  | Schedule R (Form 5500) 2015<br>v. 150123                                                        |     |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

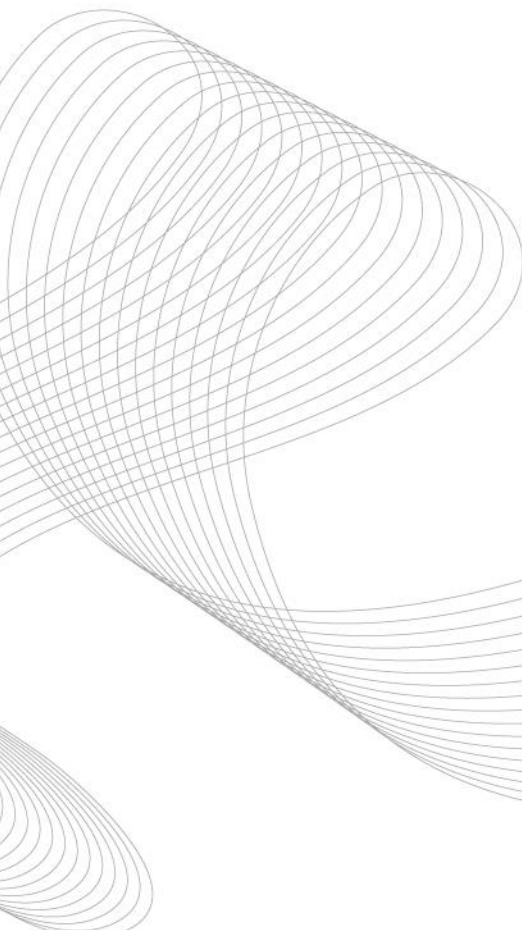
|           |                                                                                                                                                                                                                                                      |            |  |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> | Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:                                                                                                                    |            |  |
|           | <b>a</b> The current year .....                                                                                                                                                                                                                      | <b>14a</b> |  |
|           | <b>b</b> The plan year immediately preceding the current plan year .....                                                                                                                                                                             | <b>14b</b> |  |
|           | <b>c</b> The second preceding plan year .....                                                                                                                                                                                                        | <b>14c</b> |  |
| <b>15</b> | Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:                                                                         |            |  |
|           | <b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....                                                                                                                                                | <b>15a</b> |  |
|           | <b>b</b> The corresponding number for the second preceding plan year .....                                                                                                                                                                           | <b>15b</b> |  |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                 |            |  |
|           | <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                             | <b>16a</b> |  |
|           | <b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers .....                                                                               | <b>16b</b> |  |
| <b>17</b> | If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. .... <input type="checkbox"/> |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>18</b> | If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>19</b> | If the total number of participants is 1,000 or more, complete lines (a) through (c)<br><b>a</b> Enter the percentage of plan assets held as:<br>Stock: <u>30.0</u> % Investment-Grade Debt: <u>70.0</u> % High-Yield Debt: <u>0.0</u> % Real Estate: <u>0.0</u> % Other: <u>0.0</u> %<br><b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br><input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input checked="" type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more<br><b>c</b> What duration measure was used to calculate line 19(b)?<br><input checked="" type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): |

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

|                                                                                                                                                                                                                                                                                |                                                          |                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| <b>20a</b> Is the plan a 401(k) plan? .....                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No                              |
| <b>20b</b> If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? .....                                                              | <input type="checkbox"/> Design-based safe harbor method | <input type="checkbox"/> ADP/ACP test                    |
| <b>20c</b> If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))? .....                   | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No                              |
| <b>21a</b> Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): .....                                                                                                                                              | <input type="checkbox"/> Ratio percentage test           | <input type="checkbox"/> Average benefit test            |
| <b>21b</b> Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? .....                                                                           | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No                              |
| <b>22a</b> Has the plan been timely amended for all required tax law changes? .....                                                                                                                                                                                            | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No <input type="checkbox"/> N/A |
| <b>22b</b> Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).                                                                            |                                                          |                                                          |
| <b>22c</b> If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____. |                                                          |                                                          |
| <b>22d</b> If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.                                                                           |                                                          |                                                          |
| <b>23</b> Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)? .....                               | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No                              |



Report of Independent Auditors and  
Financial Statements

Caremark International, Inc.  
Pension Plan

September 30, 2015 and December 31, 2014

**MOSS ADAMS** LLP

Certified Public Accountants | Business Consultants

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## REPORT OF INDEPENDENT AUDITORS

To the Participants and Plan Administrator of the  
Caremark International, Inc. Pension Plan

### **Report on the Financial Statements**

We were engaged to audit the accompanying Financial Statements of the Caremark International, Inc. Pension Plan (the Plan), which comprise the Statements of Net Assets Available for Benefits as of September 30, 2015 and December 31, 2014, and the related Statements of Changes in Net Assets Available for Benefits for the period January 1, 2015 through September 30, 2015, and for the year ended December 31, 2014, and the related notes to the Financial Statements.

### ***Management's Responsibility for the Financial Statements***

Management is responsible for the preparation and fair presentation of these Financial Statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of Financial Statements that are free from material misstatement, whether due to fraud or error.

### ***Auditor's Responsibility***

Our responsibility is to express an opinion on these Financial Statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### ***Basis for Disclaimer of Opinion***

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Notes 3 and 7, which was certified by JPMorgan Chase Bank, N.A. (JPMorgan), the Trustee of the Plan, except for comparing such information with the related information included in the Financial Statements. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the Trustee as of September 30, 2015 and December 31, 2014, for the period January 1, 2015 through September 30, 2015, and for the year ended December 31, 2014, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

### ***Disclaimer of Opinion***

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these Financial Statements.

**Report on Form and Content in Compliance with DOL Rules and Regulations**

The form and content of the information included in the Financial Statements, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Moss Adams LLP

Campbell, California

July 1, 2016

## **FINANCIAL STATEMENTS**

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**CAREMARK INTERNATIONAL, INC. PENSION PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**As of September 30, 2015 and December 31, 2014**

---

|                                                     | <u>September 30,</u><br><u>2015</u> | <u>December 31,</u><br><u>2014</u> |
|-----------------------------------------------------|-------------------------------------|------------------------------------|
| Assets:                                             |                                     |                                    |
| Investments, at fair value:                         |                                     |                                    |
| Plan interest in Fixed Income Master Trust (Note 3) | \$ -                                | \$ 62,910,838                      |
| Plan interest in Equities Master Trust (Note 3)     | -                                   | 26,995,829                         |
| Interest-bearing cash                               | -                                   | 1,208,565                          |
| Total investments                                   | -                                   | 91,115,232                         |
| Receivables:                                        |                                     |                                    |
| Accrued interest and dividends                      | -                                   | 14                                 |
| Employer contributions receivable                   | -                                   | 2,100,000                          |
| Total assets                                        | -                                   | 93,215,246                         |
| Liabilities:                                        |                                     |                                    |
| Administrative expenses payable                     | -                                   | 475,178                            |
| Net Assets Available for Benefits                   | <u>\$ -</u>                         | <u>\$ 92,740,068</u>               |

**CAREMARK INTERNATIONAL, INC. PENSION PLAN**  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**Period Ended September 30, 2015 and Year Ended December 31, 2014**

|                                                                            | September 30,<br>2015 | December 31,<br>2014 |
|----------------------------------------------------------------------------|-----------------------|----------------------|
| Additions to net assets attributed to:                                     |                       |                      |
| Dividends and interest                                                     | \$ 95                 | \$ 247               |
| Plan interest in net gain (loss) of master trusts                          | (3,585,885)           | 10,902,493           |
|                                                                            | (3,585,790)           | 10,902,740           |
| Employer's contributions                                                   | -                     | 2,100,000            |
| Total additions                                                            | (3,585,790)           | 13,002,740           |
| Deductions from net assets attributed to:                                  |                       |                      |
| Administrative expenses                                                    | 287,819               | 1,106,100            |
| Benefits paid to participants                                              | 2,165,732             | 6,044,024            |
| Total deductions                                                           | 2,453,551             | 7,150,124            |
| Increase (decrease) in net assets available for benefits prior to transfer | (6,039,341)           | 5,852,616            |
| Transfer of assets from the Plan (Note 1)                                  | (86,700,727)          | -                    |
| Net increase (decrease) in net assets                                      | (92,740,068)          | 5,852,616            |
| Net Assets Available for Benefits:                                         |                       |                      |
| Beginning of year                                                          | 92,740,068            | 86,887,452           |
| End of period                                                              | \$ -                  | \$ 92,740,068        |

## CAREMARK INTERNATIONAL, INC. PENSION PLAN

### NOTES TO FINANCIAL STATEMENTS

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#### NOTE 1 – THE PLAN AND ITS SIGNIFICANT ACCOUNTING POLICIES

**General** – The following description of the Caremark International, Inc., Pension Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

The Plan was a non-contributory defined benefit pension plan covering all eligible employees of Caremark International, L.L.C., formerly known as Caremark International, Inc. Caremark International, L.L.C. is a subsidiary of Caremark Rx, L.L.C. (the Company). Effective March 22, 2007, the Company merged with CVS Health Corporation (CVS). Effective September 24, 2008, sponsorship of the Plan transferred to CVS. The Plan was subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

On September 30, 2015, CVS merged the Caremark International, Inc. Pension Plan into the Revco D.S., Inc. Retirement Income Plan for Former Employees (the Revco Former Plan), and subsequently changed the name of the Revco Former Plan to CVS Health Legacy Pension Plan (Legacy Plan).

**Pension benefits** – Participants with five or more years of service were entitled to monthly pension benefits beginning at age 65 equal to the ratio of current years of service over years of service projected to age 65 multiplied by the difference of: (a) 1.75% multiplied by average monthly compensation (based on the five highest consecutive years of compensation out of the last ten years of participation) multiplied by years of service projected to age 65; minus (b) 1.75% multiplied by years of service projected to age 65 (the product not to exceed 60%) multiplied by primary social security benefit.

Early retirement benefits were payable to participants whose years of service plus age upon retirement equal at least 65. Participants became 100% vested in their accrued benefits as of February 28, 1997. Employees received the value of their benefits as a straight-life annuity payable monthly from retirement or, if married, received their benefits as a reduced 50% or 75% joint and survivor annuity. Death benefits were paid to spouses of employees if the participant had completed five years of service prior to death.

Effective February 28, 1997, the Plan was frozen. In no event would any individual's accrued benefit under the Plan be greater than his accrued benefit under the Plan as of February 28, 1997. No new employees were eligible to enter the Plan. All active participants as of February 28, 1997 became fully vested. Any inactive participants who subsequently returned to work prior to attaining the age of 65 would have pension benefit payments discontinued during the period of reemployment and would have all vesting service and benefit service at the time of previous termination of employment reinstated. An inactive participant who subsequently resumed employment after attaining the age of 65 would have pension benefit payments discontinued during their period of reemployment. The participant must have been employed at least 40 hours per month and would continue to accrue further benefits based on the previous election form of payment. Furthermore, a participant who continued employment after attaining the age of 65 would not begin benefit payments during the period of continued employment. The participant would continue to accrue further benefits under the Plan. Effective January 1, 2014, any participant previously terminated from CVS and where benefit payments had commenced, who was then rehired, would not have their benefit payments discontinued or suspended. The participants would continue to be paid in the same form and receive the same form of payment during the period of reemployment.

Effective September 1, 2014, the Plan was amended to allow certain participants to elect to commence payment of their vested accrued benefit under the Plan. Participants with a lump sum value greater than \$1,000 and no more than \$26,000, were allowed to elect to commence payment during the period September 1, 2014 through October 31, 2014. Participants received the value of their benefits in the form of a lump sum payment or other form of payment allowed under the Plan.

**Administration** – CVS had appointed a Benefit Plans Committee (the Committee) to manage the operation and administration of the Plan. Effective January 2009, the Committee further named an Administrative Subcommittee and an Investment Subcommittee, and delegated certain fiduciary duties to each of these subcommittees. A third-party administrator, Aon Hewitt Associates, processed and maintained the records of participant data. A master trust was established for all CVS defined benefit pension plans and JPMorgan Chase Bank, N.A. (JPMorgan) was contracted to act as the Trustee. Administrative expenses were paid by the Plan.

**Estimates** – The preparation of Financial Statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, the disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the Financial Statements. Actual results could differ from those estimates.

**Basis of accounting** – The Financial Statements of the Plan are prepared on the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America. Benefits, withdrawals, and distributions are recorded when paid.

## CAREMARK INTERNATIONAL, INC. PENSION PLAN

### NOTES TO FINANCIAL STATEMENTS

---

**Investment valuation and income recognition** – The Plan's investments are reported at fair value. The Plan's Trustee, certifies the fair value of all investments.

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 2 for a discussion of fair value measurements.

Purchases and sales of securities have been recorded on a trade date basis. Interest income has been recorded on the accrual basis. Dividends have been recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought or sold as well as held during the year.

Certain assets of the Plan were pooled in two master trust investment accounts. Investment income of each master trust was allocated to the Plan based upon the Plan's interest in the net assets in the master trusts throughout the year.

**Income taxes** – The Plan had been amended since receiving its latest favorable determination letter dated November 8, 2011. CVS believes that the Plan was operated in accordance with, and qualified under, the applicable requirements of the Internal Revenue Code, as amended, and related state statutes, and that the trust, which forms a part of the Plan, was exempt from federal income and state franchise taxes. Accordingly, no provision for income taxes has been included in the Plan's Financial Statements.

In accordance with guidance on accounting for uncertainty in income taxes (ASC 740-10), management evaluated the Plan's tax positions and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the Financial Statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods.

**Recent accounting pronouncements** – In April 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2015-07, *Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*. This ASU is effective for fiscal years beginning after December 15, 2016, with earlier application permitted.

The amendment removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value (NAV) per share practical expedient. The ASU has been adopted for the September 30, 2015 Plan year end; however, the retrospective approach requires that an investment for which fair value is measured using NAV be removed from the fair value hierarchy in all periods presented in the Financial Statements. Accordingly, the investment disclosures in Note 3 have been modified as of December 31, 2014, as well.

In July 2015, the FASB issued ASU 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960) II. Plan Investment Disclosures, and III. Measurement Date Practical Expedient*. The amendment removes the requirement to:

- Disclose net appreciation (depreciation) in fair value of investments by type of investment held.
- Disaggregate investments reported in the fair value hierarchy table by class of investment. They may be presented by general type only.
- Disclose investment strategy for investments for which fair value is measured using the NAV practical expedient, if they are Form 5500 Direct Filing Entities.

ASU 2015-12 has been adopted for the September 30, 2015 Plan year end; however, the retrospective approach requires that the above items, applicable to the prior year, be presented in accordance with ASU 2015-12 as well. Accordingly, the investment disclosures in Note 3 have been modified as of December 31, 2014.

**Subsequent events** – The Plan has evaluated subsequent events through July 1, 2016, which is the date the Financial Statements were available to be issued, and no events were noted that require disclosure.

## CAREMARK INTERNATIONAL, INC. PENSION PLAN

### NOTES TO FINANCIAL STATEMENTS

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#### NOTE 2 – FAIR VALUE MEASUREMENTS

The fair value measurements standard establishes a framework for measuring fair value. That framework provides a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under the standard are described below:

**Level 1** – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

**Level 2** – Inputs to the valuation methodology include:

- Quoted market prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

**Level 3** – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

What follows is a description of the valuation methodology used for assets measured at fair value.

Interest-bearing cash: Valued using the market approach at the NAV of shares held by the Plan at year end.

The method described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation method is appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level within the fair value hierarchy, the Plan's assets at fair value as of:

|                       | December 31, 2014 |         |         | Total        |
|-----------------------|-------------------|---------|---------|--------------|
|                       | Level 1           | Level 2 | Level 3 |              |
| Interest-bearing cash | \$ 1,208,565      | \$ -    | \$ -    | \$ 1,208,565 |

#### NOTE 3 – MASTER TRUST

Effective January 1, 2011, a Master Trust was created for the CVS Health Defined Benefit Plans. As part of this Master Trust arrangement, JPMorgan holds certain investments of the Plan in two Master Trust Investment Accounts (MTIAs) and executes all investment transactions on behalf of the Plan. All investment information disclosed in the accompanying Financial Statements, including Plan investments held in the MTIAs as of December 31, 2014, and Plan interest in investment gain in the MTIAs for the period January 1, 2015 through September 30, 2015, and for the year ended December 31, 2014, was obtained from information provided and certified as complete and accurate by JPMorgan.

## CAREMARK INTERNATIONAL, INC. PENSION PLAN

### NOTES TO FINANCIAL STATEMENTS

The MTIAs were established to achieve certain economies in the management of investments and to maximize the return on investments of participating plans. Each participating plan had a proportional interest in the MTIAs, as more fully described below. Assets of the MTIAs are invested by investment managers in accordance with guidelines established by the Investment Subcommittee.

What follows is a description of the valuation methodologies used for assets measured at fair value in the MTIAs.

Interest-bearing cash: Valued using the market approach at the NAV of shares held by the MTIAs at year end.

Common stocks: Valued using the quoted market price of shares held by the MTIAs at year end.

Government obligations (Bonds): Valued using the market approach based on a compilation of primary observable market information or a broker quote in a nonactive market. Observable inputs that are used to value may include treasury feeds, yield to maturity (YTM), broker feeds, the Consumer Price Index (CPI), and reported trades.

Government agency obligations (Bonds): Valued using the market approach based on a compilation of primary observable market information or a broker quote in a nonactive market. Observable inputs that are used to value may include to-be-announced forward market (TBA), treasury or floating index benchmarks, spreads to TBA levels, weight average maturity (WAM), prepayment speeds, cash flows, and reported trades.

Mutual funds (publicly traded): Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Mutual funds (non-publicly traded): Valued using the net asset value per share practical expedient (NAV practical expedient) of the mutual fund as reported by the mutual fund managers. The NAV practical expedient is based on the fair value of the underlying assets owned by the mutual funds, minus its liabilities, and then divided by the number of units outstanding.

Common/collective trusts: Units held in common/collective trusts (CCTs) are valued using the net asset value per share practical expedient (NAV practical expedient) of the CCT as reported by the CCT managers. The NAV practical expedient is based on the fair value of the underlying assets owned by the CCT, minus its liabilities, and then divided by the number of units outstanding. The NAV practical expedient of a CCT is calculated based on a compilation of primarily observable market information.

#### Equities Master Trust Investment Account

The Plan's allocated interest in the net assets of the Equities MTIA at December 31, 2014, was \$26,995,829 (approximately 24%). At September 30, 2015, all Plan interest in the Equities MTIA was transferred to the Legacy Plan. As a result, the Plan had a 0% interest in the Equities MTIA at September 30, 2015, and investment summaries of the Equities MTIA as of September 30, 2015, have not been presented below.

Investments of the Equities MTIA consist of the following as of:

|                                       | <b>December 31,<br/>2014</b> |
|---------------------------------------|------------------------------|
| Assets:                               |                              |
| Investments, at fair value:           |                              |
| Interest-bearing cash                 | \$ 603,844                   |
| Common stocks                         | 20,575,121                   |
| Mutual funds                          | 62,681,777                   |
| Common/collective trusts              | 29,990,258                   |
| Total investments at fair value       | 113,851,000                  |
| Accrued income                        | 24,142                       |
| Total Net Assets of the Equities MTIA | <u>\$ 113,875,142</u>        |

**CAREMARK INTERNATIONAL, INC. PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**

Investments of the Equities MTIA measured at fair value at December 31, 2014, are as follows:

|                                                   | <b>Level 1</b>       | <b>Level 2</b> | <b>Level 3</b> | <b>Total</b>          |
|---------------------------------------------------|----------------------|----------------|----------------|-----------------------|
| Interest-bearing cash                             | \$ 603,844           | \$ -           | \$ -           | \$ 603,844            |
| Common stocks                                     | 20,575,121           | -              | -              | 20,575,121            |
| Mutual funds                                      | 62,681,777           | -              | -              | 62,681,777            |
| Total assets in fair value hierarchy              | <u>\$ 83,860,742</u> | <u>\$ -</u>    | <u>\$ -</u>    | <u>83,860,742</u>     |
| Investments measured at NAV (practical expedient) |                      |                |                | <u>29,990,258</u>     |
| Investments at fair value                         |                      |                |                | <u>\$ 113,851,000</u> |

The following sets forth additional disclosures for the fair value measurement of significant investments in certain entities that calculate NAV per share (or its equivalent) as of December 31, 2014:

The Equities MTIA invested in the Mellon EB Stock Index Common/collective Trust Fund (the Fund). Investors may purchase or redeem units of the Fund for cash or securities (in-kind transactions may occur at the sole discretion of JPMorgan) based on the unit value determined as of the valuation date. Unit value is generally determined on a daily basis. All investors in the Fund have a proportionate undivided interest in the net assets of the Fund.

The Equities MTIA also invested in the Dimensional Funds U.S. Small Cap Common/collective Trust Fund.

Both these funds have a daily redemption frequency and a daily redemption notice period.

**Fixed Income Master Trust Investment Account**

The Plan's allocated interest in the net assets of the Fixed Income MTIA at December 31, 2014, was \$62,910,838 (approximately 29%). At September 30, 2015, all Plan interest in the Fixed Income MTIA was transferred to the Legacy Plan. As a result, the Plan had a 0% interest in the Fixed Income MTIA at September 30, 2015, and investment summaries of the Fixed Income MTIA as of September 30, 2015, have not been presented below.

Investments of the Fixed Income MTIA consist of the following as of:

|                                           | <b>December 31,<br/>2014</b> |
|-------------------------------------------|------------------------------|
| Assets:                                   |                              |
| Investments, at fair value:               |                              |
| Interest-bearing cash                     | \$ 547,628                   |
| Government obligations (Bonds)            | 40,678,256                   |
| Government agency obligations (Bonds)     | 17,268,193                   |
| Mutual funds                              | <u>155,251,232</u>           |
| Total investments at fair value           | 213,745,309                  |
| Pending trades payable                    | (838,435)                    |
| Accrued income                            | <u>381,122</u>               |
| Total Net Assets of the Fixed Income MTIA | <u>\$ 213,287,996</u>        |

Investments of the Fixed Income MTIA measured at fair value at December 31, 2014, are as follows:

|                                                   | <b>Level 1</b>    | <b>Level 2</b>       | <b>Level 3</b> | <b>Total</b>          |
|---------------------------------------------------|-------------------|----------------------|----------------|-----------------------|
| Interest-bearing cash                             | \$ 547,628        | \$ -                 | \$ -           | \$ 547,628            |
| Bonds                                             | -                 | 57,946,449           | -              | 57,946,449            |
| Total assets in fair value hierarchy              | <u>\$ 547,628</u> | <u>\$ 57,946,449</u> | <u>\$ -</u>    | <u>58,494,077</u>     |
| Investments measured at NAV (practical expedient) |                   |                      |                | <u>155,251,232</u>    |
| Investments at fair value                         |                   |                      |                | <u>\$ 213,745,309</u> |

**CAREMARK INTERNATIONAL, INC. PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**

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The following sets forth additional disclosures for the fair value measurement of significant investments in certain entities that calculate NAV per share (or its equivalent) as of December 31, 2014:

The PIMCO Long Duration Total Return Portfolio – A separate account fixed income portfolio that seeks exposure predominantly to high-quality and longer-duration fixed income securities. Duration, i.e. sensitivity to interest rates, will typically be managed to remain within a +/- 2 year band around its Barclay's Long-Term Credit (75%) and Barclay's Long U.S. Government (25%) benchmarks. A variety of strategies are employed to maximize return potential and manage overall portfolio risk, including investment across a wide variety of sectors and fixed-income issuers. The portfolio has a daily redemption frequency and a five day redemption notice requirement.

**NOTE 4 – RELATED PARTY TRANSACTIONS**

Certain Plan investments were managed by JPMorgan, the Trustee of the Plan. Any purchases and sales of these funds were performed in the open market at fair value. Such transactions, while considered party-in-interest transactions under ERISA regulations, were permitted under the provisions of the Plan and were specifically exempt from the prohibition of party-in-interest transactions under ERISA.

**NOTE 5 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS**

Accumulated Plan benefits represent the estimated future periodic payments, including lump sum distributions, under the Plan's provisions that are attributable to services rendered by employees through the valuation date. Accumulated Plan benefits include benefits expected to be paid to:

- a) retired or terminated employees or their beneficiaries,
- b) beneficiaries of employees who have died, and
- c) present employees or their beneficiaries.

Benefits under the Plan were based on years of service and benefit credit rates. The accumulated Plan benefits for active employees are based on years of service and benefit credit rates on the date at which the benefit information is presented (valuation date). Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated Plan benefits is determined by the Plan's actuary, Aon Hewitt Associates, and is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of January 1, 2015 (beginning of the Plan year) are as follows:

|                        |                                                                                                                           |
|------------------------|---------------------------------------------------------------------------------------------------------------------------|
| Actuarial cost method: | Standard Unit Credit Cost Method                                                                                          |
| Interest rate:         | 6.75%                                                                                                                     |
| Mortality rates:       | RP-2014 Combined Healthy mortality table with fully generational projection of mortality improvements under Scale MP-2014 |
| Retirement age:        | Age 65 for terminated vested participants, varying ages assuming 100% retirement at age 70 for active participants        |

## CAREMARK INTERNATIONAL, INC. PENSION PLAN

### NOTES TO FINANCIAL STATEMENTS

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The actuarial present value of accumulated Plan benefits as of January 1, 2015, is as follows:

Actuarial present value of accumulated Plan benefits:

Vested benefits:

|                                           |                   |
|-------------------------------------------|-------------------|
| Participants currently receiving payments | \$ 27,606,625     |
| Other participants                        | 40,049,421        |
|                                           | <u>67,656,046</u> |

Nonvested benefits

135,829

Total actuarial present value of accumulated Plan benefits

\$ 67,791,875

The change in the actuarial present value of accumulated Plan benefits for the year ended January 1, 2015, is as follows:

|                                                                       |                      |
|-----------------------------------------------------------------------|----------------------|
| Actuarial present value of accumulated Plan benefits, January 1, 2014 | <u>\$ 67,985,648</u> |
| Increase (decrease) during the year attributable to:                  |                      |
| Interest                                                              | 4,388,376            |
| Benefit payments                                                      | (6,044,024)          |
| Assumption changes (1)                                                | 373,066              |
| Other changes (2)                                                     | <u>1,088,809</u>     |
| Net change                                                            | <u>(193,773)</u>     |
| Actuarial present value of accumulated Plan benefits, January 1, 2015 | <u>\$ 67,791,875</u> |

- (1) Assumption changes reflect results of experience study performed during 2014, resulting in a change in the retirement rates, withdrawal rates, and optional payment form to better anticipate future Plan experience.
- (2) Other changes represent the normal operation of the Plan. They consist primarily of the increase due to ongoing benefit accruals, if any, and those items of Plan experience that are not associated with Plan asset performance.

#### NOTE 6 – FUNDING POLICY

CVS' funding policy is to make annual contributions at least equal to the minimum funding requirements of ERISA. This funding standard is such that, based on certain assumptions, annual contributions will provide adequate funding to meet benefit claims as they come due. CVS has met these minimum funding requirements in 2015 and 2014.

#### NOTE 7 – CERTIFIED INFORMATION

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, JPMorgan, the Trustee of the Plan, has certified to the completeness and accuracy of:

- Investments and Plan interest in MTIA accounts presented on the accompanying Statements of Net Assets Available for Benefits as of December 31, 2014.
- Investments held within the MTIA accounts presented in Note 3 as of December 31, 2014.
- Plan interest in net gain and loss of MTIA's, dividends and interest reflected on the accompanying Statements of Changes in Net Assets Available for Benefits for the period ended September 30, 2015 and the year ended December 31, 2014.
- Net appreciation/depreciation in fair value of investments and dividends and interest within the MTIAs of which the Plan invested in for the period ended September 30, 2015 and the year ended December 31, 2014.

**CAREMARK INTERNATIONAL, INC. PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**

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**NOTE 8 – PLAN TERMINATION OR MODIFICATION**

The Plan was merged into the Legacy Plan as of September 30, 2015 (Note 1). Subsequently, the Legacy Plan was voluntarily terminated by CVS effective December 31, 2015; upon approval of the plan termination by the Pension Benefit Guarantee Corporation and the Internal Revenue Service, payout options under the Legacy Plan will be in the form of lump sum or annuity payments from an insurance company chosen by CVS.

Schedule SB Attachment (Form 5500)—2015 Plan Year  
 Caremark International Inc. Pension Plan  
 EIN: 05-0494040 PN: 022

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2015

| Attained<br>Age | Number of Participants    |     |     |       |       |       |       |       |       |     |
|-----------------|---------------------------|-----|-----|-------|-------|-------|-------|-------|-------|-----|
|                 | Years of Credited Service |     |     |       |       |       |       |       |       |     |
|                 | <1                        | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40+ |
| <25             |                           |     |     |       |       |       |       |       |       |     |
| 25-29           |                           |     |     |       |       |       |       |       |       |     |
| 30-34           |                           |     |     |       |       |       |       |       |       |     |
| 35-39           |                           |     |     |       | 1     |       |       |       |       |     |
| 40-44           |                           | 1   |     |       | 22    | 25    |       |       |       |     |
| 45-49           |                           | 1   |     |       | 15    | 54    | 4     |       |       |     |
| 50-54           |                           |     |     |       | 16    | 64    | 10    | 1     |       |     |
| 55-59           |                           |     |     |       | 6     | 42    | 9     | 1     |       |     |
| 60-64           |                           |     |     |       | 9     | 32    | 11    | 1     | 4     |     |
| 65-69           |                           | 1   |     |       | 6     | 9     | 2     |       |       |     |
| 70+             |                           |     |     |       |       | 5     | 1     | 1     |       |     |

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Schedule SB Attachment (Form 5500)—2015 Plan Year  
Caremark International Inc. Pension Plan  
EIN: 05-0494040 PN: 022

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

|                                             |                                                                                                                                                                          |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Interest Rates for Minimum Funding Purposes | Based on segment rates with a four-month lookback (as of September 2014), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA. |
| 1st Segment Rate                            | 4.72%.                                                                                                                                                                   |
| 2nd Segment Rate                            | 6.11%.                                                                                                                                                                   |
| 3rd Segment Rate                            | 6.81%.                                                                                                                                                                   |
| Interest Rates for Maximum Tax Purposes     | Based on segment rates with a four-month lookback (as of September 2014), without regard to interest rate stabilization.                                                 |
| 1st Segment Rate                            | 1.15%.                                                                                                                                                                   |
| 2nd Segment Rate                            | 4.06%.                                                                                                                                                                   |
| 3rd Segment Rate                            | 5.15%.                                                                                                                                                                   |
| Optional Payment Form Election Percentage   | 60% of participants assumed to elect life annuity and 40% assumed to elect 50% joint and survivor annuity.                                                               |
| Retirement Age                              |                                                                                                                                                                          |
| Active Participants                         | See Table 1.                                                                                                                                                             |
| Terminated Vested Participants              | Age 65.                                                                                                                                                                  |
| Mortality Rates                             |                                                                                                                                                                          |
| Healthy and Disabled                        | 2015 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e).                                                                                     |
| Withdrawal Rates                            | See Table 2.                                                                                                                                                             |
| Disability Rates                            | None.                                                                                                                                                                    |
| Decrement Timing                            | Middle of year decrements, with 100% retirement occurring at the beginning of the year.                                                                                  |
| Surviving Spouse Benefit                    | It is assumed that 85% of males and 85% of females have an eligible spouse, and that males are three year older than their spouses.                                      |
| Benefit Limits                              | Projected benefits are limited by the current IRC section 415 maximum benefit of \$210,000.                                                                              |

Schedule SB Attachment (Form 5500)—2015 Plan Year  
Caremark International Inc. Pension Plan  
EIN: 05-0494040 PN: 022

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2013 Plan Year

7.25%, limited to 6.76%.

2014 Plan Year

6.75%.

Trust Expenses Included in Target Normal Cost

Administrative expenses paid from the trust in the prior year rounded to the nearest \$5,000 and adjusted for nine-month plan year.

Actuarial Method

Standard unit credit cost method.

Valuation Date

January 1, 2015.

Schedule SB Attachment (Form 5500)—2015 Plan Year  
Caremark International Inc. Pension Plan  
EIN: 05-0494040 PN: 022

Table 1

**Retirement Rates**

| <b><u>Age</u></b> | <b><u>Rate</u></b> |
|-------------------|--------------------|
| 53                | 5.00%              |
| 54                | 5.00%              |
| 55                | 10.00%             |
| 56                | 5.00%              |
| 57                | 5.00%              |
| 58                | 5.00%              |
| 59                | 5.00%              |
| 60                | 10.00%             |
| 61                | 10.00%             |
| 62                | 20.00%             |
| 63                | 10.00%             |
| 64                | 20.00%             |
| 65                | 20.00%             |
| 66                | 15.00%             |
| 67                | 20.00%             |
| 68                | 30.00%             |
| 69                | 30.00%             |
| 70+               | 100.00%            |

Schedule SB Attachment (Form 5500)—2015 Plan Year  
 Caremark International Inc. Pension Plan  
 EIN: 05-0494040 PN: 022

Table 2

**Withdrawal Rates**

| <b>Age</b> | <b>Rate</b> | <b>Age</b> | <b>Rate</b> |
|------------|-------------|------------|-------------|
| 25         | 7.00%       | 40         | 6.00%       |
| 26         | 7.00%       | 41         | 5.90%       |
| 27         | 7.00%       | 42         | 5.80%       |
| 28         | 7.00%       | 43         | 5.70%       |
| 29         | 7.00%       | 44         | 5.60%       |
| 30         | 7.00%       | 45         | 5.50%       |
| 31         | 6.90%       | 46         | 5.40%       |
| 32         | 6.80%       | 47         | 5.30%       |
| 33         | 6.70%       | 48         | 5.20%       |
| 34         | 6.60%       | 49         | 5.10%       |
| 35         | 6.50%       | 50         | 5.00%       |
| 36         | 6.40%       | 51         | 5.00%       |
| 37         | 6.30%       | 52         | 5.00%       |
| 38         | 6.20%       | 53+        | 0.00%       |
| 39         | 6.10%       |            |             |

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2015</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 09/30/2015                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br>Caremark International Inc. Pension Plan                                                                         | <b>B</b> Three-digit plan number (PN) ▶ 022                                                                                                             |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>CVS Health Corporation                                        | <b>D</b> Employer Identification Number (EIN)<br>05-0494040                                                                                             |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                 |                            |                           |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>Part I Basic Information</b>                                                                                                                                                                                 |                            |                           |                          |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2015</u>                                                                                                                               |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                                |                            |                           |                          |
| <b>a</b> Market value .....                                                                                                                                                                                     |                            | <b>2a</b>                 | 92691012                 |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  |                            | <b>2b</b>                 | 87849954                 |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                      | 508                        | 27353364                  | 27353364                 |
| <b>b</b> For terminated vested participants.....                                                                                                                                                                | 814                        | 34819398                  | 34819398                 |
| <b>c</b> For active participants.....                                                                                                                                                                           | 354                        | 4998011                   | 5137031                  |
| <b>d</b> Total.....                                                                                                                                                                                             | 1676                       | 67170773                  | 67309793                 |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                                |                            |                           |                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       |                            | <b>4a</b>                 |                          |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... |                            | <b>4b</b>                 |                          |
| <b>5</b> Effective interest rate.....                                                                                                                                                                           | <b>5</b>                   | 6.27%                     |                          |
| <b>6</b> Target normal cost.....                                                                                                                                                                                | <b>6</b>                   | 480000                    |                          |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <b>Statement by Enrolled Actuary</b><br>To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan. |                                                        |
| <b>SIGN HERE</b><br><br><u>Rick L. Popp RP</u><br>Signature of actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 06/07/2016<br>Date                                     |
| RICK L. POPP<br>Type or print name of actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1405532<br>Most recent enrollment number               |
| HEWITT ASSOCIATES LLC<br>Firm name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 847-295-5000<br>Telephone number (including area code) |
| 4 OVERLOOK POINT<br>LINCOLNSHIRE IL 60069<br>Address of the firm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        |

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

**For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.** **Schedule SB (Form 5500) 2015 v. 150123**



**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

|                                                                                                                                                                                              |                       |                       |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                       |                       |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.72% | 2nd segment:<br>6.11% | 3rd segment:<br>6.81%                               |
|                                                                                                                                                                                              |                       |                       | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                       |                       | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                       |                       | <b>22</b> 62                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                       |                       |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |           |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... |           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      |           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                            |           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....                                   | <b>27</b> |                                                                     |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                      |           |   |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                            | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                    | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                   |                     |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                   |                     |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           |                   | <b>31a</b>          | 480000        |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           |                   | <b>31b</b>          | 480000        |
| <b>32</b> Amortization installments:                                                                                                                                                 |                   | Outstanding Balance | Installment   |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                |                   | 0                   | 0             |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       |                   | 0                   | 0             |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... |                   | <b>33</b>           | 0             |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ...                                                           |                   | <b>34</b>           | 0             |
|                                                                                                                                                                                      | Carryover balance | Prefunding balance  | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                 | 0                   | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  |                   | <b>36</b>           | 0             |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  |                   | <b>37</b>           | 0             |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                   |                     |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       |                   | <b>38a</b>          | 0             |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                |                   | <b>38b</b>          | 0             |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      |                   | <b>39</b>           | 0             |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  |                   | <b>40</b>           | 0             |

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

|                                                                                                |           |                                                                                                                         |  |
|------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:                |           |                                                                                                                         |  |
| <b>a</b> Schedule elected .....                                                                |           | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....               |           | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |
| <b>42</b> Amount of acceleration adjustment .....                                              | <b>42</b> |                                                                                                                         |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years ..... | <b>43</b> |                                                                                                                         |  |

Schedule SB Attachment (Form 5500)—2015 Plan Year  
Caremark International Inc. Pension Plan  
EIN: 05-0494040 PN: 022

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

| (a)<br>Age       | (b)<br>Rate | (c)<br>Weight | (d)<br>Product<br>(a) × (b) × (c) |
|------------------|-------------|---------------|-----------------------------------|
| 53.5             | 5.00%       | 1.0000        | 2.68                              |
| 54.5             | 5.00%       | 0.9500        | 2.59                              |
| 55.5             | 10.00%      | 0.9025        | 5.01                              |
| 56.5             | 5.00%       | 0.8123        | 2.29                              |
| 57.5             | 5.00%       | 0.7716        | 2.22                              |
| 58.5             | 5.00%       | 0.7331        | 2.14                              |
| 59.5             | 5.00%       | 0.6964        | 2.07                              |
| 60.5             | 10.00%      | 0.6616        | 4.00                              |
| 61.5             | 10.00%      | 0.5954        | 3.66                              |
| 62.5             | 20.00%      | 0.5359        | 6.70                              |
| 63.5             | 10.00%      | 0.4287        | 2.72                              |
| 64.5             | 20.00%      | 0.3858        | 4.98                              |
| 65.5             | 20.00%      | 0.3087        | 4.04                              |
| 66.5             | 15.00%      | 0.2469        | 2.46                              |
| 67.5             | 20.00%      | 0.2099        | 2.83                              |
| 68.5             | 30.00%      | 0.1679        | 3.45                              |
| 69.5             | 30.00%      | 0.1175        | 2.45                              |
| 70               | 100.00%     | 0.0823        | 5.76                              |
| Weighted Average |             |               | 62.05                             |

Schedule SB Attachment (Form 5500)—2015 Plan Year  
Caremark International Inc. Pension Plan  
EIN: 05-0494040 PN: 022

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the retirement rates to better reflect anticipated future experience as the result of an assumption study.
- A change in the withdrawal rates to better reflect anticipated future experience as the result of an assumption study.
- A change in the optional payment form election percentage from 65% elect the single life annuity and 35% elect the 50% joint and survivor annuity to 60% elect the single life annuity and 40% elect the 50% joint and survivor annuity.

These assumption changes did not reduce the funding shortfall by more than \$50 million or 5% of the Funding Target. Therefore, approval of the commissioner is not required.

Schedule SB Attachment (Form 5500)—2015 Plan Year  
Caremark International Inc. Pension Plan  
EIN: 05-0494040 PN: 022

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

|                                             |                                                                                                                                                                          |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Interest Rates for Minimum Funding Purposes | Based on segment rates with a four-month lookback (as of September 2014), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA. |
| 1st Segment Rate                            | 4.72%.                                                                                                                                                                   |
| 2nd Segment Rate                            | 6.11%.                                                                                                                                                                   |
| 3rd Segment Rate                            | 6.81%.                                                                                                                                                                   |
| Interest Rates for Maximum Tax Purposes     | Based on segment rates with a four-month lookback (as of September 2014), without regard to interest rate stabilization.                                                 |
| 1st Segment Rate                            | 1.15%.                                                                                                                                                                   |
| 2nd Segment Rate                            | 4.06%.                                                                                                                                                                   |
| 3rd Segment Rate                            | 5.15%.                                                                                                                                                                   |
| Optional Payment Form Election Percentage   | 60% of participants assumed to elect life annuity and 40% assumed to elect 50% joint and survivor annuity.                                                               |
| Retirement Age                              |                                                                                                                                                                          |
| Active Participants                         | See Table 1.                                                                                                                                                             |
| Terminated Vested Participants              | Age 65.                                                                                                                                                                  |
| Mortality Rates                             |                                                                                                                                                                          |
| Healthy and Disabled                        | 2015 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e).                                                                                     |
| Withdrawal Rates                            | See Table 2.                                                                                                                                                             |
| Disability Rates                            | None.                                                                                                                                                                    |
| Decrement Timing                            | Middle of year decrements, with 100% retirement occurring at the beginning of the year.                                                                                  |
| Surviving Spouse Benefit                    | It is assumed that 85% of males and 85% of females have an eligible spouse, and that males are three year older than their spouses.                                      |
| Benefit Limits                              | Projected benefits are limited by the current IRC section 415 maximum benefit of \$210,000.                                                                              |

Schedule SB Attachment (Form 5500)—2015 Plan Year  
Caremark International Inc. Pension Plan  
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Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2013 Plan Year

7.25%, limited to 6.76%.

2014 Plan Year

6.75%.

Trust Expenses Included in Target Normal Cost

Administrative expenses paid from the trust in the prior year rounded to the nearest \$5,000 and adjusted for nine-month plan year.

Actuarial Method

Standard unit credit cost method.

Valuation Date

January 1, 2015.

Schedule SB Attachment (Form 5500)—2015 Plan Year  
Caremark International Inc. Pension Plan  
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Table 1

**Retirement Rates**

| <b><u>Age</u></b> | <b><u>Rate</u></b> |
|-------------------|--------------------|
| 53                | 5.00%              |
| 54                | 5.00%              |
| 55                | 10.00%             |
| 56                | 5.00%              |
| 57                | 5.00%              |
| 58                | 5.00%              |
| 59                | 5.00%              |
| 60                | 10.00%             |
| 61                | 10.00%             |
| 62                | 20.00%             |
| 63                | 10.00%             |
| 64                | 20.00%             |
| 65                | 20.00%             |
| 66                | 15.00%             |
| 67                | 20.00%             |
| 68                | 30.00%             |
| 69                | 30.00%             |
| 70+               | 100.00%            |

Schedule SB Attachment (Form 5500)—2015 Plan Year  
 Caremark International Inc. Pension Plan  
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Table 2

**Withdrawal Rates**

| <b>Age</b> | <b>Rate</b> | <b>Age</b> | <b>Rate</b> |
|------------|-------------|------------|-------------|
| 25         | 7.00%       | 40         | 6.00%       |
| 26         | 7.00%       | 41         | 5.90%       |
| 27         | 7.00%       | 42         | 5.80%       |
| 28         | 7.00%       | 43         | 5.70%       |
| 29         | 7.00%       | 44         | 5.60%       |
| 30         | 7.00%       | 45         | 5.50%       |
| 31         | 6.90%       | 46         | 5.40%       |
| 32         | 6.80%       | 47         | 5.30%       |
| 33         | 6.70%       | 48         | 5.20%       |
| 34         | 6.60%       | 49         | 5.10%       |
| 35         | 6.50%       | 50         | 5.00%       |
| 36         | 6.40%       | 51         | 5.00%       |
| 37         | 6.30%       | 52         | 5.00%       |
| 38         | 6.20%       | 53+        | 0.00%       |
| 39         | 6.10%       |            |             |

Schedule SB Attachment (Form 5500)—2015 Plan Year  
Caremark International Inc. Pension Plan  
EIN: 05-0494040 PN: 022

Schedule SB, Part V—Summary of Plan Provisions

**History of the Plan**

The plan was established November 30, 1992, as a spin-off of active participants from the Baxter International Inc. and Subsidiaries Pension Plan. Caremark International Inc. accepted past service liabilities for the active participants. No terminated or retired participants were spun-off. Assets deemed sufficient to cover the qualified plan accumulated benefit obligation (ABO) for Caremark participants at the time of the spin-off were transferred in 1993. Adjustments to assets and liabilities during a transition period in 1993 were made for participants who terminated from Baxter and were hired by Caremark and vice versa.

Effective December 31, 1993, the Caremark Puerto Rico Plan was merged into the Caremark Pension Plan.

Effective January 1, 1994, when pay allowable for calculation of benefits decreased to \$150,000, the “wear-away” transition alternative was elected. The December 31, 1993, benefit using prior pay limits and service through 1993 will be a minimum to all future benefit calculations.

Effective March 1, 1995, the plan was amended to incorporate the interest rates for lump sum purposes permitted by The Retirement Protection Act of 1994.

During 1995, the following three divisions covering plan participants were divested:

- CMS on March 31, 1995
- Clorazil on June 2, 1995
- Orthopedic Services on December 31, 1995

Clorazil and Orthopedic Services participants were granted immediate vesting.

Effective January 1, 1996, the plan was amended and restated including a deemed cash-out provision.

Effective December 31, 1996, a minimum benefit of \$10 times benefit service was added to the benefit formula.

Effective February 28, 1997, the benefit formula and participation in the plan were frozen. All active participants as of that date became fully vested. Inactive participants as of that date who subsequently return to work must earn five years of vesting service to become fully vested.

In March of 1998 the Puerto Rico group was divested. Frozen benefits for all active and inactive employees remained in the plan.

Effective September 30, 2015, the plan was merged into the CVS Health Corporation Legacy Pension Plan (EIN 05-0494040, PN 027).

A more detailed summary of the current plan provisions is on the following pages.

Schedule SB Attachment (Form 5500)—2015 Plan Year  
Caremark International Inc. Pension Plan  
EIN: 05-0494040 PN: 022

|                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date                | Spin-off from the Baxter Pension Plan as of November 30, 1992.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Participation                 | January 1 or July 1 after attainment of age 21 and completion of one year of service for employees employed at or transferred from a division which participates in the plan. No new participants enter the plan after February 28, 1997.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Plan Status                   | Frozen effective February 28, 1997.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Plan Merger                   | Effective September 30, 2015, the plan was merged into the CVS Health Corporation Legacy Pension Plan (EIN 05-0494040, PN 027).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Normal Retirement Eligibility | Age 65.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Benefit                       | Equal to the greater of the accrued benefit, minimum benefit, and merger accrued benefit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Accrued Benefit               | <p>Accrued benefit is frozen as of February 28, 1997. Accrued benefit payable as a life annuity at age 65 equals (a) minus (b), the difference multiplied by (c):</p> <ul style="list-style-type: none"><li>(a) 1.75% of average monthly compensation, multiplied by benefit service projected to age 65.</li><li>(b) 1.75% of benefit service projected to age 65, (not to exceed 60%), multiplied by primary Social Security benefit.</li><li>(c) The ratio (not to exceed one) of current benefit service over benefit service projected to age 65.</li></ul> <p>Certain participants have frozen minimum accrued benefits from prior plans. The accrued benefit cannot be less than the accrued benefit as of December 31, 1988, calculated using unlimited compensation, and the accrued benefit as of December 31, 1993, calculated using compensation limits in effect at that time.</p> |
| Minimum Benefit               | \$10 times benefit service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

Schedule SB Attachment (Form 5500)—2015 Plan Year  
Caremark International Inc. Pension Plan  
EIN: 05-0494040 PN: 022

Normal Retirement

Merger Accrued Benefit

Participants on November 25, 1985 are eligible for a special accrued benefit calculated in the same manner as the normal accrued benefit, with the following provisions:

- (a) Benefit service is frozen as of November 25, 1985.
- (b) Average monthly compensation is frozen through 1984.
- (c) 1.75% accrual is increased to 4.25%.
- (d) The special 0.25% early retirement reduction factors for commencement of benefits prior to age 65 are only available to participants who had attained age 55 as of November 25, 1985.

Early Retirement

Eligibility

Sixty-five (65) points, where points are the sum of complete years of attained age and modified benefit service, which is not frozen as of February 28, 1997.

Benefit

The greater of (a), (b), and (c) below:

- (a) Accrued benefit multiplied by factors based on attained age and points (attained age plus complete years of benefit service). No reduction applies for benefit commencement with 85 points.
- (b) December 31, 1989 accrued benefit reduced by 0.25% for each full month that commencement of benefits precedes normal retirement date. The participant is only eligible for this benefit if he has attained age 55 and has completed 10 years of vesting service.
- (c) Merger accrued benefit. If a participant eligible for the merger accrued benefit had attained age 55 as of November 25, 1985, then the 0.25% reduction per month is applied. Otherwise, actuarial equivalent factors are used.

Schedule SB Attachment (Form 5500)—2015 Plan Year  
Caremark International Inc. Pension Plan  
EIN: 05-0494040 PN: 022

Deferred Vested Retirement  
Eligibility

Completion of five years of vesting service. Participants on November 25, 1985, eligible for the merger accrued benefit are vested in that benefit. Active participants on February 28, 1997 are fully vested.

Benefit

The greater of the accrued benefit or the merger accrued benefit, payable at normal retirement date. Commencement prior to normal retirement date may be elected upon attainment of 65 points, with benefit reduced according to schedule in plan document.

Preretirement Death Benefit  
Eligibility

Any vested employee.

Benefit

Married Participants

Upon death prior to eligibility for early retirement: 1/2 of the greater of the merger accrued benefit reduced for early retirement or the accrued benefit payable as a 50% joint and survivor annuity.

Upon death after eligibility for early retirement: The greater of the merger accrued benefit reduced for early retirement or the accrued benefit payable as a 100% joint and survivor annuity.

Single Participants

The greater of the merger accrued benefit reduced for early retirement or the accrued benefit, payable for 10 years.

Normal Form of Payment  
Single Participants

Life annuity.

Married Participants

Reduced 50% joint and survivor annuity.

Optional Payment Forms

Life annuity, joint and survivor annuity (50%, 66-2/3%, 75%, or 100%), and 10-year certain and life annuity.

Payment of Small Amounts

Non-elective lump sum payment if the actuarial equivalent single sum of the benefit does not exceed \$1,000.

Annual Benefit Limitations

The benefits are adjusted to comply with Section 415 limitations on annual benefits.

Schedule SB Attachment (Form 5500)—2015 Plan Year  
Caremark International Inc. Pension Plan  
EIN: 05-0494040 PN: 022

Definitions

|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Plan Year                       | Calendar year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Years of Service                | Each plan year in which an employee earns 1,000 hours of service.                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Benefit Service                 | Benefit service includes years of service earned subsequent to participation in the plan. If a participant enters the plan on July 1, hours of service throughout that calendar year are included. Years while disabled are included. Benefit service was frozen on February 28, 1997.                                                                                                                                                                                                  |
| Compensation                    | Compensation is 401 CARE/Pension compensation and consists of salary, bonus, commissions, severance pay, before-tax 401(k) contributions, and flexible benefit plan contributions. Only compensation prior to February 28, 1997 is considered in the calculation of benefits.                                                                                                                                                                                                           |
| Average Monthly Compensation    | Average monthly compensation is the average of the highest five calendar years of compensation during the 10 years of participation immediately preceding retirement or termination, including the calendar year of first participation and excluding the last partial year of participation. In no case will averaging periods end after February 28, 1997. If less than five years of participation have been completed, the average of complete plan years of participation is used. |
| Primary Social Security Benefit | The estimated monthly amount of primary Social Security benefit payable at age 65 in accordance with the law in effect on date of termination, assuming a 6% salary scale in years prior to termination and level future compensation to age 65. Social Security benefits were frozen as of February 28, 1997.                                                                                                                                                                          |
| Actuarial Equivalent            | <p>For other than lump sum calculations: 1971 Group Annuity mortality table, weighted 75% male and 25% female, and 10% interest.</p> <p>For lump sum calculations: IRC section 417(e) mortality table and interest based on three-segment yield curve.</p>                                                                                                                                                                                                                              |

September 30, 2015 Plan Merger

Effective September 30, 2015, the plan was merged into the CVS Health Corporation Legacy Pension Plan (EIN 05-0494040, PN 027). This is the final Schedule SB and Form 5500 filing for the plan as a result of the merger.

Schedule SB Attachment (Form 5500)—2015 Plan Year  
Caremark International Inc. Pension Plan  
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Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—2015 Plan Year  
 Caremark International Inc. Pension Plan  
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Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2015

| Attained<br>Age | Number of Participants    |     |     |       |       |       |       |       |       |     |
|-----------------|---------------------------|-----|-----|-------|-------|-------|-------|-------|-------|-----|
|                 | Years of Credited Service |     |     |       |       |       |       |       |       |     |
|                 | <1                        | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40+ |
| <25             |                           |     |     |       |       |       |       |       |       |     |
| 25-29           |                           |     |     |       |       |       |       |       |       |     |
| 30-34           |                           |     |     |       |       |       |       |       |       |     |
| 35-39           |                           |     |     |       | 1     |       |       |       |       |     |
| 40-44           |                           | 1   |     |       | 22    | 25    |       |       |       |     |
| 45-49           |                           | 1   |     |       | 15    | 54    | 4     |       |       |     |
| 50-54           |                           |     |     |       | 16    | 64    | 10    | 1     |       |     |
| 55-59           |                           |     |     |       | 6     | 42    | 9     | 1     |       |     |
| 60-64           |                           |     |     |       | 9     | 32    | 11    | 1     | 4     |     |
| 65-69           |                           | 1   |     |       | 6     | 9     | 2     |       |       |     |
| 70+             |                           |     |     |       |       | 5     | 1     | 1     |       |     |

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Schedule SB Attachment (Form 5500)—2015 Plan Year  
Caremark International Inc. Pension Plan  
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Schedule SB, line 22—Description of Weighted Average Retirement Age

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| (a)<br>Age       | (b)<br>Rate | (c)<br>Weight | (d)<br>Product<br>(a) × (b) × (c) |
|------------------|-------------|---------------|-----------------------------------|
| 53.5             | 5.00%       | 1.0000        | 2.68                              |
| 54.5             | 5.00%       | 0.9500        | 2.59                              |
| 55.5             | 10.00%      | 0.9025        | 5.01                              |
| 56.5             | 5.00%       | 0.8123        | 2.29                              |
| 57.5             | 5.00%       | 0.7716        | 2.22                              |
| 58.5             | 5.00%       | 0.7331        | 2.14                              |
| 59.5             | 5.00%       | 0.6964        | 2.07                              |
| 60.5             | 10.00%      | 0.6616        | 4.00                              |
| 61.5             | 10.00%      | 0.5954        | 3.66                              |
| 62.5             | 20.00%      | 0.5359        | 6.70                              |
| 63.5             | 10.00%      | 0.4287        | 2.72                              |
| 64.5             | 20.00%      | 0.3858        | 4.98                              |
| 65.5             | 20.00%      | 0.3087        | 4.04                              |
| 66.5             | 15.00%      | 0.2469        | 2.46                              |
| 67.5             | 20.00%      | 0.2099        | 2.83                              |
| 68.5             | 30.00%      | 0.1679        | 3.45                              |
| 69.5             | 30.00%      | 0.1175        | 2.45                              |
| 70               | 100.00%     | 0.0823        | 5.76                              |
| Weighted Average |             |               | 62.05                             |

Schedule SB Attachment (Form 5500)—2015 Plan Year  
Caremark International Inc. Pension Plan  
EIN: 05-0494040 PN: 022

Schedule SB, Part V—Summary of Plan Provisions

**History of the Plan**

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Effective January 1, 1994, when pay allowable for calculation of benefits decreased to \$150,000, the “wear-away” transition alternative was elected. The December 31, 1993, benefit using prior pay limits and service through 1993 will be a minimum to all future benefit calculations.

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During 1995, the following three divisions covering plan participants were divested:

- CMS on March 31, 1995
- Clorazil on June 2, 1995
- Orthopedic Services on December 31, 1995

Clorazil and Orthopedic Services participants were granted immediate vesting.

Effective January 1, 1996, the plan was amended and restated including a deemed cash-out provision.

Effective December 31, 1996, a minimum benefit of \$10 times benefit service was added to the benefit formula.

Effective February 28, 1997, the benefit formula and participation in the plan were frozen. All active participants as of that date became fully vested. Inactive participants as of that date who subsequently return to work must earn five years of vesting service to become fully vested.

In March of 1998 the Puerto Rico group was divested. Frozen benefits for all active and inactive employees remained in the plan.

Effective September 30, 2015, the plan was merged into the CVS Health Corporation Legacy Pension Plan (EIN 05-0494040, PN 027).

A more detailed summary of the current plan provisions is on the following pages.

Schedule SB Attachment (Form 5500)—2015 Plan Year  
Caremark International Inc. Pension Plan  
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|                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date                | Spin-off from the Baxter Pension Plan as of November 30, 1992.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Participation                 | January 1 or July 1 after attainment of age 21 and completion of one year of service for employees employed at or transferred from a division which participates in the plan. No new participants enter the plan after February 28, 1997.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Plan Status                   | Frozen effective February 28, 1997.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Plan Merger                   | Effective September 30, 2015, the plan was merged into the CVS Health Corporation Legacy Pension Plan (EIN 05-0494040, PN 027).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Normal Retirement Eligibility | Age 65.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Benefit                       | Equal to the greater of the accrued benefit, minimum benefit, and merger accrued benefit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Accrued Benefit               | <p>Accrued benefit is frozen as of February 28, 1997. Accrued benefit payable as a life annuity at age 65 equals (a) minus (b), the difference multiplied by (c):</p> <ul style="list-style-type: none"><li>(a) 1.75% of average monthly compensation, multiplied by benefit service projected to age 65.</li><li>(b) 1.75% of benefit service projected to age 65, (not to exceed 60%), multiplied by primary Social Security benefit.</li><li>(c) The ratio (not to exceed one) of current benefit service over benefit service projected to age 65.</li></ul> <p>Certain participants have frozen minimum accrued benefits from prior plans. The accrued benefit cannot be less than the accrued benefit as of December 31, 1988, calculated using unlimited compensation, and the accrued benefit as of December 31, 1993, calculated using compensation limits in effect at that time.</p> |
| Minimum Benefit               | \$10 times benefit service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

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Normal Retirement

Merger Accrued Benefit

Participants on November 25, 1985 are eligible for a special accrued benefit calculated in the same manner as the normal accrued benefit, with the following provisions:

- (a) Benefit service is frozen as of November 25, 1985.
- (b) Average monthly compensation is frozen through 1984.
- (c) 1.75% accrual is increased to 4.25%.
- (d) The special 0.25% early retirement reduction factors for commencement of benefits prior to age 65 are only available to participants who had attained age 55 as of November 25, 1985.

Early Retirement

Eligibility

Sixty-five (65) points, where points are the sum of complete years of attained age and modified benefit service, which is not frozen as of February 28, 1997.

Benefit

The greater of (a), (b), and (c) below:

- (a) Accrued benefit multiplied by factors based on attained age and points (attained age plus complete years of benefit service). No reduction applies for benefit commencement with 85 points.
- (b) December 31, 1989 accrued benefit reduced by 0.25% for each full month that commencement of benefits precedes normal retirement date. The participant is only eligible for this benefit if he has attained age 55 and has completed 10 years of vesting service.
- (c) Merger accrued benefit. If a participant eligible for the merger accrued benefit had attained age 55 as of November 25, 1985, then the 0.25% reduction per month is applied. Otherwise, actuarial equivalent factors are used.

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Deferred Vested Retirement  
Eligibility

Completion of five years of vesting service. Participants on November 25, 1985, eligible for the merger accrued benefit are vested in that benefit. Active participants on February 28, 1997 are fully vested.

Benefit

The greater of the accrued benefit or the merger accrued benefit, payable at normal retirement date. Commencement prior to normal retirement date may be elected upon attainment of 65 points, with benefit reduced according to schedule in plan document.

Preretirement Death Benefit  
Eligibility

Any vested employee.

Benefit

Married Participants

Upon death prior to eligibility for early retirement: 1/2 of the greater of the merger accrued benefit reduced for early retirement or the accrued benefit payable as a 50% joint and survivor annuity.

Upon death after eligibility for early retirement: The greater of the merger accrued benefit reduced for early retirement or the accrued benefit payable as a 100% joint and survivor annuity.

Single Participants

The greater of the merger accrued benefit reduced for early retirement or the accrued benefit, payable for 10 years.

Normal Form of Payment  
Single Participants

Life annuity.

Married Participants

Reduced 50% joint and survivor annuity.

Optional Payment Forms

Life annuity, joint and survivor annuity (50%, 66-2/3%, 75%, or 100%), and 10-year certain and life annuity.

Payment of Small Amounts

Non-elective lump sum payment if the actuarial equivalent single sum of the benefit does not exceed \$1,000.

Annual Benefit Limitations

The benefits are adjusted to comply with Section 415 limitations on annual benefits.

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Definitions

|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Plan Year                       | Calendar year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Years of Service                | Each plan year in which an employee earns 1,000 hours of service.                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Benefit Service                 | Benefit service includes years of service earned subsequent to participation in the plan. If a participant enters the plan on July 1, hours of service throughout that calendar year are included. Years while disabled are included. Benefit service was frozen on February 28, 1997.                                                                                                                                                                                                  |
| Compensation                    | Compensation is 401 CARE/Pension compensation and consists of salary, bonus, commissions, severance pay, before-tax 401(k) contributions, and flexible benefit plan contributions. Only compensation prior to February 28, 1997 is considered in the calculation of benefits.                                                                                                                                                                                                           |
| Average Monthly Compensation    | Average monthly compensation is the average of the highest five calendar years of compensation during the 10 years of participation immediately preceding retirement or termination, including the calendar year of first participation and excluding the last partial year of participation. In no case will averaging periods end after February 28, 1997. If less than five years of participation have been completed, the average of complete plan years of participation is used. |
| Primary Social Security Benefit | The estimated monthly amount of primary Social Security benefit payable at age 65 in accordance with the law in effect on date of termination, assuming a 6% salary scale in years prior to termination and level future compensation to age 65. Social Security benefits were frozen as of February 28, 1997.                                                                                                                                                                          |
| Actuarial Equivalent            | <p>For other than lump sum calculations: 1971 Group Annuity mortality table, weighted 75% male and 25% female, and 10% interest.</p> <p>For lump sum calculations: IRC section 417(e) mortality table and interest based on three-segment yield curve.</p>                                                                                                                                                                                                                              |

September 30, 2015 Plan Merger

Effective September 30, 2015, the plan was merged into the CVS Health Corporation Legacy Pension Plan (EIN 05-0494040, PN 027). This is the final Schedule SB and Form 5500 filing for the plan as a result of the merger.

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Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

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Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the retirement rates to better reflect anticipated future experience as the result of an assumption study.
- A change in the withdrawal rates to better reflect anticipated future experience as the result of an assumption study.
- A change in the optional payment form election percentage from 65% elect the single life annuity and 35% elect the 50% joint and survivor annuity to 60% elect the single life annuity and 40% elect the 50% joint and survivor annuity.

These assumption changes did not reduce the funding shortfall by more than \$50 million or 5% of the Funding Target. Therefore, approval of the commissioner is not required.