

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan 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 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☒ a single-employer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☒ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan MEDCO HEALTH SOLUTIONS, INC. CASH BALANCE RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 10/24/1983
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) MEDCO HEALTH SOLUTIONS, INC. ONE EXPRESS WAY ST. LOUIS, MO 63121
2b	Employer Identification Number (EIN) 22-3461740
2c	Plan Sponsor's telephone number 800-332-5455
2d	Business code (see instructions) 325410

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 HERE	Filed with authorized/valid electronic signature.	10/11/2024	DIANE LASTINEC
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 6391
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 0 6a(2) 0 6b 0 6c 0 6d 0 6e 0 6f 0 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1A 1C 1I 3H 3J

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 1
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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.

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan MEDCO HEALTH SOLUTIONS, INC. CASH BALANCE RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 MEDCO HEALTH SOLUTIONS, INC.	D Employer Identification Number (EIN) 22-3461740	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	017543	0	01/01/2023	12/31/2023

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions.....	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions.....	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information 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). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
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.	
A Name of plan MEDCO HEALTH SOLUTIONS, INC. CASH BALANCE RETIREMENT PLAN	B Three-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MEDCO HEALTH SOLUTIONS, INC.	D Employer Identification Number (EIN) 22-3461740
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			
1	Enter the valuation date: Month 01 Day 01 Year 2023			
2	Assets:			
a	Market value	2a	85618328	
b	Actuarial value	2b	93002584	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	188	4700380	4700380
b	For terminated vested participants	2058	35496856	35496856
c	For active participants	4145	56067731	56069826
d	Total	6391	96264967	96267062
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
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	4b		
5	Effective interest rate	5	5.08 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	1700000	
c	Target normal cost	6c	1700000	

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.

SIGN HERE	Signature of actuary JASON GAY Type or print name of actuary EMPOWER Firm name 280 TRUMBULL STREET HARTFORD, CT 06103 Address of the firm	09/16/2024 Date 23-06540 Most recent enrollment number 303-737-6229 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1502860
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	1502860
10 Interest on line 9 using prior year's actual return of <u>-9.18</u> %	0	-137963
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) 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>5.20</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1364897

Part III Funding Percentages

14 Funding target attainment percentage	14	95.19 %
15 Adjusted funding target attainment percentage	15	95.19 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	107.19 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/11/2024	828892	0			
Totals ▶			18(b)	828892	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	761669

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** 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	(4) 4th

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost
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21 Discount rate:			
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %
			☒ N/A, full yield curve used
b Applicable month (enter code).....		21b	
22 Weighted average retirement age		22	64
23 Mortality table(s) (see instructions)	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute

Part VI	Miscellaneous Items
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24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Demographic and benefit information	
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years
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28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII	Minimum Required Contribution For Current Year
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31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	1700000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	4629374	426566	
b Waiver amortization installment	0	0	
33 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	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	2126566	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1364897	1364897
36 Additional cash requirement (line 34 minus line 35).....	36	761669	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	761669	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)
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41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☒ 2020 ☐ 2021
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan MEDCO HEALTH SOLUTIONS, INC. CASH BALANCE RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 MEDCO HEALTH SOLUTIONS, INC.	D Employer Identification Number (EIN) 22-3461740	

Part I	Service Provider Information (see instructions)
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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
ALIGHT FINANCIAL SOLUTIONS, LLC
82-1061233

(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

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)

PRUDENTIAL RETIREMENT INS & ANNUITY

06-1050034

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) 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) Did the service provider give you a formula instead of an amount or estimated amount?
11 13 15 50 10	NONE	443590	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

STATE STREET GLOBAL ADVISORS

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) 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) Did the service provider give you a formula instead of an amount or estimated amount?
19 25 99 10	NONE	199104	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) 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) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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 (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 (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 (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
(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
(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
(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
(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
(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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan MEDCO HEALTH SOLUTIONS, INC. CASH BALANCE RETIREMENT PLAN	B Three-digit plan number (PN) ► 002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 MEDCO HEALTH SOLUTIONS, INC.	D Employer Identification Number (EIN) 22-3461740

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

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA LONG U.S. CREDIT CORP INDEX

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

c EIN-PN 90-0337987-369	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
-------------------------	-----------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: S&P 500 FLAGSHIP NL FUND

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

c EIN-PN 04-0025081-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA MSCI ACWI EX USA NL FUND

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

c EIN-PN 90-0337987-159	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
-------------------------	-----------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA INTERMEDIATE US CREDIT INDEX

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

c EIN-PN 04-0025081-148	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
-------------------------	-----------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL 2000 INDEX NL FUND

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

c EIN-PN 04-0025081-013	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
-------------------------	-----------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL SHORT TERM FUND

b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY

c EIN-PN 06-1050034-041	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
-------------------------	-----------------	--

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)
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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, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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
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
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
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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information 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). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan MEDCO HEALTH SOLUTIONS, INC. CASH BALANCE RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 MEDCO HEALTH SOLUTIONS, INC.		
		D Employer Identification Number (EIN) 22-3461740

Part I	Asset and Liability Statement		
1 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. Round off amounts to the nearest dollar. 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.			
	Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	12161043	0
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	65837178	0
(10) Value of interest in pooled separate accounts	1c(10)	817997	0
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	6802110	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	85618328	0
Liabilities			
g Benefit claims payable	1g		0
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		0
k Total liabilities (add all amounts in lines 1g through 1j)	1k		0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	85618328	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
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	436523	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		436523
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		8291269
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		-35599
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(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)		214434
c Other income	2c		-1477092
d Total income. Add all income amounts in column (b) and enter total	2d		7429535

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5545985	
(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)		5545985
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)	308226	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	41484	
(6) Bank or trust company trustee/custodial fees	2i(6)	157620	
(7) Actuarial fees	2i(7)	138844	
(8) Legal fees	2i(8)	2768	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1167180	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1816122
j Total expenses. Add all expense amounts in column (b) and enter total	2j		7362107

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		67428
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		85685756

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) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **FORVIS MAZARS, LLP**

(2) EIN: **44-0160260**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a 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.)		☒	
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.)		☒	
c 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.)		☒	
d 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.)		☒	
e Was this plan covered by a fidelity bond?	☒		15000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g 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?		☒	
h 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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		☒	
j 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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☒		
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n 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.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☒ Yes ☐ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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)
CIGNA PENSION PLAN	06-1059331	001

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 510686.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan MEDCO HEALTH SOLUTIONS, INC. CASH BALANCE RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 MEDCO HEALTH SOLUTIONS, INC.	D Employer Identification Number (EIN) 22-3461740	

Part I	Distributions
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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): EIN(s): 06-1050034		
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	321

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.)
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4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☒ N/A
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 _____ 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?	☐ Yes	☐ No	☐ 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?	☐ Yes	☐ No	☒ N/A

Part III	Amendments
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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.	☐ Increase	☐ Decrease	☐ Both	☒ No
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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.
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10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11	a Does the ESOP hold any preferred stock?	☐ Yes	☐ 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.)	☐ Yes	☐ No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	14a	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c	
15 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:		
a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:		
a Enter the number of employers who withdrew during the preceding plan year	16a	
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	16b	
17 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..... ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18 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..... ☐	
19 If the total number of participants is 1,000 or more, complete lines (a) and (b):	
a Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%	
b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.	
a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No	
b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:	
☐ Yes.	
☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.	
☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.	
☐ No. Other. Provide explanation. _____	

Part VII	IRS Compliance Questions
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21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No	
21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).	
☐ Design-based safe harbor method	
☐ "Prior year" ADP test	
☐ "Current year" ADP test	
☐ N/A	
22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.	

**MEDCO HEALTH SOLUTIONS, INC.
CASH BALANCE RETIREMENT PLAN**

Independent Auditor's Report, Financial
Statements and Supplemental Schedule

December 31, 2023 and 2022

**MEDCO HEALTH SOLUTIONS, INC.
CASH BALANCE RETIREMENT PLAN
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Independent Auditor's Report

Plan Administrator
Medco Health Solutions, Inc. Cash Balance Retirement Plan
St. Louis, Missouri

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of the Medco Health Solutions, Inc. Cash Balance Retirement Plan (Plan), an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits (modified cash basis) for the year ended December 31, 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2023 and 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that these financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of the modified cash basis of accounting.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with the modified cash basis of accounting.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Basis of Accounting

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements and the supplemental schedule is prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Other Matter - Supplemental Schedule Required by ERISA

The supplemental schedule listed in the table of contents is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Forvis Mazars, LLP

Kansas City, Missouri

October 10, 2024

Federal Employer Identification Number: 44-0160260

**MEDCO HEALTH SOLUTIONS, INC.
CASH BALANCE RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
(Modified Cash Basis)**

<i>(in thousands)</i>	December 31,	
	2023	2022
Assets:		
Investments at fair value (See Note 4)	\$ —	\$ 85,618.3
Net assets available for benefits	<u>\$ —</u>	<u>\$ 85,618.3</u>

See accompanying notes to the financial statements.

**MEDCO HEALTH SOLUTIONS, INC.
CASH BALANCE RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
(Modified Cash Basis)**

<i>(in thousands)</i>	Year ended December 31, 2023
Additions:	
Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	\$ 6,993.1
Dividends	436.5
Total additions	7,429.6
Deductions:	
Deductions from net assets attributed to:	
Benefit payments to participants	5,546.0
Administrative expenses	1,816.1
Total deductions	7,362.1
Net increase	67.5
Transfer of assets out of plan due to plan mergers	(85,685.8)
Net assets available for benefits:	
Beginning of year	85,618.3
End of year	\$ —

See accompanying notes to the financial statements.

MEDCO HEALTH SOLUTIONS, INC.
CASH BALANCE RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2023 and 2022

Amounts are in thousands unless otherwise noted.

Note 1 - Description of Plan

The following description of Medco Health Solutions, Inc. Cash Balance Retirement Plan ("Plan") provides only general information. Plan participants should refer to the Plan document for a more complete description of the Plan's provisions.

General. The Plan is a noncontributory defined benefit plan, providing retirement income to all eligible employees of Medco Health Solutions, Inc. ("Medco" or "Plan Sponsor"), including certain subsidiaries. On April 2, 2012, Express Scripts, Inc. ("ESI") consummated a merger with Medco and both ESI and Medco became wholly owned subsidiaries of Express Scripts Holding Company (the "Parent"), which, effective December 20, 2018, is a wholly-owned subsidiary of Cigna Corporation. Effective September 11, 2020, the Parent was renamed Evernorth Health, Inc. ("Evernorth"). Effective February 13, 2023, Cigna Corporation was renamed The Cigna Group ("Cigna").

Effective February 28, 2011, Medco froze the Plan for all participants. Participants no longer accrue any benefits under the Plan and the Plan has been closed to new entrants since February 28, 2011. However, account balances continue to be credited with interest until paid. Credited interest is calculated on the basis of the value of the accumulation account as of the first day of such Plan year, and added to the accumulation account of each participant on the last day of each Plan year. In the 2023 actuarial valuation, for the purpose of calculating the present value of accumulated plan benefits, the rate of credited interest used was 4.73% for 2023 and 2.00% for 2024 forward, reflecting long-term interest crediting rate expectations. The rate of credited interest is equal to the average of the one-year Treasury note yield for the month of November immediately preceding the Plan year. Effective December 20, 2018, the definition of "Board" under the Plan was amended so that when action is required by the Board under the Plan such action may be taken by the Board of Directors of Medco Health Solutions, Inc. or the Board of Directors of the Parent, as applicable, or a duly authorized designee of either Board, as applicable, and any action taken by an authorized designee shall have the full force and effect as if taken by the applicable Board itself. Effective January 1, 2020, the Plan was again amended to authorize the Executive Vice President of Human Resources of Cigna ("EVPHR") and his or her delegate/s to take any and all actions with respect to the Plan as if such actions were taken by the Board itself.

Effective December 31, 2023, the Plan and the Cigna Pension Plan for Certain Former Employees (the "Spin-off Plan") were merged into the Cigna Pension Plan with the Cigna Pension Plan continuing as the surviving plan (such merger, the "Plan Merger"). Following the Plan Merger, the Cigna Pension Plan consists of Parts A and B, the Spin-off Plan (Part C) and the Plan (Part D). Assets with a fair value of \$85,685.8 were legally transferred from the Plan to the Cigna Pension Plan. The Plan Merger did not affect the benefits that any participant accrued under any part of the Cigna Pension Plan and benefits are determined after the Plan Merger in the same manner as before the Plan Merger.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and the Internal Revenue Code ("IRC"). As noted above, the Plan's assets were transferred to the Cigna Pension Plan effective December 31, 2023. The Plan's assets at December 31, 2022 were held in the Medco Health Solutions, Inc. Cash Balance Retirement Plan Trust ("Trust"), which was established by Medco in 2003.

Plan Administration. Effective January 1, 2020, the Cigna Pension Plan Committee (the "Committee"), which is comprised of five members of Cigna's management, is the named Plan fiduciary. This Committee delegates responsibility for administration of the Plan to the Plan Administrator, a Cigna employee, and responsibility for the Plan's financial management to Cigna's Chief Financial Officer. Prior the the Plan Merger noted above, State Street Bank and Trust Company ("Trustee") was the trustee of the Plan. Effective August 23, 2022, the Plan Administrator arranged with Empower to perform the primary administrative and recordkeeping functions, previously performed by Alight, on behalf of the Plan.

Benefits. The Plan Merger did not affect the benefits that any participant will accrue under any part of the Cigna Pension Plan and benefits are determined after the Plan Merger in the same manner as before the Plan Merger. Effective January 1, 2021, upon attainment of normal retirement age (65) or after termination of employment, a participant is generally eligible to receive his/her vested accumulation account. The Plan also provides for a death benefit to spouses of active married participants or estates of active unmarried participants, and to spouses or estates of inactive participants with a vested benefit. Effective for participants who attained age 70^{1/2} in 2020 or any later year, benefits must commence no later than April 1 following the calendar year in which the participant terminates employment with all Cigna companies, or reaches age 72, if later. If a participant continues to work for any Cigna company after attaining age 70^{1/2}, the benefit is actuarially increased for the period after age 70^{1/2} through the date the benefit begins, if greater than the regular accrual.

Plan Termination. Although it has not expressed any intent to do so, the Board, the EVPHR or the Board of Directors of Cigna has the right under the Cigna Pension Plan to modify the Cigna Pension Plan and to terminate the Cigna Pension Plan subject to the provisions set forth in ERISA and the IRC. As a result, in the event of the Cigna Pension Plan termination, all participants become 100% vested in their accounts. The benefits shall be paid in the following order:

- a. The portion of the benefits derived from the participant's accumulated contributions, if any;
- b. If retirement income is payable as an annuity:
 - (i) Retirees and beneficiaries who were in pay status at the beginning of the three-year period ending on the Cigna Pension Plan's termination date would be entitled to the lowest benefit available under any Plan provision in effect within the five-year period ending on the termination date,
 - (ii) Same as (i) for all individuals who would have been in pay status for such three-year period had they retired prior to such period;
- c. All other benefits guaranteed by the Pension Benefit Guarantee Corporation ("PBGC");
- d. All other vested retirement income under the Plan;
- e. All other retirement income under the Plan.

If net assets are insufficient to cover total benefits for any class of participants, such benefits shall be reduced pro rata within each class.

The PBGC gives further protection against possible loss of benefits. Subject to certain limitations specified by law, the PBGC insures the vested benefits of participants under the Cigna Pension Plan in the event the contributions prove to be insufficient.

Note 2 - Summary of Significant Accounting Policies

Basis of accounting. The financial statements are prepared on the modified cash basis of accounting. The modified cash basis, which is permitted by the Department of Labor's regulations, is a basis of accounting other than accounting principles generally accepted in the United States ("GAAP"). This method presents the financial statements on a cash basis, except for investments, which are stated at fair value.

Estimates. The preparation of financial statements requires Plan management to make estimates and assumptions which affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Actual results could differ from those estimates and assumptions.

Funding policy. The Plan's funding policy is to make at least the minimum contribution needed to meet ERISA and IRC funding requirements. Under the current actuarial assumptions, there is a required contribution in the amount of \$828.9 for 2023. As a result of the Plan Merger discussed in Note 1, the required contribution was funded prior to September 15, 2024 to the Cigna Pension Plan. The Plan Sponsor does not expect that any additional contributions will be made during 2024.

Payment of benefits. Benefit payments to participants are recorded upon distribution.

Investment valuation and income recognition. Prior to the Plan Merger discussed in Note 1, the Plan's investments were reported at fair value. Upon the Plan Merger effective December 31, 2023, the Plan's investments were transferred to the Cigna Pension Plan at fair value. Fair value is the price which would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Committee or its delegates is responsible for determining the Plan's investment and valuation policy. See Note 4 - Fair Value Measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividend and interest income are recorded on the date of receipt. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held, during the year.

Plan expenses. Administrative expenses for maintaining the Plan's investments and investment transactions, actuarial fees, and recordkeeping fees were paid by the Plan. All other expenses incurred in the administration of the Plan were paid by the Plan Sponsor.

Investment policy. Upon the Plan Merger discussed in Note 1, and based on the funded status of the Cigna Pension Plan at December 31, 2023, the target investment allocation percentages (90% fixed income, 5% real estate, and 5% private equity) are developed by the Committee as guidelines, although the fair values of each asset category are expected to vary as a result of changes in market conditions.

Tax status. The Plan was amended and restated in its entirety effective January 1, 2016 to incorporate all prior amendments, to make certain Plan design changes, and to reflect the provisions of the Pension Protection Act of 2006 applicable to cash balance pension plans, and applicable regulations. The Internal Revenue Service ("IRS") has determined and informed the Plan by a letter dated April 13, 2016, that the Plan and related Trust are designed in accordance with applicable sections of the IRC. The Plan has been amended since receiving the determination letter. However, the Plan

Sponsor and the Plan's counsel believe the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC in all material respects and that the Plan is qualified and the related trust is tax-exempt.

Note 3 - Certification of Plan Trustee

The Plan Administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, State Street Bank and Trust Company, a qualified institution, has certified that the Plan Annual Trust Statement, prior to the Plan Merger and transfer of Plan assets to the Cigna Pension Plan as disclosed in Note 1, is complete and accurate, and provides investment information included in the accompanying financial statements and ERISA-required supplemental schedule.

The Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing such certified investment information to the related investment information included in the financial statements and ERISA-required supplemental schedule.

Note 4 - Fair Value Measurements

As a result of the Plan Merger discussed in Note 1, assets with a fair value of \$85,685.8 were transferred from the Plan to the Cigna Pension Plan, and as disclosed in the Statements of Net Assets Available for Benefits (Modified Cash Basis). Prior to the Plan Merger, investments of the Plan were carried at fair value.

Fair value is defined as the price at which an asset could be exchanged in an orderly transaction between market participants at the statement of net assets available for benefits date.

The Plan's investments carried at fair value have been classified based upon a hierarchy defined by GAAP. The hierarchy gives the highest ranking to fair values determined using unadjusted quoted prices in active markets for identical assets (Level 1) and the lowest ranking to fair values determined using methodologies and models with unobservable inputs (Level 3). An asset's classification is based on the lowest level input that is significant to its measurement. For example, an investment carried at fair value would be classified in Level 3 if unobservable inputs were significant to the investment's fair value even though the measurement may be derived using inputs that are both observable (Levels 1 and 2) and unobservable (Level 3).

During 2020, the Plan contracted with Cigna Investments, Inc. ("CII") to provide certain investment-related management, accounting and reporting services through the Company's investment professionals. CII is responsible for estimating fair value, as well as designating the appropriate level within the fair value hierarchy, based on the significance of unobservable inputs.

The following table provides information at December 31, 2022 about the Plan's financial assets measured at fair value on a recurring basis. Investments that are measured using the practical expedient of NAV are excluded from the fair value hierarchy.

Financial assets at fair value (in thousands)	December 31, 2022				
	Level 1	Level 2	Level 3	Total	
Money market and short term investment funds	\$ —	\$ 924.3	\$ —	\$ 924.3	
Domestic equity funds	—	11,194.2	—	11,194.2	
Fixed income funds	—	57,529.0	—	57,529.0	
International equity funds	—	3,809.8	—	3,809.8	
Subtotal, financial assets at fair value	\$ —	\$ 73,457.3	\$ —	\$ 73,457.3	
Financial assets priced at NAV as a practical expedient for fair value				12,161.0	
Total financial assets				\$ 85,618.3	

Level 2 financial assets. Inputs for instruments classified in Level 2 include quoted prices for similar assets or liabilities in active markets, quoted prices from those willing to trade in markets that are not active, or other inputs that are market observable or can be corroborated by market data for the term of the instrument. Such inputs may include market interest rates and volatilities, spreads and yield curves. An instrument is classified in Level 2 if CII determines that unobservable inputs are insignificant.

Level 2 assets include fixed income, domestic equity, international equity, and money market and short term investment funds. These investments are valued using the unadjusted NAV as of the reporting date, which is the basis for current transactions.

Financial Assets Priced at NAV as a Practical Expedient of Fair Value. The following table summarizes investments measured at NAV per share as a practical expedient of fair value at December 31, 2022. As of December 31, 2023, investments measured at NAV were part of the Plan Merger transfer of assets to the Cigna Pension Plan.

(In thousands)	December 31, 2022			
	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Real estate funds	\$ 12,161.0	n/a	Quarterly	30-90 Days
Total	\$ 12,161.0			

Note 5 - Accumulated Plan Benefits and Related Actuarial Assumptions

Accumulated plan benefits represent the present value of estimated future benefit payments (including both periodic payments and lump sum distributions) under the Plan's provisions attributable to service and compensation rendered through the valuation date. Accumulated plan benefits include benefits expected to be paid to the following: (a) participants or beneficiaries currently in pay status, (b) terminated employees entitled to future benefits, and (c) current employees eligible for benefits. Benefits under the Plan (up to the date the Plan was frozen) were earned each year based on a participant's salary rate as of January 1 of that year. Benefits payable under all circumstances (i.e., retirement, death, disability and termination of employment) are included to the extent they are anticipated to be payable based on an employee's age and service at such event.

The actuarial present value of accumulated plan benefits was determined by the Plan's actuary and represents 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. Significant actuarial assumptions used in the valuations as of January 1, 2023 and 2022 are as follows:

Actuarial method:	Standard Unit Credit Cost Method
Interest rate:	6.50% for 2023 and 6.75% for 2022
Mortality rate:	Rates of mortality are assumed in accordance with the PRI2012 White Collar Table with generational projection based on MP-2021 mortality improvement scale for 2023 and 2022.
Retirement age:	Ages 55-70+

The actuarial present value of accumulated Plan benefits as of January 1, 2023 was as follows:

Vested Benefits:	
Participants currently receiving payments	\$ 4,306.8
Other participants	83,236.0
Total vested benefits	87,542.8
Nonvested Benefits	2.0
Actuarial present value of accumulated Plan benefits as of January 1, 2023	<u>\$ 87,544.8</u>

The changes in the actuarial present value of accumulated Plan benefits from January 1, 2022 to January 1, 2023, were as follows:

Actuarial present value of accumulated Plan benefits as of January 1, 2022	\$ 80,486.2
Increase (decrease) attributed to:	
Interest accumulation and net experience gains and losses	6,562.5
Benefits paid	(5,382.0)
Assumption changes	5,878.1
Net increase	7,058.6
Actuarial present value of accumulated Plan benefits as of January 1, 2023	<u>\$ 87,544.8</u>

Contributions to the Plan are calculated based upon actuarial assumptions. The Plan has adopted a four-month look-back period in determining interest rates for present value calculations, and adjusted the long-term interest crediting rate and period to more accurately reflect the anticipated plan crediting rate and the investment strategy outlook. Under this methodology, there is a minimum contribution required for Plan year 2023, which as a result of the Plan Merger discussed in Note 1, was funded to the Cigna Pension Plan.

The Plan made material lump-sum distributions to participants during 2023. The effects of the reduction in Plan assets and number of Plan participants have not been included in the accumulated plan benefits presented above.

Note 6 - Party-in-Interest Transactions

Party-in-interest transactions include, among others, those with fiduciaries or employees of the Plan, any person who provides services to the Plan or an employer whose employees are covered by the Plan. Certain Plan investments were

managed by the Trustee; therefore, transactions in these investments qualified as party-in-interest transactions under ERISA. Direct fees paid by the Plan to the Trustee totaled \$157.5 for the year ended December 31, 2023.

Note 7 - Risks and Uncertainties

Prior to the Plan Merger disclosed in Note 1, the Plan's investment securities were exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities could occur and such changes could materially affect the amounts reported in the Plan's financial statements.

Plan contributions were made, and the actuarial present value of accumulated plan benefits were reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Note 8 - Subsequent Events

No subsequent events were identified through October 10, 2024, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

MEDCO HEALTH SOLUTIONS, INC.
CASH BALANCE RETIREMENT PLAN
EIN 22-3461740 PN 002

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2023

Identity of Party	Description of Asset	Number of Transactions	Purchase Price	Selling Price	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (i)								
Individual Transactions in Excess of 5% of Plan Assets								
State Street S&P 500 Flagship Non-Lending Fund	Collective Trust Fund	1	— \$	11,486,828	— \$	8,448,523	\$ 111,486,828	\$ 3,038,305
State Street Intermediate U.S. Credit Index Non-Lending Fund	Collective Trust Fund	1	\$ 6,400,000	—	—	—	6,400,000	—
State Street Long U.S. Credit Corporate Index Fund	Collective Trust Fund	1	9,500,000	—	—	—	9,500,000	—
State Street Institutional U.S. Government Money Market Fund - Premier Class	Registered Investment Company	1	7,186,077	—	—	—	7,186,077	—
State Street Institutional U.S. Government Money Market Fund - Premier Class	Registered Investment Company	1	—	7,110,000	—	7,110,000	7,110,000	—
MainStay MacKay High Yield Corporate Bond Fund	Registered Investment Company	1	—	7,186,323	—	8,076,693	7,186,323	(890,370)

MEDCO HEALTH SOLUTIONS, INC.
CASH BALANCE RETIREMENT PLAN
EIN 22-3461740 PN 002

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2023

Identity of Party	Description of Asset	Number of Transactions	Purchase Price	Selling Price	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (iii)								
Series Transactions in Excess of 5% of Plan Assets								
State Street S&P 500 Flagship Non-Lending Fund	Collective Trust Fund							
	Sales	5	— \$	11,488,855	— \$	8,450,083 \$	11,488,855 \$	3,038,772
State Street Long U.S. Credit Corporate Index Fund	Collective Trust Fund							
	Purchases	2	\$ 13,770,000	—	—	—	13,770,000	—
	Sales	8	—	3,107,333	—	3,016,169	3,107,333	91,164
State Street Institutional U.S. Government Money Market Fund - Premier Class	Registered Investment Company							
	Purchases	19	11,508,021	—	—	—	11,508,021	—
	Sales	37	—	11,545,211	—	11,545,655	11,545,211	(444)
State Street Intermediate U.S. Credit Index Non-Lending Fund	Collective Trust Fund							
	Purchases	2	9,240,000	—	—	—	9,240,000	—
	Sales	7	—	2,406,851	—	2,541,150	2,406,851	(134,299)

MEDCO HEALTH SOLUTIONS, INC.
CASH BALANCE RETIREMENT PLAN
EIN 22-3461740 PN 002

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2023

Identity of Party	Description of Asset	Number of Transactions	Purchase Price	Selling Price	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (iii)								
Series Transactions in Excess of 5% of Plan Assets (continued)								
Prudential Short Term Fund	Insurance Company Separate Account							
	Purchases	10	\$ 6,700,000	—	—	—	\$ 6,700,000	—
	Sales	23	—	\$ 6,575,774	—	\$ 6,533,465	6,575,774	\$ 42,309
MainStay MacKay High Yield Corporate Bond Fund	Registered Investment Company							
	Purchases	8	276,425	—	—	—	276,425	—
	Sales	2	—	7,186,323	—	8,076,726	7,186,323	(890,403)

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information 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). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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

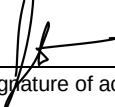
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan MEDCO HEALTH SOLUTIONS, INC. CASH BALANCE RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MEDCO HEALTH SOLUTIONS, INC.	D Employer Identification Number (EIN) 22-3461740
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
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2023</u>	
2 Assets:	
a Market value	2a 85,618,328
b Actuarial value	2b 93,002,584
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants 188 (2) Vested Funding Target 4,700,380 (3) Total Funding Target 4,700,380
b For terminated vested participants.....	2,058 35,496,856 35,496,856
c For active participants	4,145 56,067,731 56,069,826
d Total.....	6,391 96,264,967 96,267,062
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
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.....	4b
5 Effective interest rate	5 5.08 %
6 Target normal cost.....	
a Present value of current plan year accruals.....	6a 0
b Expected plan-related expenses	6b 1,700,000
c Target normal cost	6c 1,700,000

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.

SIGN HERE	Jason Gay 	09/16/2024
	Signature of actuary	Date
Jason Gay	Type or print name of actuary	23-06540
Empower	Firm name	Most recent enrollment number
280 TRUMBULL STREET		(303) 737-6229
HARTFORD	CT 06103	Telephone number (including area code)
	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, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2023
v. 230728

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1,502,860
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	1,502,860
10 Interest on line 9 using prior year's actual return of <u>-9.18</u> %	0	-137963
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) 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>5.26</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1364897

Part III Funding Percentages

14 Funding target attainment percentage	14	95.19%
15 Adjusted funding target attainment percentage	15	95.19%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	107.19%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/11/2024	828,892				
Totals ►			18(b)	828,892	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	761,669

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** 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	(4) 4th

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

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute	

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Demographic and benefit information	
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	1,700,000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	4,629,374	426,566	
b Waiver amortization installment	0	0	
33 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	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	2,126,566	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1,364,897	1,364,897
36 Additional cash requirement (line 34 minus line 35)	36	761,669	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	761,669	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☒ 2020 ☐ 2021
--

Medco Health Solutions Inc. Cash Balance Retirement Plan

EIN / PN 22-3461740/002

Form 5500 2023 Schedule SB, Line 22 - Description of Weighted Average Retirement Age

WEIGHTED AVERAGE RETIREMENT AGE:

<u>Age</u>	<u>Probability of Retirement</u>	<u>Weighted Retirement Age</u>
55	5.00%	2.75
56	4.75%	2.66
57	4.51%	2.57
58	4.29%	2.49
59	4.07%	2.40
60	5.42%	3.25
61	5.04%	3.07
62	4.68%	2.90
63	4.36%	2.74
64	5.79%	3.70
65	6.25%	4.06
66	5.50%	3.63
67	6.05%	4.05
68	3.43%	2.33
69	3.09%	2.13
70	27.78%	19.44
		64.17

Changes since last year's valuation

Changes in pension plan provisions

No changes in the pension plan provisions were recognized with this actuarial valuation.

Legislated changes

There were no legislative changes recognized with this actuarial valuation.

Changes in actuarial assumptions

Effective with the January 1, 2023 valuation, the following assumption changes were recognized:

	<u>January 1, 2023</u>	<u>January 1, 2022</u>
Expected Return on Plan Assets	6.50% per annum	6.75% per annum
Estimated Expenses	\$1.7 million added to normal cost	\$1.5 million added to normal cost
Future Interest Crediting Rate	2.00% per annum	1.00% per annum

Changes in actuarial methods

Effective with the January 1, 2023 valuation, the interest rate method for determining the Funding Target has been updated to the full yield curve.

Changes since last year's valuation

Changes in pension plan provisions

No changes in the pension plan provisions were recognized with this actuarial valuation.

Legislated changes

There were no legislative changes recognized with this actuarial valuation.

Changes in actuarial assumptions

Effective with the January 1, 2023 valuation, the following assumption changes were recognized:

	<u>January 1, 2023</u>	<u>January 1, 2022</u>
Expected Return on Plan Assets	6.50% per annum	6.75% per annum
Estimated Expenses	\$1.7 million added to normal cost	\$1.5 million added to normal cost
Future Interest Crediting Rate	2.00% per annum	1.00% per annum

Changes in actuarial methods

Effective with the January 1, 2023 valuation, the interest rate method for determining the Funding Target has been updated to the full yield curve.

Medco Health Solutions Inc. Cash Balance Retirement Plan

EIN / PN 22-3461740/002

Form 5500 2023 Schedule SB, Line 26a - Schedule of Active Participant Data

	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
Attained Age	No.	Avg. CB	No.	Avg. CB	No.	Avg. CB	No.	Avg. CB	No.	Avg. CB	No.	Avg. CB	No.	Avg. CB	No.	Avg. CB	No.	Avg. CB	No.	Avg. CB
Under 25	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
25 to 29	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
30 to 34	0	N/A	0	N/A	0	N/A	10	N/A	7	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
35 to 39	0	N/A	0	N/A	0	N/A	115	2,044	86	4,785	1	N/A	0	N/A	0	N/A	0	N/A	0	N/A
40 to 44	0	N/A	0	N/A	2	N/A	147	2,779	302	8,463	101	13,288	3	N/A	0	N/A	0	N/A	0	N/A
45 to 49	0	N/A	0	N/A	2	N/A	140	3,375	293	10,911	274	21,771	64	30,582	4	N/A	0	N/A	0	N/A
50 to 54	0	N/A	0	N/A	1	N/A	103	3,806	300	10,272	315	22,869	148	35,922	34	40,418	2	N/A	0	N/A
55 to 59	0	N/A	0	N/A	0	N/A	105	3,568	239	11,303	214	22,981	129	38,926	51	55,521	8	N/A	1	N/A
60 to 64	1	N/A	0	N/A	0	N/A	84	3,721	195	10,188	165	22,248	95	38,783	39	58,859	19	N/A	3	N/A
65 to 69	0	N/A	0	N/A	0	N/A	30	2,965	114	8,873	80	20,223	41	36,361	11	N/A	5	N/A	0	N/A
70 & up	0	N/A	0	N/A	1	N/A	11	N/A	18	N/A	19	N/A	6	N/A	4	N/A	2	N/A	1	N/A

Active Life Count: 4,145

Note that compensation information is not being reported on this attachment, the reason being that effective February 28, 2011, all future benefit accruals ceased.



Medco Health Solutions Inc. Cash Balance Retirement Plan
 EIN / PN 22-3461740/002
 Form 5500 2023 Schedule SB, Line 26b - Schedule of Projection of Expected Benefit Payments

Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2023	3,583,147	4,708,098	434,347	8,725,592
2024	5,237,842	4,095,714	427,560	9,761,116
2025	4,921,047	4,051,831	419,887	9,392,765
2026	5,134,336	3,656,007	411,427	9,201,770
2027	5,084,506	3,440,727	402,177	8,927,410
2028	5,071,605	3,247,579	392,036	8,711,220
2029	4,947,693	3,298,687	380,748	8,627,128
2030	4,773,970	2,856,344	368,715	7,999,029
2031	4,588,499	2,641,113	355,555	7,585,166
2032	4,292,218	2,220,533	341,581	6,854,332
2033	4,224,383	2,191,822	326,774	6,742,979
2034	4,135,449	1,906,363	311,357	6,353,168
2035	3,788,902	1,747,785	295,249	5,831,936
2036	3,548,928	1,530,245	278,552	5,357,725
2037	3,264,542	1,347,899	261,377	4,873,817
2038	2,987,288	1,215,628	243,853	4,446,769
2039	2,813,499	1,083,251	226,119	4,122,870
2040	2,523,723	893,702	208,324	3,625,749
2041	2,270,878	803,933	190,616	3,265,427
2042	1,999,249	697,926	173,146	2,870,321
2043	1,666,824	536,632	156,062	2,359,518
2044	1,436,905	449,014	139,505	2,025,424
2045	1,194,497	348,874	123,611	1,666,982
2046	962,884	267,333	108,506	1,338,723
2047	766,615	256,381	94,298	1,117,294
2048	561,765	160,464	81,080	803,309
2049	402,293	131,759	68,927	602,979
2050	319,565	71,269	57,892	448,726
2051	251,755	55,960	48,009	355,724
2052	153,217	35,192	39,288	227,697
2053	88,682	22,963	31,714	143,360
2054	54,329	15,845	25,246	95,420
2055	32,132	4,302	19,816	56,250
2056	20,947	1,956	15,338	38,241
2057	11,713	0	11,713	23,427
2058	5,375	0	8,833	14,208
2059	2,148	0	6,587	8,736
2060	460	0	4,869	5,330
2061	26	0	3,580	3,605
2062	0	0	2,629	2,629
2063	0	0	1,939	1,939
2064	0	0	1,445	1,445
2065	0	0	1,095	1,095
2066	0	0	847	847
2067	0	0	670	670
2068	0	0	542	542
2069	0	0	445	445
2070	0	0	370	370
2071	0	0	309	309
2072	0	0	257	257



Actuarial methods

Under the actuarial methods described below, if all current assumptions remain constant and are realized, funding at least the minimum required contribution each year will eventually accumulate sufficient plan assets to cover the funding target.

Cost method

Costs have been computed in accordance with the unit credit actuarial cost method and reflect the actuarial assumptions described under “Actuarial assumptions” of this report as provided under the applicable regulations of the Pension Protection Act of 2006.

Target normal cost

The target normal cost is the present value of benefits expected to accrue during the plan year plus an estimate of the expenses to be paid from plan assets during the plan year.

Funding target and funding shortfall

The funding target is the present value of benefits accrued as of the beginning of the plan year and the funding shortfall is the excess of the funding target over the actuarial value of assets (reduced by the credit balance). The initial funding shortfall is amortized over 15 years.

In subsequent years, the funding shortfall less the present value of prior year amortization installments is amortized over 15 years, and added to any prior year amortization installments.

The funding target is developed based on the full yield curve published at the month prior to the valuation date.

Sponsor elections

Discount rate: Full yield curve

Mortality table: Prescribed IRS static mortality table – separate

At-risk determination

The at-risk funding target is determined by assuming that participants eligible to retire in the current plan year and next 10 plan years retire at the earliest possible date, but not before the end of the plan year. All participants are assumed to elect the optional form resulting in the highest possible present value.

A load is added to the at-risk funding target and at-risk target normal cost when a plan is at-risk in at least two years during the preceding four years. The load increases the at-risk funding target by 4% of the not at-risk funding target plus \$700 per participant, and increases the at-risk target normal cost by 4% of the not at-risk target normal cost.

The funding target and target normal cost are calculated by multiplying the not at-risk values by 100% minus the phase-in percentage, plus the at-risk values multiplied by the phase-in percentage.

Credit balance

The credit balance consists of the carryover balance from excess contributions prior to the Pension Protection Act (PPA) of 2006, plus the prefunding balance from elected excess contributions after the PPA. Balances accumulate with interest and are reduced for amounts applied towards the minimum required contribution, voluntary waivers by the plan sponsor, and compelled waivers to avoid benefit restrictions. The actuarial value of assets is reduced by the credit balance to determine certain funded percentages and to determine the funding shortfall.

Asset valuation method

The actuarial value of assets is determined using an annual average of the adjusted fair market value of assets with the earliest determination 24 months prior to the valuation date. The fair market value of assets in prior years is adjusted for contributions, benefit payments, expenses and expected earnings (not to exceed the third segment rate).

This is equivalent to the fair market value of assets, plus two-thirds of the (gain)/loss from the prior year, plus one-third of the (gain)/loss from the second preceding year. The (gain)/loss in each year is the difference between the expected and actual returns on the fair market value of assets.

The actuarial value of assets is adjusted to be no less than 90% or no more than 110% of the fair market value of assets, as required by IRC Section 430(g)(3)(B)(iii).

Since the expected earnings assumption cannot exceed the third segment rate, over time, the method may produce an actuarial value of assets slightly below the fair market value of assets.

The actuarial value of assets for determining the maximum tax deductible contribution reflects interest rate stabilization rates for discounting contributions and limiting expected earnings.

Actuarial assumptions

The discount rate and mortality assumptions are prescribed assumptions set by law. All other assumptions are non-prescribed assumptions set by the actuary which reflect estimates of future experience, are appropriate for the purpose of the measurement, consider relevant plan characteristics, and contain no significant bias unless otherwise noted. Relevant historical information, such as credible plan experience and experience from representative populations, was considered in the selection of the non-prescribed assumptions with a significant effect on the measurement. Factors that may affect future experience and the views of experts were also considered.

The Expected Return on Plan Assets assumption is consistent with the plan's asset allocation and reflects a weighted average of expected returns by asset class based on the Empower Capital Market Assumptions.

Below are the actuarial assumptions as of January 1, 2023:

Effective Rate	5.08% (see Appendix A for the full yield curve).
Expected Return on Plan Assets	6.50% per annum. Previously, 6.75% per annum.
Cap on Expected Return to Develop AVA	5.74%
Mortality	The IRS 2023 Static Mortality Table for males and females.
Estimated Expenses	\$1.7 million added to normal cost. Previously, \$1.5 million added to normal cost.
Future Interest Crediting Rate	2.00% per annum. Previously, 1.00% per annum.
Termination	It is assumed that current active employees will terminate based on the following table:

<u>Age</u>	<u>Rate %</u>
< 30	11.00%
30 - 34	7.00%
35 - 39	6.00%
40 - 44	5.00%
45 - 49	4.00%
50 - 54	4.50%

Disability

It is assumed that current active employees will become disabled based on the following table:

<u>Age</u>	<u>Rate %</u>	<u>Age</u>	<u>Rate %</u>
20	0.06%	42	0.27%
21	0.07%	43	0.30%
22	0.07%	44	0.34%
23	0.08%	45	0.37%
24	0.08%	46	0.41%
25	0.09%	47	0.44%
26	0.09%	48	0.50%
27	0.10%	49	0.56%
28	0.10%	50	0.62%
29	0.11%	51	0.68%
30	0.11%	52	0.75%
31	0.12%	53	0.84%
32	0.12%	54	0.94%
33	0.13%	55	1.03%
34	0.14%	56	1.13%
35	0.15%	57	1.23%
36	0.16%	58	1.37%
37	0.17%	59	1.52%
38	0.19%	60	1.66%
39	0.21%	61	1.80%
40	0.23%	62 and up	1.95%
41	0.25%		

Retirement

It is assumed that current active employees will retire based on the following table:

<u>Age</u>	<u>Rate %</u>
55 - 59	5.00%
60 - 63	7.00%
64	10.00%
65 - 66	12.00%
67	15.00%
68 - 69	10.00%
70 and up	100.00%

Benefit Commencement Date

Active Employees: It is assumed that upon future termination, retirement, or disablement:

- 50% of participants will commence their benefit immediately.
- 35% of participants will commence their benefit in the year following decrement.
- 15% of participants will commence their benefit at age 65, or immediately if over age 65.

It is assumed that current vested terminated employees will receive payment based on the following table:

<u>Age</u>	<u>Rate %</u>
< 45	5.00%
45 - 59	6.00%
60 - 64	12.00%
65 - 69	20.00%
70 and up	100.00%

It is assumed that future preretirement death benefits will be paid immediately upon death.

It is assumed that current beneficiaries not yet in pay status, alternate payees eligible to receive benefits through a QDRO, and current disabled participants not yet in pay status as of the valuation date will commence their benefits at age 65.

Form of Payment

Lump Sum

Salary Scale

None

Appendix A – Yield curve spot rates

Yield Curve Spot Rates

Below is the applicable IRS yield curve for the 2023 plan year.

<u>Maturity</u>	<u>Spot Rate</u>	<u>Maturity</u>	<u>Spot Rate</u>	<u>Maturity</u>	<u>Spot Rate</u>	<u>Maturity</u>	<u>Spot Rate</u>
0.5	4.96%	25.5	4.98%	50.5	4.77%	75.5	4.70%
1.0	4.94%	26.0	4.98%	51.0	4.77%	76.0	4.70%
1.5	4.92%	26.5	4.97%	51.5	4.77%	76.5	4.70%
2.0	4.89%	27.0	4.96%	52.0	4.77%	77.0	4.70%
2.5	4.85%	27.5	4.95%	52.5	4.76%	77.5	4.70%
3.0	4.81%	28.0	4.94%	53.0	4.76%	78.0	4.70%
3.5	4.77%	28.5	4.94%	53.5	4.76%	78.5	4.70%
4.0	4.75%	29.0	4.93%	54.0	4.76%	79.0	4.70%
4.5	4.75%	29.5	4.92%	54.5	4.76%	79.5	4.70%
5.0	4.75%	30.0	4.92%	55.0	4.76%	80.0	4.69%
5.5	4.78%	30.5	4.91%	55.5	4.75%	80.5	4.69%
6.0	4.81%	31.0	4.91%	56.0	4.75%	81.0	4.69%
6.5	4.85%	31.5	4.90%	56.5	4.75%	81.5	4.69%
7.0	4.90%	32.0	4.89%	57.0	4.75%	82.0	4.69%
7.5	4.95%	32.5	4.89%	57.5	4.75%	82.5	4.69%
8.0	5.00%	33.0	4.88%	58.0	4.75%	83.0	4.69%
8.5	5.05%	33.5	4.88%	58.5	4.74%	83.5	4.69%
9.0	5.10%	34.0	4.87%	59.0	4.74%	84.0	4.69%
9.5	5.14%	34.5	4.87%	59.5	4.74%	84.5	4.69%
10.0	5.17%	35.0	4.87%	60.0	4.74%	85.0	4.69%
10.5	5.20%	35.5	4.86%	60.5	4.74%	85.5	4.69%
11.0	5.23%	36.0	4.86%	61.0	4.74%	86.0	4.69%
11.5	5.25%	36.5	4.85%	61.5	4.73%	86.5	4.68%
12.0	5.27%	37.0	4.85%	62.0	4.73%	87.0	4.68%
12.5	5.28%	37.5	4.85%	62.5	4.73%	87.5	4.68%
13.0	5.28%	38.0	4.84%	63.0	4.73%	88.0	4.68%
13.5	5.29%	38.5	4.84%	63.5	4.73%	88.5	4.68%
14.0	5.29%	39.0	4.83%	64.0	4.73%	89.0	4.68%
14.5	5.28%	39.5	4.83%	64.5	4.73%	89.5	4.68%
15.0	5.27%	40.0	4.83%	65.0	4.73%	90.0	4.68%

Medco Health Solutions, Inc. Cash Balance Retirement Plan
EIN / PN 22-3461740/002
Form 5500 2023 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

<u>Maturity</u>	<u>Spot Rate</u>	<u>Maturity</u>	<u>Spot Rate</u>	<u>Maturity</u>	<u>Spot Rate</u>	<u>Maturity</u>	<u>Spot Rate</u>
15.5	5.26%	40.5	4.82%	65.5	4.72%	90.5	4.68%
16.0	5.25%	41.0	4.82%	66.0	4.72%	91.0	4.68%
16.5	5.24%	41.5	4.82%	66.5	4.72%	91.5	4.68%
17.0	5.22%	42.0	4.82%	67.0	4.72%	92.0	4.68%
17.5	5.21%	42.5	4.81%	67.5	4.72%	92.5	4.68%
18.0	5.19%	43.0	4.81%	68.0	4.72%	93.0	4.68%
18.5	5.18%	43.5	4.81%	68.5	4.72%	93.5	4.68%
19.0	5.16%	44.0	4.80%	69.0	4.72%	94.0	4.67%
19.5	5.14%	44.5	4.80%	69.5	4.71%	94.5	4.67%
20.0	5.13%	45.0	4.80%	70.0	4.71%	95.0	4.67%
20.5	5.11%	45.5	4.80%	70.5	4.71%	95.5	4.67%
21.0	5.10%	46.0	4.79%	71.0	4.71%	96.0	4.67%
21.5	5.08%	46.5	4.79%	71.5	4.71%	96.5	4.67%
22.0	5.07%	47.0	4.79%	72.0	4.71%	97.0	4.67%
22.5	5.05%	47.5	4.79%	72.5	4.71%	97.5	4.67%
23.0	5.04%	48.0	4.78%	73.0	4.71%	98.0	4.67%
23.5	5.03%	48.5	4.78%	73.5	4.71%	98.5	4.67%
24.0	5.02%	49.0	4.78%	74.0	4.71%	99.0	4.67%
24.5	5.01%	49.5	4.78%	74.5	4.70%	99.5	4.67%
25.0	4.99%	50.0	4.77%	75.0	4.70%	100.0	4.67%

Plan provisions

Employees Eligible for Participation	Effective February 28, 2011, the plan was closed to new entrants.
Compensation	Base salary of a participant as of January 1 of each plan year (or hire if later), excluding bonuses and other forms of extra compensation.
Contributions	The company pays the entire cost of the plan.
Normal Retirement Eligibility	First of month coincident with or next following age 65.
Early Retirement Eligibility	First day of any month coincident with or next following attainment of age 55 and 7 years of service, prior to normal retirement date.
Postponed Retirement Eligibility	First day of calendar month coincident with or next following actual retirement after the normal retirement date.
Vested Termination Eligibility	Participant who terminates employment prior to early, normal or disability retirement date and has completed three years of vesting service. A participant who reaches normal retirement age becomes 100% vested in the accrued benefit regardless of the number of years of service in the Company.
Disability Eligibility	Upon total and permanent disability, a participant may retire on the first day of the month coincident with or next following such disability. Such retirement date is the disability retirement date.
Preretirement Death Eligibility	Spouses or beneficiaries of vested participants not in pay status.

Normal Retirement Benefit

The plan was frozen effective February 28, 2011.

A participant's accrued benefit shall be determined as follows:

For each participant who was a member of the Predecessor Plan as of December 31, 1988, the accrued benefit as of January 1, 1989 shall be the actuarial equivalent of the benefit accrued as December 31, 1988 under such Predecessor Plan. For purposes of this paragraph (a), the assumptions used to determine actuarial equivalence shall be the actuarial assumptions used under the Predecessor Plan.

The benefit accrued each year increases every year before retirement based on the rate of credited interest determined at the beginning of each plan year. The crediting rate is based on the one year Treasury rate average of November of the prior year.

Establishment of Accumulation Accounts:

Each participant shall have an accumulation account established as of the entry date. The initial accumulation account as of January 1, 1989 for a member in the Predecessor Plan as of December 31, 1988 who is actively employed by the company or an affiliate on January 1, 1989 shall be the actuarial equivalent on January 1, 1989 of such participant's accrued annual benefit under such Predecessor Plan as of December 31, 1988. For all other participants, the Accumulation Account is set at zero as of the entry date.

Solely for purposes of determining the initial accumulation account for a participant as of January 1, 1989, actuarial equivalence shall be determined based on the actuarial assumptions used under the Predecessor Plan.

The lump sum present value of the accrued benefit earned each plan year will be added to the participants' accumulation account. The lump sum value of a participant's accrued benefit earned each plan year is expressed as an account addition to such participant's accumulation account as follows:

For each year of service while a participant prior to January 1, 1998, an amount equal to 2.5% of compensation for that year shall be added to the participants accumulation account. Such amount shall be the account addition for such plan year. For each plan year ending after December 31, 1997, if the participant has 10 or fewer years of service as of the end of the plan year immediately preceding such plan year, an amount equal to 3.5% of compensation for that plan year or if the participant has more than 10 years of service as of the end of the plan year immediately preceding such plan year, an amount equal to 4.5% of compensation for that plan year shall be added to the participant's accumulation account. Such amount shall be the account addition for the plan year.

Minimum Benefit: If a participant was a member of the Predecessor Plan as of December 31, 1988, such participant's accrued benefit shall not be less than the actuarial equivalent of the accrued benefit to which such participant is entitled under the provisions of the Predecessor Plan determined as of December 31, 1988. For purposes of this paragraph, the assumptions used to determine actuarial equivalence shall be the actuarial assumptions under the Predecessor Plan.

Early Retirement Benefit

The benefit accrued at early retirement date may be payable at normal retirement date. Alternatively, an actuarial equivalent benefit may be payable at early retirement date.

Postponed Retirement Benefit

The benefit payable at postponed retirement date shall be equal to the accrued benefit as of the postponed retirement date.

Vested Termination Benefit

The participant will be entitled to their accrued benefit, as described under normal retirement date.

Disablement Benefit

The benefit accrued at disability retirement date may be payable at normal retirement date. Alternatively, an actuarially equivalent benefit may be payable at disability retirement date.

Preretirement Death Benefit

In the case of any participant who dies before distribution of benefits under the plan have commenced, a preretirement survivor annuity shall be payable to the surviving spouse or beneficiary of the participant. The term preretirement survivor annuity means an annuity payable for the life of the participant's surviving spouse which is the actuarial equivalent, as of the date such benefits commence, of (i) the participant's accrued benefit if employed by the company or an affiliate at death, or (ii) the participant's vested accrued benefit if death occurs subsequent to termination of employment with the company or affiliate. Such preretirement survivor annuity is payable commencing on the first of the month following the participant's death.

Alternatively, the surviving spouse may elect to receive the preretirement survivor annuity immediately in the form of a lump sum. The lump sum form is the only form available if a non-spouse beneficiary or beneficiaries are chosen to receive the preretirement survivor benefit.

Forms of Payment

For Single Participants: The normal form of benefit for single participants is a life annuity.

For Married Participants: The normal form of benefit for married participants is a level joint and 50% survivor annuity. This benefit is the actuarial equivalent of the normal form for single participants.

Optional Forms

Lump Sum: Under this option, a participant may elect to receive the vested value of the accumulation account paid as a lump sum.

Level Single Life Annuity: Under this option, a participant may elect to receive a level retirement income payable for the participant's lifetime.

Increasing Single Life Annuity: Under this option, a participant may elect to receive retirement income payable for the participant's lifetime with annual increases to their monthly income equal to the plan's interest crediting rate for the previous plan year.

10 Year Certain and Life Option: Under this option, a participant may elect to receive a level retirement income payable for the participant's lifetime provided that, in the event of death within 10 years following the start of payments, retirement income will continue to a designated beneficiary for the remainder of the 10 year period.

Contingent Annuitant Option: Under this option, a participant's lifetime with a percentage designated by the Participant equal to either 50%, 75%, or 100% of said income, payable after the participant's death to a contingent annuitant for the contingent annuitant's lifetime.

All optional forms shall be the actuarial equivalent of the normal form of benefit.

Shortfall amortization

The prior year amortization values and the development of the amortization for the current plan year are shown below.

Prior year amortization amounts

<u>Plan year</u>	<u>Installment</u>	<u>Years remaining</u>	<u>Present value</u>
2022		n/a	
2021		n/a	
2020		n/a	
2019		n/a	

Current year amortization

1. Exemption from current year amortization	No
2. Funding shortfall to be amortized	\$4,629,374
3. Present value of prior year amortization installments	0
4. Current year amortization base [2 – 3]	4,629,374
5. Current year amortization installment	\$426,566

Net shortfall amortization installment

6. Current year amortization installment	\$426,566
7. Sum of prior year amortization installments	\$0
8. Net shortfall amortization installment [6 + 7, not less than \$0]	\$426,566

Shortfall amortization

The prior year amortization values and the development of the amortization for the current plan year are shown below.

Prior year amortization amounts

<u>Plan year</u>	<u>Installment</u>	<u>Years remaining</u>	<u>Present value</u>
2022		n/a	
2021		n/a	
2020		n/a	
2019		n/a	

Current year amortization

1. Exemption from current year amortization	No
2. Funding shortfall to be amortized	\$4,629,374
3. Present value of prior year amortization installments	0
4. Current year amortization base [2 – 3]	4,629,374
5. Current year amortization installment	\$426,566

Net shortfall amortization installment

6. Current year amortization installment	\$426,566
7. Sum of prior year amortization installments	\$0
8. Net shortfall amortization installment [6 + 7, not less than \$0]	\$426,566

Plan provisions

Employees Eligible for Participation	Effective February 28, 2011, the plan was closed to new entrants.
Compensation	Base salary of a participant as of January 1 of each plan year (or hire if later), excluding bonuses and other forms of extra compensation.
Contributions	The company pays the entire cost of the plan.
Normal Retirement Eligibility	First of month coincident with or next following age 65.
Early Retirement Eligibility	First day of any month coincident with or next following attainment of age 55 and 7 years of service, prior to normal retirement date.
Postponed Retirement Eligibility	First day of calendar month coincident with or next following actual retirement after the normal retirement date.
Vested Termination Eligibility	Participant who terminates employment prior to early, normal or disability retirement date and has completed three years of vesting service. A participant who reaches normal retirement age becomes 100% vested in the accrued benefit regardless of the number of years of service in the Company.
Disability Eligibility	Upon total and permanent disability, a participant may retire on the first day of the month coincident with or next following such disability. Such retirement date is the disability retirement date.
Preretirement Death Eligibility	Spouses or beneficiaries of vested participants not in pay status.

Normal Retirement Benefit

The plan was frozen effective February 28, 2011.

A participant's accrued benefit shall be determined as follows:

For each participant who was a member of the Predecessor Plan as of December 31, 1988, the accrued benefit as of January 1, 1989 shall be the actuarial equivalent of the benefit accrued as December 31, 1988 under such Predecessor Plan. For purposes of this paragraph (a), the assumptions used to determine actuarial equivalence shall be the actuarial assumptions used under the Predecessor Plan.

The benefit accrued each year increases every year before retirement based on the rate of credited interest determined at the beginning of each plan year. The crediting rate is based on the one year Treasury rate average of November of the prior year.

Establishment of Accumulation Accounts:

Each participant shall have an accumulation account established as of the entry date. The initial accumulation account as of January 1, 1989 for a member in the Predecessor Plan as of December 31, 1988 who is actively employed by the company or an affiliate on January 1, 1989 shall be the actuarial equivalent on January 1, 1989 of such participant's accrued annual benefit under such Predecessor Plan as of December 31, 1988. For all other participants, the Accumulation Account is set at zero as of the entry date.

Solely for purposes of determining the initial accumulation account for a participant as of January 1, 1989, actuarial equivalence shall be determined based on the actuarial assumptions used under the Predecessor Plan.

The lump sum present value of the accrued benefit earned each plan year will be added to the participants' accumulation account. The lump sum value of a participant's accrued benefit earned each plan year is expressed as an account addition to such participant's accumulation account as follows:

For each year of service while a participant prior to January 1, 1998, an amount equal to 2.5% of compensation for that year shall be added to the participants accumulation account. Such amount shall be the account addition for such plan year. For each plan year ending after December 31, 1997, if the participant has 10 or fewer years of service as of the end of the plan year immediately preceding such plan year, an amount equal to 3.5% of compensation for that plan year or if the participant has more than 10 years of service as of the end of the plan year immediately preceding such plan year, an amount equal to 4.5% of compensation for that plan year shall be added to the participant's accumulation account. Such amount shall be the account addition for the plan year.

Minimum Benefit: If a participant was a member of the Predecessor Plan as of December 31, 1988, such participant's accrued benefit shall not be less than the actuarial equivalent of the accrued benefit to which such participant is entitled under the provisions of the Predecessor Plan determined as of December 31, 1988. For purposes of this paragraph, the assumptions used to determine actuarial equivalence shall be the actuarial assumptions under the Predecessor Plan.

Early Retirement Benefit

The benefit accrued at early retirement date may be payable at normal retirement date. Alternatively, an actuarial equivalent benefit may be payable at early retirement date.

Postponed Retirement Benefit

The benefit payable at postponed retirement date shall be equal to the accrued benefit as of the postponed retirement date.

Vested Termination Benefit

The participant will be entitled to their accrued benefit, as described under normal retirement date.

Disablement Benefit

The benefit accrued at disability retirement date may be payable at normal retirement date. Alternatively, an actuarially equivalent benefit may be payable at disability retirement date.

Preretirement Death Benefit

In the case of any participant who dies before distribution of benefits under the plan have commenced, a preretirement survivor annuity shall be payable to the surviving spouse or beneficiary of the participant. The term preretirement survivor annuity means an annuity payable for the life of the participant's surviving spouse which is the actuarial equivalent, as of the date such benefits commence, of (i) the participant's accrued benefit if employed by the company or an affiliate at death, or (ii) the participant's vested accrued benefit if death occurs subsequent to termination of employment with the company or affiliate. Such preretirement survivor annuity is payable commencing on the first of the month following the participant's death.

Alternatively, the surviving spouse may elect to receive the preretirement survivor annuity immediately in the form of a lump sum. The lump sum form is the only form available if a non-spouse beneficiary or beneficiaries are chosen to receive the preretirement survivor benefit.

Forms of Payment

For Single Participants: The normal form of benefit for single participants is a life annuity.

For Married Participants: The normal form of benefit for married participants is a level joint and 50% survivor annuity. This benefit is the actuarial equivalent of the normal form for single participants.

Optional Forms

Lump Sum: Under this option, a participant may elect to receive the vested value of the accumulation account paid as a lump sum.

Level Single Life Annuity: Under this option, a participant may elect to receive a level retirement income payable for the participant's lifetime.

Increasing Single Life Annuity: Under this option, a participant may elect to receive retirement income payable for the participant's lifetime with annual increases to their monthly income equal to the plan's interest crediting rate for the previous plan year.

10 Year Certain and Life Option: Under this option, a participant may elect to receive a level retirement income payable for the participant's lifetime provided that, in the event of death within 10 years following the start of payments, retirement income will continue to a designated beneficiary for the remainder of the 10 year period.

Contingent Annuitant Option: Under this option, a participant's lifetime with a percentage designated by the Participant equal to either 50%, 75%, or 100% of said income, payable after the participant's death to a contingent annuitant for the contingent annuitant's lifetime.

All optional forms shall be the actuarial equivalent of the normal form of benefit.

Actuarial methods

Under the actuarial methods described below, if all current assumptions remain constant and are realized, funding at least the minimum required contribution each year will eventually accumulate sufficient plan assets to cover the funding target.

Cost method

Costs have been computed in accordance with the unit credit actuarial cost method and reflect the actuarial assumptions described under “Actuarial assumptions” of this report as provided under the applicable regulations of the Pension Protection Act of 2006.

Target normal cost

The target normal cost is the present value of benefits expected to accrue during the plan year plus an estimate of the expenses to be paid from plan assets during the plan year.

Funding target and funding shortfall

The funding target is the present value of benefits accrued as of the beginning of the plan year and the funding shortfall is the excess of the funding target over the actuarial value of assets (reduced by the credit balance). The initial funding shortfall is amortized over 15 years.

In subsequent years, the funding shortfall less the present value of prior year amortization installments is amortized over 15 years, and added to any prior year amortization installments.

The funding target is developed based on the full yield curve published at the month prior to the valuation date.

Sponsor elections

Discount rate: Full yield curve

Mortality table: Prescribed IRS static mortality table – separate

At-risk determination

The at-risk funding target is determined by assuming that participants eligible to retire in the current plan year and next 10 plan years retire at the earliest possible date, but not before the end of the plan year. All participants are assumed to elect the optional form resulting in the highest possible present value.

A load is added to the at-risk funding target and at-risk target normal cost when a plan is at-risk in at least two years during the preceding four years. The load increases the at-risk funding target by 4% of the not at-risk funding target plus \$700 per participant, and increases the at-risk target normal cost by 4% of the not at-risk target normal cost.

The funding target and target normal cost are calculated by multiplying the not at-risk values by 100% minus the phase-in percentage, plus the at-risk values multiplied by the phase-in percentage.

Credit balance

The credit balance consists of the carryover balance from excess contributions prior to the Pension Protection Act (PPA) of 2006, plus the prefunding balance from elected excess contributions after the PPA. Balances accumulate with interest and are reduced for amounts applied towards the minimum required contribution, voluntary waivers by the plan sponsor, and compelled waivers to avoid benefit restrictions. The actuarial value of assets is reduced by the credit balance to determine certain funded percentages and to determine the funding shortfall.

Asset valuation method

The actuarial value of assets is determined using an annual average of the adjusted fair market value of assets with the earliest determination 24 months prior to the valuation date. The fair market value of assets in prior years is adjusted for contributions, benefit payments, expenses and expected earnings (not to exceed the third segment rate).

This is equivalent to the fair market value of assets, plus two-thirds of the (gain)/loss from the prior year, plus one-third of the (gain)/loss from the second preceding year. The (gain)/loss in each year is the difference between the expected and actual returns on the fair market value of assets.

The actuarial value of assets is adjusted to be no less than 90% or no more than 110% of the fair market value of assets, as required by IRC Section 430(g)(3)(B)(iii).

Since the expected earnings assumption cannot exceed the third segment rate, over time, the method may produce an actuarial value of assets slightly below the fair market value of assets.

The actuarial value of assets for determining the maximum tax deductible contribution reflects interest rate stabilization rates for discounting contributions and limiting expected earnings.

Actuarial assumptions

The discount rate and mortality assumptions are prescribed assumptions set by law. All other assumptions are non-prescribed assumptions set by the actuary which reflect estimates of future experience, are appropriate for the purpose of the measurement, consider relevant plan characteristics, and contain no significant bias unless otherwise noted. Relevant historical information, such as credible plan experience and experience from representative populations, was considered in the selection of the non-prescribed assumptions with a significant effect on the measurement. Factors that may affect future experience and the views of experts were also considered.

The Expected Return on Plan Assets assumption is consistent with the plan's asset allocation and reflects a weighted average of expected returns by asset class based on the Empower Capital Market Assumptions.

Below are the actuarial assumptions as of January 1, 2023:

Effective Rate	5.08% (see Appendix A for the full yield curve).
Expected Return on Plan Assets	6.50% per annum. Previously, 6.75% per annum.
Cap on Expected Return to Develop AVA	5.74%
Mortality	The IRS 2023 Static Mortality Table for males and females.
Estimated Expenses	\$1.7 million added to normal cost. Previously, \$1.5 million added to normal cost.
Future Interest Crediting Rate	2.00% per annum. Previously, 1.00% per annum.
Termination	It is assumed that current active employees will terminate based on the following table:

<u>Age</u>	<u>Rate %</u>
< 30	11.00%
30 - 34	7.00%
35 - 39	6.00%
40 - 44	5.00%
45 - 49	4.00%
50 - 54	4.50%

Disability

It is assumed that current active employees will become disabled based on the following table:

<u>Age</u>	<u>Rate %</u>	<u>Age</u>	<u>Rate %</u>
20	0.06%	42	0.27%
21	0.07%	43	0.30%
22	0.07%	44	0.34%
23	0.08%	45	0.37%
24	0.08%	46	0.41%
25	0.09%	47	0.44%
26	0.09%	48	0.50%
27	0.10%	49	0.56%
28	0.10%	50	0.62%
29	0.11%	51	0.68%
30	0.11%	52	0.75%
31	0.12%	53	0.84%
32	0.12%	54	0.94%
33	0.13%	55	1.03%
34	0.14%	56	1.13%
35	0.15%	57	1.23%
36	0.16%	58	1.37%
37	0.17%	59	1.52%
38	0.19%	60	1.66%
39	0.21%	61	1.80%
40	0.23%	62 and up	1.95%
41	0.25%		

Retirement

It is assumed that current active employees will retire based on the following table:

<u>Age</u>	<u>Rate %</u>
55 - 59	5.00%
60 - 63	7.00%
64	10.00%
65 - 66	12.00%
67	15.00%
68 - 69	10.00%
70 and up	100.00%

Benefit Commencement Date

Active Employees: It is assumed that upon future termination, retirement, or disablement:

- 50% of participants will commence their benefit immediately.
- 35% of participants will commence their benefit in the year following decrement.
- 15% of participants will commence their benefit at age 65, or immediately if over age 65.

It is assumed that current vested terminated employees will receive payment based on the following table:

<u>Age</u>	<u>Rate %</u>
< 45	5.00%
45 - 59	6.00%
60 - 64	12.00%
65 - 69	20.00%
70 and up	100.00%

It is assumed that future preretirement death benefits will be paid immediately upon death.

It is assumed that current beneficiaries not yet in pay status, alternate payees eligible to receive benefits through a QDRO, and current disabled participants not yet in pay status as of the valuation date will commence their benefits at age 65.

Form of Payment

Lump Sum

Salary Scale

None

Appendix A – Yield curve spot rates

Yield Curve Spot Rates

Below is the applicable IRS yield curve for the 2023 plan year.

<u>Maturity</u>	<u>Spot Rate</u>	<u>Maturity</u>	<u>Spot Rate</u>	<u>Maturity</u>	<u>Spot Rate</u>	<u>Maturity</u>	<u>Spot Rate</u>
0.5	4.96%	25.5	4.98%	50.5	4.77%	75.5	4.70%
1.0	4.94%	26.0	4.98%	51.0	4.77%	76.0	4.70%
1.5	4.92%	26.5	4.97%	51.5	4.77%	76.5	4.70%
2.0	4.89%	27.0	4.96%	52.0	4.77%	77.0	4.70%
2.5	4.85%	27.5	4.95%	52.5	4.76%	77.5	4.70%
3.0	4.81%	28.0	4.94%	53.0	4.76%	78.0	4.70%
3.5	4.77%	28.5	4.94%	53.5	4.76%	78.5	4.70%
4.0	4.75%	29.0	4.93%	54.0	4.76%	79.0	4.70%
4.5	4.75%	29.5	4.92%	54.5	4.76%	79.5	4.70%
5.0	4.75%	30.0	4.92%	55.0	4.76%	80.0	4.69%
5.5	4.78%	30.5	4.91%	55.5	4.75%	80.5	4.69%
6.0	4.81%	31.0	4.91%	56.0	4.75%	81.0	4.69%
6.5	4.85%	31.5	4.90%	56.5	4.75%	81.5	4.69%
7.0	4.90%	32.0	4.89%	57.0	4.75%	82.0	4.69%
7.5	4.95%	32.5	4.89%	57.5	4.75%	82.5	4.69%
8.0	5.00%	33.0	4.88%	58.0	4.75%	83.0	4.69%
8.5	5.05%	33.5	4.88%	58.5	4.74%	83.5	4.69%
9.0	5.10%	34.0	4.87%	59.0	4.74%	84.0	4.69%
9.5	5.14%	34.5	4.87%	59.5	4.74%	84.5	4.69%
10.0	5.17%	35.0	4.87%	60.0	4.74%	85.0	4.69%
10.5	5.20%	35.5	4.86%	60.5	4.74%	85.5	4.69%
11.0	5.23%	36.0	4.86%	61.0	4.74%	86.0	4.69%
11.5	5.25%	36.5	4.85%	61.5	4.73%	86.5	4.68%
12.0	5.27%	37.0	4.85%	62.0	4.73%	87.0	4.68%
12.5	5.28%	37.5	4.85%	62.5	4.73%	87.5	4.68%
13.0	5.28%	38.0	4.84%	63.0	4.73%	88.0	4.68%
13.5	5.29%	38.5	4.84%	63.5	4.73%	88.5	4.68%
14.0	5.29%	39.0	4.83%	64.0	4.73%	89.0	4.68%
14.5	5.28%	39.5	4.83%	64.5	4.73%	89.5	4.68%
15.0	5.27%	40.0	4.83%	65.0	4.73%	90.0	4.68%

Medco Health Solutions, Inc. Cash Balance Retirement Plan
 EIN / PN 22-3461740/002
 Form 5500 2023 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

<u>Maturity</u>	<u>Spot Rate</u>	<u>Maturity</u>	<u>Spot Rate</u>	<u>Maturity</u>	<u>Spot Rate</u>	<u>Maturity</u>	<u>Spot Rate</u>
15.5	5.26%	40.5	4.82%	65.5	4.72%	90.5	4.68%
16.0	5.25%	41.0	4.82%	66.0	4.72%	91.0	4.68%
16.5	5.24%	41.5	4.82%	66.5	4.72%	91.5	4.68%
17.0	5.22%	42.0	4.82%	67.0	4.72%	92.0	4.68%
17.5	5.21%	42.5	4.81%	67.5	4.72%	92.5	4.68%
18.0	5.19%	43.0	4.81%	68.0	4.72%	93.0	4.68%
18.5	5.18%	43.5	4.81%	68.5	4.72%	93.5	4.68%
19.0	5.16%	44.0	4.80%	69.0	4.72%	94.0	4.67%
19.5	5.14%	44.5	4.80%	69.5	4.71%	94.5	4.67%
20.0	5.13%	45.0	4.80%	70.0	4.71%	95.0	4.67%
20.5	5.11%	45.5	4.80%	70.5	4.71%	95.5	4.67%
21.0	5.10%	46.0	4.79%	71.0	4.71%	96.0	4.67%
21.5	5.08%	46.5	4.79%	71.5	4.71%	96.5	4.67%
22.0	5.07%	47.0	4.79%	72.0	4.71%	97.0	4.67%
22.5	5.05%	47.5	4.79%	72.5	4.71%	97.5	4.67%
23.0	5.04%	48.0	4.78%	73.0	4.71%	98.0	4.67%
23.5	5.03%	48.5	4.78%	73.5	4.71%	98.5	4.67%
24.0	5.02%	49.0	4.78%	74.0	4.71%	99.0	4.67%
24.5	5.01%	49.5	4.78%	74.5	4.70%	99.5	4.67%
25.0	4.99%	50.0	4.77%	75.0	4.70%	100.0	4.67%

Medco Health Solutions Inc. Cash Balance Retirement Plan
 EIN / PN 22-3461740/002
 Form 5500 2023 Schedule SB, Line 26b - Schedule of Projection of Expected Benefit Payments

Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2023	3,583,147	4,708,098	434,347	8,725,592
2024	5,237,842	4,095,714	427,560	9,761,116
2025	4,921,047	4,051,831	419,887	9,392,765
2026	5,134,336	3,656,007	411,427	9,201,770
2027	5,084,506	3,440,727	402,177	8,927,410
2028	5,071,605	3,247,579	392,036	8,711,220
2029	4,947,693	3,298,687	380,748	8,627,128
2030	4,773,970	2,856,344	368,715	7,999,029
2031	4,588,499	2,641,113	355,555	7,585,166
2032	4,292,218	2,220,533	341,581	6,854,332
2033	4,224,383	2,191,822	326,774	6,742,979
2034	4,135,449	1,906,363	311,357	6,353,168
2035	3,788,902	1,747,785	295,249	5,831,936
2036	3,548,928	1,530,245	278,552	5,357,725
2037	3,264,542	1,347,899	261,377	4,873,817
2038	2,987,288	1,215,628	243,853	4,446,769
2039	2,813,499	1,083,251	226,119	4,122,870
2040	2,523,723	893,702	208,324	3,625,749
2041	2,270,878	803,933	190,616	3,265,427
2042	1,999,249	697,926	173,146	2,870,321
2043	1,666,824	536,632	156,062	2,359,518
2044	1,436,905	449,014	139,505	2,025,424
2045	1,194,497	348,874	123,611	1,666,982
2046	962,884	267,333	108,506	1,338,723
2047	766,615	256,381	94,298	1,117,294
2048	561,765	160,464	81,080	803,309
2049	402,293	131,759	68,927	602,979
2050	319,565	71,269	57,892	448,726
2051	251,755	55,960	48,009	355,724
2052	153,217	35,192	39,288	227,697
2053	88,682	22,963	31,714	143,360
2054	54,329	15,845	25,246	95,420
2055	32,132	4,302	19,816	56,250
2056	20,947	1,956	15,338	38,241
2057	11,713	0	11,713	23,427
2058	5,375	0	8,833	14,208
2059	2,148	0	6,587	8,736
2060	460	0	4,869	5,330
2061	26	0	3,580	3,605
2062	0	0	2,629	2,629
2063	0	0	1,939	1,939
2064	0	0	1,445	1,445
2065	0	0	1,095	1,095
2066	0	0	847	847
2067	0	0	670	670
2068	0	0	542	542
2069	0	0	445	445
2070	0	0	370	370
2071	0	0	309	309
2072	0	0	257	257



Medco Health Solutions Inc. Cash Balance Retirement Plan

EIN / PN 22-3461740/002

Form 5500 2023 Schedule SB, Line 26a - Schedule of Active Participant Data

	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
Attained Age	No.	Avg. CB	No.	Avg. CB	No.	Avg. CB	No.	Avg. CB	No.	Avg. CB	No.	Avg. CB	No.	Avg. CB	No.	Avg. CB	No.	Avg. CB	No.	Avg. CB
Under 25	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
25 to 29	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
30 to 34	0	N/A	0	N/A	0	N/A	10	N/A	7	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
35 to 39	0	N/A	0	N/A	0	N/A	115	2,044	86	4,785	1	N/A	0	N/A	0	N/A	0	N/A	0	N/A
40 to 44	0	N/A	0	N/A	2	N/A	147	2,779	302	8,463	101	13,288	3	N/A	0	N/A	0	N/A	0	N/A
45 to 49	0	N/A	0	N/A	2	N/A	140	3,375	293	10,911	274	21,771	64	30,582	4	N/A	0	N/A	0	N/A
50 to 54	0	N/A	0	N/A	1	N/A	103	3,806	300	10,272	315	22,869	148	35,922	34	40,418	2	N/A	0	N/A
55 to 59	0	N/A	0	N/A	0	N/A	105	3,568	239	11,303	214	22,981	129	38,926	51	55,521	8	N/A	1	N/A
60 to 64	1	N/A	0	N/A	0	N/A	84	3,721	195	10,188	165	22,248	95	38,783	39	58,859	19	N/A	3	N/A
65 to 69	0	N/A	0	N/A	0	N/A	30	2,965	114	8,873	80	20,223	41	36,361	11	N/A	5	N/A	0	N/A
70 & up	0	N/A	0	N/A	1	N/A	11	N/A	18	N/A	19	N/A	6	N/A	4	N/A	2	N/A	1	N/A

Active Life Count: 4,145

Note that compensation information is not being reported on this attachment, the reason being that effective February 28, 2011, all future benefit accruals ceased.



Changes since last year's valuation

Changes in pension plan provisions

No changes in the pension plan provisions were recognized with this actuarial valuation.

Legislated changes

There were no legislative changes recognized with this actuarial valuation.

Changes in actuarial assumptions

Effective with the January 1, 2023 valuation, the following assumption changes were recognized:

	<u>January 1, 2023</u>	<u>January 1, 2022</u>
Expected Return on Plan Assets	6.50% per annum	6.75% per annum
Estimated Expenses	\$1.7 million added to normal cost	\$1.5 million added to normal cost
Future Interest Crediting Rate	2.00% per annum	1.00% per annum

Changes in actuarial methods

Effective with the January 1, 2023 valuation, the interest rate method for determining the Funding Target has been updated to the full yield curve.

Changes since last year's valuation

Changes in pension plan provisions

No changes in the pension plan provisions were recognized with this actuarial valuation.

Legislated changes

There were no legislative changes recognized with this actuarial valuation.

Changes in actuarial assumptions

Effective with the January 1, 2023 valuation, the following assumption changes were recognized:

	<u>January 1, 2023</u>	<u>January 1, 2022</u>
Expected Return on Plan Assets	6.50% per annum	6.75% per annum
Estimated Expenses	\$1.7 million added to normal cost	\$1.5 million added to normal cost
Future Interest Crediting Rate	2.00% per annum	1.00% per annum

Changes in actuarial methods

Effective with the January 1, 2023 valuation, the interest rate method for determining the Funding Target has been updated to the full yield curve.

Medco Health Solutions Inc. Cash Balance Retirement Plan

EIN / PN 22-3461740/002

Form 5500 2023 Schedule SB, Line 22 - Description of Weighted Average Retirement Age

WEIGHTED AVERAGE RETIREMENT AGE:

<u>Age</u>	<u>Probability of Retirement</u>	<u>Weighted Retirement Age</u>
55	5.00%	2.75
56	4.75%	2.66
57	4.51%	2.57
58	4.29%	2.49
59	4.07%	2.40
60	5.42%	3.25
61	5.04%	3.07
62	4.68%	2.90
63	4.36%	2.74
64	5.79%	3.70
65	6.25%	4.06
66	5.50%	3.63
67	6.05%	4.05
68	3.43%	2.33
69	3.09%	2.13
70	27.78%	19.44
		64.17

MEDCO HEALTH SOLUTIONS, INC.
CASH BALANCE RETIREMENT PLAN
EIN 22-3461740 PN 002

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2023

Identity of Party	Description of Asset	Number of Transactions	Purchase Price	Selling Price	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (i)								
Individual Transactions in Excess of 5% of Plan Assets								
State Street S&P 500 Flagship Non-Lending Fund	Collective Trust Fund	1	— \$	11,486,828	— \$	8,448,523	\$ 111,486,828	\$ 3,038,305
State Street Intermediate U.S. Credit Index Non-Lending Fund	Collective Trust Fund	1	\$ 6,400,000	—	—	—	6,400,000	—
State Street Long U.S. Credit Corporate Index Fund	Collective Trust Fund	1	9,500,000	—	—	—	9,500,000	—
State Street Institutional U.S. Government Money Market Fund - Premier Class	Registered Investment Company	1	7,186,077	—	—	—	7,186,077	—
State Street Institutional U.S. Government Money Market Fund - Premier Class	Registered Investment Company	1	—	7,110,000	—	7,110,000	7,110,000	—
MainStay MacKay High Yield Corporate Bond Fund	Registered Investment Company	1	—	7,186,323	—	8,076,693	7,186,323	(890,370)

MEDCO HEALTH SOLUTIONS, INC.
CASH BALANCE RETIREMENT PLAN
EIN 22-3461740 PN 002

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2023

Identity of Party	Description of Asset	Number of Transactions	Purchase Price	Selling Price	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (iii)								
Series Transactions in Excess of 5% of Plan Assets								
State Street S&P 500 Flagship Non-Lending Fund	Collective Trust Fund							
	Sales	5	— \$	11,488,855	— \$	8,450,083 \$	11,488,855 \$	3,038,772
State Street Long U.S. Credit Corporate Index Fund	Collective Trust Fund							
	Purchases	2	\$ 13,770,000	—	—	—	13,770,000	—
	Sales	8	—	3,107,333	—	3,016,169	3,107,333	91,164
State Street Institutional U.S. Government Money Market Fund - Premier Class	Registered Investment Company							
	Purchases	19	11,508,021	—	—	—	11,508,021	—
	Sales	37	—	11,545,211	—	11,545,655	11,545,211	(444)
State Street Intermediate U.S. Credit Index Non-Lending Fund	Collective Trust Fund							
	Purchases	2	9,240,000	—	—	—	9,240,000	—
	Sales	7	—	2,406,851	—	2,541,150	2,406,851	(134,299)

MEDCO HEALTH SOLUTIONS, INC.
CASH BALANCE RETIREMENT PLAN
EIN 22-3461740 PN 002

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2023

Identity of Party	Description of Asset	Number of Transactions	Purchase Price	Selling Price	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (iii)								
Series Transactions in Excess of 5% of Plan Assets (continued)								
Prudential Short Term Fund	Insurance Company Separate Account							
	Purchases	10	\$ 6,700,000	—	—	—	\$ 6,700,000	—
	Sales	23	—	\$ 6,575,774	—	\$ 6,533,465	6,575,774	\$ 42,309
MainStay MacKay High Yield Corporate Bond Fund	Registered Investment Company							
	Purchases	8	276,425	—	—	—	276,425	—
	Sales	2	—	7,186,323	—	8,076,726	7,186,323	(890,403)