

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan 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

<p>1a Name of plan <u>AMERIHEALTH CARITAS PENSION PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>002</u></p>
<p>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) <u>AMERIHEALTH CARITAS SERVICES, LLC</u></p> <p><u>3875 WEST CHESTER PIKE</u> <u>NEWTOWN SQUARE, PA 19073</u></p>	<p>1c Effective date of plan <u>01/01/2001</u></p> <p>2b Employer Identification Number (EIN) <u>45-5415725</u></p> <p>2c Plan Sponsor's telephone number <u>215-937-8893</u></p> <p>2d Business code (see instructions) <u>524140</u></p>

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.	08/15/2025	KAREN SCHLENNER
	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 <input checked="" type="checkbox"/> 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	2566
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)	1335
	6a(2)	1227
	6b	577
	6c	450
	6d	2254
	6e	40
	6f	2294
	6g(1)	
6g(2)		
6h		0
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

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

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

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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan AMERIHEALTH CARITAS PENSION PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>002</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 AMERIHEALTH CARITAS SERVICES, LLC</p>	<p>D Employer Identification Number (EIN) 45-5415725</p>	

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.

1 Coverage Information:

(a) Name of insurance carrier
THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

(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
22-1211670	68241	030475		01/01/2024	12/31/2024

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
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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	0
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	3659599

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	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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)	0
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)	0
	(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)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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. ▶

NUMBER OF PARTICIPANTS COVERED NOT PROVIDED

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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 <u>AMERIHEALTH CARITAS PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>AMERIHEALTH CARITAS SERVICES, LLC</u>	D Employer Identification Number (EIN) <u>45-5415725</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>186294631</u>
	b Actuarial value	2b	<u>189158821</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>548</u>	<u>41999669</u>
	b For terminated vested participants	<u>683</u>	<u>31209651</u>
	c For active participants	<u>1335</u>	<u>99621188</u>
	d Total	<u>2566</u>	<u>172830508</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	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	<u>5.17 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>7674594</u>
	b Expected plan-related expenses	6b	<u>1000000</u>
	c Target normal cost	6c	<u>8674594</u>

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	<u>07/07/2025</u>
	<u>WILLIAM M DEGOTHSEIR</u>	Date
	Type or print name of actuary	<u>23-07985</u>
	<u>WILLIS TOWERS WATSON US LLC</u>	Most recent enrollment number
	Firm name	<u>215-246-6000</u>
	<u>1900 MARKET STREET</u>	Telephone number (including area code)
	<u>FLOOR 8</u>	
	<u>PHILADELPHIA, PA 19103</u>	
	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

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	19359880
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	19359880
10	Interest on line 9 using prior year's actual return of <u>16.15</u> %	0	3126621
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		1770169
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>5.29</u> %		93642
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		1863811
d	Portion of (c) to be added to prefunding balance		1863811
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	24350312

Part III Funding Percentages			
14	Funding target attainment percentage	14	95.20 %
15	Adjusted funding target attainment percentage	15	109.26 %
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	104.20 %
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		
01/15/2025	1000000	0					
02/14/2025	1000000	0					
03/14/2025	1000000	0					
04/15/2025	1000000	0					
05/15/2025	1000000	0					
			Totals ▶	18(b)	5000000	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	4705547

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: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> 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..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 8674594
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	8303432		755449	
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 9430043
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	4724496	4724496	
36 Additional cash requirement (line 34 minus line 35)				36 4705547
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 4705547
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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan AMERIHEALTH CARITAS PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 AMERIHEALTH CARITAS SERVICES, LLC	D Employer Identification Number (EIN) 45-5415725	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

THE VANGUARD GROUP

23-1945930

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

STATE STREET GLOBAL ADVISORS

81-4017137

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

PERPETUAL AMERICAS FUNDS

20-8312318

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

HARDING LOEVNER LP

27-0684167

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

INVESCO INVESTMENT SERVICES, INC

98-0557567

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

BLACKROCK FUND ADVISORS

94-3112180

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

COHEN & STEERS CAPITAL MGMT

14-1904657

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

PRINCIPAL GLOBAL INVESTORS

42-1479618

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

NORTHERN TRUST INVESTMENTS, INC.

36-1561860

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

FEDERATED INVESTMENT MGMT CO

1001 LIBERTY AVENUE
FEDERATED INVESTORS TOWER
PITTSBURGH, PA 15222

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

METWEST ASSET MGMT

865 S FIGUEROA ST
LOS ANGELES, CA 90017-2543

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

ALLSPRING FUNDS MGMT

94-3382001

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)

WILLIS TOWERS WATSON LLC

53-0181291

(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 17 50	NONE	1356939	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FAF ADVISORS

1801 N MAIN STREET
LOS ANGELES, CA 90031

(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?
27 50 70	NONE	144842	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PNC BANK, N.A.

25-1211909

(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?
21 50 59 62 68	BANK/CUSTODIA N	55467	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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)

US BANK

31-0841368

(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?
21 50	BANK/CUSTODIAN	45959	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PRUDENTIAL INSURANCE CO. OF AMER

22-1211670

(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?
23 28 51	NONE	36447	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NORTHERN TRUST

36-1561860

(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?
21 50	BANK/CUSTODIAN	5554	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>AMERIHEALTH CARITAS PENSION PLAN</u>	B Three-digit plan number (PN)	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AMERIHEALTH CARITAS SERVICES, LLC</u>	D Employer Identification Number (EIN) <u>45-5415725</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>PRISA</u>	
b Name of sponsor of entity listed in (a):	<u>PRUDENTIAL INSURANCE CO.</u>	
c EIN-PN <u>22-1211670-038</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3659599</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>NORTHERN TR COLLECTIVE GOV ST INV F</u>	
b Name of sponsor of entity listed in (a):	<u>NORTHERN TRUST INVESTMENTS, INC.</u>	
c EIN-PN <u>45-6138589-068</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3863784</u>
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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan AMERIHEALTH CARITAS PENSION PLAN	B Three-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500 AMERIHEALTH CARITAS SERVICES, LLC	D Employer Identification Number (EIN) 45-5415725

Part I	Asset and Liability Statement
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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)	4000000
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	66148
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	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)	0
(5) Partnership/joint venture interests	1c(5)	
(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)	3863784
(10) Value of interest in pooled separate accounts	1c(10)	3659599
(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)	175288384
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	0

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	186330235	187877915
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	323706	127513
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	323706	127513
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	186006529	187750402

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)	5000000	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		5000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	100244	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)	466732	
(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)		566976
(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)	4173048	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		4173048
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	19460	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	14417	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		5043
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	9139547	
(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)		208355
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		-353762
c Other income	2c		163362
d Total income. Add all income amounts in column (b) and enter total	2d		18902569

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	15450516	
(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)		15450516
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)	36447	
(3) Recordkeeping fees	2i(3)	565489	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	202430	
(6) Bank or trust company trustee/custodial fees	2i(6)	33932	
(7) Actuarial fees	2i(7)	610716	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	259166	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1708180
j Total expenses. Add all expense amounts in column (b) and enter total	2j		17158696

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1743873
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

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: **DELOITTE & TOUCHE LLP**

(2) EIN: **13-3891517**

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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
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.)		X	
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.)		X	
e Was this plan covered by a fidelity bond?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		X	
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?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
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.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
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 _____.

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)

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 547266.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>AMERIHEALTH CARITAS PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AMERIHEALTH CARITAS SERVICES, LLC</u>	D Employer Identification Number (EIN) <u>45-5415725</u>	

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
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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): 25-1211909 36-1561860

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		254
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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
-----------------	-------------------

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

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... 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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> 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

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: 67.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 28.0 %
 High-Yield Debt: 0.0 % Real Assets: 2.0 % Cash or Cash Equivalents: 3.0 % Other: 0.0 %

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

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 _____.

AMERIHEALTH CARITAS PENSION PLAN

EIN 45-5415725, PN 002

Financial Statements and Supplemental Schedules

December 31, 2024 and 2023

(With Independent Auditor's Report Thereon)

AMERIHEALTH CARITAS PENSION PLAN

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Note: All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because there is no information to report.

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of the
AmeriHealth Caritas Pension Plan:

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

We have performed audits of the financial statements of the AmeriHealth Caritas Pension Plan (the "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 as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the statement of accumulated plan benefits as of December 31, 2023, and the related statement of changes in accumulated plan benefits for the year then ended, 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 qualified institutions as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 5 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 accounting principles generally accepted in the United States of America.

- The information in the accompanying financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet 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 accounting principles generally accepted in the United States of America, 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 for one year after the date that the 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 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 accounting principles generally accepted in the United States of America.

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 accounting principles generally accepted in the United States of America.

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.

Other Matter – Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) as of December 31, 2024 and reportable transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 schedules, 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 schedules 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are 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 schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

Deloitte & Touche LLP

August 12, 2025

AMERIHEALTH CARITAS PENSION PLAN

Statements of Net Assets Available for Benefits

	December 31,	
	2024	2023
Assets:		
Investments:		
Mutual funds	\$ 175,288,384	\$ 170,013,627
Common collective trust	3,863,784	—
PRISA Prudential Separate Account	3,659,599	3,754,697
Cash equivalents	—	8,392,396
Receivables:		
Accrued interest and dividends	66,148	169,515
Employer contributions	5,000,000	4,000,000
Total assets	<u>187,877,915</u>	<u>186,330,235</u>
Liabilities:		
Administrative fees payable	<u>127,513</u>	<u>323,706</u>
Net assets available for benefits	<u>\$ 187,750,402</u>	<u>\$ 186,006,529</u>

See accompanying notes to financial statements.

AMERIHEALTH CARITAS PENSION PLAN

Statements of Changes in Net Assets Available for Benefits

	Year ended December 31,	
	2024	2023
Investment income:		
Net appreciation in fair value of investments	\$ 9,162,545	\$ 20,592,141
Interest and dividend income	4,740,024	4,671,705
Total investment income	<u>13,902,569</u>	<u>25,263,846</u>
Employer contributions	5,000,000	4,000,000
Deductions from net assets available for benefits attributed to:		
Benefits paid to participants	4,083,801	3,290,087
Lump sum paid to participants	11,366,715	—
Administrative expenses	<u>1,708,180</u>	<u>1,291,027</u>
Total deductions	<u>17,158,696</u>	<u>4,581,114</u>
Increase in net assets available for benefits	1,743,873	24,682,732
Net assets available for benefits:		
Beginning of year	<u>186,006,529</u>	<u>161,323,797</u>
End of year	<u>\$ 187,750,402</u>	<u>\$ 186,006,529</u>

See accompanying notes to financial statements.

AMERIHEALTH CARITAS PENSION PLAN

Statement of Accumulated Plan Benefits

	December 31, 2023
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Active participants	\$ 90,046,411
Participants with deferred benefits	28,557,470
Participants receiving benefits	39,877,245
Total vested benefits	158,481,126
Nonvested benefits	404,719
Total actuarial present value of accumulated plan benefits	<u>\$ 158,885,845</u>

See accompanying notes to financial statements.

AMERIHEALTH CARITAS PENSION PLAN

Statement of Changes in Accumulated Plan Benefits

	Year ended December 31, 2023
Actuarial present value of accumulated plan benefits at beginning of year	\$ 139,046,111
Increase (decrease) attributable to:	
Benefits accumulated	6,464,831
Actuarial gains	(101,161)
Benefits paid to participants	(3,290,087)
Decrease in the discount period	8,631,954
Change in actuarial assumptions	8,134,197
Net change in accumulated plan benefits	<u>19,839,734</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 158,885,845</u></u>

See accompanying notes to financial statements.

AMERIHEALTH CARITAS PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

(1) Description of the Plan

General

The AmeriHealth Caritas Pension Plan (the Plan) included certain employees of Keystone Family Health Plan (KFHP) and AmeriHealth Caritas Health Plan (ACHP) and its subsidiaries through December 31, 2012. Effective January 1, 2013, all individuals previously employed by KFHP and ACHP and subsidiaries became employees of AmeriHealth Caritas Services LLC (ACS or the Company), an affiliate of KFHP and ACHP under common ownership. The Plan was subsequently amended to reflect ACS as the sole participating employer in the Plan. The Plan is a defined-benefit plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is insured through the Pension Benefit Guaranty Corporation (PBGC). The summary description of the Plan included in the notes is provided for general information only. Participants should refer to the Plan document for more complete information.

As members of the same control group as ACS for Plan purposes, ACHP and KFHP maintain responsibility for future plan benefits in the event of default by ACS.

Pension Benefits

The Plan covers substantially all the Company's employees with a hire or rehire date prior to January 1, 2013 based upon certain eligibility requirements as defined in the Plan document. Under the Plan, participants are eligible for monthly benefit payments at the normal retirement age of 65. Under early retirement provisions of the Plan, participants are eligible to retire as early as age 55 with a minimum of five years of vesting service.

Participants who are permanently disabled and receiving a benefit from the Company's Long-Term Disability Program are eligible for retirement benefits in accordance with the Plan's provisions. Eligible beneficiaries may receive monthly benefits if a participant is entitled to retirement benefits at date of death.

Monthly retirement benefits are calculated as follows:

For active participants hired on or before July 1, 1981 who were members of a covered class (as defined in the Plan document):

- For Normal Retirement Benefits, participants are entitled to the greater of:

1/12 of the product of 1% of the employee's average plan compensation and years of credited service up to a maximum of 20 years or, if higher, the benefit as provided for participants hired between 1981 and 2001 (as shown below).

- For Early Retirement Benefits, participants are entitled to:

Accrued benefit at the date of actual retirement, reduced by 0.5% for each month that benefit payment precedes the normal retirement date.

AMERIHEALTH CARITAS PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

For active participants hired after July 1, 1981 but before January 1, 2001 who were first employed by an employer (as defined in the Plan document):

- For Normal Retirement Benefits, participants are entitled to:

1/12 of the sum of 0.75% of the employee's average plan compensation up to and including the Social Security covered compensation and 1.25% of the employee's average plan compensation in excess of the Social Security covered compensation multiplied by years of credited service up to a maximum of 30 years.

- For Early Retirement Benefits, participants are entitled to:

Accrued benefit at the date of actual retirement, reduced by 0.5% for each month that benefit payment precedes the normal retirement date.

For active participants hired on or after January 1, 2001 who were first employed by an employer (as defined in the Plan document):

- For Normal Retirement Benefits, participants are each entitled to a cash balance benefit:

During the participant's employment, the employer will credit the participants' accounts with a predetermined percentage of their compensation each quarter based on years of credited service in accordance with the following schedule:

Years of credited service:	
0, but less than 5	3 %
5, but less than 10	4
10, but less than 20	5
20 or more	6

Supplemental employer credits are made according to the schedule above for compensation paid in the quarter in excess of 1/4 the taxable wage base in effect during the plan year. A cash balance account earns a specified rate of return (an interest credit) based on an average of one-year Treasury Bills for the month of November preceding the plan year with a minimum annual rate of 3.8%. For the valuation projections, a 4.75% interest rate on cash balance accounts was assumed as of December 31, 2023, and a 4.10% interest rate on cash balance accounts was assumed as of December 31, 2022. The cash balance account at normal retirement is converted into an actuarially equivalent annuity. No interest credits shall accrue after the participant's annuity starting date.

- For Early Retirement Benefits, participants are each entitled to a cash balance account converted to an actuarially equivalent annuity.

The vesting period for each participant with a cash balance account is three years. Notwithstanding such vesting schedule, any participant who attains their normal retirement date, dies or incurs a permanent disability while employed shall have a fully vested interest in their benefit under the Plan, regardless of actual number of years of vesting service on the date of retirement, death or permanent disability.

AMERIHEALTH CARITAS PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

A participant who dies while performing qualified military service shall be treated as if the participant had resumed employment as of the date of death and then incurred a termination of employment, resulting in a fully vested interest in their benefit under the Plan as of the date of such termination of employment.

Effective January 1, 2024, the Company offered certain terminated vested participants and surviving spouses a limited opportunity to receive a lump-sum distribution commencing on July 1, 2024. In addition, certain terminated vested participants and surviving spouses who were not currently eligible for a distribution were given a limited opportunity to receive an annuity commencing on July 1, 2024. Lump-sum payments in the amount of \$11,366,715 were distributed in 2024.

Effective July 1, 2024, the Company offers a voluntary lump-sum distribution or rollover option to participants whose vested balance is greater than \$1,000, but not more than \$7,000. For balances of \$1,000 or less a roll over option is offered. Participants with an annuity starting date on or after January 1, 2025 may elect a single-sum cash payment regardless of the vested balance. Survivor benefits that do not exceed \$7,000 will be paid in a single sum, unless a rollover option is chosen.

Prior to July 1, 2024, the Company offered a voluntary lump-sum option to participants for amounts greater than \$1,000 but not more than \$5,000. Amounts less than or equal to \$1,000 were automatically distributed to participants upon retirement pursuant to the Plan document.

(2) Summary of Significant Accounting Policies

Basis of Accounting and Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions relating to the reported amount of assets and liabilities and the disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements and the reported changes therein during the reporting period. One of the more significant estimates is the actuarial present value of accumulated plan benefits. Actual results could differ from those estimates.

Cash Equivalents

Cash equivalents include highly liquid investments with original maturities of three months or less when purchased. The carrying value of cash equivalents approximates fair value due to the short-term nature of these investments.

Investments

The Plan's investments are carried at fair value as further discussed in Note 6. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recognized when earned. Dividends are recorded on the ex-dividend date. The amount reported in the Statements of Changes in Net Assets Available for Benefits as Net appreciation in fair value of investments includes net realized and unrealized changes in fair value related to all investments.

Administrative Expenses

Certain costs and expenses related to the administration and management of the Plan, including PBGC premiums and compensation of the actuary, trustees and investment manager and adviser, are paid by the Plan. All other administrative expenses related to the Plan are paid for by the Company. As discussed in Note 3, from time to time, the Company may elect to make accelerated contributions to reduce and/or eliminate the

AMERIHEALTH CARITAS PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

Plan's PBGC variable-rate premiums, which in turn reduces the Plan's projected administrative expenses for the impacted plan years.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the services participants have rendered, including benefits expected to be paid to retired or terminated employees or their beneficiaries, beneficiaries of employees who have died and present employees or their beneficiaries. The accumulated plan benefits for active participants are based on their estimated average compensation during the three years ending on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances (retirement, death, disability and termination of employment) are included to the extent they are deemed attributable to participant service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

Significant actuarial assumptions used in the valuation of accumulated plan benefits as of December 31, 2023 and 2022 included but were not limited to:

- Discount rate of 6.00%
- Life expectancy of participants based on Pri-2012 sex-distinct mortality tables with white collar adjustments and increased by 1% at all ages and with generational projection using Scale MP-2020
- % of participants retiring for December 31, 2023 were updated as follows:

<u>Retirement age (year)</u>	<u>% of participants</u>
55-61	5 %
62-64	10
65-69	20
70 and over	100

- % of participants retiring for December 31, 2022 as follows:

<u>Retirement age (year)</u>	<u>% of participants</u>
55-59	4 %
60-61	7
62	10
63-64	7
65-69	20
70+	100

AMERIHEALTH CARITAS PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

The foregoing actuarial assumptions are based on the presumption that the Plan will not be terminated. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

(3) Funding Policy and Accelerated Contributions

The Company's funding policy is to fund at least the minimum required contribution in accordance with ERISA and the Internal Revenue Code (IRC) for the applicable plan year. In addition, depending on its cash position, tax and other considerations, the Company will fund the amount needed to maintain the Plan's funded status above eighty percent (80%) on a Pension Benefit Guaranty Corporation (PBGC) basis in order to avoid an ERISA section 4010 filing and will also fund to take advantage of timely opportunities to improve the Plan's funded status and reduce the amount of PBGC Variable-Rate Premiums. Such funding opportunities may include paying contributions to the Plan subsequent to the Plan's year-end that are attributable to the preceding plan year. The Company also considers the PBGC Full Funding Limit when funding contributions for the plan year. Contributions are subject to the ERISA minimum required level, the Internal Revenue Service (IRS) maximum tax-deductible limitations and other key considerations. In addition, from time to time, the Company may elect to make accelerated contributions to reduce the Plan's minimum required contributions for the impacted plan years. The Company may also elect to leverage the pre-funding balance from time to time to satisfy minimum required contributions. Contributions made by the Company during the subsequent fiscal year, prior to filing the Plan's Form 5500, that were characterized to the previous plan year are reported as Employer contributions on the accompanying Statements of Net Assets Available for Benefits.

(4) Plan Termination

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. Should the Plan terminate at some future time, its net assets generally may not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC's benefits guarantee while other benefits may not be provided for at all.

In the event of the Plan's termination, the interest credit used to determine a participant's accrued benefit under the cash balance benefit plan will be equal to the average of the rates of interest used under the Plan during the five-year period ending on the date of the Plan termination. The mortality table and interest credit used to determine the annuity payable to a participant at the normal retirement date will be the applicable mortality table in effect at the date of termination and the interest rate will be equal to the average of the rates of interest used under the Plan during the five-year period ending on the date of the Plan termination.

(5) Investments

All investment information disclosed in the Statements of Net Assets Available for Benefits, Statements of Changes in Net Assets Available for Benefits, supplemental schedules, and Note 6, including investments, collective common trusts and cash equivalents held as of December 31, 2024 and 2023 and Net appreciation in fair value of investments, Interest and dividend income, purchases and sales of investments for the years then ended, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the trustees, The Northern Trust Company, as of December 31, 2024 and for the period April 1, 2024 through December 31, 2024, and PNC Bank, as of December 31, 2023 and for the period January 1, 2023 through March 31, 2024.

AMERIHEALTH CARITAS PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

The level and classification of investments in Note 6 are not certified by the trustees.

(6) Fair Value Measurements

Certain assets and liabilities are measured at fair value on the accompanying Statements of Net Assets Available for Benefits. The fair values are based on valuations that include inputs that can be classified within one of three levels of a hierarchy established by GAAP. The levels of the hierarchy and related inputs for each level are as follows:

Level 1 – Unadjusted quoted market prices for identical assets or liabilities in active markets.

Level 2 – Other observable inputs, either directly or indirectly, including:

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

Level 3 – Unobservable inputs that cannot be corroborated by observable market data.

When available, the Plan uses quoted values and other data as inputs to determine the fair values of its investments and classify these assets and liabilities in Level 1. For securities not actively traded, the Plan estimates fair value using valuation methodologies based on available and observable market information or matrix pricing. These financial assets and liabilities are classified as Level 2. If there are any instances in which the inputs used to measure fair value fall into different levels of the fair value hierarchy, the Plan would determine fair value measurement based on the lowest level input that is significant to the fair value measurement in its entirety. The Plan's assessment of the significance of a particular item to the fair value measurement in its entirety requires judgment, including the consideration of inputs specific to the asset.

The Plan's mutual funds trade on a major exchange in an active market and are valued at quoted market prices. Accordingly, such securities are disclosed as Level 1.

Investments for which fair value is not readily determinable and for which fair value can be estimated using a net asset value per share calculated in a manner consistent with the measurement principles of ASC 946, *Financial Services – Investment Companies*, can be measured and disclosed pursuant to the net asset value practical expedient in ASC 820-10-35-59 and ASC 820-10-35-54B, respectively. Such investments are not categorized within the fair value hierarchy. The Plan's PRISA Prudential separate account is a group annuity contract, which is allocated amongst a pooled separate account. The Plan is permitted to make quarterly redemptions in whole or in part with 90 days' notice. The estimated fair value of the PRISA Prudential separate account is expressed in the form of a unit value. The unit values are calculated and provided daily and represent the sum of the separate account's cash and other assets minus outstanding indebtedness and expenses, inclusive of management fees. As of December 31, 2024 and 2023, the Plan's investment in the PRISA Prudential separate account was measured and disclosed in accordance with the requirements for investments to which the net asset value practical expedient is applied.

The fair value of the Plan's cash equivalents approximate their carrying values as of December 31, 2024 and 2023, because of the relative short maturities of such items, and are classified as Level 1 within the fair value hierarchy as of December 31, 2024 and 2023.

AMERIHEALTH CARITAS PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

The following is a summary of the fair value measurements of the Plan's investments by level within the fair value hierarchy as of December 31, 2024 and 2023:

December 31, 2024				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 175,288,384	\$ —	\$ —	\$ 175,288,384
Total investments in the fair value hierarchy	175,288,384	—	—	175,288,384
Investments measured at net asset value:				
PRISA Prudential Separate Account	—	—	—	3,659,599
Common Collective Trust	—	—	—	3,863,784
Total investments at fair value	\$ 175,288,384	\$ —	\$ —	\$ 182,811,767
December 31, 2023				
	Level 1	Level 2	Level 3	Total
Cash equivalents	\$ 8,392,396	\$ —	\$ —	\$ 8,392,396
Mutual funds	170,013,627	—	—	170,013,627
Total investments in the fair value hierarchy	178,406,023	—	—	178,406,023
Investments measured at net asset value:				
PRISA Prudential Separate Account	—	—	—	3,754,697
Total investments at fair value	\$ 178,406,023	\$ —	\$ —	\$ 182,160,720

(7) Tax Status of the Plan

The Plan received a favorable determination letter from the IRS dated July 21, 2022 on the Plan's status as to compliance with the applicable requirements of the IRC, as amended. Therefore, no provision for income taxes is included in the Plan's financial statements. While the Plan is subject to routine audits by taxing jurisdictions, there are currently no audits for any tax periods in progress.

(8) Risks and Uncertainties

Investment securities are exposed to various risks such as interest rate, market, and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. 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 will occur in the near term and that such change could materially affect the amounts reported in the accompanying Statements of Net Assets Available for Benefits. As illustrated in Note 6, the Plan has a significant concentration in mutual funds, which represents 96% and 93% of the Plan's total investments at fair value as of December 31, 2024 and 2023, respectively.

AMERIHEALTH CARITAS PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

Plan contributions are made and the actuarial present value of accumulated plan benefits is 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.

(9) Subsequent Events

The Plan has evaluated events and transactions occurring subsequent to the financial statements date through August 12, 2025, the date the financial statements were available to be issued, for potential recognition and disclosure. No events or transactions meet the definition of a recognized or nonrecognized subsequent event within the scope of ASC 855, *Subsequent Events*.

AMERIHEALTH CARITAS PENSION PLAN

EIN 45-5415725, PN 002

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2024

Identity and description of investment	Cost	Fair value
	<hr/>	<hr/>
Mutual funds:		
Cohen & Steers Institutional Realty Shares	\$ 1,965,232	\$ 1,694,987
Harding Loevner International Eq Instl	7,695,707	7,890,608
Invesco Oppenheimer Developing Markets Fund Cl Y Fd #8138	6,995,551	7,156,316
JOHCM International Select I	11,606,212	10,175,164
Principal Real Estate Securities Fund	1,962,958	1,669,009
SPDR S&P 500 ETF Trust	10,753,449	15,819,471
Vanguard Developed Markets Index Fund Instl Class	13,315,016	15,418,428
Vanguard Index Tr Total Stk Mkt Portfolio Instl Fund #855	23,699,867	63,746,705
MFC iShares Trust 10-20 YR Treas BD ETF	12,079,936	10,990,211
MFC Vanguard World FD Extended Duration Treas ETF SHS	45,671,334	40,727,485
	<hr/>	<hr/>
	135,745,262	175,288,384
Common Collective Trust:		
NT COLLECTIVE GOVT SHORT TERM INVT FD	3,863,784	3,863,784
PRISA Prudential contract #30475	2,870,086	3,659,599
	<hr/>	<hr/>
Total investments and cash equivalents	\$ 142,479,132	\$ 182,811,767
	<hr/>	<hr/>

See accompanying Independent Auditor's Report.

AMERIHEALTH CARITAS PENSION PLAN

Schedule H, Line 4j - Schedule of Reportable Transactions

Year ended December 31, 2024

(a) Identity of party involved	(b) Description of asset, including interest rate and maturity in case of a loan	(c) Quantity	(d) Purchase price	(e) Selling price	(f) Net gain (loss)
Category (iii) Series of transactions in excess of 5%:					
Federated Govt. OBL-SEL ERISA & DISC IRA Fund	Money market:				
	Purchases	\$ 21,666,452	\$ 21,666,452	\$ —	\$ —
	Sales	\$ 26,195,064	\$ —	\$ 26,195,064	\$ —

See accompanying Independent Auditor's Report.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a - Schedule of Active Participant Data as of January 1, 2024

Number accruing pay-related benefits and average plan compensation limited by IRC §401(a)(17) distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service ¹										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
25-29	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
30-34	0	1	0	16	0	0	0	0	0	0	0	17
	-	-	-	-	-	-	-	-	-	-	-	-
35-39	0	2	8	77	25	1	0	0	0	0	0	113
	-	-	-	81,562	91,594	-	-	-	-	-	-	83,941
40-44	0	5	3	101	63	8	1	0	0	0	0	181
	-	-	-	91,343	101,234	-	-	-	-	-	-	95,325
45-49	0	3	10	96	70	35	6	1	0	0	0	221
	-	-	-	90,806	110,400	107,201	-	-	-	-	-	100,570
50-54	0	2	6	94	70	47	25	5	1	0	0	250
	-	-	-	95,377	100,107	110,494	107,892	-	-	-	-	101,939
55-59	0	1	4	72	75	43	34	18	0	0	0	247
	-	-	-	117,450	106,316	99,828	117,938	-	-	-	-	112,346
60-64	0	2	4	58	50	37	21	4	2	1	1	179
	-	-	-	100,655	108,719	124,095	95,489	-	-	-	-	107,053
65-69	0	3	2	34	31	11	14	2	0	0	0	97
	-	-	-	110,817	81,676	-	-	-	-	-	-	100,505
70 & over	0	1	0	9	9	3	7	1	0	0	0	30
	-	-	-	-	-	-	-	-	-	-	-	89,392
Total	0	20	37	557	393	185	108	31	3	1	1,335	
	-	103,104	90,981	94,842	102,405	111,412	105,417	132,293	-	-	101,134	

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: AmeriHealth Caritas Pension Plan
 EIN / PN: 45-5415725 / 002
 Plan Sponsor: AmeriHealth Caritas
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a - Schedule of Active Participant Data as of January 1, 2024

Number and average account balance distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service ²										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
25-29	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
30-34	0	1	0	16	0	0	0	0	0	0	0	17
	-	-	-	-	-	-	-	-	-	-	-	-
35-39	0	2	8	77	25	1	0	0	0	0	0	113
	-	-	-	32,341	49,299	-	-	-	-	-	-	34,558
40-44	0	5	3	101	63	6	0	0	0	0	0	178
	-	-	-	37,605	59,649	-	-	-	-	-	-	45,162
45-49	0	3	8	96	70	25	0	0	0	0	0	202
	-	-	-	37,191	66,796	95,587	-	-	-	-	-	53,388
50-54	0	2	5	92	68	31	0	0	0	0	0	198
	-	-	-	41,947	64,685	78,972	-	-	-	-	-	54,734
55-59	0	1	1	71	74	20	2	3	0	0	0	172
	-	-	-	54,294	69,986	74,824	-	-	-	-	-	64,772
60-64	0	2	2	58	48	23	1	0	0	0	0	134
	-	-	-	44,377	75,570	123,532	-	-	-	-	-	68,341
65-69	0	3	2	34	30	7	0	0	0	0	0	76
	-	-	-	52,420	55,508	-	-	-	-	-	-	58,592
70 & over	0	1	0	9	9	2	0	0	0	0	0	21
	-	-	-	-	-	-	-	-	-	-	-	60,224
Total	0	20	29	554	387	115	3	3	0	0	0	1,111
	-	5,691	19,107	40,678	65,343	94,312	-	-	-	-	-	53,989

² Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: AmeriHealth Caritas Pension Plan
 EIN / PN: 45-5415725 / 002
 Plan Sponsor: AmeriHealth Caritas
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality:

Healthy Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

Disabled Same as Healthy mortality

Termination The rates at which participants are assumed to terminate employment by age are shown below:

Representative Termination Rates

Attained Age	Percentage leaving during the year
30	7.0%
35	6.0%
40	5.0%
45	4.0%
50	4.0%
55	0.0%

Disability None.

Plan Name: AmeriHealth Caritas Pension Plan
 EIN / PN: 45-5415725 / 002
 Plan: AmeriHealth Caritas
 Sponsor:
 Valuation: January 1, 2024
 Date:

SCHEDULE SB ATTACHMENTS

Retirement

The rates at which participants are assumed to retire by age are shown below:

Age	Percentage retiring during the year
55-61	5%
62-64	10%
65-69	20%
70 and Over	100%

Benefit commencement dates:

Preretirement death benefit	The later of the death of the active participant or the date the participant would have attained age 55.
Deferred vested benefit	Age 65.
Disability benefit	Upon disablement and eligibility for benefit.
Retirement benefit	Upon termination of employment and attaining retirement eligibility.

Form of payment

35% of male and 60% of female participants are assumed to elect to receive the benefit in the form of a single life annuity.

65% of male and 40% of female participants are assumed to elect to receive the benefit in the form of a joint and survivor annuity.

Annuities were calculated from the cash balance accounts using the required methodology in IRS Regulation §1.430(d)-1(f)(5).

Percent married

80%. These assumptions are used to value pre-retirement surviving spouse benefits.

Spouse age

Wife three years younger than husband.

Covered pay

Actual gross earnings plus any overtime earnings and commission earnings during the prior year provided by the employer.

Plan Name: AmeriHealth Caritas Pension Plan
EIN / PN: 45-5415725 / 002
Plan Sponsor: AmeriHealth Caritas
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Loads	Liabilities for active employees have been increased by \$350,000 as an estimate of the impact of actuarial increases required for cash balance participants beyond age 65. Liabilities for participants with deferred benefits have been increased by \$1,350,000 as an estimate of the impact of actuarial increases required for participants beyond age 65.
Timing of benefit payments	Annuity benefit payments are assumed to be made uniformly throughout the year and, on average, at mid-year.

Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements, the age is generally the participant's rounded age at the middle of the year.

Plan Name: AmeriHealth Caritas Pension Plan
EIN / PN: 45-5415725 / 002
Plan: AmeriHealth Caritas
Sponsor:
Valuation: January 1, 2024
Date:

SCHEDULE SB ATTACHMENTS

Actuarial value of assets for determining minimum required contributions

Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22. The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with AmeriHealth Caritas and, based on that review, is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. In consultation with AmeriHealth Caritas, assumptions were made for missing or apparently inconsistent data elements under separate cover.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Plan Name: AmeriHealth Caritas Pension Plan
EIN / PN: 45-5415725 / 002
Plan Sponsor: AmeriHealth Caritas
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Cash Balance Interest crediting rate	The plan credits interest to cash balance accounts using the 1-year Treasury rate, but with a minimum interest crediting rate of 3.80%. Our long-term estimate of the 1-year Treasury rate is 4.75%, based on a combination of current conditions and future economic expectations over a time-horizon approximately equal to the average future working lifetime of the active cash balance formula plan participants.
Rates of increase in:	
■ Compensation	Assumed compensation increases are based on plan sponsor expectations.
Administrative expenses	As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).
Assumed return for asset smoothing	The assumed return used for asset smoothing is the third segment rate. Although we have not explicitly determined an expected return on assets, based on an analysis of the plan sponsor's investment policy we believe the rate to be above the third segment rate.

Assumptions Rationale - Significant Demographic Assumptions

Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates were based on an experience study conducted in 2023, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

Plan Name: AmeriHealth Caritas Pension Plan
EIN / PN: 45-5415725 / 002
Plan: AmeriHealth Caritas
Sponsor:
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Retirement

Retirement rates were based on an experience study conducted in 2023, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

Marital Assumptions

▶ Percent married

The assumed percentage married is based on general population statistics on the marital status of individuals of retirement age. For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

▶ Spouse Age

The assumed age difference for spouses is based on general population statistics on the age difference for married individuals of retirement age. For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

Source of Prescribed Methods

Funding methods

The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Plan Name: AmeriHealth Caritas Pension Plan
EIN / PN: 45-5415725 / 002
Plan Sponsor: AmeriHealth Caritas
Valuation Date: January 1, 2024

Plan Name	Amerihealth Caritas Pension Plan
Plan Sponsor EIN	45-5415725
ERISA Plan #	002
Plan Year Ending	December 31, 2023

The required attachment marked with an “X” in the Attachment column is included within the Accountant’s Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan’s Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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 AMERIHEALTH CARITAS PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF AMERIHEALTH CARITAS SERVICES, LLC	D Employer Identification Number (EIN) 45-5415725	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	186,294,631
	b Actuarial value	2b	189,158,821
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	548	41,999,669
	b For terminated vested participants	683	31,209,651
	c For active participants	1,335	99,621,188
	d Total	2,566	172,830,508
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	5.17%
6	Target normal cost		
	a Present value of current plan year accruals	6a	7,674,594
	b Expected plan-related expenses	6b	1,000,000
	c Target normal cost	6c	8,674,594

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	William M DeGothseir WMD Signature of actuary	<u>7/7/2025</u> Date
	William M DeGothseir Type or print name of actuary	<u>2307985</u> Most recent enrollment number
	Willis Towers Watson US LLC Firm name	<u>215-246-6000</u> Telephone number (including area code)
	1900 Market Street Floor 8 Philadelphia PA 19103 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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 8,674,594
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	8,303,432		755,449	
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 9,430,043
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	4,724,496	4,724,496	
36 Additional cash requirement (line 34 minus line 35).....				36 4,705,547
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 4,705,547
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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	AmeriHealth Caritas
EIN/PN	45-5415725/002
Plan Name	AmeriHealth Caritas Pension Plan
Valuation Date	January 1, 2024
Enrolled Actuary	William M DeGothseir
Enrollment Number	23-07985

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Description of Weighted Average Retirement Age as of January 1, 2024

x	q_x^r	l_x	${}_x p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	0.05	1,000	1.000000	0.050000	2.750000
56	0.05	950	0.950000	0.047500	2.660000
57	0.05	903	0.902500	0.045125	2.572125
58	0.05	857	0.857375	0.042869	2.486388
59	0.05	815	0.814506	0.040725	2.402793
60	0.05	774	0.773781	0.038689	2.321343
61	0.05	735	0.735092	0.036755	2.242030
62	0.10	698	0.698337	0.069834	4.329691
63	0.10	629	0.628504	0.062850	3.959572
64	0.10	566	0.565653	0.056565	3.620181
65	0.20	509	0.509088	0.101818	6.618143
66	0.20	407	0.407270	0.081454	5.375968
67	0.20	326	0.325816	0.065163	4.365938
68	0.20	261	0.260653	0.052131	3.544881
69	0.20	209	0.208522	0.041704	2.877609
70	1.00	167	0.166818	0.166818	11.677254

Average age at retirement 63.803916

Rounded for Schedule SB item 22 64

Plan Name: AmeriHealth Caritas Pension Plan
 EIN / PN: 45-5415725 / 002
 Plan Sponsor: AmeriHealth Caritas
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

The assumed plan-related expenses added to the target normal cost were changed from \$1,300,000 for the prior valuation to \$1,000,000 for the current valuation to account for lower expected expenses to be paid from the trust.

A new experience study was performed, and as a result assumed rates of retirement, rates of termination and rates of compensation increase and assumed form of payment were changed to better reflect anticipated future experience.

The annual rate of increase for statutory limits on compensation was updated from 4.00% to 3.50%.

The cash balance interest crediting rate was changed from 4.10% to 4.75% to better reflect current and anticipated future economic conditions.

Plan Name: AmeriHealth Caritas Pension Plan
EIN / PN: 45-5415725 / 002
Plan: AmeriHealth Caritas
Sponsor:
Valuation: January 1, 2024
Date:

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- | | |
|-----------------------|---------------|
| ■ Applicable month | September |
| ■ Interest rate basis | Segment Rates |

Interest rates:

	Reflecting Stabilization	Not Reflecting Stabilization
■ First segment rate	4.75%	3.62%
■ Second segment rate	4.87%	4.46%
■ Third segment rate	5.59%	4.52%
■ Effective interest rate	5.17%	4.45%

Annual rates of increase

	Age	Rate
■ Compensation	Under 40	6.00%
	40-49	4.50%
	50-59	4.00%
	60-64	3.00%
	65 and over	2.50%
- Weighted Average		4.02%
■ Future Social Security wage bases		4.00%
■ Statutory Limits on Compensation		3.50%
■ Cash Balance Interest Crediting Rate		4.75%

Plan-related expenses

The amount included this year for plan-related expenses is \$1,000,000.

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As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality:

Healthy Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

Disabled Same as Healthy mortality

Termination The rates at which participants are assumed to terminate employment by age are shown below:

Representative Termination Rates

Attained Age	Percentage leaving during the year
30	7.0%
35	6.0%
40	5.0%
45	4.0%
50	4.0%
55	0.0%

Disability None.

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Retirement

The rates at which participants are assumed to retire by age are shown below:

Age	Percentage retiring during the year
55-61	5%
62-64	10%
65-69	20%
70 and Over	100%

Benefit commencement dates:

Preretirement death benefit	The later of the death of the active participant or the date the participant would have attained age 55.
Deferred vested benefit	Age 65.
Disability benefit	Upon disablement and eligibility for benefit.
Retirement benefit	Upon termination of employment and attaining retirement eligibility.

Form of payment

35% of male and 60% of female participants are assumed to elect to receive the benefit in the form of a single life annuity.

65% of male and 40% of female participants are assumed to elect to receive the benefit in the form of a joint and survivor annuity.

Annuities were calculated from the cash balance accounts using the required methodology in IRS Regulation §1.430(d)-1(f)(5).

Percent married

80%. These assumptions are used to value pre-retirement surviving spouse benefits.

Spouse age

Wife three years younger than husband.

Covered pay

Actual gross earnings plus any overtime earnings and commission earnings during the prior year provided by the employer.

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Loads	Liabilities for active employees have been increased by \$350,000 as an estimate of the impact of actuarial increases required for cash balance participants beyond age 65. Liabilities for participants with deferred benefits have been increased by \$1,350,000 as an estimate of the impact of actuarial increases required for participants beyond age 65.
Timing of benefit payments	Annuity benefit payments are assumed to be made uniformly throughout the year and, on average, at mid-year.

Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements, the age is generally the participant's rounded age at the middle of the year.

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Plan: AmeriHealth Caritas
Sponsor:
Valuation: January 1, 2024
Date:

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Actuarial value of assets for determining minimum required contributions

Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22. The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with AmeriHealth Caritas and, based on that review, is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. In consultation with AmeriHealth Caritas, assumptions were made for missing or apparently inconsistent data elements under separate cover.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

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Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Cash Balance Interest crediting rate	The plan credits interest to cash balance accounts using the 1-year Treasury rate, but with a minimum interest crediting rate of 3.80%. Our long-term estimate of the 1-year Treasury rate is 4.75%, based on a combination of current conditions and future economic expectations over a time-horizon approximately equal to the average future working lifetime of the active cash balance formula plan participants.
Rates of increase in:	
■ Compensation	Assumed compensation increases are based on plan sponsor expectations.
Administrative expenses	As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).
Assumed return for asset smoothing	The assumed return used for asset smoothing is the third segment rate. Although we have not explicitly determined an expected return on assets, based on an analysis of the plan sponsor's investment policy we believe the rate to be above the third segment rate.

Assumptions Rationale - Significant Demographic Assumptions

Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates were based on an experience study conducted in 2023, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

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Retirement

Retirement rates were based on an experience study conducted in 2023, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

Marital Assumptions

▶ Percent married

The assumed percentage married is based on general population statistics on the marital status of individuals of retirement age. For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

▶ Spouse Age

The assumed age difference for spouses is based on general population statistics on the age difference for married individuals of retirement age. For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

Source of Prescribed Methods

Funding methods

The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

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Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The plan was originally effective January 1, 2001. The plan was amended in 2019 to provide a one-time lump sum offer to terminated vested participants in December 2019.

Covered employees

An Employee who participated in the Pension Plan of Mercy Health Corporation as of December 31, 2000 shall participate in the Plan as of January 1, 2001, if he has an Hour of Service on or before January 1, 2001. Other employees become eligible as of the January 1 or July 1 coincident with or following attainment of age 21 and completion of 1,000 Hours of Service in a 12-month period measured from Employment Commencement Date or the first day of any Plan Year. Effective January 1, 2013 any employee who is hired or rehired on or after January 1, 2013 shall not participate in the plan.

Participation date

Date of becoming a covered employee.

Definitions

Vesting service

The Participant will receive 1/12 of a year of Vesting Service for each calendar month in which he completes at least one Hour of Service. Former participants in the Pension Plan of Mercy Health Corporation will be credited with those years of service credited to him for vesting purposes as of December 31, 2000.

Pension service

The Participant will receive 1/12 of a year of Credited Service for each calendar month in which he completes at least one Hour of Service. Former participants in the Pension Plan of Mercy Health Corporation will be credited with those years of service credited to him for benefit accrual purposes as of December 31, 2000.

Plan Compensation

A Participant's Plan Compensation means the total base salary or wages, excluding on-call pay, incentive earnings, any payment based on a share of charges to patients, bonuses and expense reimbursement, paid to an Employee during a Plan Year by an Employer, before any deductions for taxes, insurance, and tax-sheltered annuities. In addition, commissions are included in Plan Compensation for years 2001 and later. Plan Compensation is not to exceed \$150,000, as indexed.

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Average Plan Compensation A Participant's Average Plan Compensation is the average of his Plan Compensation during the highest five consecutive years of his employment prior to termination.

Social Security Covered Compensation Social Security Covered Compensation is the average of the Social Security taxable wage base for the 35 years ending in the year the Participant attains Social Security Retirement Age. The Social Security Wage Base is assumed to remain constant from date of termination to Social Security Retirement Age.

Normal retirement date (NRD) The first of the month coincident with or next following his 65th birthday or, if later, the 5th anniversary of the date he became a Participant.

Monthly pension benefit Benefit Formula for Participants Hired on or after January 1, 2001:
A Participant who is credited with an Hour of Service on or after January 1, 2001 and was not employed by an Employer on or before December 31, 2000 is eligible to participate in a Cash Balance Account. This account increases each calendar quarter as follows:

For all Active Participants, an employer credit of a percentage of Compensation paid in the calendar quarter is made at the end of each calendar quarter, with the percentage based on Credited Service at the beginning of the calendar quarter according to the following schedule:

Years of Credited Service	Percentage of Compensation
At least 0, but less than 5	3%
At least 5, but less than 10	4%
At least 10, but less than 20	5%
20 or more	6%

Supplemental employer credits are made according to the schedule above for Compensation paid in the calendar quarter in excess of one-fourth (1/4) the Taxable Wage Base in effect during the Plan Year.

An interest credit is credited on the last day of each calendar quarter. The amount of the interest credit is the Cash Balance Account balance as of the beginning of the calendar quarter, multiplied by one-fourth (1/4) of the average interest rate in one-year Treasury Bills for the month of November preceding the Plan year, with a minimum annual rate of 3.8%.

The Cash Balance Account at Normal Retirement is converted into an actuarially equivalent annuity.

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Benefit Formula for Participants Hired After July 1, 1981 and Before January 1, 2001:

A Participant who was hired after July 1, 1981 and before January 1, 2001 shall receive an annual benefit equal to the sum of (a) and (b) multiplied by (c):

- a) 0.75% of the Participant's Average Plan Compensation not in excess of his Social Security Covered Compensation, and
- b) 1.25% of his Average Plan Compensation in excess of said Social Security Covered Compensation
- c) his years of Credited Service (up to a maximum of 30 years)

Benefit Formula for Participants Hired On or Before July 1, 1981:

A Participant hired on or before July 1, 1981 shall receive an annual benefit equal to the greater of the Final Average Compensation benefit formula described above, and 1/12th the product of (d) and (e).

- d) 1% of the Participant's Average Plan Compensation
- e) his years of Credited Service (up to a maximum of 20 years)

Minimum benefit

The annual benefit for final average pay participants, calculated under the Normal Retirement Benefit formula, shall not be less than \$180 for each year of Credited Service, up to a maximum of 20 years.

Normal form of benefit

For single participants, the normal form of benefit is a Single Life Annuity. For married participants, the normal form of benefit is a 50% Joint and Survivor Annuity, actuarially equivalent to the normal form of annuity for a single participant.

Eligibility for Benefits

Normal retirement

Retirement on NRD

Early retirement

A Participant who has attained age 55 and completed 5 years of Credited Service is eligible to retire with an Early Retirement Benefit commencing on the first day of the month following retirement.

Postponed retirement

A Participant who continues his service beyond his Normal Retirement Date is eligible to retire with benefits commencing on the first day of the month following retirement.

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Deferred vested termination	A Participant who has completed 5 or more years of Vesting Service is 100% vested in his Accrued Benefit. If a Participant is entitled to a Cash Balance Benefit, he is 100% vested in his Accrued Benefit after he has completed 3 or more years of Vesting Service.
Disability	A Participant who has completed 5 or more years of Vesting Service, and has become totally and permanently disabled while employed by an Employer, is eligible for a Disability Retirement Pension, which may commence the first day of any month following his 55th birthday, but not later than his Normal Retirement Date.
Preretirement death benefit	The spouse of a participant who has completed 5 or more years of Vesting Service is eligible for a Death Benefit. The Death Benefit may commence on the later of the date the participant would have met the requirements for Early Retirement, and the Participant's date of death.

Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit determined as of NRD
Early retirement	<p>The Final Average Compensation Benefit is the Accrued Benefit calculated at the normal retirement date reduced by ½% for each month that the Annuity start date precedes the Participant's normal retirement date.</p> <p>Cash Balance Benefits are the better of the Cash Balance Account at Early Retirement converted into an actuarially equivalent annuity and the Cash Balance Account projected to normal retirement age using the current crediting rate, converted to an actuarial equivalent annuity and reduced ½% for each month that the Annuity start date precedes the Participant's normal retirement date.</p>
Postponed retirement	The Late Retirement Benefit is the greater of the Participant's Accrued Benefit calculated as of normal retirement date, actuarially increased to his late retirement date and the accrued benefit recalculated as of late retirement date.
Deferred vested termination	If vested, Participants are entitled to the Accrued Benefit calculated at the date of termination. This benefit is payable at

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Normal Retirement Date. If the participant is eligible for Early Retirement, the pension may commence as early as age 55.

Disablement

The Disability Retirement Pension is the amount of the Normal or Early Retirement Benefit to which the participant is entitled on the Annuity Starting Date based on his years of Credited Service, which continue to accrue up to the Annuity Starting Date while the Participant remains on disability.

Preretirement death

The amount of the Death Benefit is equal to the benefit the spouse would have received if the participant had terminated on his date of death, survived to his Annuity Starting Date, elected a 100% Joint & Survivor Annuity, and died the following day.

Other Plan Provisions

Forms of payment

In lieu of the Normal Form of benefit, a retiring Participant may elect to receive his benefit in an optional payment form of equivalent actuarial value. Available optional forms are: Single Life Annuity; 50%, 75%, or 100% Joint and Survivor Annuity; or 5, 10, or 15 year Certain & Continuous Annuity.

Pension Increases

None

Plan participants' contributions

None

Maximum limits on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes take effect. Increases in the dollar limits are not assumed for funding or AFTAP purposes.

Future Plan Changes

No future plan changes were recognized in determining funding requirements.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

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Schedule SB, Line 26a - Schedule of Active Participant Data as of January 1, 2024

Number accruing pay-related benefits and average plan compensation limited by IRC §401(a)(17) distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service ¹										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
25-29	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
30-34	0	1	0	16	0	0	0	0	0	0	0	17
	-	-	-	-	-	-	-	-	-	-	-	-
35-39	0	2	8	77	25	1	0	0	0	0	0	113
	-	-	-	81,562	91,594	-	-	-	-	-	-	83,941
40-44	0	5	3	101	63	8	1	0	0	0	0	181
	-	-	-	91,343	101,234	-	-	-	-	-	-	95,325
45-49	0	3	10	96	70	35	6	1	0	0	0	221
	-	-	-	90,806	110,400	107,201	-	-	-	-	-	100,570
50-54	0	2	6	94	70	47	25	5	1	0	0	250
	-	-	-	95,377	100,107	110,494	107,892	-	-	-	-	101,939
55-59	0	1	4	72	75	43	34	18	0	0	0	247
	-	-	-	117,450	106,316	99,828	117,938	-	-	-	-	112,346
60-64	0	2	4	58	50	37	21	4	2	1	1	179
	-	-	-	100,655	108,719	124,095	95,489	-	-	-	-	107,053
65-69	0	3	2	34	31	11	14	2	0	0	0	97
	-	-	-	110,817	81,676	-	-	-	-	-	-	100,505
70 & over	0	1	0	9	9	3	7	1	0	0	0	30
	-	-	-	-	-	-	-	-	-	-	-	89,392
Total	0	20	37	557	393	185	108	31	3	1	1,335	
	-	103,104	90,981	94,842	102,405	111,412	105,417	132,293	-	-	101,134	

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: AmeriHealth Caritas Pension Plan
 EIN / PN: 45-5415725 / 002
 Plan Sponsor: AmeriHealth Caritas
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a - Schedule of Active Participant Data as of January 1, 2024

Number and average account balance distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service ²										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
25-29	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
30-34	0	1	0	16	0	0	0	0	0	0	0	17
	-	-	-	-	-	-	-	-	-	-	-	-
35-39	0	2	8	77	25	1	0	0	0	0	0	113
	-	-	-	32,341	49,299	-	-	-	-	-	-	34,558
40-44	0	5	3	101	63	6	0	0	0	0	0	178
	-	-	-	37,605	59,649	-	-	-	-	-	-	45,162
45-49	0	3	8	96	70	25	0	0	0	0	0	202
	-	-	-	37,191	66,796	95,587	-	-	-	-	-	53,388
50-54	0	2	5	92	68	31	0	0	0	0	0	198
	-	-	-	41,947	64,685	78,972	-	-	-	-	-	54,734
55-59	0	1	1	71	74	20	2	3	0	0	0	172
	-	-	-	54,294	69,986	74,824	-	-	-	-	-	64,772
60-64	0	2	2	58	48	23	1	0	0	0	0	134
	-	-	-	44,377	75,570	123,532	-	-	-	-	-	68,341
65-69	0	3	2	34	30	7	0	0	0	0	0	76
	-	-	-	52,420	55,508	-	-	-	-	-	-	58,592
70 & over	0	1	0	9	9	2	0	0	0	0	0	21
	-	-	-	-	-	-	-	-	-	-	-	60,224
Total	0	20	29	554	387	115	3	3	0	0	0	1,111
	-	5,691	19,107	40,678	65,343	94,312	-	-	-	-	-	53,989

² Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: AmeriHealth Caritas Pension Plan
 EIN / PN: 45-5415725 / 002
 Plan Sponsor: AmeriHealth Caritas
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments as of January 1, 2024

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	373,874	361,969	3,662,001	4,397,844
2025	978,864	627,127	3,602,540	5,208,531
2026	1,437,378	789,838	3,545,124	5,772,340
2027	1,944,698	922,446	3,486,657	6,353,801
2028	2,498,257	1,088,710	3,423,172	7,010,139
2029	3,015,508	1,273,750	3,354,041	7,643,299
2030	3,516,866	1,371,739	3,279,913	8,168,518
2031	4,036,480	1,448,541	3,199,468	8,684,489
2032	4,557,622	1,540,835	3,107,888	9,206,345
2033	5,092,476	1,631,670	3,008,078	9,732,224
2034	5,629,107	1,725,059	2,906,604	10,260,770
2035	6,115,951	1,832,776	2,802,179	10,750,906
2036	6,580,508	1,942,437	2,682,820	11,205,765
2037	7,049,185	2,027,467	2,551,362	11,628,014
2038	7,539,825	2,096,623	2,418,830	12,055,278
2039	8,004,671	2,186,090	2,285,486	12,476,247
2040	8,404,035	2,278,090	2,149,876	12,832,001
2041	8,789,198	2,359,706	2,010,149	13,159,053
2042	9,113,366	2,428,725	1,867,178	13,409,269
2043	9,359,552	2,467,540	1,722,012	13,549,104
2044	9,587,803	2,515,452	1,575,894	13,679,149
2045	9,786,355	2,547,790	1,430,222	13,764,367
2046	9,922,991	2,575,750	1,286,502	13,785,243
2047	10,018,725	2,603,139	1,146,322	13,768,186
2048	10,091,774	2,599,990	1,011,303	13,703,067
2049	10,107,814	2,605,008	883,034	13,595,856
2050	10,099,303	2,596,369	762,960	13,458,632

Plan Name: AmeriHealth Caritas Pension Plan
 EIN / PN: 45-5415725 / 002
 Plan: AmeriHealth Caritas
 Sponsor:
 Valuation: January 1, 2024
 Date:

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2051	10,067,974	2,578,878	652,261	13,299,113
2052	9,953,000	2,571,644	551,786	13,076,430
2053	9,761,437	2,552,643	462,031	12,776,111
2054	9,512,463	2,495,740	383,125	12,391,328
2055	9,215,212	2,408,040	314,852	11,938,104
2056	8,872,221	2,314,428	256,689	11,443,338
2057	8,491,646	2,208,902	207,877	10,908,425
2058	8,086,727	2,103,081	167,495	10,357,303
2059	7,669,381	1,996,200	134,520	9,800,101
2060	7,240,938	1,889,956	107,901	9,238,795
2061	6,807,633	1,784,725	86,617	8,678,975
2062	6,375,230	1,680,795	69,728	8,125,753
2063	5,947,088	1,578,415	56,397	7,581,900
2064	5,525,904	1,477,796	45,893	7,049,593
2065	5,113,604	1,379,127	37,613	6,530,344
2066	4,712,354	1,282,604	31,065	6,026,023
2067	4,323,771	1,188,435	25,859	5,538,065
2068	3,949,237	1,096,841	21,696	5,067,774
2069	3,589,922	1,008,024	18,340	4,616,286
2070	3,246,832	922,190	15,614	4,184,636
2071	2,920,749	839,541	13,386	3,773,676
2072	2,612,273	760,267	11,556	3,384,096
2073	2,321,909	684,576	10,049	3,016,534

Plan Name: AmeriHealth Caritas Pension Plan
 EIN / PN: 45-5415725 / 002
 Plan: AmeriHealth Caritas
 Sponsor:
 Valuation: January 1, 2024
 Date:

SCHEDULE SB ATTACHMENTS

**Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2024**

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2024	8,303,432	15.00000	8,303,432	755,449
Total				8,303,432	755,449

Plan Name: AmeriHealth Caritas Pension Plan
 EIN / PN: 45-5415725 / 002
 Plan: AmeriHealth Caritas
 Sponsor:
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Description of Weighted Average Retirement Age as of January 1, 2024

x	q_x^r	l_x	${}_x p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	0.05	1,000	1.000000	0.050000	2.750000
56	0.05	950	0.950000	0.047500	2.660000
57	0.05	903	0.902500	0.045125	2.572125
58	0.05	857	0.857375	0.042869	2.486388
59	0.05	815	0.814506	0.040725	2.402793
60	0.05	774	0.773781	0.038689	2.321343
61	0.05	735	0.735092	0.036755	2.242030
62	0.10	698	0.698337	0.069834	4.329691
63	0.10	629	0.628504	0.062850	3.959572
64	0.10	566	0.565653	0.056565	3.620181
65	0.20	509	0.509088	0.101818	6.618143
66	0.20	407	0.407270	0.081454	5.375968
67	0.20	326	0.325816	0.065163	4.365938
68	0.20	261	0.260653	0.052131	3.544881
69	0.20	209	0.208522	0.041704	2.877609
70	1.00	167	0.166818	0.166818	11.677254

Average age at retirement 63.803916

Rounded for Schedule SB item 22 64

Plan Name: AmeriHealth Caritas Pension Plan
 EIN / PN: 45-5415725 / 002
 Plan Sponsor: AmeriHealth Caritas
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments as of January 1, 2024

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	373,874	361,969	3,662,001	4,397,844
2025	978,864	627,127	3,602,540	5,208,531
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2027	1,944,698	922,446	3,486,657	6,353,801
2028	2,498,257	1,088,710	3,423,172	7,010,139
2029	3,015,508	1,273,750	3,354,041	7,643,299
2030	3,516,866	1,371,739	3,279,913	8,168,518
2031	4,036,480	1,448,541	3,199,468	8,684,489
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2038	7,539,825	2,096,623	2,418,830	12,055,278
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2040	8,404,035	2,278,090	2,149,876	12,832,001
2041	8,789,198	2,359,706	2,010,149	13,159,053
2042	9,113,366	2,428,725	1,867,178	13,409,269
2043	9,359,552	2,467,540	1,722,012	13,549,104
2044	9,587,803	2,515,452	1,575,894	13,679,149
2045	9,786,355	2,547,790	1,430,222	13,764,367
2046	9,922,991	2,575,750	1,286,502	13,785,243
2047	10,018,725	2,603,139	1,146,322	13,768,186
2048	10,091,774	2,599,990	1,011,303	13,703,067
2049	10,107,814	2,605,008	883,034	13,595,856
2050	10,099,303	2,596,369	762,960	13,458,632

Plan Name: AmeriHealth Caritas Pension Plan
 EIN / PN: 45-5415725 / 002
 Plan: AmeriHealth Caritas
 Sponsor:
 Valuation: January 1, 2024
 Date:

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2051	10,067,974	2,578,878	652,261	13,299,113
2052	9,953,000	2,571,644	551,786	13,076,430
2053	9,761,437	2,552,643	462,031	12,776,111
2054	9,512,463	2,495,740	383,125	12,391,328
2055	9,215,212	2,408,040	314,852	11,938,104
2056	8,872,221	2,314,428	256,689	11,443,338
2057	8,491,646	2,208,902	207,877	10,908,425
2058	8,086,727	2,103,081	167,495	10,357,303
2059	7,669,381	1,996,200	134,520	9,800,101
2060	7,240,938	1,889,956	107,901	9,238,795
2061	6,807,633	1,784,725	86,617	8,678,975
2062	6,375,230	1,680,795	69,728	8,125,753
2063	5,947,088	1,578,415	56,397	7,581,900
2064	5,525,904	1,477,796	45,893	7,049,593
2065	5,113,604	1,379,127	37,613	6,530,344
2066	4,712,354	1,282,604	31,065	6,026,023
2067	4,323,771	1,188,435	25,859	5,538,065
2068	3,949,237	1,096,841	21,696	5,067,774
2069	3,589,922	1,008,024	18,340	4,616,286
2070	3,246,832	922,190	15,614	4,184,636
2071	2,920,749	839,541	13,386	3,773,676
2072	2,612,273	760,267	11,556	3,384,096
2073	2,321,909	684,576	10,049	3,016,534

Plan Name: AmeriHealth Caritas Pension Plan
 EIN / PN: 45-5415725 / 002
 Plan: AmeriHealth Caritas
 Sponsor:
 Valuation: January 1, 2024
 Date:

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	AmeriHealth Caritas
EIN/PN	45-5415725/002
Plan Name	AmeriHealth Caritas Pension Plan
Valuation Date	January 1, 2024
Enrolled Actuary	William M DeGothseir
Enrollment Number	23-07985

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The plan was originally effective January 1, 2001. The plan was amended in 2019 to provide a one-time lump sum offer to terminated vested participants in December 2019.

Covered employees

An Employee who participated in the Pension Plan of Mercy Health Corporation as of December 31, 2000 shall participate in the Plan as of January 1, 2001, if he has an Hour of Service on or before January 1, 2001. Other employees become eligible as of the January 1 or July 1 coincident with or following attainment of age 21 and completion of 1,000 Hours of Service in a 12-month period measured from Employment Commencement Date or the first day of any Plan Year. Effective January 1, 2013 any employee who is hired or rehired on or after January 1, 2013 shall not participate in the plan.

Participation date

Date of becoming a covered employee.

Definitions

Vesting service

The Participant will receive 1/12 of a year of Vesting Service for each calendar month in which he completes at least one Hour of Service. Former participants in the Pension Plan of Mercy Health Corporation will be credited with those years of service credited to him for vesting purposes as of December 31, 2000.

Pension service

The Participant will receive 1/12 of a year of Credited Service for each calendar month in which he completes at least one Hour of Service. Former participants in the Pension Plan of Mercy Health Corporation will be credited with those years of service credited to him for benefit accrual purposes as of December 31, 2000.

Plan Compensation

A Participant's Plan Compensation means the total base salary or wages, excluding on-call pay, incentive earnings, any payment based on a share of charges to patients, bonuses and expense reimbursement, paid to an Employee during a Plan Year by an Employer, before any deductions for taxes, insurance, and tax-sheltered annuities. In addition, commissions are included in Plan Compensation for years 2001 and later. Plan Compensation is not to exceed \$150,000, as indexed.

Plan Name: AmeriHealth Caritas Pension Plan
EIN / PN: 45-5415725 / 002
Plan Sponsor: AmeriHealth Caritas
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Average Plan Compensation A Participant's Average Plan Compensation is the average of his Plan Compensation during the highest five consecutive years of his employment prior to termination.

Social Security Covered Compensation Social Security Covered Compensation is the average of the Social Security taxable wage base for the 35 years ending in the year the Participant attains Social Security Retirement Age. The Social Security Wage Base is assumed to remain constant from date of termination to Social Security Retirement Age.

Normal retirement date (NRD) The first of the month coincident with or next following his 65th birthday or, if later, the 5th anniversary of the date he became a Participant.

Monthly pension benefit Benefit Formula for Participants Hired on or after January 1, 2001:
A Participant who is credited with an Hour of Service on or after January 1, 2001 and was not employed by an Employer on or before December 31, 2000 is eligible to participate in a Cash Balance Account. This account increases each calendar quarter as follows:

For all Active Participants, an employer credit of a percentage of Compensation paid in the calendar quarter is made at the end of each calendar quarter, with the percentage based on Credited Service at the beginning of the calendar quarter according to the following schedule:

Years of Credited Service	Percentage of Compensation
At least 0, but less than 5	3%
At least 5, but less than 10	4%
At least 10, but less than 20	5%
20 or more	6%

Supplemental employer credits are made according to the schedule above for Compensation paid in the calendar quarter in excess of one-fourth (1/4) the Taxable Wage Base in effect during the Plan Year.

An interest credit is credited on the last day of each calendar quarter. The amount of the interest credit is the Cash Balance Account balance as of the beginning of the calendar quarter, multiplied by one-fourth (1/4) of the average interest rate in one-year Treasury Bills for the month of November preceding the Plan year, with a minimum annual rate of 3.8%.

The Cash Balance Account at Normal Retirement is converted into an actuarially equivalent annuity.

Plan Name: AmeriHealth Caritas Pension Plan
 EIN / PN: 45-5415725 / 002
 Plan Sponsor: AmeriHealth Caritas
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Benefit Formula for Participants Hired After July 1, 1981 and Before January 1, 2001:

A Participant who was hired after July 1, 1981 and before January 1, 2001 shall receive an annual benefit equal to the sum of (a) and (b) multiplied by (c):

- a) 0.75% of the Participant's Average Plan Compensation not in excess of his Social Security Covered Compensation, and
- b) 1.25% of his Average Plan Compensation in excess of said Social Security Covered Compensation
- c) his years of Credited Service (up to a maximum of 30 years)

Benefit Formula for Participants Hired On or Before July 1, 1981:

A Participant hired on or before July 1, 1981 shall receive an annual benefit equal to the greater of the Final Average Compensation benefit formula described above, and 1/12th the product of (d) and (e).

- d) 1% of the Participant's Average Plan Compensation
- e) his years of Credited Service (up to a maximum of 20 years)

Minimum benefit

The annual benefit for final average pay participants, calculated under the Normal Retirement Benefit formula, shall not be less than \$180 for each year of Credited Service, up to a maximum of 20 years.

Normal form of benefit

For single participants, the normal form of benefit is a Single Life Annuity. For married participants, the normal form of benefit is a 50% Joint and Survivor Annuity, actuarially equivalent to the normal form of annuity for a single participant.

Eligibility for Benefits

Normal retirement

Retirement on NRD

Early retirement

A Participant who has attained age 55 and completed 5 years of Credited Service is eligible to retire with an Early Retirement Benefit commencing on the first day of the month following retirement.

Postponed retirement

A Participant who continues his service beyond his Normal Retirement Date is eligible to retire with benefits commencing on the first day of the month following retirement.

Plan Name: AmeriHealth Caritas Pension Plan
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Plan Sponsor: AmeriHealth Caritas
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Deferred vested termination	A Participant who has completed 5 or more years of Vesting Service is 100% vested in his Accrued Benefit. If a Participant is entitled to a Cash Balance Benefit, he is 100% vested in his Accrued Benefit after he has completed 3 or more years of Vesting Service.
Disability	A Participant who has completed 5 or more years of Vesting Service, and has become totally and permanently disabled while employed by an Employer, is eligible for a Disability Retirement Pension, which may commence the first day of any month following his 55th birthday, but not later than his Normal Retirement Date.
Preretirement death benefit	The spouse of a participant who has completed 5 or more years of Vesting Service is eligible for a Death Benefit. The Death Benefit may commence on the later of the date the participant would have met the requirements for Early Retirement, and the Participant's date of death.

Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit determined as of NRD
Early retirement	<p>The Final Average Compensation Benefit is the Accrued Benefit calculated at the normal retirement date reduced by ½% for each month that the Annuity start date precedes the Participant's normal retirement date.</p> <p>Cash Balance Benefits are the better of the Cash Balance Account at Early Retirement converted into an actuarially equivalent annuity and the Cash Balance Account projected to normal retirement age using the current crediting rate, converted to an actuarial equivalent annuity and reduced ½% for each month that the Annuity start date precedes the Participant's normal retirement date.</p>
Postponed retirement	The Late Retirement Benefit is the greater of the Participant's Accrued Benefit calculated as of normal retirement date, actuarially increased to his late retirement date and the accrued benefit recalculated as of late retirement date.
Deferred vested termination	If vested, Participants are entitled to the Accrued Benefit calculated at the date of termination. This benefit is payable at

Plan Name: AmeriHealth Caritas Pension Plan
EIN / PN: 45-5415725 / 002
Plan Sponsor: AmeriHealth Caritas
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Normal Retirement Date. If the participant is eligible for Early Retirement, the pension may commence as early as age 55.

Disablement

The Disability Retirement Pension is the amount of the Normal or Early Retirement Benefit to which the participant is entitled on the Annuity Starting Date based on his years of Credited Service, which continue to accrue up to the Annuity Starting Date while the Participant remains on disability.

Preretirement death

The amount of the Death Benefit is equal to the benefit the spouse would have received if the participant had terminated on his date of death, survived to his Annuity Starting Date, elected a 100% Joint & Survivor Annuity, and died the following day.

Other Plan Provisions

Forms of payment

In lieu of the Normal Form of benefit, a retiring Participant may elect to receive his benefit in an optional payment form of equivalent actuarial value. Available optional forms are: Single Life Annuity; 50%, 75%, or 100% Joint and Survivor Annuity; or 5, 10, or 15 year Certain & Continuous Annuity.

Pension Increases

None

Plan participants' contributions

None

Maximum limits on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes take effect. Increases in the dollar limits are not assumed for funding or AFTAP purposes.

Future Plan Changes

No future plan changes were recognized in determining funding requirements.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Plan Name: AmeriHealth Caritas Pension Plan
EIN / PN: 45-5415725 / 002
Plan Sponsor: AmeriHealth Caritas
Valuation Date: January 1, 2024

Plan Name	Amerihealth Caritas Pension Plan
Plan Sponsor EIN	45-5415725
ERISA Plan #	002
Plan Year Ending	December 31, 2023

The required attachment marked with an “X” in the Attachment column is included within the Accountant’s Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan’s Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

SCHEDULE SB ATTACHMENTS

**Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2024**

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2024	8,303,432	15.00000	8,303,432	755,449
Total				8,303,432	755,449

Plan Name: AmeriHealth Caritas Pension Plan
 EIN / PN: 45-5415725 / 002
 Plan: AmeriHealth Caritas
 Sponsor:
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

The assumed plan-related expenses added to the target normal cost were changed from \$1,300,000 for the prior valuation to \$1,000,000 for the current valuation to account for lower expected expenses to be paid from the trust.

A new experience study was performed, and as a result assumed rates of retirement, rates of termination and rates of compensation increase and assumed form of payment were changed to better reflect anticipated future experience.

The annual rate of increase for statutory limits on compensation was updated from 4.00% to 3.50%.

The cash balance interest crediting rate was changed from 4.10% to 4.75% to better reflect current and anticipated future economic conditions.

Plan Name: AmeriHealth Caritas Pension Plan
EIN / PN: 45-5415725 / 002
Plan: AmeriHealth Caritas
Sponsor:
Valuation: January 1, 2024
Date: