

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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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
1a	Name of plan PENSION PLAN A OF HEALTHNOW NY INC.
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 04/01/1950
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) HIGHMARK WESTERN AND NORTHEASTERN NEW YORK INC. 120 FIFTH AVENUE FAP HM 043A PITTSBURGH, PA 15222
2b	Employer Identification Number (EIN) 16-1105741
2c	Plan Sponsor's telephone number 412-544-7681
2d	Business code (see instructions) 524140

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2025	BETH ROSS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1686
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) 360 6a(2) 294 6b 874 6c 392 6d 1560 6e 51 6f 1611 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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (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 _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 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 PENSION PLAN A OF HEALTHNOW NY INC.	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HIGHMARK WESTERN AND NORTHEASTERN NEW YORK INC.	D Employer Identification Number (EIN) 16-1105741
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	137368314	
b	Actuarial value	2b	137368314	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	939	89722812	89722812
b	For terminated vested participants	393	17439344	17439344
c	For active participants	360	22024566	22165361
d	Total	1692	129186722	129327517
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	5.03 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	500000	
c	Target normal cost	6c	500000	

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 DANIEL KELCH Type or print name of actuary MERCER Firm name 400 WEST MARKET STREET SUITE 500 LOUISVILLE, KY 40202 Address of the firm	08/04/2025 Date 23-07978 Most recent enrollment number 502-561-4532 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	6378837	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	200000	0
9 Amount remaining (line 7 minus line 8)	6178837	0
10 Interest on line 9 using prior year's actual return of <u>10.53</u> %	650632	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.16</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	6829469	0

Part III Funding Percentages

14 Funding target attainment percentage	14	100.93 %
15 Adjusted funding target attainment percentage	15	106.21 %
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	100.71 %
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
Totals ►			18(b)	0	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	0

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
0	0	0	0

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 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	500000	
b Excess assets, if applicable, but not greater than line 31a	31b	500000	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
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	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan PENSION PLAN A OF HEALTHNOW NY INC.	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 HIGHMARK WESTERN AND NORTHEASTERN NEW YORK INC.	D Employer Identification Number (EIN) 16-1105741	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
VANGUARD	P.O. BOX 2600 VALLEY FORGE, PA 19482

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
PIMCO	P.O. BOX 219024 KANSAS CITY, MO 64121-9024

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
ISHARES	BLACKROCK INVESTMENTS, LLC 1 UNIVERSITY SQUARE DRIVE PRINCETON, NJ 08540

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
DREYFUS	BNY MELLON INSTIUTIONAL SERVICES 144 GLENN CURTISS BOULEVARD UNIONDALE, NY 11556-0144

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

MFS SERVICE CENTER, INC.

P. O. BOX 219341
KANSAS CITY, MO 64121-9341

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

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

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

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

ALIGHT SOLUTIONS LLC

82-1061233

(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?
15 50 99	NONE	189593	Yes ☒ No ☐	Yes ☒ No ☐	4010	Yes ☐ No ☒

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

MERCER US LLC

13-2834414

(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 50	ACTUARY	133600	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GOLDMAN SACHS ASSET MANAGEMENT

59-3263582

(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?
28 51	NONE	54554	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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)

HOOKER & HOLCOMBE INC.

06-0854693

(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 51	NONE	32410	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BAKER TILLY US LLP

30-1413443

(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?
10 50	AUDITOR	20700	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ALIGHT SOLUTIONS LLC	99	4010

(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.
EQUIFAX WORKFORCE SOLUTIONS LLC 64-0958101	COMPENSATION RELATED TO PENSION INCOME VERIFICATION SERVICE

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan PENSION PLAN A OF HEALTHNOW NY INC.				B Three-digit plan number (PN) ▶ 002	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 HIGHMARK WESTERN AND NORTHEASTERN NEW YORK INC.				D Employer Identification Number (EIN) 16-1105741	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS MULTI-MANAGER REAL AS					
b Name of sponsor of entity listed in (a): GOLDMAN SACHS					
c EIN-PN 47-3185136-000		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12	

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
	For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
	A Name of plan PENSION PLAN A OF HEALTHNOW NY INC.	B Three-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500 HIGHMARK WESTERN AND NORTHEASTERN NEW YORK INC.	D Employer Identification Number (EIN) 16-1105741	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	3424	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	198511	3094720
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	137168956	8937708
(2) U.S. Government securities	1c(2)	0	25313691
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	6980799
(B) All other	1c(3)(B)	0	7233555
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(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)	71923	0
(10) Value of interest in pooled separate accounts	1c(10)		
(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)	0	85386464
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	137442814	136946937
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	278556	3798153
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	278556	3798153
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	137164258	133148784

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	100513	
(B) U.S. Government securities.....	2b(1)(B)	42012	
(C) Corporate debt instruments.....	2b(1)(C)	19357	
(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)		161882
(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)	2854225	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C).....	2b(2)(D)		2854225
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	18097059	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	18151282	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-221320	
(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)		
(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)		5275350
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		8015914

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11609860	
(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)		11609860
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)		
(3) Recordkeeping fees	2i(3)	111411	
(4) IQPA audit fees	2i(4)	450	
(5) Investment advisory and investment management fees	2i(5)	5571	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	133810	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	170286	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		421528
j Total expenses. Add all expense amounts in column (b) and enter total	2j		12031388

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-4015474
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: **BAKER TILLY US, LLP**

(2) EIN: **39-0859910**

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		14000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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 549356.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan PENSION PLAN A OF HEALTHNOW NY INC.				B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 HIGHMARK WESTERN AND NORTHEASTERN NEW YORK INC.				D Employer Identification Number (EIN) 16-1105741	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 94-1687665					
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	33
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ 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					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

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: 10.4 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 73.6 %

High-Yield Debt: 10.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 6.0 % 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_____.

Pension Plan A of HealthNow NY Inc.

Financial Statements and
Supplementary Information

December 31, 2024 and 2023

Pension Plan A of HealthNow NY Inc.

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December 31, 2024 and 2023

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Independent Auditors' Report

To the Participants and Plan Administrator of
Pension Plan A of HealthNow NY Inc.

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

We have performed audits of the financial statements of Pension Plan A of HealthNow NY Inc. (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 statement of changes in net assets available for benefits for the year ended December 31, 2024, 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 (DOL) 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 8 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 Auditors' Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the 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 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' 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 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.

Auditors' 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 auditors' 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, Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) and Schedule H, Line 4(j) - Schedule of Reportable Transactions, as of or 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 DOL'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 audits 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 DOL'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 DOL'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 a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Baker Tilly US, LLP

Pittsburgh, Pennsylvania
October 2, 2025

Pension Plan A of HealthNow NY Inc.

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

(In Thousands)

	2024	2023
Assets		
Investments at fair value:		
Interest-bearing cash	\$ 8,938	\$ 137,169
Common collective trusts	-	72
Government debt securities	25,314	-
Corporate debt securities	14,214	-
Mutual funds	85,386	-
Total investments	133,852	137,241
Cash	-	3
Due from broker for securities sold	2,645	-
Accrued interest and dividends receivable	450	199
Total assets	136,947	137,443
Liabilities		
Due to broker for securities purchased	3,772	-
Other liabilities	26	279
Total liabilities	3,798	279
Net assets available for benefits	\$ 133,149	\$ 137,164

See notes to financial statements

Pension Plan A of HealthNow NY Inc.

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2024

(In Thousands)

Additions

Investment income:

Net appreciation in fair value of investments

\$ 5,000

Interest and dividends

3,016

Total additions

8,016

Deductions

Benefits paid to participants

11,610

Administrative expenses

421

Total deductions

12,031

Net decrease

(4,015)

Net Assets Available for Benefits

Beginning of year

137,164

End of year

\$ 133,149

See notes to financial statements

Pension Plan A of HealthNow NY Inc.

Notes to Financial Statements
December 31, 2024 and 2023
(Amounts in Thousands)

1. Description of the Plan

The following brief description of Pension Plan A of HealthNow NY Inc. (the Plan) is provided for general information purposes only. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit plan established effective April 1, 1985, as restated January 1, 2023. Prior to the plan freeze, the Plan covered substantially all employees of HealthNow New York Inc. (the Plan Sponsor) who have completed one year of eligible service and are age 21 or older. Effective March 1, 2021, Highmark Inc. became the sole member of HealthNow New York Inc. n/k/a Highmark Western and Northeastern New York Inc. Highmark Health (the Corporation) is the sole corporate member of Highmark Inc. The Compensation and Human Resources Committee of Highmark Health has oversight of the Plan and has delegated responsibility for the general administration of the Plan to the Highmark Health Employee Benefits Fiduciary Committee (the Committee). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective March 31, 2007, the Plan was amended to freeze participation and accrued benefits under the Plan for essentially all salary employees and on June 30, 2008, the Plan was amended to freeze participation and accrued benefits under the Plan for essentially all hourly employees.

Bank of America, N.A. was the Plan's custodian at December 31, 2023. Effective January 1, 2024, the Plan changed its custodian from Bank of America, N.A. to The Bank of New York Mellon.

Funding Policy

The Plan's funding policy is for the Corporation to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The minimum funding requirements of ERISA were met for 2024 and 2023.

Although it has not expressed any intention to do so, the Corporation 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.

Pension Benefits

Participants meeting certain criteria had the option of electing to have their benefits calculated using the previous Plan formula. This formula provides employees with five or more years of service annual pension benefits beginning at normal retirement age (65) in the form of a life annuity with monthly payments commencing on the participant's retirement date and payable for ten years certain and thereafter for life.

The monthly benefit payable to a participant in the normal form is equal to the product of one and two (defined below), not to be less than \$0.1 per month nor more than 75% of Average Monthly Earnings:

1. One and two-thirds percent of Average Monthly Earnings.
2. The number of years of credited service completed by the participant.

Employees not eligible for this election and employees that did not make this election are provided benefits payable at normal retirement age based upon a percentage of compensation. These benefits are payable beginning at normal retirement age (65) in the form of a life annuity with monthly payments commencing on the participant's retirement date. An alternative form of payment is a single sum distribution of the actuarial equivalent value of the employee's pension benefit.

Pension Plan A of HealthNow NY Inc.

Notes to Financial Statements
December 31, 2024 and 2023
(Amounts in Thousands)

In May 1998, the Plan purchased annuities to fund the benefit liabilities for any participants who retired prior to January 1, 1997. These funds are excluded from the Plan's assets and liabilities. The Plan continues to maintain the liability for any participants who retired on or after January 1, 1997.

Death and Disability Benefits

If an active employee dies at age 55 or older, a death benefit equal to the value of the employee's accumulated pension benefit is paid to the employee's beneficiary. Active employees who become totally disabled receive annual disability benefits that are equal to the equivalent normal retirement benefit they have accumulated as of the time they become disabled. If a participant has 10 years of service and becomes totally and permanently disable, the participant may be eligible for the accrued benefit as of the date of the disability. Disability benefits are paid until normal retirement age, at which time disabled participants will receive the normal retirement benefit computed as though they had been employed to normal retirement age, with their annual compensation remaining the same as at the time they became disabled.

If a participant was married for at least one year and would have been eligible to take early retirement immediately preceding the date of his or her death, the spouse shall be entitled to a benefit equal to 50% of the value of the participant's accumulated pension benefit. If a participant is not married or married less than one year on the date of death, no benefits are payable under the Plan.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Corporation. Expenses that are paid by the Corporation are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying Statement of Changes in Net Assets Available for Benefits. In addition, certain investment related expenses are included in net depreciation of fair value of investments presented in the accompanying Statement of Changes in Net Assets Available for Benefits.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Pension Plan A of HealthNow NY Inc.

Notes to Financial Statements
December 31, 2024 and 2023
(Amounts in Thousands)

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

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 service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation and years of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances such as retirement, death, disability and termination of employment are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

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

The actuarial present value of accumulated plan benefits as of December 31, 2024 and 2023 is as follows:

	<u>2024</u>	<u>2023</u>
Vested benefits:		
Participants and beneficiaries currently receiving payments	\$ 32,928	\$ 32,870
Other participants	<u>76,223</u>	<u>77,975</u>
Total vested benefits	109,151	110,845
Nonvested benefits	<u>63</u>	<u>159</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 109,214</u>	<u>\$ 111,004</u>

The changes in the actuarial present value of the accumulated plan benefits for the year ended December 31, 2024 are summarized as follows:

Actuarial present value of accumulated plan benefits, beginning of year	\$ 111,004
Increase (decrease) during the year attributable to:	
Interest due to the decrease in the discount period	7,540
Benefits accumulated including actuarial gain	(522)
Change in actuarial assumptions	2,802
Benefits paid	<u>(11,610)</u>
Actuarial present value of accumulated plan benefits, end of year	<u>\$ 109,214</u>

Pension Plan A of HealthNow NY Inc.

Notes to Financial Statements
December 31, 2024 and 2023
(Amounts in Thousands)

Significant assumptions underlying the actuarial computations are as follows:

Discount rate	7.00% for 2024 and 7.20% for 2023
Mortality	Pri-2012 Table, projected with Scale MMP-2021 for 2024 and 2023
Assumed retirement date	Ages 55 to 70

The assumed rate of interest used to value the present value of accumulated plan benefits decreased from 7.20% to 7.00%, resulting in an increase of approximately \$2.8 million in actuarial present value of accumulated benefits for the year ended December 31, 2024.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Subsequent Events

The Plan has evaluated subsequent events for recognition or disclosure through October 2, 2025, the date the financial statements were available to be issued.

3. Fair Value Measurements

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

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

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

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

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

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

Pension Plan A of HealthNow NY Inc.

Notes to Financial Statements
December 31, 2024 and 2023
(Amounts in Thousands)

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Interest-bearing cash consists of bank deposits, for which fair value approximates the cost of the deposits.

Government and corporate debt securities are valued at the closing price reported on the market on which the individual securities are traded or based on yields currently available on comparable securities of issuers with similar credit ratings.

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

Common collective trust funds are valued at the NAV of units of bank collective trusts. The NAV, as provided by the funds' trustees, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

Assets at Fair Value as of December 31, 2024				
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	\$ 8,938	\$ -	\$ -	\$ 8,938
Government debt securities	25,314	-	-	25,314
Corporate debt securities	-	14,214	-	14,214
Mutual funds	85,386	-	-	85,386
Total investments at fair value	<u>\$ 119,638</u>	<u>\$ 14,214</u>	<u>\$ -</u>	<u>\$ 133,852</u>
Assets at Fair Value as of December 31, 2023				
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	\$ 137,169	\$ -	\$ -	\$ 137,169
Total assets in the fair value hierarchy	<u>\$ 137,169</u>	<u>\$ -</u>	<u>\$ -</u>	137,169
Investments measured at net asset value (a)				<u>72</u>
Total investments at fair value				<u>\$ 137,241</u>

(a) Certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

Pension Plan A of HealthNow NY Inc.

Notes to Financial Statements
December 31, 2024 and 2023
(Amounts in Thousands)

Investments Measured Using NAV per Share Practical Expedient

The following tables summarize investments measured at fair value based on NAV per share as of December 31, 2023.

	December 31, 2023			
	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Common collective trust funds	\$ 72	N/A	Daily	0-30 days

4. Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
- b) Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed subsequently).
- c) All other vested benefits (that is, vested benefits not insured by PBGC).
- d) All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, a statutory ceiling exists, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Corporation and the level of benefits guaranteed by the PBGC.

5. Related-Party and Party in Interest Transactions

The Plan's investments are administered under a contract with BNY Mellon, the trustee of the Plan. Contributions are held and managed by the trustee, who invests cash received, interest and dividend income and makes distributions to participants. These transactions qualify as party in interest transactions which are exempt from the prohibited transactions rules of ERISA.

Pension Plan A of HealthNow NY Inc.

Notes to Financial Statements
December 31, 2024 and 2023
(Amounts in Thousands)

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Corporation. No such officer or employee received compensation from the Plan.

6. Tax Status

The Internal Revenue Service (IRS) has determined and informed the Corporation by a letter dated October 10, 2017, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

7. Risks and Uncertainties

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. 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.

In addition, the Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

As of December 31, 2024 and 2023, the Plan had investments of \$58,183 and \$137,169, respectively, that were concentrated in two funds.

8. Information Certified by Trustees

The plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2024 and 2023. Accordingly, BNY Mellon, the current trustee of the Plan, has certified to the completeness and accuracy of all investments reported in the accompanying Statement of Net Assets Available for Benefits and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2024, and the related investment activity reported in the Statement of Changes in Net Assets Available for Benefits and the information reported in the supplemental Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year then ended. The prior trustee of the Plan, Bank of America, N.A., has certified to the completeness and accuracy of all investments reported in the accompanying Statement of Net Assets Available for Benefits as of December 31, 2023. Such information was obtained by management and agreed to or derived from information certified as complete and accurate by a qualified institution.

Schedule SB, Line 26a — Schedule of Active Participant Data

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25											
25–29											
30–34											
35–39											
40–44		18	7								25
45–49		25	29								54
50–54		16	30	6	5						57
55–59		12	26	11	35	9					93
60–64		20	23	6	18	23	6				96
65–69		4	7	4	3	1	1	1			21
70 & up		4	3	2	2	1		1	1		14
Total		99	125	29	63	34	7	2	1		360

Each cell includes the count of active participants for each age/service combination.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial assumptions for January 1, 2024 funding valuation**

Discount rate sponsor elections				
•	Segment rates or full yield curve	Segment		
•	Look-back months	4		
		Stabilized	Nonstabilized	PBGC
•	First 5 years	4.75%	3.62%	5.01%
•	Next 15 years	4.87%	4.46%	5.13%
•	Over 20 years	5.59%	4.52%	5.15%
Mortality sponsor elections				
•	Healthy participants	Section 430(h)(3) prescribed generational annuitant and nonannuitant mortality tables for 2024 plan year funding valuations. These tables are based on the Pri-2012 mortality tables projected with the IRS-modified MP-2021 mortality improvement scale, in accordance with IRS regulation 1.430(h)(3)-1.		
•	Disabled participants	Same as healthy		
417(e) lump sums		Liabilities are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on valuation interest rates rather than 417(e) rates and generational 417(e) unisex mortality.		
PEP plans				
•	Whipsaw calculations	No		
•	Annuity conversion			
	— Mortality table	IRC Section 417(e) unisex mortality with generational projection		
	— Interest rate basis	Funding segment rates		
Other economic assumptions				
•	Salary increases	N/A		
•	Flat-dollar benefit increases	N/A		
•	Social Security taxable wage base increases	N/A		
•	Expenses	\$500,000 added to current year normal cost, assuming PBGC premiums and other eligible expenses will be paid by the trust.		

Rationale for economic assumptions

- Expenses – For target normal cost purposes, expenses are based on an estimate of the current year PBGC premium, with an estimate for other eligible expenses.

Demographic assumptions	
• Withdrawal	See table of sample rates.
• Disability incidence	50% of 1985 Pension Disability Table Class 1. See table of sample rates.

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

• Retirement age		Pension Plan A (pre-merger)	Retirement Bonus Plan (pre-merger)
	Attained age		
	55	3%	3%
	56	3%	3%
	57	3%	3%
	58	3%	3%
	59	3%	3%
	60	10%	10%
	61	15%	15%
	62	25%	25%
	63	20%	35%
	64	20%	35%
	65	60%	60%
	66	20%	75%
	67	30%	75%
	68	40%	75%
	69	50%	75%
	70 and above	100%	100%
• Benefit commencement age for			
— Future vested deferred	65 (55 for former RBP employees with 10 years of service)		
— Current vested deferred	65		
• Spouse assumptions	Male participants	Female participants	
— Percentage married	75%	75%	
— Spouse age difference	3 years younger	3 years older	
Form of payment — QEP, or terminations before Jan 1, 2000 (Jan 1, 1998 for RBP)	Lump sum	Life annuity with 10 years certain	50% J&S
• Active retirements	0%	100%	0%
• Future vested deferred	0%	100%	0%
• Future disabilities	0%	100%	0%
• Future deaths	0%	0%	100%
• Current vested deferred	0%	100%	0%
Form of payment — PEP, or terminations on or after Jan 1, 2000 (Jan 1, 1998 for RBP)	Lump sum	Single life	50% J&S
• Active retirements	50%	50%	0%
• Future vested deferred	50%	50%	0%
• Future disabilities	50%	50%	0%
• Future deaths	0%	0%	100%
• Current vested deferred	80%	20%	0%

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

Unpredictable contingent event assumptions	Not applicable
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Table of sample rates

Attained age	Withdrawal		Disability incidence	
	Pension Plan A (pre-merger)	Retirement bonus plan (pre-merger)	Male	Female
20	10.00%	20.00%	0.01%	0.02%
25	8.50%	20.00%	0.02%	0.02%
30	6.50%	17.50%	0.02%	0.04%
35	4.50%	12.50%	0.03%	0.07%
40	3.50%	10.00%	0.06%	0.11%
45	3.00%	7.50%	0.10%	0.16%
50	3.00%	6.00%	0.18%	0.27%
55	3.00%	6.00%	0.36%	0.48%
60	3.00%	6.00%	0.63%	0.58%
65	3.00%	6.00%	0.88%	0.68%

Rationale for demographic assumptions

- Demographic assumptions, including withdrawal, retirement age, form of payment – ASOP 41 requires explicit disclosure of reliance on another actuary’s assumptions and methods. We have relied upon the prior actuary’s assumptions related to the demographic assumptions shown herein. We have compared these assumptions to other benefit plans with similar plan features and found that they were in line with expectations. As such, we have no reason to doubt the reasonableness for the purpose in which these assumptions are used. When sufficient information is available to us, a demographic experience study for the Highmark NY population will be completed and this reliance upon the prior actuary will no longer be necessary.

Actuarial methods for funding

Asset methods

The asset valuation method is the fair market value.

Participant methods

Participants or former participants are included or excluded from the valuation as described below:

- Participants included:** No new participants can enter the plan. The plan administrator provides us with updates to current participant data as of the valuation date.
- Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date.
- Insurance contracts:** The plan does not have any insurance contracts.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Minimum funding methods**

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year. If multiple decrements are used, the funding target for an individual is the sum of the component funding targets associated with the various anticipated separation dates.
- The plan's **funding normal cost** is zero since benefit accruals are frozen under this plan.

Pension Plan A of HealthNow NY Inc.

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 16-1105741 Plan Number: 002

Year Ended December 31, 2024

(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain (Loss)
Single Transactions								
* BANK OF AMERICA	MONEY MARKET SAVINGS ACCOUNT	\$ -	\$ 40,136,856	\$ -	\$ -	\$ 40,136,856	\$ 40,136,856	\$ -
* BANK OF AMERICA	TEMPORARY OVERNIGHT DEPOSIT	-	97,032,100	-	-	97,032,100	97,032,100	-
* BANK OF AMERICA	TEMPORARY OVERNIGHT DEPOSIT	-	52,192,314	-	-	52,192,314	52,192,314	-
* BANK OF AMERICA	TEMPORARY OVERNIGHT DEPOSIT	52,188,797	-	-	-	52,188,797	52,188,797	-
Series Transactions								
* BANK OF AMERICA	MONEY MARKET SAVINGS ACCOUNT 3 SALES	\$ -	\$ 40,252,701	\$ -	\$ -	\$ 40,252,701	\$ 40,252,701	\$ -
* BANK OF AMERICA	TEMPORARY OVERNIGHT DEPOSIT 2 SALES	-	149,224,414	-	-	149,224,414	149,224,414	-

* A party in interest as defined by ERISA

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 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 PENSION PLAN A OF HEALTHNOW NY INC.	B Three-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HIGHMARK WESTERN AND NORTHEASTERN NEW YORK INC.	D Employer Identification Number (EIN) 16-1105741
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information			
1 Enter the valuation date: Month 01 Day 01 Year 2024			
2 Assets:			
a Market value	2a	137,368,314	
b Actuarial value	2b	137,368,314	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	939	89,722,812	89,722,812
b For terminated vested participants	393	17,439,344	17,439,344
c For active participants	360	22,024,566	22,165,361
d Total	1,692	129,186,722	129,327,517
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	5.03%	
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	500,000	
c Target normal cost	6c	500,000	

Statement by Enrolled Actuary

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

SIGN HERE DK	08/04/2025 Date 2307978 Most recent enrollment number 502-561-4532 Telephone number (including area code)
DANIEL KELCH Signature of actuary Type or print name of actuary	
MERCER Firm name 400 WEST MARKET STREET SUITE 500 LOUISVILLE KY 40202 Address of the firm	

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)	6,378,837	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	200,000	0
9 Amount remaining (line 7 minus line 8)	6,178,837	0
10 Interest on line 9 using prior year's actual return of <u>10.53%</u>	650,632	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.16%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	6,829,469	0

Part III Funding Percentages

14 Funding target attainment percentage	14	100.93 %
15 Adjusted funding target attainment percentage	15	106.21 %
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	100.71 %
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
Totals ►			18(b)	0	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	0

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
0	0	0	0

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 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute	

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	500,000	
b Excess assets, if applicable, but not greater than line 31a	31b	500,000	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
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	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

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

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 63.

Calculation of weighted average retirement age

(A) Age	(B) Rate of Retirement	(C) Lx	(D) # Ret	(E) = (A) x (D) # Ret x Age
55	3.00%	1,000	30	1,650
56	3.00%	970	29	1,630
57	3.00%	941	28	1,609
58	3.00%	913	27	1,588
59	3.00%	885	27	1,567
60	10.00%	859	86	5,152
61	15.00%	773	116	7,072
62	25.00%	657	164	10,182
63	20.00%	493	99	6,208
64	20.00%	394	79	5,045
65	60.00%	315	189	12,298
66	20.00%	126	25	1,665
67	30.00%	101	30	2,028
68	40.00%	71	28	1,921
69	50.00%	42	21	1,462
70	100.00%	21	21	1,483
Total			1,000	62,561
Average				62.56

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial assumptions for January 1, 2024 funding valuation**

Discount rate sponsor elections			
• Segment rates or full yield curve	Segment		
• Look-back months	4		
	Stabilized	Nonstabilized	PBGC
• First 5 years	4.75%	3.62%	5.01%
• Next 15 years	4.87%	4.46%	5.13%
• Over 20 years	5.59%	4.52%	5.15%
Mortality sponsor elections			
• Healthy participants	Section 430(h)(3) prescribed generational annuitant and nonannuitant mortality tables for 2024 plan year funding valuations. These tables are based on the Pri-2012 mortality tables projected with the IRS-modified MP-2021 mortality improvement scale, in accordance with IRS regulation 1.430(h)(3)-1.		
• Disabled participants	Same as healthy		
417(e) lump sums	Liabilities are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on valuation interest rates rather than 417(e) rates and generational 417(e) unisex mortality.		
PEP plans			
• Whipsaw calculations	No		
• Annuity conversion			
— Mortality table	IRC Section 417(e) unisex mortality with generational projection		
— Interest rate basis	Funding segment rates		
Other economic assumptions			
• Salary increases	N/A		
• Flat-dollar benefit increases	N/A		
• Social Security taxable wage base increases	N/A		
• Expenses	\$500,000 added to current year normal cost, assuming PBGC premiums and other eligible expenses will be paid by the trust.		

Rationale for economic assumptions

- Expenses – For target normal cost purposes, expenses are based on an estimate of the current year PBGC premium, with an estimate for other eligible expenses.

Demographic assumptions	
• Withdrawal	See table of sample rates.
• Disability incidence	50% of 1985 Pension Disability Table Class 1. See table of sample rates.

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

• Retirement age			
	Attained age	Pension Plan A (pre-merger)	Retirement Bonus Plan (pre-merger)
	55	3%	3%
	56	3%	3%
	57	3%	3%
	58	3%	3%
	59	3%	3%
	60	10%	10%
	61	15%	15%
	62	25%	25%
	63	20%	35%
	64	20%	35%
	65	60%	60%
	66	20%	75%
	67	30%	75%
	68	40%	75%
	69	50%	75%
	70 and above	100%	100%
• Benefit commencement age for			
— Future vested deferred	65 (55 for former RBP employees with 10 years of service)		
— Current vested deferred	65		
• Spouse assumptions	Male participants	Female participants	
— Percentage married	75%	75%	
— Spouse age difference	3 years younger	3 years older	
Form of payment — QEP, or terminations before Jan 1, 2000 (Jan 1, 1998 for RBP)	Lump sum	Life annuity with 10 years certain	50% J&S
• Active retirements	0%	100%	0%
• Future vested deferred	0%	100%	0%
• Future disabilities	0%	100%	0%
• Future deaths	0%	0%	100%
• Current vested deferred	0%	100%	0%
Form of payment — PEP, or terminations on or after Jan 1, 2000 (Jan 1, 1998 for RBP)	Lump sum	Single life	50% J&S
• Active retirements	50%	50%	0%
• Future vested deferred	50%	50%	0%
• Future disabilities	50%	50%	0%
• Future deaths	0%	0%	100%
• Current vested deferred	80%	20%	0%

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

Unpredictable contingent event assumptions	Not applicable
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Table of sample rates

Attained age	Withdrawal		Disability incidence	
	Pension Plan A (pre-merger)	Retirement bonus plan (pre-merger)	Male	Female
20	10.00%	20.00%	0.01%	0.02%
25	8.50%	20.00%	0.02%	0.02%
30	6.50%	17.50%	0.02%	0.04%
35	4.50%	12.50%	0.03%	0.07%
40	3.50%	10.00%	0.06%	0.11%
45	3.00%	7.50%	0.10%	0.16%
50	3.00%	6.00%	0.18%	0.27%
55	3.00%	6.00%	0.36%	0.48%
60	3.00%	6.00%	0.63%	0.58%
65	3.00%	6.00%	0.88%	0.68%

Rationale for demographic assumptions

- Demographic assumptions, including withdrawal, retirement age, form of payment – ASOP 41 requires explicit disclosure of reliance on another actuary's assumptions and methods. We have relied upon the prior actuary's assumptions related to the demographic assumptions shown herein. We have compared these assumptions to other benefit plans with similar plan features and found that they were in line with expectations. As such, we have no reason to doubt the reasonableness for the purpose in which these assumptions are used. When sufficient information is available to us, a demographic experience study for the Highmark NY population will be completed and this reliance upon the prior actuary will no longer be necessary.

Actuarial methods for funding**Asset methods**

The asset valuation method is the fair market value.

Participant methods

Participants or former participants are included or excluded from the valuation as described below:

- Participants included:** No new participants can enter the plan. The plan administrator provides us with updates to current participant data as of the valuation date.
- Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date.
- Insurance contracts:** The plan does not have any insurance contracts.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Minimum funding methods**

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year. If multiple decrements are used, the funding target for an individual is the sum of the component funding targets associated with the various anticipated separation dates.
- The plan's **funding normal cost** is zero since benefit accruals are frozen under this plan.

Schedule SB, Line 24 — Change in Actuarial Assumptions

Actuarial assumption changes since prior valuation

- The expense load increased from \$200,000 to \$500,000 to better align with future expectations.

Schedule SB, Part V — Summary of Plan Provisions**Summary of major plan provisions**

Effective date and plan year	Original plan: April 1, 1950 Restated plan: January 1, 2023 Plan year: Calendar year
Status of the plan	The plan is closed and frozen. Employees hired after June 30, 2008 are not eligible to participate in the plan, and no additional pay or service is counted after that date.
Significant events that occurred during the year	None.
Definitions	
• Covered employees	Employees or former employees hired before June 30, 2008.
• Participation	First day of the month following or coincident with age 21 and completion of 12 months of employment.
• Qualifying Electing Participant (QEP) – <i>non-RBP participants</i>	Any eligible employee of Plan A satisfying all of the following conditions: (a) began participating in this Plan before January 1, 2000 (b) actively employed on December 31, 1999 (c) attained age 40 by December 31, 1999, and (d) elected by December 3, 1999 to continue application of the benefit formula in effect on December 31, 1999.
• Vesting service	Continuous service beginning on date of hire, but excluding any full plan year prior to age 18.
• Credited service	Continuous service beginning on date of hire. Partial years (following aggregation of all periods of employment) shall be disregarded. Service after June 30, 2008 does not count towards credited service.
• Pensionable earnings	<u>Prior to Jan. 1, 2000 (Jan. 1, 1998 for RBP) for all participants, and after Jan. 1, 2000 for QEP only:</u> • Basic cash compensation, excluding overtime pay, bonuses, and other additional compensation, including elective pre-tax salary reductions under IRC Sec. 401(k) and Sec. 125. Compensation is limited as required under law. <u>Jan. 1, 2000 (Jan. 1 1998 for RBP) and later for non-QEP:</u> • Total wages and other amounts reportable on Form W-2 for the calendar year, including elective pre-tax salary reductions under IRC Sec. 401(k) and Sec. 125 and any non-qualified deferred compensation plan. Compensation is limited as required under law. Compensation received after June 30, 2008 is not included in the calculation of a Participant's Accrued Benefit.
• Final average earnings	The average of pensionable earnings for the 60 consecutive calendar months during which pensionable earnings are highest. Pensionable earnings after June 30, 2008 are not included.

Schedule SB, Part V — Summary of Plan Provisions

•	Accrued benefit	<u>Prior to Jan. 1, 2000 (Jan. 1, 1998 for RBP) for all participants, and after Jan. 1, 2000 for QEP only:</u> The product of (A) and (B) below, but not more than 75% of Average Monthly Earnings: (A) 1 2/3% of Average Monthly Earnings, (B) years of credited service. <u>Jan. 1, 2000 (Jan. 1 1998 for RBP) and later for non-QEP:</u> The greatest of (A), (B) or (C) below, but not more than 75% of Average Monthly Earnings: (A) The sum of (i) through (iv) below converted to a life annuity using the Actuarial Equivalent Factor as defined by the Plan.																				
		<table><tr><td></td><td>Years of Credited Service</td><td></td><td>Percent of Average Monthly Earnings</td></tr><tr><td>(i)</td><td>0 – 10</td><td>multiplied by</td><td>10%</td></tr><tr><td>(ii)</td><td>11 – 20</td><td>multiplied by</td><td>11%</td></tr><tr><td>(iii)</td><td>21 – 30</td><td>multiplied by</td><td>12%</td></tr><tr><td>(iv)</td><td>31 – 40</td><td>multiplied by</td><td>13%</td></tr></table>		Years of Credited Service		Percent of Average Monthly Earnings	(i)	0 – 10	multiplied by	10%	(ii)	11 – 20	multiplied by	11%	(iii)	21 – 30	multiplied by	12%	(iv)	31 – 40	multiplied by	13%
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•	Eligibility	Age 65 and the fifth anniversary of participation.																				
•	Benefit	Accrued benefit as of the normal retirement date.																				
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•	Eligibility	<u>For participants terminating prior to Jan. 1, 2000 (Jan. 1, 1998 for RBP), and on/after Jan. 1, 2000 for QEP only:</u> • The first day of the month coinciding with or next following the later of age 60 and completion of 10 years of vesting service. <u>For participants terminating on/after Jan. 1, 2000 (Jan. 1 1998 for RBP) and non-QEP:</u> • The first day of the month coinciding with or next following the later of age 55 and completion of 10 years of vesting service.																				
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Late retirement																						
•	Eligibility	Retirement after normal retirement date.																				
•	Benefit	Accrued benefit as of the late retirement date.																				

Schedule SB, Part V — Summary of Plan Provisions

Deferred vested	
• Eligibility	Termination after completion of 3 years of vesting service.
• Benefit	<u>For participants terminating prior to Jan. 1, 2000 (Jan. 1, 1998 for RBP), and on/after Jan. 1, 2000 for QEP only:</u> - Vested portion of accrued benefit as of date of termination, first payable upon normal retirement eligibility. Earlier benefit commencement may be elected, subject to early retirement eligibility and reduction factors. <u>For participants terminating on/after Jan. 1, 2000 (Jan. 1 1998 for RBP) and non-QEP:</u> - Actuarial equivalent of vested accrued benefit determined as of benefit commencement date, or 100% of vested accrued benefit as of participant's normal retirement date.
Disability	
• Eligibility	The completion of 10 years of vesting service.
• Benefit	Accrued benefit as of the disability retirement date, payable immediately.
Pre-retirement death	
• Eligibility	Completion of 5 years of vesting service. Must be married for at least 12 months prior to death.
• Benefit	Surviving spouse's benefit is 50% of the benefit that would have been payable to the participant if the participant had: (1) terminated immediately before death, (2) elected to retire at earliest retirement eligibility, or date of death if later, and (3) elected a 50% joint and survivor annuity. The surviving spouse's benefit is first payable on the date that would have been the participant's earliest retirement date.
Form of benefits	
• Automatic form for unmarried participants	<u>For participants terminating prior to Jan. 1, 2000 (Jan. 1, 1998 for RBP), and on/after Jan. 1, 2000 for QEP only:</u> - Life Annuity with 10 years certain <u>For participants terminating on/after Jan. 1, 2000 (Jan. 1 1998 for RBP) and non-QEP:</u> - Life Annuity
• Automatic form for married participants	Actuarially equivalent 50% joint and survivor annuity.
• Optional forms	Life annuity Life annuity with 5, 10, or 15 years certain Joint and 50%, 75%, or 100% contingent survivor Joint and 50%, 66 2/3%, or 100% last survivor Lump sum (QEP limited to \$10,000, unlimited for non-QEP). Lump sum is automatic if present value is \$5,000 or less.
• Optional form conversion factors	<u>For participants terminating prior to Jan. 1, 2000 (Jan. 1, 1998 for RBP), and on/after Jan. 1, 2000 for QEP only:</u> Actuarial equivalent based on 1960/1965 Participating Rates of New England Mutual Life Insurance Company. <u>For participants terminating on/after Jan. 1, 2000 (Jan. 1 1998 for RBP) and non-QEP:</u>

Schedule SB, Part V — Summary of Plan Provisions

-
- Actuarial equivalent based on 6% interest and GATT2003 mortality.
-

Benefits included or excluded

Unless noted below, all benefits provided by the plan are included in this valuation:

- **Most recent plan amendments included:** None
- **Plan amendments excluded:** None
- **Late retirement increases:**
 - *Active participants:* The plan applies late retirement actuarial increases for all participants who defer retirement beyond their normal retirement date and this valuation includes those increases.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Plan provisions specific to funding**Additional benefits included or excluded**

- **IRC Section 436 benefit restrictions:**
 - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits for events that occurred before the valuation date but includes contingent event benefits for events that are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
 - *Plan amendments:* See above.
 - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
 - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Plan provision changes since prior valuation

No material changes.

Schedule SB, Line 26a — Schedule of Active Participant Data

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25											
25–29											
30–34											
35–39											
40–44		18	7								25
45–49		25	29								54
50–54		16	30	6	5						57
55–59		12	26	11	35	9					93
60–64		20	23	6	18	23	6				96
65–69		4	7	4	3	1	1	1			21
70 & up		4	3	2	2	1		1	1		14
Total		99	125	29	63	34	7	2	1		360

Each cell includes the count of active participants for each age/service combination.

Plan: Pension Plan A of HealthNow NY Inc.

EIN/PN: 16-1105741/002

Valuation Date: 01/01/2024

Schedule SB, line 26b – Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	1,150,280	458,063	9,074,033	10,682,376
2025	1,398,427	575,619	8,825,601	10,799,647
2026	1,552,426	660,703	8,567,637	10,780,766
2027	1,552,770	794,555	8,294,568	10,641,893
2028	1,654,612	1,080,990	8,001,328	10,736,930
2029	1,683,222	1,208,984	7,696,646	10,588,852
2030	1,701,762	1,576,803	7,379,414	10,657,979
2031	1,704,792	1,363,519	7,049,443	10,117,754
2032	1,679,646	1,312,024	6,709,787	9,701,457
2033	1,688,133	1,440,402	6,349,109	9,477,644
2034	1,556,408	1,376,446	5,989,645	8,922,499
2035	1,533,286	1,439,472	5,627,646	8,600,404
2036	1,477,408	1,358,686	5,261,146	8,097,240
2037	1,439,217	1,391,563	4,893,226	7,724,006
2038	1,398,904	1,516,217	4,528,897	7,444,018
2039	1,355,472	1,358,407	4,167,588	6,881,467
2040	1,310,700	1,262,656	3,811,510	6,384,866
2041	1,250,879	1,179,156	3,462,925	5,892,960
2042	1,210,969	1,102,267	3,124,164	5,437,400
2043	1,136,284	1,116,037	2,797,541	5,049,862
2044	1,086,069	1,036,820	2,485,306	4,608,195
2045	1,032,633	1,025,713	2,189,511	4,247,857
2046	973,321	971,531	1,911,932	3,856,784
2047	906,878	919,295	1,653,999	3,480,172
2048	853,229	881,989	1,416,791	3,152,009
2049	796,149	809,651	1,201,034	2,806,834
2050	738,479	759,533	1,007,092	2,505,104
2051	682,487	708,030	834,933	2,225,450
2052	626,899	655,514	684,099	1,966,512
2053	572,116	602,452	553,743	1,728,311
2054	518,484	549,384	442,677	1,510,545
2055	466,408	496,893	349,422	1,312,723
2056	416,311	445,585	272,282	1,134,178
2057	368,603	396,057	209,430	974,090
2058	323,670	348,859	158,992	831,521
2059	281,834	304,461	119,138	705,433
2060	243,346	263,240	88,139	594,725
2061	208,368	225,460	64,409	498,237
2062	176,966	191,276	46,531	414,773
2063	149,107	160,734	33,274	343,115
2064	124,676	133,779	23,591	282,046
2065	103,485	110,275	16,618	230,378
2066	85,293	90,020	11,662	186,975
2067	69,823	72,764	8,178	150,765
2068	56,782	58,231	5,749	120,762
2069	45,874	46,130	4,065	96,069
2070	36,817	36,166	2,900	75,883
2071	29,347	28,056	2,096	59,499
2072	23,225	21,527	1,538	46,290
2073	18,239	16,332	1,149	35,720

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

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 63.

Calculation of weighted average retirement age

(A) Age	(B) Rate of Retirement	(C) Lx	(D) # Ret	(E) = (A) x (D) # Ret x Age
55	3.00%	1,000	30	1,650
56	3.00%	970	29	1,630
57	3.00%	941	28	1,609
58	3.00%	913	27	1,588
59	3.00%	885	27	1,567
60	10.00%	859	86	5,152
61	15.00%	773	116	7,072
62	25.00%	657	164	10,182
63	20.00%	493	99	6,208
64	20.00%	394	79	5,045
65	60.00%	315	189	12,298
66	20.00%	126	25	1,665
67	30.00%	101	30	2,028
68	40.00%	71	28	1,921
69	50.00%	42	21	1,462
70	100.00%	21	21	1,483
Total			1,000	62,561
Average				62.56

Plan: Pension Plan A of HealthNow NY Inc.

EIN/PN: 16-1105741/002

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• Vesting service	Continuous service beginning on date of hire, but excluding any full plan year prior to age 18.
• Credited service	Continuous service beginning on date of hire. Partial years (following aggregation of all periods of employment) shall be disregarded. Service after June 30, 2008 does not count towards credited service.
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Schedule SB, Part V — Summary of Plan Provisions

Accrued benefit	<u>Prior to Jan. 1, 2000 (Jan. 1, 1998 for RBP) for all participants, and after Jan. 1, 2000 for QEP only:</u> The product of (A) and (B) below, but not more than 75% of Average Monthly Earnings: (A) 1 2/3% of Average Monthly Earnings, (B) years of credited service. <u>Jan. 1, 2000 (Jan. 1 1998 for RBP) and later for non-QEP:</u> The greatest of (A), (B) or (C) below, but not more than 75% of Average Monthly Earnings: (A) The sum of (i) through (iv) below converted to a life annuity using the Actuarial Equivalent Factor as defined by the Plan. <table><thead><tr><th></th><th>Years of Credited Service</th><th></th><th>Percent of Average Monthly Earnings</th></tr></thead><tbody><tr><td>(i)</td><td>0 – 10</td><td>multiplied by</td><td>10%</td></tr><tr><td>(ii)</td><td>11 – 20</td><td>multiplied by</td><td>11%</td></tr><tr><td>(iii)</td><td>21 – 30</td><td>multiplied by</td><td>12%</td></tr><tr><td>(iv)</td><td>31 – 40</td><td>multiplied by</td><td>13%</td></tr></tbody></table> (B) The sum of (i) and (ii) below: (i) 1 2/3% of Average Monthly Earnings as of January 1, 2000 (January 1, 1998 for RBP) times Years of Credited Service as of January 1, 2000 (January 1, 1998 for RBP). (ii) The converted annuity benefit calculated in (A) above using Years of Credited Service earned after January 1, 2000 (January 1, 1998 for RBP), but using all Credited Service in determining Percent of Average Monthly Earnings. (C) \$100 per month. Benefit accruals ceased as of June 30, 2008.		Years of Credited Service		Percent of Average Monthly Earnings	(i)	0 – 10	multiplied by	10%	(ii)	11 – 20	multiplied by	11%	(iii)	21 – 30	multiplied by	12%	(iv)	31 – 40	multiplied by	13%
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Benefit	Accrued benefit as of the normal retirement date.																				
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Eligibility	<u>For participants terminating prior to Jan. 1, 2000 (Jan. 1, 1998 for RBP), and on/after Jan. 1, 2000 for QEP only:</u> - The first day of the month coinciding with or next following the later of age 60 and completion of 10 years of vesting service. <u>For participants terminating on/after Jan. 1, 2000 (Jan. 1 1998 for RBP) and non-QEP:</u> - The first day of the month coinciding with or next following the later of age 55 and completion of 10 years of vesting service.																				
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Schedule SB, Part V — Summary of Plan Provisions

Deferred vested	
• Eligibility	Termination after completion of 3 years of vesting service.
• Benefit	<u>For participants terminating prior to Jan. 1, 2000 (Jan. 1, 1998 for RBP), and on/after Jan. 1, 2000 for QEP only:</u> - Vested portion of accrued benefit as of date of termination, first payable upon normal retirement eligibility. Earlier benefit commencement may be elected, subject to early retirement eligibility and reduction factors. <u>For participants terminating on/after Jan. 1, 2000 (Jan. 1 1998 for RBP) and non-QEP:</u> - Actuarial equivalent of vested accrued benefit determined as of benefit commencement date, or 100% of vested accrued benefit as of participant's normal retirement date.
Disability	
• Eligibility	The completion of 10 years of vesting service.
• Benefit	Accrued benefit as of the disability retirement date, payable immediately.
Pre-retirement death	
• Eligibility	Completion of 5 years of vesting service. Must be married for at least 12 months prior to death.
• Benefit	Surviving spouse's benefit is 50% of the benefit that would have been payable to the participant if the participant had: (1) terminated immediately before death, (2) elected to retire at earliest retirement eligibility, or date of death if later, and (3) elected a 50% joint and survivor annuity. The surviving spouse's benefit is first payable on the date that would have been the participant's earliest retirement date.
Form of benefits	
• Automatic form for unmarried participants	<u>For participants terminating prior to Jan. 1, 2000 (Jan. 1, 1998 for RBP), and on/after Jan. 1, 2000 for QEP only:</u> - Life Annuity with 10 years certain <u>For participants terminating on/after Jan. 1, 2000 (Jan. 1 1998 for RBP) and non-QEP:</u> - Life Annuity
• Automatic form for married participants	Actuarially equivalent 50% joint and survivor annuity.
• Optional forms	Life annuity Life annuity with 5, 10, or 15 years certain Joint and 50%, 75%, or 100% contingent survivor Joint and 50%, 66 2/3%, or 100% last survivor Lump sum (QEP limited to \$10,000, unlimited for non-QEP). Lump sum is automatic if present value is \$5,000 or less.
• Optional form conversion factors	<u>For participants terminating prior to Jan. 1, 2000 (Jan. 1, 1998 for RBP), and on/after Jan. 1, 2000 for QEP only:</u> Actuarial equivalent based on 1960/1965 Participating Rates of New England Mutual Life Insurance Company. <u>For participants terminating on/after Jan. 1, 2000 (Jan. 1 1998 for RBP) and non-QEP:</u>

Schedule SB, Part V — Summary of Plan Provisions

-
- Actuarial equivalent based on 6% interest and GATT2003 mortality.
-

Benefits included or excluded

Unless noted below, all benefits provided by the plan are included in this valuation:

- **Most recent plan amendments included:** None
- **Plan amendments excluded:** None
- **Late retirement increases:**
 - *Active participants:* The plan applies late retirement actuarial increases for all participants who defer retirement beyond their normal retirement date and this valuation includes those increases.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Plan provisions specific to funding**Additional benefits included or excluded**

- **IRC Section 436 benefit restrictions:**
 - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits for events that occurred before the valuation date but includes contingent event benefits for events that are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
 - *Plan amendments:* See above.
 - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
 - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Plan provision changes since prior valuation

No material changes.

Pension Plan A of HealthNow NY Inc.

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

EIN: 16-1105741 Plan Number: 002

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Government Debt Securities				
	FHLMC	POOL #ZS-4697 3.000/ 01/01/2047 DD 09/01/18	\$ 481,995	\$ 474,171
	FHLMC	POOL #ZT-1857 4.500/ 03/01/2049 DD 03/01/19	398,477	397,143
	FHLMC	POOL #SD-0093 5.000/ 10/01/2049 DD 09/01/19	450,713	449,488
	FHLMC	POOL #SD-0232 3.000/ 01/01/2050 DD 01/01/20	320,515	315,681
	FHLMC	POOL #SD-1631 5.000/ 09/01/2052 DD 09/01/22	313,826	313,087
	FHLMC	POOL #SD-3575 3.000/ 01/01/2050 DD 08/01/23	279,037	277,300
	FHLMC	POOL #SD-2711 5.000/ 11/01/2049 DD 04/01/23	315,541	314,287
	FHLMC	POOL #SD-3156 5.500/ 04/01/2053 DD 06/01/23	220,480	218,407
	FHLMC	POOL #SD-7506 4.000/ 09/01/2049 DD 09/01/19	356,211	356,119
	FHLMC	POOL #SD-7548 2.500/ 11/01/2051 DD 01/01/22	521,479	512,430
	FHLMC	POOL #SD-7552 2.500/ 01/01/2052 DD 03/01/22	603,368	593,252
	FHLMC	POOL #SD-7521 2.500/ 07/01/2050 DD 06/01/20	79,143	78,744
	FHLMC	POOL #SD-7563 4.500/ 05/01/2053 DD 05/01/23	415,877	410,653
	FHLMC	POOL #SD-4436 4.000/ 07/01/2049 DD 11/01/23	356,201	356,073
	FHLMC	POOL #SD-3897 5.500/ 09/01/2053 DD 09/01/23	316,725	314,223
	FHLM	MULTICLASS MTG K092 A2 3.298/ 04/25/2029 DD 05/01/19	318,478	317,715
	FHLMC	MULTICLASS MTG 150 A2 VAR RT 09/25/2032 DD 10/01/22	314,621	312,972
	FNMA	POOL #0BM5019 4.000/ 12/01/2047 DD 11/01/18	519,730	513,929
	FNMA	POOL #0BM5172 4.500/ 08/01/2047 DD 12/01/18	404,274	397,593
	FNMA	POOL #0CB2550 2.500/ 01/01/2052 DD 12/01/21	508,908	500,574
	FNMA	POOL #0FA0143 2.500/ 09/01/2036 DD 12/01/24	316,430	316,613
	FNMA	POOL #0FM9499 2.500/ 11/01/2051 DD 11/01/21	527,123	519,356
	FNMA	POOL #0FS1694 4.000/ 07/01/2035 DD 04/01/22	277,811	278,335
	FNMA	POOL #0FS4069 4.000/ 05/01/2035 DD 02/01/23	277,652	278,044
	FNMA	POOL #0FS4922 3.000/ 06/01/2051 DD 06/01/23	461,968	453,777
	FNMA	POOL #0FS5990 2.000/ 04/01/2052 DD 10/01/23	403,735	396,882
	FNMA	POOL #0FS9697 2.500/ 04/01/2037 DD 11/01/24	278,188	279,738
	FNMA	POOL #0MA3090 3.000/ 08/01/2032 DD 07/01/17	395,770	395,976
	FNMA	POOL #0MA4305 2.000/ 04/01/2051 DD 03/01/21	331,957	326,735
	GNM	II POOL #0MA5019 3.500/ 02/20/2048 DD 02/01/18	211,290	208,216
	GNMA	II POOL #0MA5138 4.500/ 04/20/2048 DD 04/01/18	278,412	278,769
	GNMA	II POOL #0MA5818 4.500/ 03/20/2049 DD 03/01/19	183,307	183,608
	GNMA	II POOL #0MA7589 2.500/ 09/20/2051 DD 09/01/21	408,364	403,200
	SBA	GTD PARTN CTFS 2019-20D 1 2.980/ 04/01/2039 DD 04/17/19	146,403	146,042
	SBA	GTD PARTN CTFS 2023-10A 1 5.168/ 03/10/2033 DD 03/22/23	556,190	559,679
	SBA	GTD PARTN CTFS 2024-25A 1 5.050/ 01/01/2049 DD 01/17/24	272,531	272,248
	SBA	GTD PARTN CTFS 2024-25F 1 5.040/ 06/01/2049 DD 06/12/24	235,918	232,417
	U.S. TREASURY BOND	4.625/ 05/15/2044 DD 05/15/24	413,319	404,686
	U.S. TREASURY	CPI INFLAT 0.125/ 01/15/2030 DD 01/15/20	200,597	200,564
	U.S. TREASURY NOTE	4.875/ 04/30/2026 DD 04/30/24	249,986	249,917
	U.S. TREASURY NOTE	4.625/ 04/30/2029 DD 04/30/24	1,702,414	1,694,867
	U.S. TREASURY NOTE	4.375/ 07/31/2026 DD 07/31/24	3,435,161	3,434,486
	U.S. TREASURY NOTE	4.000/ 07/31/2029 DD 07/31/24	3,336,042	3,320,084
	U.S. TREASURY NOTE	3.875/ 08/15/2034 DD 08/15/24	1,691,924	1,668,356
	U.S. TREASURY NOTE	4.250/ 11/15/2034 DD 11/15/24	110,073	110,087
	U.S. TREASURY NOTE	4.125/ 11/30/2029 DD 11/30/24	1,278,178	1,277,168
	Total government debt securities		25,476,342	25,313,691
Corporate Debt Instruments				
	ALEXANDRIA REAL ESTATE EQUITIES	3.375/ 08/15/2031 DD 07/15/19	\$ 117,776	\$ 116,377
	ANHEUSER-BUSCH INBEV WORLDWIDE	4.750/ 01/23/2029 DD 01/23/19	115,451	114,923
	AVIS BUDGET RENTAL	C 1A A 144A 5.360/ 06/20/2030 DD 01/12/24	278,438	278,778
	BMW US CAPITAL LLC	144A 3.450/ 04/01/2027 DD 04/01/22	116,796	116,657
	BX TRUST	2024-VLT4 VLT4 A 144A VAR RT 07/15/2029 DD 06/18/24	130,609	130,528
*	BANK OF AMERICA CORP	VAR RT 12/20/2028 DD 12/20/17	394,305	392,944
	BANK5	2023-5YR3 5YR3 A3 VAR RT 09/15/2056 DD 09/01/23	193,710	193,487
	BANK	2021-BNK36 BN36 A5 2.470/ 09/15/2064 DD 10/01/21	240,152	238,977
	BANK	2024-BNK48 BNK48 A5 5.053/ 10/15/2057 DD 10/01/24	199,078	196,908
	BANK	2017-BNK5 BNK5 A5 3.390/ 06/15/2060 DD 06/01/17	240,410	240,510
	BENCHMARK	2024-V12 MORT V12 A3 5.738/ 12/15/2057 DD 12/01/24	280,160	278,797
	COMM	2016-CR28 MORTGAG CR28 A4 3.762/ 02/10/2049 DD 02/01/16	198,164	198,098
	FORD MOTOR CREDIT CO LLC	6.798/ 11/07/2028 DD 11/07/23	208,780	207,332
	GA GLOBAL FUNDING TRUST	144A 5.200/ 12/09/2031 DD 12/09/24	201,695	200,060
	GMF FLOORPLAN OWNER	2A A 144A 5.060/ 03/15/2031 DD 03/27/24	172,813	173,472
	GS MORTGAGE SECURITIES	GC45 A5 2.911/ 02/13/2053 DD 01/01/20	199,965	199,134
	GOLDMAN SACHS GROUP INC	VAR RT 06/05/2028 DD 06/05/17	199,518	199,141
	HEALTH CARE SERVICE CORP	144A 5.450/ 06/15/2034 DD 06/10/24	161,382	159,997
	JPMORGAN CHASE & CO	VAR RT 07/23/2029 DD 07/23/18	391,496	389,364
	LLOYDS BANKING GROUP PLC	VAR RT 11/26/2028 DD 11/26/24	200,880	200,198
	MACQUARIE GROUP LTD 144A	VAR RT 12/07/2034 DD 12/07/23	239,314	236,223
	METROPOLITAN LIFE GLOBAL	144A 3.050/ 06/17/2029 DD 06/17/19	199,752	198,765
	MORGAN STANLEY	VAR RT 04/20/2028 DD 04/20/22	276,517	275,946
	NATIONAL SECURITIES CLEAR	144A 5.000/ 05/30/2028 DD 05/30/23	251,888	250,780
	PG&E WILDFIRE RECOVERY FUNDING	4.022/ 06/01/2033 DD 07/20/22	241,309	241,064
	PNC FINANCIAL SERVICES GROUP I	VAR RT 10/20/2034 DD 10/20/23	199,973	196,835

Pension Plan A of HealthNow NY Inc.

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

EIN: 16-1105741 Plan Number: 002

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	PLANET FITNESS MAS	1A A2I 144A 5.765/ 06/05/2054 DD 06/12/24	\$ 154,546	\$ 155,160
	SBA TOWER TRUST	144A 2.328/ 07/15/2052 DD 07/14/20	319,673	319,225
	SBA TOWER TRUST	144A 4.831/ 10/15/2029 DD 10/11/24	38,152	38,090
	SIMON PROPERTY GROUP LP	3.300/ 01/15/2026 DD 01/13/16	197,294	197,436
	STORE MASTER FUNDIN	1A A1 144A 5.690/ 05/20/2054 DD 04/18/24	104,531	105,333
	WELLS FARGO COMMERCIAL	C36 A3 2.807/ 11/15/2059 DD 11/01/16	271,460	272,071
	WELLS FARGO COMMERCIAL	C49 A5 4.023/ 03/15/2052 DD 03/01/19	269,409	268,189
	AMSR	2024-SFR1 TRU SFR1 A 144A 4.290/ 07/17/2041 DD 07/11/24	201,037	200,897
	AT&T INC	2.300/ 06/01/2027 DD 05/28/20	198,397	198,173
	APTIV SWISS HOLDINGS LTD	3.250/ 03/01/2032 DD 02/18/22	117,743	116,493
	AERCAP IRELAND CAPITAL	DAC / A 6.450/ 04/15/2027 DD 04/15/24	155,050	154,681
	AIR LEASE CORP	5.850/ 12/15/2027 DD 12/05/22	200,370	199,865
	ALLEGION US HOLDING CO INC	5.600/ 05/29/2034 DD 05/29/24	199,463	196,145
	ELEVANCE HEALTH INC	2.550/ 03/15/2031 DD 03/17/21	199,309	197,388
	ASHTEAD CAPITAL INC	144A 2.450/ 08/12/2031 DD 08/12/21	197,264	195,511
	BX COMMERCIAL MORTG	XL4 A 144A VAR RT 02/15/2039 DD 02/15/24	200,196	200,071
	BARCLAYS PLC	VAR RT 08/09/2026 DD 08/09/22	200,440	200,378
	BROADCOM INC	144A 4.000/ 04/15/2029 DD 04/14/22	159,410	158,844
	CNH INDUSTRIAL CAPITAL LLC	1.450/ 07/15/2026 DD 05/24/21	118,710	118,860
	CAPITAL ONE FINANCIAL CORP	VAR RT 05/10/2028 DD 05/09/22	119,804	119,605
	CHARTER COMMUNICATIONS OPERATI	3.750/ 02/15/2028 DD 07/06/17	234,536	233,345
	CIFC FUNDING	VAR RT 04/22/2037 DD 04/30/24	151,410	151,410
	COLUMBIA PIPELINES OPERAT	144A 6.036/ 11/15/2033 DD 08/08/23	119,628	118,059
	CONSTELLATION SOFTWARE IN	144A 5.158/ 02/16/2029 DD 02/16/24	156,634	155,710
	DTE ENERGY CO	5.850/ 06/01/2034 DD 05/03/24	197,904	195,098
	DIAMONDBACK ENERGY INC	5.150/ 01/30/2030 DD 04/18/24	156,040	155,293
	DOMINO'S PIZZA	MA 1A A2II 144A 4.474/ 10/25/2045 DD 10/21/15	198,524	198,621
	ELMWOOD CLO I LTD	1A A1RR 144A VAR RT 04/20/2037 DD 02/15/24	154,186	154,186
	ENERGY TRANSFER LP	5.750/ 02/15/2033 DD 12/14/22	117,746	116,577
	FERGUSON FINANCE PLC	144A 3.250/ 06/02/2030 DD 06/02/20	182,872	181,800
	FOUNDRY JV HOLDCO LLC	144A 6.150/ 01/25/2032 DD 05/07/24	203,866	201,834
	GENERAL MOTORS FINANCIAL CO	IN 6.000/ 01/09/2028 DD 01/09/23	195,611	195,018
	ING GROEP NV	VAR RT 03/19/2030 DD 03/19/24	237,505	235,945
	KKR GROUP FINANCE CO	VI L 144A 3.750/ 07/01/2029 DD 07/01/19	156,879	156,029
	LOWE'S COS INC	4.500/ 04/15/2030 DD 03/26/20	118,556	117,716
	NXP BV / NXP FUNDING LLC	NXP 3.150/ 05/01/2027 DD 05/01/22	279,299	278,832
	NORFOLK SOUTHERN CORP	3.800/ 08/01/2028 DD 08/02/18	116,707	116,240
	ORACLE CORP	2.800/ 04/01/2027 DD 04/01/20	196,823	196,855
	PENSKE TRUCK LEASING CO	L 144A 5.550/ 05/01/2028 DD 03/29/23	280,041	279,144
	PHILLIPS 66 CO	3.550/ 10/01/2026 DD 04/01/23	117,863	117,846
	RTX CORP	6.100/ 03/15/2034 DD 11/08/23	160,115	157,989
	ROGERS COMMUNICATIONS INC	3.200/ 03/15/2027 DD 03/15/23	159,502	159,362
	SONOCO PRODUCTS CO	4.600/ 09/01/2029 DD 09/19/24	195,946	194,726
	SOUTHERN CO GAS CAPITAL CORP	4.950/ 09/15/2034 DD 09/06/24	117,916	116,140
	SUBWAY FUNDING LLC	1A A2I 144A 6.028/ 07/30/2054 DD 06/20/24	276,858	278,319
	TRICON RESIDENTIAL SFR1	A 144A 4.650/ 04/17/2041 DD 04/16/24	198,559	198,439
	TRICON RESIDENTIAL SFR3	A 144A 4.500/ 08/17/2041 DD 08/08/24	164,741	164,932
	TRUIST FINANCIAL CORP	VAR RT 01/24/2035 DD 01/24/24	154,167	151,179
	Total corporate debt instruments		14,273,023	14,214,354
	Mutual Funds			
	ISHARES	CORE S&P 500 ETF	3,899,468	4,579,930
	ISHARES	MSCI EAFE ETF	4,899,984	4,847,055
	ISHARES	ISHARES RUSSELL 2500 ETF	3,899,933	4,376,752
	MFS	EMERG MRKTS DEBT-I	6,505,981	6,584,082
	PIMCO	LNG-TRM CRDT BND-INS	32,381,035	32,775,218
	VANGUARD	HI YLD CORP-ADM	6,685,682	6,816,061
	VANGUARD	LONG-TERM TREASURY	25,699,922	25,407,366
	Total mutual funds		83,972,005	85,386,464
	Interest-Bearing Cash			
*	DREYFUS	TREAS OBL CSH MGMT 521 VAR RT 12/31/2049 DD 04/09/97	8,937,708	8,937,708
			<u>\$ 132,659,078</u>	<u>\$ 133,852,217</u>

* A party in interest as defined by ERISA

Schedule SB, Line 24 — Change in Actuarial Assumptions

Actuarial assumption changes since prior valuation

- The expense load increased from \$200,000 to \$500,000 to better align with future expectations.