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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                               |
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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: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input checked="" type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div></div> |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div>                                                                                                 |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                     |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                            |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                      |

|         |                                                                                                                                                                                                                                                                                                                                |    |                                                    |     |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------------------------------------------------|-----|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                         |    |                                                    |     |
| 1a      | Name of plan<br>UPMC BASIC RETIREMENT PLAN                                                                                                                                                                                                                                                                                     | 1b | Three-digit plan number (PN) ▶                     | 333 |
|         |                                                                                                                                                                                                                                                                                                                                | 1c | Effective date of plan<br>01/01/1974               |     |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>UPMC<br><br>USS TOWER, 56TH FLOOR, 600 GRANT ST<br>PITTSBURGH, PA 15219 | 2b | Employer Identification Number (EIN)<br>25-1423657 |     |
|         |                                                                                                                                                                                                                                                                                                                                | 2c | Plan Sponsor's telephone number<br>412-647-9480    |     |
|         |                                                                                                                                                                                                                                                                                                                                | 2d | Business code (see instructions)<br>622000         |     |
|         |                                                                                                                                                                                                                                                                                                                                |    |                                                    |     |

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. | 10/12/2025 | CAROLYN WOOD                                                 |
|           | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            |        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>3b</b> Administrator's EIN              |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>3c</b> Administrator's telephone number |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            |        |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>4b</b> EIN                              |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>4d</b> PN                               |        |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>5</b>                                   | 98949  |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... |                                            |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>6a(1)</b>                               | 74793  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>6a(2)</b>                               | 75352  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>6b</b>                                  | 6746   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>6c</b>                                  | 18183  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>6d</b>                                  | 100281 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>6e</b>                                  | 571    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>6f</b>                                  | 100852 |
| <b>6g(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            |        |
| <b>6g(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            |        |
| <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2466                                       |        |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>7</b>                                   |        |

**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:

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

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

**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 \_\_\_\_\_
- (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 \_\_\_\_\_

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                                                                    |                                                                                                                                                  |
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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<br>UPMC BASIC RETIREMENT PLAN                                                                                       | B Three-digit plan number (PN) ▶ 333                                                                                                             |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>UPMC                                                          | D Employer Identification Number (EIN)<br>25-1423657                                                                                             |
| E Type of plan: <input type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input checked="" type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|        |                                                                                                                                                                                                  |                            |                           |                          |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| Part I | Basic Information                                                                                                                                                                                |                            |                           |                          |
| 1      | Enter the valuation date: Month 01 Day 01 Year 2024                                                                                                                                              |                            |                           |                          |
| 2      | Assets:                                                                                                                                                                                          |                            |                           |                          |
| a      | Market value                                                                                                                                                                                     | 2a                         | 2847007950                |                          |
| b      | Actuarial value                                                                                                                                                                                  | 2b                         | 2940706535                |                          |
| 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                                                                                                                                     | 6881                       | 616839772                 | 616839772                |
| b      | For terminated vested participants                                                                                                                                                               | 17275                      | 399074811                 | 399074811                |
| c      | For active participants                                                                                                                                                                          | 74793                      | 1676048963                | 1693031556               |
| d      | Total                                                                                                                                                                                            | 98949                      | 2691963546                | 2708946139               |
| 4      | If the plan is in at-risk status, check the box and complete lines (a) and (b). <input type="checkbox"/>                                                                                         |                            |                           |                          |
| a      | Funding target disregarding prescribed at-risk assumptions                                                                                                                                       | 4a                         |                           |                          |
| b      | Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b                         |                           |                          |
| 5      | Effective interest rate                                                                                                                                                                          | 5                          | 5.12 %                    |                          |
| 6      | Target normal cost                                                                                                                                                                               |                            |                           |                          |
| a      | Present value of current plan year accruals                                                                                                                                                      | 6a                         | 168752677                 |                          |
| b      | Expected plan-related expenses                                                                                                                                                                   | 6b                         | 43100000                  |                          |
| c      | Target normal cost                                                                                                                                                                               | 6c                         | 211852677                 |                          |

**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.

|                          |                                                                                                                                                                                                                                                        |                                                                                                                                                                              |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>SIGN<br/>HERE</div> | <div>Signature of actuary</div> <div>JASON M. BRAVO</div> <div>Type or print name of actuary</div> <div>AON CONSULTING, INC.</div> <div>Firm name</div> <div>MSC# 17854 PO BOX 7505<br/>FORT WASHINGTON, PA 19034</div> <div>Address of the firm</div> | <div>09/22/2025</div> <div>Date</div> <div>23-05569</div> <div>Most recent enrollment number</div> <div>216-430-4732</div> <div>Telephone number (including area code)</div> |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 18462900              | 12003969               |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 18462900              | 12003969               |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>9.78</u> % .....                                                                                 | 1805672               | 1173988                |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 32919578               |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.23</u> % ..... |                       | 1721694                |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 34641272               |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 20268572              | 13177957               |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 107.32 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 108.55 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 117.99 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

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

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 09/15/2025               | 125100000                         | 0                               |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ►</b>          |                                   |                                 | <b>18(b)</b>             | 125100000                         | <b>18(c)</b> 0                  |

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

|                                                                                                                         |            |           |
|-------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> | 0         |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0         |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 114895519 |

**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 |
|                                                            |         |         |         |

|               |                                                                            |
|---------------|----------------------------------------------------------------------------|
| <b>Part V</b> | <b>Assumptions Used to Determine Funding Target and Target Normal Cost</b> |
|---------------|----------------------------------------------------------------------------|

|                                                                                                                                                                                              |                        |                        |                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|----------------------------------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                                                                            |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.75 % | 2nd segment:<br>4.87 % | 3rd segment:<br>5.59 % <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 | <b>21b</b>             |                        | 4                                                                          |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              | <b>22</b>              |                        | 63                                                                         |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                                            |

|                |                            |
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| <b>Part VI</b> | <b>Miscellaneous Items</b> |
|----------------|----------------------------|

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

|                 |                                                                                |
|-----------------|--------------------------------------------------------------------------------|
| <b>Part VII</b> | <b>Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b> |
|-----------------|--------------------------------------------------------------------------------|

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

|                  |                                                       |
|------------------|-------------------------------------------------------|
| <b>Part VIII</b> | <b>Minimum Required Contribution For Current Year</b> |
|------------------|-------------------------------------------------------|

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6c) .....                                                                                                                                          | <b>31a</b>          | 211852677          |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 198313867          |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....                                                          | <b>34</b>           | 13538810           |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 13538810            | 0                  | 13538810      |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 114895519          |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 114895519          |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 13538810           |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

|                |                                                                                             |
|----------------|---------------------------------------------------------------------------------------------|
| <b>Part IX</b> | <b>Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b> |
|----------------|---------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2024</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024                                                                                                                                |                                                                                                                                                                                                                        |                                                |
| <b>A</b> Name of plan<br>UPMC BASIC RETIREMENT PLAN                                                                                                                                                                       | <b>B</b> Three-digit plan number (PN) ▶                                                                                                                                                                                | 333                                            |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>UPMC                                                                                                                                                     | <b>D</b> Employer Identification Number (EIN)<br>25-1423657                                                                                                                                                            |                                                |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| ALIGHT FINANCIAL SOLUTIONS, LLC                                                                                   |
| 82-1061233                                                                                                        |

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

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

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

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

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

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

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

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

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

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

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

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

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

ALIGHT SOLUTIONS LLC

82-1061233

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 99                  | RECORDKEEPER                                                                                      | 2665764                                                                | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 1662                                                                                                                                                                            | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

BNY MELLON, N.A.

13-5160382

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21                     | TRUSTEE                                                                                           | 515065                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

AON CONSULTING, INC.

22-2232264

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11                     | ACTUARIAL                                                                                         | 204550                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

ERNST & YOUNG, LLP

34-6565596

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 10                            | AUDIT                                                                                                    | 95300                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

COZEN O'CONNOR

23-1732832

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 29                            | LEGAL                                                                                                    | 5424                                                                          | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

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

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

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

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| ALIGHT SOLUTIONS LLC                                    | 99                                      | 1662                                      |

| (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<br><br>64-0958101                   | COMPENSATION RELATED TO PENSION INCOME VERIFICATION SERVICE                                                                                                        |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
|                                                         |                                         |                                           |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                     |                                                                                                                                                                    |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
|                                                         |                                         |                                           |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                     |                                                                                                                                                                    |

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                              |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|
| <div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> |  | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> |                                                                                                         | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection.</div> |  |
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| A Name of plan<br>UPMC BASIC RETIREMENT PLAN                                                                                                                                                 |  |                                                                                                                                                                                                                                   |                                                                                                         | B Three-digit plan number (PN) ▶ 333                                                            |  |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>UPMC                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                         | D Employer Identification Number (EIN)<br>25-1423657                                            |  |
| Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs)             |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: UPMC MASTER TRUST                                                                                                                                    |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| b Name of sponsor of entity listed in (a): UPMC                                                                                                                                              |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| c EIN-PN 25-1423657-999                                                                                                                                                                      |  | d Entity code M                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2885313840 |                                                                                                 |  |
| 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 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                                                                                                                                                                                    |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |

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

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

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

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

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   |                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| <div>SCHEDULE H</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Financial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div> | 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<br>UPMC BASIC RETIREMENT PLAN                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                   | B Three-digit plan number (PN) ▶ 333                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>UPMC                                                                                                                                                                               |                                                                                                                                                                                                                                                                                   | D Employer Identification Number (EIN)<br>25-1423657 |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                               |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  | 35600000              | 125100000       |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                  |                       |                 |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 | 2812367223            | 2885314121      |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 |                       |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 |                       |                 |

| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                             | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                          | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 2847967223            | 3010414121      |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    | 2418715               | 1330841         |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 2418715               | 1330841         |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 2845548508            | 3009083280      |

**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.

| <b>Income</b>                                                                                              |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 125100000  |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 125100000 |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 0         |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |               | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            | 306445940 |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            |           |
| <b>c</b> Other income .....                                                                     | <b>2c</b>     |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 431545940 |

**Expenses**

|                                                                                             |               |           |           |
|---------------------------------------------------------------------------------------------|---------------|-----------|-----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |           |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 238443266 |           |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  |           |           |
| (3) Other .....                                                                             | <b>2e(3)</b>  |           |           |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |           | 238443266 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |           |           |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |           |           |
| <b>h</b> Interest expense .....                                                             | <b>2h</b>     |           |           |
| <b>i</b> Administrative expenses:                                                           |               |           |           |
| (1) Salaries and allowances .....                                                           | <b>2i(1)</b>  |           |           |
| (2) Contract administrator fees .....                                                       | <b>2i(2)</b>  | 2655044   |           |
| (3) Recordkeeping fees .....                                                                | <b>2i(3)</b>  |           |           |
| (4) IQPA audit fees .....                                                                   | <b>2i(4)</b>  | 95300     |           |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  | 15304734  |           |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  | 515065    |           |
| (7) Actuarial fees .....                                                                    | <b>2i(7)</b>  | 204550    |           |
| (8) Legal fees .....                                                                        | <b>2i(8)</b>  | 5424      |           |
| (9) Valuation/appraisal fees .....                                                          | <b>2i(9)</b>  |           |           |
| (10) Other trustee fees and expenses .....                                                  | <b>2i(10)</b> |           |           |
| (11) Other expenses .....                                                                   | <b>2i(11)</b> | 10787785  |           |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |           | 29567902  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |           | 268011168 |

**Net Income and Reconciliation**

|                                                                               |              |  |           |
|-------------------------------------------------------------------------------|--------------|--|-----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 163534772 |
| <b>l</b> Transfers of assets:                                                 |              |  |           |
| (1) To this plan .....                                                        | <b>2l(1)</b> |  |           |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |           |

**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: **ERNST & YOUNG, LLP**

(2) EIN: **34-6565596**

**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   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|----------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) .....                 |                                     | <input checked="" type="checkbox"/> |          |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) ..... |                                     | <input checked="" type="checkbox"/> |          |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |          |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                                                                                                                  |                                     | <input checked="" type="checkbox"/> |          |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 10000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |          |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |          |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   |                                     | <input checked="" type="checkbox"/> |          |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) .....                                                                                     |                                     | <input checked="" type="checkbox"/> |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |                                     | <input checked="" type="checkbox"/> |          |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                         |                                     |                                     |          |

**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.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> 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 587689.

|                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>                                                                                                                               |  | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under 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).</div> <div>▶ File as an attachment to Form 5500.</div> |  | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection.</div> |      |
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |      |
| A Name of plan<br>UPMC BASIC RETIREMENT PLAN                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                  |  | B Three-digit plan number (PN) ▶                                                                | 333  |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>UPMC                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                  |  | D Employer Identification Number (EIN)<br>25-1423657                                            |      |
| 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                                                                                               |      |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br>EIN(s): 25-1926855                                                                                                                      |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |      |
| 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                                                                                               | 6094 |
| Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |      |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |      |
| 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |      |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |      |
| Part III Amendments                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |      |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input checked="" type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No          |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |      |
| Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |      |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |      |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |      |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                        |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |      |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |      |
| For Paperwork Reduction Act Notice, 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: 34.00 % Private Equity: 21.00 % Investment-Grade Debt and Interest Rate Hedging Assets: 9.00 %

High-Yield Debt: 1.00 % Real Assets: 12.00 % Cash or Cash Equivalents: 3.00 % Other: 20.00 %

**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\_\_\_\_\_.

|                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                     |                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| <div>SCHEDULE MEP<br/>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> | <div>MULTIPLE-EMPLOYER RETIREMENT<br/>PLAN INFORMATION</div> <div>This schedule is required to be filed under section 104 of the<br/>Employee Retirement Income Security Act of 1974 (ERISA) and<br/>Section 6058(a) of the Internal Revenue Code (the Code)</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public<br/>Inspection</div> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

|                                                                                            |                                          |     |
|--------------------------------------------------------------------------------------------|------------------------------------------|-----|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 |                                          |     |
| A Name of plan<br>UPMC BASIC RETIREMENT PLAN                                               | B Three-digit<br>Plan number (PN)..... ► | 333 |
|                                                                                            |                                          |     |
| C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF<br>UPMC          | D Administrator's EIN<br>25-1423657      |     |

|        |                                                                                            |
|--------|--------------------------------------------------------------------------------------------|
| Part I | Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete. |
|--------|--------------------------------------------------------------------------------------------|

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

a ☐ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)

b ☐ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)

c ☐ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)

d ☒ other multiple-employer pension plan (Describe) DEFINED BENEFIT MEP (Complete Part II)

|         |                                     |
|---------|-------------------------------------|
| Part II | Participating Employer Information. |
|---------|-------------------------------------|

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

|                                                                                    |                      |                                                                   |                                                                         |
|------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------|-------------------------------------------------------------------------|
| 2a Name of Participating Employer<br>ALTOONA REGIONAL PARTNER<br>HEALTHY COMMUNITY | 2b EIN<br>25-1842308 | 2c Percentage of Total Contributions<br>for the Plan Year<br>0.00 | 2d Aggregate Account Balances Attributable<br>to Participating Employer |
| 2a Name of Participating Employer<br>ASBURY HEALTH CENTER, INC.                    | 2b EIN<br>25-0969472 | 2c Percentage of Total Contributions<br>for the Plan Year<br>0.00 | 2d Aggregate Account Balances Attributable<br>to Participating Employer |

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|                                                                                                                                                                                           |    |                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------------------------------------------------------------------|
| 2e Does the plan include any individuals not participating through an employer or who are individual working owners?                                                                      | 2e | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year. | 2f |                                                                     |
| 2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.                                                          | 2g |                                                                     |

**Part II Participating Employer Information (Continued).**

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| 2a Name of Participating Employer                     | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|-------------------------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| ASBURY HEIGHTS OF UPMC                                | 25-1555687 | 0.00                                                   |                                                                      |
| ASBURY PLACE                                          | 25-1729266 | 0.00                                                   |                                                                      |
| ASBURY VILLAS                                         | 25-1819952 | 0.00                                                   |                                                                      |
| ASKESIS DEVELOPMENT GROUP, INC.                       | 54-1625585 | 0.00                                                   |                                                                      |
| BIOTRONICS, INC.                                      | 25-1843500 | 0.00                                                   |                                                                      |
| CANTERBURY PLACE                                      | 25-0965334 | 0.00                                                   |                                                                      |
| CENTER FOR EMERGENCY MEDICINE OF WESTERN PENNSYLVANIA | 25-1443759 | 0.00                                                   |                                                                      |
| CHARTWELL PA, LP                                      | 25-1729714 | 0.00                                                   |                                                                      |
| CHILDREN'S ADVOCACY CENTER OF LAWRENCE COUNTY         | 25-1581304 | 0.00                                                   |                                                                      |

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| 2a Name of Participating Employer             | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|-----------------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| CHILDREN'S COMMUNITY CARE                     | 25-1781887 | 0.01                                                   |                                                                      |
| CHILDREN'S HOSPITAL OF PITTSBURGH             | 25-0402510 | 0.02                                                   |                                                                      |
| CLINICAL CONNECT HIE                          | 27-4585032 | 0.00                                                   |                                                                      |
| COLE CARE, INC.                               | 25-1497347 | 0.00                                                   |                                                                      |
| COLE MEMORIAL HOSPITAL                        | 24-0802108 | 0.00                                                   |                                                                      |
| COMMUNITY CARE BEHAVIORAL HEALTH ORGANIZATION | 25-1799823 | 0.00                                                   |                                                                      |
| COMMUNITY LIFE TEAM                           | 23-1890444 | 0.00                                                   |                                                                      |
| CRANBERRY PLACE                               | 04-3709885 | 0.00                                                   |                                                                      |
| EBENEFITS SOLUTIONS, LLC                      | 75-3202760 | 0.00                                                   |                                                                      |

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**Part II Participating Employer Information (Continued).**

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|------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| ERIE PHYSICIANS NETWORK-UPMC, INC. | 45-3012506 | 0.00                                                   |                                                                      |
| GREAT LAKES PHYSICIAN PRACTICE, PC | 46-4186362 | 0.00                                                   |                                                                      |
| H.C. PHARMACY CENTRAL, INC.        | 25-1364192 | 0.00                                                   |                                                                      |
| HANOVER APOTHECARY, INC.           | 03-0594526 | 0.00                                                   |                                                                      |
| HANOVER SURGICENTER, LLC           | 56-2533573 | 0.00                                                   |                                                                      |
| HCMS GROUP, LLC                    | 82-2774314 | 0.00                                                   |                                                                      |
| HEMATOLOGY ONCOLOGY ASSOCIATION    | 42-1648357 | 0.00                                                   |                                                                      |
| HENDORN, INC.                      | 23-1972659 | 0.00                                                   |                                                                      |
| JAMESON CARE CENTER, INC.          | 23-2871396 | 0.00                                                   |                                                                      |

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**Part II Participating Employer Information (Continued).**

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| 2a Name of Participating Employer                  | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|----------------------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| MAGEE WOMEN'S HOSPITAL OF UPMC                     | 25-0965420 | 0.02                                                   |                                                                      |
| 2a Name of Participating Employer                  | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| ONCOLOGY HEMATOLOGY ASSOCIATION, INC.              | 25-1762980 | 0.00                                                   |                                                                      |
| 2a Name of Participating Employer                  | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| OVATION REVENUE CYCLE SERVICES, LLC                | 43-2096566 | 0.00                                                   |                                                                      |
| 2a Name of Participating Employer                  | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| PINNACLE HEALTH CARDIOVASCULAR INSTITUTE, INC.     | 32-0321362 | 0.00                                                   |                                                                      |
| 2a Name of Participating Employer                  | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| PINNACLE HEALTH EMERGENCY DEPARTMENT SERVICES, LLC | 86-1057582 | 0.00                                                   |                                                                      |
| 2a Name of Participating Employer                  | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| PINNACLE HEALTH HOSPITALIST SERVICES, LLC          | 46-2927099 | 0.00                                                   |                                                                      |
| 2a Name of Participating Employer                  | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| PINNACLE HEALTH MEDICAL SERVICES                   | 25-1709054 | 0.03                                                   |                                                                      |
| 2a Name of Participating Employer                  | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| PINNACLE HEALTH OBSERVATION SERVICES, LLC          | 47-2088742 | 0.00                                                   |                                                                      |
| 2a Name of Participating Employer                  | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| PINNACLE HEALTH REGIONAL PHYSICIANS                | 82-0947698 | 0.00                                                   |                                                                      |

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**Part II Participating Employer Information (Continued).**

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|-------------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| PITTSBURGH LIFETIME CARE COMMUNITY        | 25-1335247 | 0.00                                                   |                                                                      |
| 2a Name of Participating Employer         | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| REGIONAL HEALTH SERVICES, INC.            | 25-1403958 | 0.02                                                   |                                                                      |
| 2a Name of Participating Employer         | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| RENAISSANCE FAMILY PRACTICE - UPMC - INC. | 26-2942406 | 0.00                                                   |                                                                      |
| 2a Name of Participating Employer         | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| RUSH TO CRUSH CANCER                      | 87-4771624 | 0.00                                                   |                                                                      |
| 2a Name of Participating Employer         | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| RX PARTNERS, INC.                         | 25-1801966 | 0.00                                                   |                                                                      |
| 2a Name of Participating Employer         | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| RX PARTNERS-LTC, LLC                      | 25-1855593 | 0.00                                                   |                                                                      |
| 2a Name of Participating Employer         | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| SBI QUALIFYING SOLUTIONS, LLC             | 22-3913336 | 0.00                                                   |                                                                      |
| 2a Name of Participating Employer         | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| SENECA PLACE                              | 72-1562844 | 0.00                                                   |                                                                      |
| 2a Name of Participating Employer         | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| SOMERSET HEALTH SERVICES, INC.            | 25-1441920 | 0.00                                                   |                                                                      |

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**Part II Participating Employer Information (Continued).**

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|------------------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| SOUTH CENTRAL ALPHA HOUSING & HEALTHCARE, INC. | 25-1701701 | 0.00                                                   |                                                                      |
| SOUTHWESTERN ALPHA HOUSING & HEALTHCARE, INC   | 25-1701700 | 0.00                                                   |                                                                      |
| SUGARCREEK STATION                             | 25-1472178 | 0.00                                                   |                                                                      |
| SUSQUEHANNA HEALTH FOUNDATION                  | 23-2743470 | 0.00                                                   |                                                                      |
| SUSQUEHANNA PHYSICIAN SERVICES                 | 23-2449454 | 0.01                                                   |                                                                      |
| THE GREEN HOME                                 | 24-0804365 | 0.00                                                   |                                                                      |
| THE HERITAGE SHADYSIDE                         | 02-0614185 | 0.00                                                   |                                                                      |
| TRI-STATE NEUROLOGICAL ASSOCIATES, INC.        | 25-1458655 | 0.00                                                   |                                                                      |
| TWIN LAKES CENTER, INC.                        | 23-2910318 | 0.00                                                   |                                                                      |

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|-----------------------------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| UNIVERSITY OF PITTSBURGH CANCER INSTITUTE CANCER SERVICES | 25-1899326 | 0.00                                                   |                                                                      |
| UNIVERSITY OF PITTSBURGH PHYSICIANS                       | 23-2919472 | 0.13                                                   |                                                                      |
| UPMC ADVANCED PRACTICE PROVIDERS                          | 47-1301784 | 0.00                                                   |                                                                      |
| UPMC ALTOONA                                              | 23-1352155 | 0.01                                                   |                                                                      |
| UPMC ALTOONA REGIONAL HEALTH SERVICES, INC.               | 25-1219302 | 0.00                                                   |                                                                      |
| UPMC BEDFORD HOSPITAL                                     | 23-1396795 | 0.00                                                   |                                                                      |
| UPMC BENEFIT MANAGEMENT SERVICES, INC.                    | 25-1769564 | 0.00                                                   |                                                                      |
| UPMC CENTER FOR HIGH-VALUE HEALTHCARE                     | 45-2178782 | 0.00                                                   |                                                                      |
| UPMC CHAUTAUQUA AT WCA                                    | 16-0743226 | 0.00                                                   |                                                                      |

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| UPMC COMMUNITY MEDICINE, INC.         | 25-1727721 | 0.03                                                   |                                                                      |
| UPMC COMMUNITY PROVIDER SERVICES      | 25-1804746 | 0.00                                                   |                                                                      |
| UPMC EAST                             | 27-4814831 | 0.00                                                   |                                                                      |
| UPMC FOR YOU, INC.                    | 90-0174238 | 0.00                                                   |                                                                      |
| UPMC HAMOT                            | 25-0965387 | 0.01                                                   |                                                                      |
| UPMC HEALTH PLAN, INC.                | 23-2813536 | 0.05                                                   |                                                                      |
| UPMC HILLMAN CANCER CENTER - PINNACLE | 23-2915628 | 0.00                                                   |                                                                      |
| UPMC HOME CARE MANAGEMENT SERVICES    | 83-0857507 | 0.00                                                   |                                                                      |
| UPMC HOME HEALTHCARE OF CENTRAL PA    | 25-1188570 | 0.00                                                   |                                                                      |

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| UPMC HOME HEALTHCARE OF WESTERN PA | 25-1222033 | 0.00                                                   |                                                                      |
| UPMC HORIZON                       | 25-0523970 | 0.00                                                   |                                                                      |
| UPMC JAMESON                       | 25-0965406 | 0.00                                                   |                                                                      |
| UPMC KANE                          | 25-0998168 | 0.00                                                   |                                                                      |
| UPMC LOCKHAVEN                     | 82-1600494 | 0.00                                                   |                                                                      |
| UPMC LOCUM CLINICIANS              | 83-2683509 | 0.00                                                   |                                                                      |
| UPMC MCKEESPORT                    | 25-0965423 | 0.00                                                   |                                                                      |
| UPMC MERCY                         | 25-0965429 | 0.01                                                   |                                                                      |
| UPMC MUNCY                         | 24-0806023 | 0.00                                                   |                                                                      |

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|--------------------------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| UPMC NORTHWEST                                         | 25-0489010 | 0.00                                                   |                                                                      |
| 2a Name of Participating Employer                      | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| UPMC NORTHWEST FOUNDATION                              | 25-1483624 | 0.00                                                   |                                                                      |
| 2a Name of Participating Employer                      | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| UPMC PASSAVANT                                         | 25-0965451 | 0.01                                                   |                                                                      |
| 2a Name of Participating Employer                      | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| UPMC PHYSICIAN OPERATIONS & PROFESSIONAL SERVICES, LLC | 47-2803100 | 0.02                                                   |                                                                      |
| 2a Name of Participating Employer                      | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| UPMC PINNACLE                                          | 25-1778658 | 0.00                                                   |                                                                      |
| 2a Name of Participating Employer                      | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| UPMC PINNACLE ANESTHESIA SERVICES, LLC                 | 82-3458724 | 0.00                                                   |                                                                      |
| 2a Name of Participating Employer                      | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| UPMC PINNACLE CARLISLE                                 | 82-0880337 | 0.00                                                   |                                                                      |
| 2a Name of Participating Employer                      | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| UPMC PINNACLE HANOVER                                  | 23-1360851 | 0.00                                                   |                                                                      |
| 2a Name of Participating Employer                      | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| UPMC PINNACLE HOSPITALS                                | 25-1778644 | 0.04                                                   |                                                                      |

**CAUTION** Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

**Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

| 2a Name of Participating Employer          | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|--------------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| UPMC PINNACLE LITITZ                       | 82-0844453 | 0.00                                                   |                                                                      |
| UPMC PINNACLE MEMORIAL                     | 82-0912090 | 0.00                                                   |                                                                      |
| UPMC PRESBYTERIAN SHADYSIDE                | 25-0965480 | 0.19                                                   |                                                                      |
| UPMC SENIOR COMMUNITIES, INC               | 25-1574736 | 0.00                                                   |                                                                      |
| UPMC SOMERSET                              | 25-0965570 | 0.00                                                   |                                                                      |
| UPMC ST. MARGARET                          | 23-2875070 | 0.01                                                   |                                                                      |
| UPMC TRAVEL STAFFING                       | 87-3973521 | 0.01                                                   |                                                                      |
| UPMC WELLSBORO                             | 23-2176963 | 0.00                                                   |                                                                      |
| UPMC WESTERN MARYLAND HEALTH SERVICES, LLC | 87-1130762 | 0.00                                                   |                                                                      |

**CAUTION** Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

**Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

| 2a Name of Participating Employer          | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|--------------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| UPMC WILLIAMSPORT                          | 24-0795508 | 0.02                                                   |                                                                      |
| WASHINGTON SENIOR CARE CORPORATION         | 25-1849365 | 0.00                                                   |                                                                      |
| WCA SERVICES CORPORATION                   | 16-1151438 | 0.00                                                   |                                                                      |
| WESTERN MARYLAND HEALTH SYSTEM CORPORATION | 52-0591531 | 0.01                                                   |                                                                      |
| WILLIAMSPORT AMBULANCE SERVICE COOPERATIVE | 23-2416166 | 0.00                                                   |                                                                      |
| 2a Name of Participating Employer          | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| 2a Name of Participating Employer          | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| 2a Name of Participating Employer          | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
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| 2a Name of Participating Employer          | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |

**CAUTION** Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

|                 |                                         |
|-----------------|-----------------------------------------|
| <b>Part III</b> | <b>Pooled Employer Plan Information</b> |
|-----------------|-----------------------------------------|

**Line 3.** All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

**3a** Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44)..... ☐ Yes ☐ No

**3b** If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)  
ACK ID \_\_\_\_\_



FINANCIAL STATEMENTS

UPMC Basic Retirement Plan  
Years Ended December 31, 2024 and 2023  
With Report of Independent Auditors



The better the question.  
The better the answer.  
The better the world works.



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# UPMC Basic Retirement Plan

## Financial Statements

Years Ended December 31, 2024 and 2023

### Contents

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## Report of Independent Auditors

The Retirement Plan Committee and Plan participants  
UPMC Basic Retirement Plan

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

We have performed audits of the financial statements of UPMC Basic Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes (collectively referred to as the financial statements).

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

### **Opinion**

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



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

### **Basis for Opinion**

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

### **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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



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### **Auditor's Responsibilities for the Audit of the Financial Statements**

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.



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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.

*Ernst & Young LLP*

September 30, 2025

## UPMC Basic Retirement Plan

### Statements of Net Assets Available for Benefits

|                                   | December 31                    |                                |
|-----------------------------------|--------------------------------|--------------------------------|
|                                   | 2024                           | 2023                           |
| <b>Assets</b>                     |                                |                                |
| Investments at fair value:        |                                |                                |
| Interest in Master Trust          | <u>\$ 2,885,314,121</u>        | <u>\$ 2,812,367,223</u>        |
|                                   | 2,885,314,121                  | 2,812,367,223                  |
| Employer contribution receivable  | <u>125,100,000</u>             | <u>35,600,000</u>              |
| Total assets                      | <u>3,010,414,121</u>           | <u>2,847,967,223</u>           |
| <b>Liabilities</b>                |                                |                                |
| Accrued administrative expenses   | <u>1,330,841</u>               | <u>2,418,715</u>               |
| Net assets available for benefits | <u><u>\$ 3,009,083,280</u></u> | <u><u>\$ 2,845,548,508</u></u> |

*See accompanying notes.*

## UPMC Basic Retirement Plan

### Statements of Changes in Net Assets Available for Benefits

|                                        | <b>Year Ended December 31</b>  |                                |
|----------------------------------------|--------------------------------|--------------------------------|
|                                        | <b>2024</b>                    | <b>2023</b>                    |
| <b>Additions</b>                       |                                |                                |
| Investment income:                     |                                |                                |
| Net gain from interest in Master Trust | \$ 306,445,940                 | \$ 253,266,358                 |
| Contributions:                         |                                |                                |
| Employer contributions                 | 125,100,000                    | 35,600,000                     |
| Total additions                        | <u>431,545,940</u>             | <u>288,866,358</u>             |
| <b>Deductions</b>                      |                                |                                |
| Benefits paid                          | 238,443,266                    | 187,540,701                    |
| Administrative expenses                | 29,567,902                     | 44,459,039                     |
| Total deductions                       | <u>268,011,168</u>             | <u>231,999,740</u>             |
| Net increase                           | 163,534,772                    | 56,866,618                     |
| Net assets available for benefits at:  |                                |                                |
| Beginning of year                      | 2,845,548,508                  | 2,788,681,890                  |
| End of year                            | <u><u>\$ 3,009,083,280</u></u> | <u><u>\$ 2,845,548,508</u></u> |

*See accompanying notes.*

# UPMC Basic Retirement Plan

## Notes to Financial Statements

December 31, 2024 and 2023

### 1. Description of the Plan

#### General

The UPMC Basic Retirement Plan (the Plan) is a noncontributory defined benefit plan covering eligible active employees of UPMC (Plan Sponsor) and its subsidiary corporations and affiliates under the Urban and Community Plan Designs, as outlined in the plan document. All active employees may participate after meeting eligibility requirements, as outlined in the Plan document.

Periodically, defined benefit plans of UPMC's subsidiary corporations merge with and into the Plan, and the pension plan assets of the subsidiary's defined benefit pension plans are transferred into the Plan.

#### Benefits

The benefit formula (Cash Balance Formula) is based on age, years of benefit service, annual salary, and certain other factors.

- The Urban Plan Design annual retirement credits range from 2.5% to 5.0% of eligible pay, based on age and benefit service.
- The Community Plan Design annual retirement credits range from 3.5% to 6.0% of eligible pay, based on age and benefit service.
- Interest credit is based on the 30-year treasury bond rate.

When a UPMC subsidiary corporation or affiliate adopts the Plan, each active participant's accrued benefit, if any, is converted to a lump-sum present value representing a notional opening balance that will accrue daily interest based on the 30-year treasury bond rate, which is compounded on a quarterly basis plus retirement credits as discussed above. Certain transition credits were granted to active participants who met specific age and service criteria. The transition credits offered, if any, were dependent upon the entity's prior defined benefit plan in effect at the time of the conversion date. The age and service points used to determine eligibility for transition credits are measured as of December 31 or, in some instances, on the day that precedes the Cash Balance Formula conversion date. The Cash Balance Formula will provide annual retirement credits based on each eligible participant's age and years of benefit service for all participating employers. Under either scenario, the Cash Balance Formula age and service points (if applicable) are determined as of December 31 of the preceding calendar year.

## UPMC Basic Retirement Plan

### Notes to Financial Statements (continued)

#### **1. Description of the Plan (continued)**

The accrued benefit is the benefit produced by the Cash Balance Formula accumulation, but no less than the accrued benefit earned under any prior plan in effect prior to the introduction of the Cash Balance Formula.

#### **Funding**

UPMC contributes such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to participants, to maintain the Plan at the appropriate level to avoid paying Pension Benefit Guaranty Corporation (PBGC) variable rate premiums, and to satisfy the Employee Retirement Income Security Act of 1974, as amended (ERISA) minimum funding requirements. The Plan has met the ERISA minimum funding requirements for 2024 and 2023.

#### **Plan Termination**

Although it has not expressed any intention to do so, UPMC reserves the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA. Upon termination, the net assets of the Plan will be allocated for payment to the participants in an order of priority as prescribed by ERISA and its related regulations and the plan document.

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

The above brief description of the Plan is provided for general information purposes only. Participants should refer to the plan document and summary plan description for complete information about the Plan, the vesting and benefit provisions, the allocation of the Plan's assets in the event the Plan terminates, and the PBGC's benefit guarantee.

#### **2. Summary of Significant Accounting Policies**

##### **Basis of Accounting**

The Plan reports its financial statements on the accrual method of accounting.

## UPMC Basic Retirement Plan

### Notes to Financial Statements (continued)

#### **2. Summary of Significant Accounting Policies (continued)**

##### **Payment of Benefits**

Benefits are recorded when paid.

##### **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 amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

##### **Administrative Expenses**

All administrative expenses are paid by the Plan, which include trustee's fees, actuary's fees, and other pension-plan-related fees.

##### **Subsequent Events**

Management evaluated subsequent events for the Plan through September 30, 2025, the date the accompanying financial statements were available to be issued.

##### **Investment Valuation and Income Recognition**

The Plan's investments, which are held in the UPMC Master Trust (Master Trust), are stated at fair value. Fair value is defined as 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 (an exit price). See Note 5 for further discussion of fair value measurements.

The interest in the Master Trust includes investments in partnership interests, representing investments in hedge funds of \$420,073,963 and \$390,634,399 and venture capital funds of \$933,681,743 and \$996,591,352 as of December 31, 2024 and 2023, respectively. As of December 31, 2024, UPMC has outstanding commitments to invest up to \$236,424,295 in limited partnerships from the Master Trust.

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

## UPMC Basic Retirement Plan

### Notes to Financial Statements (continued)

#### 3. Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to services rendered by the participants to the valuation date. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of employees who have died, and (c) active participants or their beneficiaries. Benefits are based on the cash balance accounts. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included in the calculation of the accumulated plan benefits to the extent they are deemed attributable to employee service rendered to the valuation date.

The Plan's actuary estimated the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants 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 accumulated plan benefit information is determined by the Plan's actuary as of the beginning of the plan year. The actuarial present value of accumulated plan benefits as of the end of the previous plan year at December 31, 2023 is as follows:

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving payments

\$ 541,119,689

Vested benefits for other participants

1,893,980,222

Total vested benefits

2,435,099,911

Non-vested benefits

17,467,670

Total actuarial present value of accumulated plan benefits

\$ 2,452,567,581

## UPMC Basic Retirement Plan

### Notes to Financial Statements (continued)

#### 3. Accumulated Plan Benefits (continued)

The change in the actuarial present value of accumulated plan benefits for the year ended December 31, 2023 is as follows:

|                                                                                                  |                         |
|--------------------------------------------------------------------------------------------------|-------------------------|
| Actuarial present value of accumulated plan benefits as of beginning of year, December 31, 2022: | \$ 2,342,665,722        |
| Increase (decrease) during the year attributed to:                                               |                         |
| Interest accumulation                                                                            | 157,529,060             |
| Benefits accumulated                                                                             | 166,578,287             |
| Assumption change                                                                                | (26,664,787)            |
| Benefits paid                                                                                    | (187,540,701)           |
| Net increase                                                                                     | <u>109,901,859</u>      |
| Actuarial present value of accumulated plan benefits as of end of year, December 31, 2023        | <u>\$ 2,452,567,581</u> |

The assumption changes include the following:

- A change in the cash balance interest crediting rate assumption from 4.20% to 4.02%.

Significant assumptions underlying the actuarial computations are as follows:

|                                      |                                                                                                                                                |
|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| Assumed rate of return on investment | 7.00%                                                                                                                                          |
| Mortality basis                      | Healthy and Disabled: Amounts-weighted aggregate rates from the Pri-2012 mortality study projected generationally from 2012 with Scale MP-2021 |
| Retirement rate                      | Retirement at varying percentages for the ages of 55 through 69 with 100% of participants assumed to retire by age 70                          |
| Cash balance interest crediting rate | 4.02%                                                                                                                                          |

## UPMC Basic Retirement Plan

### Notes to Financial Statements (continued)

#### **3. Accumulated Plan Benefits (continued)**

These 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. The actuary estimated the accumulated plan benefits as of January 1, 2024. There were no significant changes to the Plan that would have changed the valuation had it been performed as of December 31, 2023. The accumulated plan benefits information presented herein does not include the effects of any amendments made after January 1, 2024.

#### **4. Investments**

Certain investment information related to investments for the Plan and the Master Trust disclosed in the accompanying financial statements and footnotes, including investments held at December 31, 2024 and 2023, and net gain from interest in the Master Trust for the years then ended, other than the fair value of the limited partnership interests at December 31, 2024 and 2023, and the related net appreciation (depreciation) for the years then ended, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the trustee, The Bank of New York Mellon/BNY Mellon, N.A. The Plan Sponsor recorded the fair value of the partnership interests using valuations obtained directly from the partnerships at December 31, 2024 and 2023 in the accompanying financial statements.

The Plan's investments are held in the Master Trust, which was established for the investment of assets of the Plan and other UPMC-sponsored plans. Each participating retirement plan has an undivided interest in the Master Trust. The Master Trust assets are allocated among the participating plans by assigning to each plan those transactions (primarily contributions, benefit payments, and plan-specific expenses) that can be specifically identified and by allocating among all plans, in proportion to each plan's beneficial interest in the Master Trust, income and expenses resulting from the collective investment of the assets of the Master Trust. At December 31, 2024 and 2023, the Plan's interest in the net assets of the Master Trust was 100%.

# UPMC Basic Retirement Plan

## Notes to Financial Statements (continued)

### 4. Investments (continued)

The following table presents the net assets, including investments, of the Master Trust:

|                                             | <b>Master<br/>Trust<br/>Balances</b> | <b>Plan's<br/>Interest in<br/>Master Trust<br/>Balances</b> |
|---------------------------------------------|--------------------------------------|-------------------------------------------------------------|
| <b>December 31, 2024</b>                    |                                      |                                                             |
| Master Trust investments, at fair value:    |                                      |                                                             |
| Certified by trustee:                       |                                      |                                                             |
| Cash                                        | \$ 13,892,481                        | \$ 13,892,481                                               |
| U.S. government securities                  | 61,916,372                           | 61,916,372                                                  |
| Asset and mortgage-backed securities        | 42,556,832                           | 42,556,832                                                  |
| Corporate debt instruments                  | 90,763,834                           | 90,763,834                                                  |
| Corporate stocks                            | 120,430,990                          | 120,430,990                                                 |
| Interest in common/collective trust funds   | 229,954,080                          | 229,954,080                                                 |
| Interest in registered investment companies | 871,140,672                          | 871,140,672                                                 |
| Derivatives                                 | (2,803,257)                          | (2,803,257)                                                 |
| Managed accounts:                           |                                      |                                                             |
| Asset and mortgage-backed securities        | 17,363,636                           | 17,363,636                                                  |
| Common stocks                               | 60,582                               | 60,582                                                      |
| Common/collective trust funds               | 3,889,835                            | 3,889,835                                                   |
| U.S. government Securities                  | 77,184,038                           | 77,184,038                                                  |
| Not certified by trustee:                   |                                      |                                                             |
| Limited partnerships                        | 1,353,755,706                        | 1,353,755,706                                               |
| Total investments at fair value             | <u>2,880,105,800</u>                 | <u>2,880,105,800</u>                                        |
| Net receivables                             | 5,208,321                            | 5,208,321                                                   |
| Total net assets                            | <u><u>\$ 2,885,314,121</u></u>       | <u><u>\$ 2,885,314,121</u></u>                              |

# UPMC Basic Retirement Plan

## Notes to Financial Statements (continued)

### 4. Investments (continued)

|                                             | <b>Master<br/>Trust<br/>Balances</b> | <b>Plan's<br/>Interest in<br/>Master Trust<br/>Balances</b> |
|---------------------------------------------|--------------------------------------|-------------------------------------------------------------|
| <b>December 31, 2023</b>                    |                                      |                                                             |
| Master Trust investments, at fair value:    |                                      |                                                             |
| Certified by trustee:                       |                                      |                                                             |
| Cash                                        | \$ 22,055,315                        | \$ 22,055,315                                               |
| U.S. government securities                  | 116,630,523                          | 116,630,523                                                 |
| Asset and mortgage-backed securities        | 40,996,058                           | 40,996,058                                                  |
| Corporate debt instruments                  | 48,117,008                           | 48,117,008                                                  |
| Corporate stocks                            | 231,630,474                          | 231,630,474                                                 |
| Interest in common/collective trust funds   | 202,568,121                          | 202,568,121                                                 |
| Interest in registered investment companies | 718,754,522                          | 718,754,522                                                 |
| Derivatives                                 | 5,045,280                            | 5,045,280                                                   |
| Managed accounts:                           |                                      |                                                             |
| Asset and mortgage-backed securities        | 35,385,164                           | 35,385,164                                                  |
| Common/collective trust fund                | 2,572,029                            | 2,572,029                                                   |
| Not certified by trustee:                   |                                      |                                                             |
| Limited partnerships                        | 1,387,225,751                        | 1,387,225,751                                               |
| Total investments at fair value             | 2,810,980,245                        | 2,810,980,245                                               |
| Net receivables                             | 1,386,978                            | 1,386,978                                                   |
| Total net assets                            | <u>\$ 2,812,367,223</u>              | <u>\$ 2,812,367,223</u>                                     |

## UPMC Basic Retirement Plan

### Notes to Financial Statements (continued)

#### 4. Investments (continued)

Following is a summary of appreciation and interest and dividend income of the Master Trust's investments (including investments bought, sold, and held during the year):

|                                                                                                 | <b>Year Ended December 31</b> |                              |
|-------------------------------------------------------------------------------------------------|-------------------------------|------------------------------|
|                                                                                                 | <b>2024</b>                   | <b>2023</b>                  |
| Net appreciation in fair value of investments (certified by trustee)                            | <b>\$ 142,275,468</b>         | \$ 142,374,086               |
| Net appreciation in fair value of investments – limited partnerships (not certified by trustee) | <b>114,035,086</b>            | 61,853,886                   |
| Net appreciation in fair value of Master Trust investments                                      | <b>256,310,554</b>            | 204,227,972                  |
| Master Trust interest and dividend income (certified)                                           | <b>50,135,386</b>             | 49,038,386                   |
| Total net appreciation in fair value and interest and dividend income                           | <b><u>\$ 306,445,940</u></b>  | <b><u>\$ 253,266,358</u></b> |

#### 5. Fair Value Measurements

Fair value is defined under ASC 820, *Fair Value Measurement*, as 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 (i.e., an exit price). The fair value hierarchy 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 are described below:

- Level 1 – Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical assets and liabilities.
- Level 2 – Inputs other than quoted prices in active markets for identical assets and liabilities that are observable, either directly or indirectly, for substantially the full term of the asset or liability. Level 2 inputs include the following:
  - Quoted prices for similar assets and liabilities in active markets
  - Quoted prices for identical or similar assets or liabilities in markets that are not active

## UPMC Basic Retirement Plan

### Notes to Financial Statements (continued)

#### 5. Fair Value Measurements (continued)

- Observable inputs other than quoted prices that are used in the valuation of the assets or liabilities (e.g., interest rate and yield curve quotes at commonly quoted intervals)
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means
- Level 3 – Unobservable inputs for the asset or liability (i.e., supported by little or no market activity). Level 3 inputs include management's own assumptions about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk).

The level in the fair value hierarchy within which the fair value measurement is classified is determined based on the lowest level of input that is significant to the fair value measurement in its entirety. Following is a description of the valuation techniques and inputs used for each general type of investment in the Master Trust measured at fair value:

*Interest-bearing cash* and *Cash* is valued at amortized cost, which approximates fair value.

*Corporate stocks* are valued at the closing price reported on the active market on which the individual securities are traded.

*Registered investment companies* are valued based on quoted market prices, which represent the net asset value (NAV) of shares held by the Plan at year-end. The NAV is a quoted price in an active market.

*U.S. government securities* are valued at fair value using quoted market prices. The quoted market price is available in an active market.

*Asset and mortgage-backed securities* and *corporate debt instruments* are valued at fair value, which is estimated using quoted prices determined in an active market for those classified as Level 1 or quoted prices of securities with similar characteristics for those classified as Level 2, as the quoted market prices for the specific securities are not available in an active market.

*Common/collective trust funds* are valued at NAV as a practical expedient.

*Limited partnerships* are valued at NAV as a practical expedient.

## UPMC Basic Retirement Plan

### Notes to Financial Statements (continued)

#### 5. Fair Value Measurements (continued)

The following table sets forth by level, within the fair value hierarchy, the Master Trust's assets at fair value as of December 31, 2024:

|                                                | Level 1                 | Level 2               | Level 3     | Total                   |
|------------------------------------------------|-------------------------|-----------------------|-------------|-------------------------|
| Assets:                                        |                         |                       |             |                         |
| Cash                                           | \$ 899,737              | \$ —                  | \$ —        | \$ 899,737              |
| Corporate stocks                               | 120,430,990             | —                     | —           | 120,430,990             |
| Corporate debt instruments                     | —                       | 90,763,834            | —           | 90,763,834              |
| Asset and mortgage-backed securities           | —                       | 42,556,832            | —           | 42,556,832              |
| U.S. government securities – U.S. treasuries   | —                       | 61,916,372            | —           | 61,916,372              |
| Registered investment companies                | 871,068,533             | 72,139                | —           | 871,140,672             |
| Absolute return (managed accounts):            |                         |                       |             |                         |
| Asset and mortgage-backed securities           |                         | 17,363,636            |             | 17,363,636              |
| Common stocks                                  | (57,220)                | —                     | —           | (57,220)                |
| U.S. Government securities                     | —                       | 13,086,423            | —           | 13,086,423              |
| Long/short equity (managed accounts):          |                         |                       |             |                         |
| Cash                                           | 12,992,744              |                       | —           | 12,992,744              |
| Common stocks                                  | —                       | 117,802               | —           | 117,802                 |
| U.S. Government securities                     | —                       | 64,097,615            | —           | 64,097,615              |
| Derivatives                                    | (3,174,311)             | 371,054               | —           | (2,803,257)             |
|                                                | <u>\$ 1,002,160,473</u> | <u>\$ 290,345,707</u> | <u>\$ —</u> | <u>1,292,506,180</u>    |
| Common/collective trust funds <sup>(a)</sup>   |                         |                       |             | 229,954,080             |
| Private equity and hedge investments:          |                         |                       |             |                         |
| Limited partnerships:                          |                         |                       |             |                         |
| Private real estate <sup>(b)</sup>             |                         |                       |             | 140,361,101             |
| Private natural resources <sup>(c)</sup>       |                         |                       |             | 134,391,187             |
| Absolute return (hedge funds) <sup>(d)</sup>   |                         |                       |             | 179,224,825             |
| Long/short equity (hedge funds) <sup>(e)</sup> |                         |                       |             | 240,849,138             |
| Private equity <sup>(f)</sup>                  |                         |                       |             | 658,929,454             |
| Total limited partnerships                     |                         |                       |             | <u>1,353,755,706</u>    |
| Long/short equity (managed accounts):          |                         |                       |             |                         |
| Common/collective trust funds <sup>(a)</sup>   |                         |                       |             | 3,889,834               |
| Total private equity and hedge investments     |                         |                       |             | <u>1,357,645,540</u>    |
| Total assets at fair value                     |                         |                       |             | <u>\$ 2,880,105,800</u> |

## UPMC Basic Retirement Plan

### Notes to Financial Statements (continued)

#### 5. Fair Value Measurements (continued)

The following table sets forth by level, within the fair value hierarchy, the Master Trust's assets at fair value as of December 31, 2023:

|                                                | Level 1               | Level 2               | Level 3     | Total                   |
|------------------------------------------------|-----------------------|-----------------------|-------------|-------------------------|
| Assets:                                        |                       |                       |             |                         |
| Cash                                           | \$ 418,744            | \$ —                  | \$ —        | \$ 418,744              |
| Corporate stocks                               | 231,630,474           | —                     | —           | 231,630,474             |
| Corporate debt instruments                     | —                     | 48,117,008            | —           | 48,117,008              |
| Asset and mortgage-backed securities           | —                     | 40,996,058            | —           | 40,996,058              |
| U.S. government securities – U.S. treasuries   | —                     | 116,630,523           | —           | 116,630,523             |
| Registered investment companies                | 718,674,372           | 80,150                | —           | 718,754,522             |
| Absolute return (managed accounts):            |                       |                       |             |                         |
| Asset and mortgage-backed securities           | —                     | 35,385,164            | —           | 35,385,164              |
| Long/short equity (managed accounts):          |                       |                       |             |                         |
| Cash                                           | 21,636,571            | —                     | —           | 21,636,571              |
| Derivatives                                    | 5,045,280             | —                     | —           | 5,045,280               |
|                                                | <u>\$ 977,405,442</u> | <u>\$ 241,208,903</u> | <u>\$ —</u> | <u>1,218,614,344</u>    |
| Common/collective trust funds <sup>(a)</sup>   |                       |                       |             | 202,568,121             |
| Private equity and hedge investments:          |                       |                       |             |                         |
| Limited partnerships:                          |                       |                       |             |                         |
| Private real estate <sup>(b)</sup>             |                       |                       |             | 165,877,560             |
| Private natural resources <sup>(c)</sup>       |                       |                       |             | 139,672,087             |
| Absolute return (hedge funds) <sup>(d)</sup>   |                       |                       |             | 183,284,718             |
| Long/short equity (hedge funds) <sup>(e)</sup> |                       |                       |             | 207,349,681             |
| Private equity <sup>(f)</sup>                  |                       |                       |             | 691,041,705             |
| Total limited partnerships                     |                       |                       |             | <u>1,387,225,751</u>    |
| Absolute return (managed accounts):            |                       |                       |             |                         |
| Common/collective trust funds <sup>(a)</sup>   |                       |                       |             | 63                      |
| Long/short equity (managed accounts):          |                       |                       |             |                         |
| Common/collective trust funds <sup>(a)</sup>   |                       |                       |             | 2,571,966               |
| Total private equity and hedge investments     |                       |                       |             | <u>1,389,797,780</u>    |
| Total assets at fair value                     |                       |                       |             | <u>\$ 2,810,980,245</u> |

<sup>(a)</sup>The investment objective for these funds is to achieve long-term capital growth. Liquidity provisions vary per fund, with redemptions being permitted on the valuation date with written notification at least one month prior to redemption. The valuation date varies per fund, but ranges mainly from weekly to monthly.

## UPMC Basic Retirement Plan

### Notes to Financial Statements (continued)

#### 5. Fair Value Measurements (continued)

- <sup>(b)</sup>The investment objective of these limited partnerships is to invest in commercial real estate properties and real-estate-related assets. On an individual basis, these partnerships have a finite life. At December 31, 2024, it is estimated that the underlying assets of these partnerships will be liquidated over an average of eight years and there is no ability for the Plan Sponsor to redeem prior to the conclusion of the partnerships. Some of these partnerships may elect to extend their term at their discretion.
- <sup>(c)</sup>The investment objective of these limited partnerships is to acquire energy assets, such as oil and natural gas production, oilfield services, power generation, and other natural resources-related industries that have the potential for meaningful capital appreciation. On an individual basis, these partnerships have a finite life. At December 31, 2024, it is estimated that the underlying assets of these partnerships will be liquidated over an average of nine years, and there is no ability for the Plan Sponsor to redeem prior to the conclusion of the partnerships. Some of these partnerships may elect to extend their term at their discretion.
- <sup>(d)</sup>The investment objective for these limited partnerships is to invest with the goal of generating a positive real return without correlation to general markets. While specific liquidity provisions vary by fund, redemptions are generally permitted on a monthly or quarterly basis. While fund managers reserve the right to suspend redemptions under certain market conditions, no such conditions exist as of December 31, 2024, and through the date these financial statements were available to be issued.
- <sup>(e)</sup>The investment objective for these limited partnerships is to invest with the goal of generating a return similar to equity markets with less volatility. While specific liquidity provisions vary by fund, redemptions are generally permitted on a monthly, quarterly, or annual basis. While fund managers reserve the right to suspend redemptions under certain market conditions, no such conditions exist as of December 31, 2024, and through the date these financial statements were available to be issued.
- <sup>(f)</sup>The investment objective of these limited partnerships is to achieve long-term capital appreciation through a diversified portfolio of leveraged buy-out, growth equity, venture capital, structured equity, and distressed debt investment opportunities throughout the globe. On an individual basis, these partnerships have a finite life. At December 31, 2024, it is estimated that the underlying assets of these partnerships will be liquidated over an average of seven years, and there is no ability for the Plan Sponsor to redeem prior to the conclusion of the partnerships. Some of these partnerships may elect to extend their term at their discretion.

#### 6. Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS), dated May 1, 2014, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Subsequent to this determination by the IRS, the Plan was restated and amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, as amended, is qualified and the related Master Trust is tax-exempt.

## UPMC Basic Retirement Plan

### Notes to Financial Statements (continued)

#### **6. Tax Status (continued)**

Accounting principles generally accepted in the United States of America require plan 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 administrator has analyzed the tax positions taken by the Plan, and has concluded that there are no uncertain positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

#### **7. Derivative Financial Instruments**

The Master Trust may enter into various derivative financial instruments to hedge or protect the underlying investments from changes in the interest rate, foreign rate, foreign exchange, commodities and securities markets. Losses may arise if the value of the derivative financial instrument decreases due to an unfavorable change in the value of the underlying assets or if the counterparty does not perform under the contract. The gross and aggregate fair values of the derivative financial instruments held by the Master Trust at December 31, 2024 and 2023 was not significant and detailed disclosures have been excluded.

The notional amount of the derivative financial instruments held by the Plan aggregated approximately \$18.2 million and \$79.7 million at December 31, 2024 and 2023, respectively, and principally represented financial futures and options contracts. The notional amount is the contractual amount applicable to the derivative instruments and not the amount at risk. Such amounts are generally not exchanged between counterparties, but are used for calculating the size of cash flows or payments to be exchanged.

#### **8. Risks and Uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market volatility, 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 on the statements of net assets available for benefits.

## UPMC Basic Retirement Plan

### Notes to Financial Statements (continued)

#### **8. Risks and Uncertainties (continued)**

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 estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

#### **9. Related-Party and Party-in-Interest Transactions**

Certain of the Plan's assets are invested in funds managed by the trustee of the Plan. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

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Schedule SB Attachment (Form 5500) —2024 Plan Year  
UPMC Basic Retirement Plan  
EIN: 25-1423657 PN: 333

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

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

| (a)              | (b)     | (c)    | (d)                        |
|------------------|---------|--------|----------------------------|
| Age              | Rate    | Weight | Product<br>(a) × (b) × (c) |
| 55               | 6.00%   | 1.0000 | 3.30                       |
| 56               | 6.00%   | 0.9400 | 3.16                       |
| 57               | 6.00%   | 0.8836 | 3.02                       |
| 58               | 6.00%   | 0.8306 | 2.89                       |
| 59               | 6.00%   | 0.7807 | 2.76                       |
| 60               | 7.00%   | 0.7339 | 3.08                       |
| 61               | 10.00%  | 0.6825 | 4.16                       |
| 62               | 12.00%  | 0.6143 | 4.57                       |
| 63               | 12.00%  | 0.5406 | 4.09                       |
| 64               | 17.00%  | 0.4757 | 5.18                       |
| 65               | 26.50%  | 0.3948 | 6.80                       |
| 66               | 25.00%  | 0.2902 | 4.79                       |
| 67               | 20.00%  | 0.2176 | 2.92                       |
| 68               | 20.00%  | 0.1741 | 2.37                       |
| 69               | 23.00%  | 0.1393 | 2.21                       |
| 70               | 100.00% | 0.1073 | 7.51                       |
| Weighted Average |         |        | 62.81                      |

Schedule SB Attachment (Form 5500) —2024 Plan Year  
UPMC Basic Retirement Plan  
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Schedule SB, line 19 — Discounted Employer Contributions

Year applied for contributions: 2024

| Date               | Amount         | Days to Discount<br>to 1/1/2024 at<br>5.12% | Interest<br>Adjusted<br>Contribution |
|--------------------|----------------|---------------------------------------------|--------------------------------------|
| September 15, 2025 | \$ 125,100,000 | 623                                         | \$ 114,895,519                       |
| Total Contribution | \$ 125,100,000 |                                             | \$ 114,895,519                       |

Schedule SB Attachment (Form 5500) —2024 Plan Year  
UPMC Basic Retirement Plan  
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## Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

### Interest Rates for Minimum Funding Purposes

Based on segment rates with a four-month look back (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA.

|                  |       |
|------------------|-------|
| 1st Segment Rate | 4.75% |
| 2nd Segment Rate | 4.87% |
| 3rd Segment Rate | 5.59% |

### Interest Rates for Maximum Tax Purposes

Based on segment rates with a four-month look back (as of September 2023), without regard to interest rate stabilization.

|                  |       |
|------------------|-------|
| 1st Segment Rate | 3.62% |
| 2nd Segment Rate | 4.46% |
| 3rd Segment Rate | 4.52% |

### Salary Increases

|                                       |              |
|---------------------------------------|--------------|
| Minimum Funding Target Normal Cost    | See Table 1. |
| Maximum Tax Expected Benefit Increase | See Table 1. |

### Cash Balance Interest Crediting Rate

3.25% (4.00% for Lee pre-July 1, 1993 design).

### Social Security COLA Increases

4.50% per year for eligible Lee retirees and terminated vested participants.

### Optional Payment Form Election Percentage

New retirees and beneficiaries: 85% elect an immediate lump sum, and 15% elect an immediate single life annuity.

New terminated vested and disabled participants: 50% elect an immediate lump sum, 35% receive a lump sum deferred to age 62, and 15% receive a single life annuity at age 62.

Current terminated vested participants: 70% receive a lump sum at age 62, and 30% receive a single life annuity at age 62.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
UPMC Basic Retirement Plan  
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**Retirement Age**

|                                |             |
|--------------------------------|-------------|
| Active Participants            | See Table 2 |
| Terminated Vested Participants | Age 62      |

**Mortality Rates**

|                      |                                                                                            |
|----------------------|--------------------------------------------------------------------------------------------|
| Healthy and Disabled | 2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b) |
|----------------------|--------------------------------------------------------------------------------------------|

|                         |             |
|-------------------------|-------------|
| <b>Withdrawal Rates</b> | See Table 3 |
|-------------------------|-------------|

|                         |             |
|-------------------------|-------------|
| <b>Disability Rates</b> | See Table 4 |
|-------------------------|-------------|

|                         |                              |
|-------------------------|------------------------------|
| <b>Decrement Timing</b> | Beginning of year decrements |
|-------------------------|------------------------------|

|                                 |                                                                                                                                     |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| <b>Surviving Spouse Benefit</b> | It is assumed that 85% of males and 85% of females have an eligible spouse, and that males are four years older than their spouses. |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|

|                               |                                                                                        |
|-------------------------------|----------------------------------------------------------------------------------------|
| <b>Valuation Compensation</b> | 2023 Pensionable earnings rolled forward one year with the salary increase assumption. |
|-------------------------------|----------------------------------------------------------------------------------------|

|                                        |                                                                                                                                                                             |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Benefit and Compensation Limits</b> | Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the IRC section 401(a)(17) compensation limit of \$345,000. |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Valuation of Plan Assets</b> | <p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p> |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Expected Return on Assets**

|                |                         |
|----------------|-------------------------|
| 2022 Plan Year | 7.00%, limited to 5.92% |
| 2023 Plan Year | 7.00%, limited to 5.74% |
| 2024 Plan Year | 7.00%, limited to 5.59% |

|                                                      |                                                                                                               |
|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>Trust Expenses Included in Target Normal Cost</b> | \$43,100,000 based on the prior year's actual plan administrative expenses, rounded to the nearest \$100,000. |
|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

Schedule SB Attachment (Form 5500) —2024 Plan Year  
UPMC Basic Retirement Plan  
EIN: 25-1423657 PN: 333

**Actuarial Method**

Standard unit credit cost method

**Valuation Date**

January 1, 2024

Schedule SB Attachment (Form 5500) —2024 Plan Year  
UPMC Basic Retirement Plan  
EIN: 25-1423657 PN: 333

## Actuarial Assumptions and Methods

Table 1

**Salary Merit Increase Rates**

| Age | Rate  | Age | Rate  |
|-----|-------|-----|-------|
| 15  | 4.75% | 45  | 3.50% |
| 16  | 4.75% | 46  | 3.50% |
| 17  | 4.75% | 47  | 3.50% |
| 18  | 4.75% | 48  | 3.50% |
| 19  | 4.75% | 49  | 3.50% |
| 20  | 4.75% | 50  | 3.00% |
| 21  | 4.75% | 51  | 3.00% |
| 22  | 4.75% | 52  | 3.00% |
| 23  | 4.75% | 53  | 3.00% |
| 24  | 4.75% | 54  | 3.00% |
| 25  | 4.75% | 55  | 2.75% |
| 26  | 4.75% | 56  | 2.75% |
| 27  | 4.75% | 57  | 2.75% |
| 28  | 4.75% | 58  | 2.75% |
| 29  | 4.75% | 59  | 2.75% |
| 30  | 4.75% | 60+ | 2.25% |
| 31  | 4.75% |     |       |
| 32  | 4.75% |     |       |
| 33  | 4.75% |     |       |
| 34  | 4.75% |     |       |
| 35  | 4.75% |     |       |
| 36  | 4.75% |     |       |
| 37  | 4.75% |     |       |
| 38  | 4.75% |     |       |
| 39  | 4.75% |     |       |
| 40  | 4.00% |     |       |
| 41  | 4.00% |     |       |
| 42  | 4.00% |     |       |
| 43  | 4.00% |     |       |
| 44  | 4.00% |     |       |

Schedule SB Attachment (Form 5500) —2024 Plan Year  
UPMC Basic Retirement Plan  
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Table 2

**Retirement Rates**

| Age | Rate    |
|-----|---------|
| 55  | 6.00%   |
| 56  | 6.00%   |
| 57  | 6.00%   |
| 58  | 6.00%   |
| 59  | 6.00%   |
| 60  | 7.00%   |
| 61  | 10.00%  |
| 62  | 12.00%  |
| 63  | 12.00%  |
| 64  | 17.00%  |
| 65  | 26.50%  |
| 66  | 25.00%  |
| 67  | 20.00%  |
| 68  | 20.00%  |
| 69  | 23.00%  |
| 70+ | 100.00% |

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Table 3

Withdrawal Rates

| Age | Years of Service |        |        |        |
|-----|------------------|--------|--------|--------|
|     | 0                | 1      | 2      | 3+     |
| 15  | 33.33%           | 23.87% | 18.00% | 16.00% |
| 16  | 33.33%           | 23.87% | 18.00% | 16.00% |
| 17  | 33.33%           | 23.87% | 18.00% | 16.00% |
| 18  | 33.33%           | 23.87% | 18.00% | 16.00% |
| 19  | 33.33%           | 23.87% | 18.00% | 16.00% |
| 20  | 33.33%           | 23.87% | 18.00% | 16.00% |
| 21  | 24.67%           | 23.87% | 18.00% | 16.00% |
| 22  | 25.24%           | 23.87% | 18.00% | 16.00% |
| 23  | 24.00%           | 21.00% | 18.00% | 16.00% |
| 24  | 23.60%           | 21.00% | 17.73% | 16.00% |
| 25  | 20.10%           | 19.58% | 17.00% | 13.70% |
| 26  | 20.10%           | 19.35% | 17.00% | 13.40% |
| 27  | 20.08%           | 18.88% | 16.90% | 13.10% |
| 28  | 20.10%           | 18.94% | 16.80% | 12.62% |
| 29  | 20.10%           | 16.75% | 16.80% | 12.14% |
| 30  | 19.04%           | 16.70% | 15.00% | 11.16% |
| 31  | 19.00%           | 16.74% | 15.00% | 11.18% |
| 32  | 19.00%           | 16.70% | 15.00% | 10.70% |
| 33  | 18.86%           | 16.70% | 15.00% | 10.20% |
| 34  | 18.00%           | 16.40% | 15.00% | 9.70%  |
| 35  | 18.00%           | 16.40% | 13.50% | 9.20%  |
| 36  | 17.14%           | 16.40% | 13.26% | 8.70%  |
| 37  | 17.10%           | 15.50% | 12.00% | 8.20%  |
| 38  | 16.29%           | 14.10% | 12.00% | 7.96%  |
| 39  | 14.90%           | 14.08% | 12.00% | 7.72%  |

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Table 3 (continued)

Withdrawal Rates

| Age | Years of Service |        |        |       |
|-----|------------------|--------|--------|-------|
|     | 0                | 1      | 2      | 3+    |
| 40  | 14.90%           | 13.90% | 11.60% | 7.48% |
| 41  | 14.90%           | 13.90% | 11.60% | 7.24% |
| 42  | 14.90%           | 13.90% | 11.60% | 7.00% |
| 43  | 14.90%           | 13.90% | 11.60% | 6.82% |
| 44  | 14.90%           | 13.90% | 11.60% | 6.63% |
| 45  | 14.70%           | 11.60% | 10.00% | 6.46% |
| 46  | 14.70%           | 11.60% | 10.00% | 6.28% |
| 47  | 14.70%           | 11.60% | 10.00% | 6.10% |
| 48  | 14.70%           | 11.60% | 10.00% | 5.88% |
| 49  | 14.70%           | 11.60% | 10.00% | 5.66% |
| 50  | 14.30%           | 11.30% | 9.50%  | 5.94% |
| 51  | 14.30%           | 11.30% | 9.50%  | 5.72% |
| 52  | 14.30%           | 11.30% | 9.50%  | 5.50% |
| 53  | 14.30%           | 11.30% | 9.50%  | 5.50% |
| 54  | 14.30%           | 11.30% | 9.50%  | 5.50% |
| 55+ | 14.30%           | 11.00% | 9.50%  | 5.50% |

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Table 4

Disability Rates

| Age | Male  | Female | Age | Male  | Female |
|-----|-------|--------|-----|-------|--------|
| 15  | 0.03% | 0.03%  | 45  | 0.16% | 0.24%  |
| 16  | 0.03% | 0.03%  | 46  | 0.18% | 0.27%  |
| 17  | 0.03% | 0.03%  | 47  | 0.21% | 0.30%  |
| 18  | 0.03% | 0.03%  | 48  | 0.25% | 0.33%  |
| 19  | 0.03% | 0.03%  | 49  | 0.28% | 0.36%  |
| 20  | 0.03% | 0.03%  | 50  | 0.33% | 0.40%  |
| 21  | 0.03% | 0.03%  | 51  | 0.39% | 0.44%  |
| 22  | 0.03% | 0.03%  | 52  | 0.46% | 0.49%  |
| 23  | 0.03% | 0.03%  | 53  | 0.53% | 0.54%  |
| 24  | 0.03% | 0.03%  | 54  | 0.61% | 0.59%  |
| 25  | 0.03% | 0.03%  | 55  | 0.69% | 0.64%  |
| 26  | 0.03% | 0.03%  | 56  | 0.77% | 0.69%  |
| 27  | 0.03% | 0.03%  | 57  | 0.86% | 0.74%  |
| 28  | 0.03% | 0.04%  | 58  | 0.95% | 0.80%  |
| 29  | 0.03% | 0.04%  | 59  | 1.05% | 0.85%  |
| 30  | 0.03% | 0.04%  | 60  | 1.15% | 0.90%  |
| 31  | 0.03% | 0.05%  | 61  | 1.26% | 0.96%  |
| 32  | 0.03% | 0.05%  | 62  | 1.38% | 1.01%  |
| 33  | 0.03% | 0.06%  | 63  | 1.51% | 1.05%  |
| 34  | 0.03% | 0.06%  | 64  | 1.64% | 1.09%  |
| 35  | 0.04% | 0.07%  | 65+ | 0.00% | 0.00%  |
| 36  | 0.04% | 0.08%  |     |       |        |
| 37  | 0.05% | 0.09%  |     |       |        |
| 38  | 0.06% | 0.10%  |     |       |        |
| 39  | 0.07% | 0.12%  |     |       |        |
| 40  | 0.08% | 0.13%  |     |       |        |
| 41  | 0.09% | 0.15%  |     |       |        |
| 42  | 0.10% | 0.17%  |     |       |        |
| 43  | 0.12% | 0.19%  |     |       |        |
| 44  | 0.14% | 0.22%  |     |       |        |

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## Schedule SB, Part V — Summary of Plan Provisions

### UPMC — Cash Balance Groups

**Eligibility**

Attainment of age 21 and completion of 1,000 hours of service.

**Accrued Benefit**

Benefits are determined through the accumulation of an account balance. The account accrues interest based on the 30 year Treasury rate, updated quarterly. Contributions are credited based on a percentage of compensation. This percentage is determined based on the following tables:

**Urban Design Formula**

| at 12/31 of Prior Year) | Points (Age Plus Service Percentage |
|-------------------------|-------------------------------------|
| Less than 36            | 2.5%                                |
| 36–49                   | 3.0%                                |
| 50–69                   | 4.0%                                |
| 70 or greater           | 5.0%                                |

**Community Design Formula**

| Points (Age Plus Service at 12/31 of Prior Year) | Percentage |
|--------------------------------------------------|------------|
| Less than 36                                     | 3.5%       |
| 36–49                                            | 4.0%       |
| 50–69                                            | 5.0%       |
| 70 or greater                                    | 6.0%       |

Prior to July 1, 2003, contributions for University of Pittsburgh Physicians (UPP) Faculty were based on the following table:

**UPP Faculty Design Formula (prior to July 1, 2003)**

| Attained Age  | Percentage |
|---------------|------------|
| Less than 35  | 6.0%       |
| 35–44         | 7.0%       |
| 45 or greater | 9.0%       |

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The opening account balance on the cash balance conversion date was the lump sum equivalent of the accrued benefit, if any, under any of the eligible defined benefit plans sponsored by UPMC.

Some participants are also eligible to receive additional annual contributions during a transition period beginning with cash balance conversion date.

**Normal Retirement Benefit**

Normal Retirement Date

Age 65.

Benefit

Determined from the cash balance account developed under the normal retirement formula as of the normal retirement date. The benefit will not be less than the value of any grandfathered benefits, if applicable.

**Disability Benefit**

Eligibility

Total and permanent disability and qualify for Social Security disability benefits.

Benefit

Determined from the cash balance account developed under the normal retirement formula as of the date of disability. The benefit will not be less than the value of any grandfathered benefits, if applicable.

**Vested Termination Benefit**

Eligibility

Three years of service (five years of service prior to January 1, 2008).

Benefit

Determined from the cash balance account developed under the normal retirement formula as of the termination date. The benefit will not be less than the value of any grandfathered benefits, if applicable.

**Preretirement Surviving Spouse Benefit**

Eligibility

All active participants and deferred vested participants.

Benefit

A monthly benefit equal to the actuarial equivalent of 100% of the participant's cash balance account, payable as an annuity for the life of the spouse. The benefit will not be less than the value of any grandfathered benefits, if applicable.

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**Late Retirement**

Eligibility

Retirement after age 65.

Benefit

Determined from the cash balance account developed under the normal retirement formula as of the late retirement date. The benefit will not be less than the value of any grandfathered benefits, if applicable.

**Form of Payment**

Life annuity for single participants. Actuarial equivalent 50% joint and survivor annuity for married participants. Participant may also elect several optional forms of payment, including receipt of the cash balance account as a single lump sum, 50%, 66⅔%, 75%, and 100% contingent annuitant options; 36-, 60-, 120-, 180-, and 240 month certain and continuous options; an age 62 Social Security adjustment option, an immediate single life annuity, a full cash refund annuity, and a 10-year certain only annuity.

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WPIC Beaver Valley Mental Health Services

**Eligibility**

Age 21 and six months of service.

**Average Monthly Earnings**

Basic wages inclusive of overtime, bonuses, commissions, etc.

Monthly compensation averaged over the most recent 10-year period prior to August 1, 1997.

**Accrued Benefit**

The greater of the sum of (1) and (2) or (3) below:

- (1) The participant's frozen accrued benefit as of July 31, 1997; and
- (2) The participant's accrued benefit determined under the provisions of the Addendum for Beaver Valley/Aliquippa Union Retirement Income Plan after August 1, 1997, not to exceed 35 years of service, and excluding years of service earned during the period covered by the participant's frozen accrued benefit.
- (3) The participant's accrued benefit determined under the provisions of the Addendum for Beaver Valley/Aliquippa Union Retirement Income Plan, not to exceed 35 years of service.

Benefits were frozen effective January 5, 2008.

**Normal Retirement Benefit**

Normal Retirement Date

Age 65.

Benefit

Accrued benefit payable immediately.

**Early Retirement**

Eligibility

Age 55 and 10 years of service.

Benefit

Accrued benefit at date of actual retirement payable at normal retirement. Benefit may be elected immediately, reduced by 0.555% for each month prior to age 65 up to 60 months and 0.277% for each additional month prior to age 65.

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**Disability Benefit**

Eligibility

Later of age 55 and 10 years of service and either deemed permanently disabled by the employer or qualified for Social Security disability.

Benefit

Accrued benefit at date of disablement, reduced by 0.555% for each month prior to age 65 up to 60 months and 0.277% for each of the next 60 months.

**Vested Termination Benefit**

Eligibility

Five years of service.

Benefit

Accrued benefit at date of termination payable at normal retirement. If a participant has 10 years of service at termination, a reduced benefit may be paid as early as age 55, based on early retirement reduction factors.

**Preretirement Surviving Spouse Benefit**

Eligibility

Five years of service.

Benefit

A monthly benefit equal to 50% of the joint and survivor benefit payable to the participant assuming retirement or termination the day before death.

**Late Retirement**

Eligibility

Retirement after age 65.

Benefit

Greater of: (1) Benefit accrued to late retirement date or (2) actuarially increased normal retirement benefit.

**Form of Payment**

Life annuity for single participants. Actuarial equivalent 50% joint and survivor annuity for married participants. Participant may also elect several optional forms of payment, including 50%, 66⅔%, 75%, and 100% contingent annuitant options; and 60- and 120-month certain and continuous options.

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**UPMC — Non Cash Balance Groups**

**Eligibility**

Age 21 and 1,000 hours of service, and not covered by TSA program. Only certain employees of Local Union No. 95 are eligible for this benefit.

**Accrued Benefit**

Monthly benefit equals one-twelfth of 2.1% of the lesser of gross salary or the Social Security wage base for each year of service.

Benefit accruals were frozen at October 1, 2000 for participants who are represented by, and members of, Local Union No. 95.

**Normal Retirement Benefit**

Normal Retirement Date

Age 65 and five years of plan participation.

Benefit

Accrued benefit payable immediately.

**Early Retirement**

Eligibility

Age 55 and five years of service.

Benefit

Accrued benefit deferred to age 65 or reduced by 7.2% per year prior to normal retirement from age 60 to age 65 and 3.6% per year prior to age 60.

**Disability Benefit**

Eligibility

Disability incurred on or after November 1, 1989.

Benefit

Accrued benefit deferred to 65. Benefit may commence as early as age 55 reduced as for early retirement.

**Vested Termination Benefit**

Eligibility

Five years of service.

Benefit

Accrued benefit deferred to 65. Benefit may commence as early as age 55 reduced as for early retirement.

**Preretirement Surviving Spouse Benefit**

Eligibility

Five years of service.

Benefit

50% of accrued benefit, actuarially reduced for early retirement, payable no earlier than early retirement age.

**Late Retirement**

Eligibility

Retirement after normal retirement date.

Benefit

Accrued benefit determined as of late retirement date.

**Form of Payment**

Life annuity for single participants. Actuarial equivalent 50% joint and survivor annuity for married participants. Participant may also elect 50%, 66⅔%, 75%, and 100% joint and survivor options.

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Canterbury Place (Non-Union Pre-January 1, 2008; Former Union Pre-January 1, 2009)

**Participation**

Employees participate when they have completed one year of service.

Plan was merged into the UPMC Basic Retirement Plan on December 31, 2004.

**Normal Retirement Benefit**

Normal Retirement Date

Age 65.

Benefit

0.9% times average monthly compensation times years of service at normal retirement age (maximum of 25 years).

**Vested Termination Benefit**

Eligibility

Five years of service.

Benefit

Accrued benefit as of date of termination, payment beginning at age 65.

**Form of Payment**

Life annuity for single participants. Actuarial equivalent 50% joint and survivor annuity for married participants. Participant may also elect several optional forms of payment, including a single lump sum, 50%, 75%, and 100% contingent annuitant options; and 60-, 120-, and 180-month certain and continuous options.

**Definitions**

Average Monthly Compensation

The monthly total compensation of a participant averaged over the three consecutive plan years which produces the highest monthly average within the last 10 completed years of participation.

Service

1,000 hours or more in a plan year constitutes a year of service.

Accrued Benefit

Normal retirement benefit multiplied by:

$$\frac{\text{Years of Service at Date of Determination}}{\text{Years of Service at Normal Retirement Date}}$$

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UPMC Lee Regional

**Eligibility for Participation**

Attainment of age 21 and completion of 1,000 hours of service.

Plan was merged into the UPMC Basic Retirement Plan on December 31, 2010.

**Normal Retirement**

Eligibility

Age 65 (for terminations prior to July 1, 2003, age 65 with five years of participation).

Monthly Benefit

The greater of (1) and (2):

- (1) The monthly benefit derived for the cash balance account, including pay credits and interest credits.
- (2) The monthly benefit based on the sum of (a) and (b):
  - (a) 1.0% of frozen average monthly compensation times service as of June 30, 2003.
  - (b) 0.45% of frozen average monthly compensation in excess of \$575 times service as of June 30, 2003.

Benefit accruals for all participants, except Walnut Management, are frozen effective July 31, 2005. Benefit accruals for Walnut Management participants are frozen effective December 31, 2005.

**Early Retirement**

Eligibility

For benefits accrued prior to July 1, 2003, attainment of one of the following:

- (1) Age 60.
- (2) 20 years of service.
- (3) Age 55 and 15 years of service.

Monthly Benefit

Normal retirement benefit reduced 3% per year prior to age 65 until age 56, and actuarially reduced prior to age 56. For participants who terminate after June 30, 2003 whose benefit is based on the cash balance account, the early retirement benefit is the actuarial equivalent monthly benefit.

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**Disability Retirement**

|             |                                                                                                              |
|-------------|--------------------------------------------------------------------------------------------------------------|
| Eligibility | Total and permanent disability and qualify for Social Security disability benefits.                          |
| Benefit     | Determined from the cash balance developed under the normal retirement formula as of the date of disability. |

**Preretirement Survivor Benefit**

|             |                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligibility | All active participants and deferred vested participants.                                                                                                                                                                                                                                                                                                                                                                                     |
| Benefit     | A monthly benefit equal to the actuarial equivalent of 100% of the participant's cash balance account, payable as an annuity for the life of the spouse. (For terminations prior to July 1, 2003, 50% of a participant's accrued benefit, reduced for early retirement and the 50% joint and survivor option, payable to a beneficiary commencing on the later of the date the participant would have attained age 55 and the date of death.) |

**Vested Termination Benefits**

|             |                                                                                                                                                                                                                                                                                                                              |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligibility | Five years of service.                                                                                                                                                                                                                                                                                                       |
| Benefit     | Accrued benefit payable at normal retirement age, or payable at early retirement age with reductions as for early retirement. Pay credits are not granted after termination, but interest credits continue until benefit commencement. For terminations after June 30, 2003, a lump-sum benefit is available at termination. |

**Cost-of-Living Adjustment**

Retirees and terminated vested participants as of June 30, 1984 are eligible for future cost-of-living adjustments on their pension benefits. The adjustment will begin on August 31 after the benefit has been in pay status for a full plan year and continue each August 31 thereafter. The amount of the adjustment is the percentage increase in the Consumer Price Index for Urban Wage Earners and Clerical Workers, Revised Series (U.S. City Average — all items) as published by the Bureau of Labor Statistics.

**Form of Payment**

Life annuity for single participants. Actuarial equivalent 50% joint and survivor annuity for married participants. Participants with benefit accruals after July 1, 2003 may also elect several optional forms of payment, including 50%, 66⅔%, 75%, and 100% contingent annuitant options; 36-, 60-, 120-, 180-, and 240-month certain and continuous options; an age 62 Social Security adjustment option; an immediate single life annuity; a full cash refund

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annuity; and a 10 year certain only option. Other participants may elect 50%, 66⅔%, 75%, and 100% joint and survivor options.

### Lump Sum Optional Form

A lump sum form of payment is available after July 1, 2003. The amount of the lump sum is limited to the account balance. If the present value of the accrued benefit is greater than the account balance, the excess benefit is paid in the normal form or any available optional form.

### Definitions

#### Service

A year of service is credited for each calendar year during which a participant is paid for at least 1,000 hours.

#### Compensation

Total compensation, plus elective contributions and deferrals, less long-term bonuses, taxable fringe benefits, and severance or change in control payments.

#### Average Monthly Compensation

The average of the highest five consecutive calendar years out of the last 10 calendar years preceding the date of determination.

#### Frozen Average Monthly Compensation

Average monthly compensation as of June 30, 2003.

#### Pay Credits

Prior to July 1, 2003, based on service and the following table:

| Service  | Percent of Pay Allocation |
|----------|---------------------------|
| 1 to 5   | 4.0%                      |
| 6 to 10  | 5.0%                      |
| 11 to 19 | 6.0%                      |
| 20+      | 8.0%                      |

Beginning July 1, 2003, based on the sum of age and Service, as of December 31 of the prior year, and the following table:

| Age + Service | Percent of Pay Allocation |
|---------------|---------------------------|
| Less than 36  | 3.5%                      |
| 36 to 49      | 4.0%                      |
| 50 to 69      | 5.0%                      |
| 70+           | 6.0%                      |

Eligible participants also received an additional 2% pay credit per year through 2005.

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Interest Credits

The account balance accrued prior to July 1, 2003 increases each year based on the three month Treasury Bill rate as of each July 1, plus 1%. The minimum interest crediting rate is 4%.

Effective July 1, 2003, the account balance increases based on the 30-year Treasury Bond rate, updated each quarter. The rate for each quarter is determined based on the rate in effect two months prior to the beginning of each quarter.

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Retirement Plan for Employees of the Altoona Regional Health System

**Eligibility**

Employees hired before July 1, 2008.

Plan was merged into the UPMC Basic Retirement Plan on December 31, 2014.

**Accrued Benefit**

The greatest of:

- (1) 1.5% of final average pay times years of service.
- (2) \$4.00 per month times years of service as of June 30, 1997.
- (3) Accrued benefit under the prior plan as of June 30, 1987.

The benefit is increased for any net increase in the accrued benefit under the Bon Secours Holy Family Regional Health System Retirement Plan as of October 31, 2004, adjusted for post-merger pay increases.

Benefits were frozen as of December 31, 2014.

**Normal Retirement Benefit**

Normal Retirement Date

Age 65.

Benefit

Accrued benefit.

**Early Retirement Benefit**

Eligibility

Age 55.

Benefit

Accrued benefit reduced by 1/180 for each of the first 60 months and 1/360 for each of the next 60 months preceding normal retirement age.

**Disability Benefit**

Eligibility

Total and permanent disability.

Benefit

Unreduced accrued benefit payable at normal retirement age, or reduced benefit payable at early retirement age.

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**Vested Termination Benefit**

Eligibility

Vesting determined based on the greater of Schedule A and Schedule B:

**Schedule A**

| Service      | Vested % |
|--------------|----------|
| Less than 5  | 0%       |
| 5 or greater | 100%     |

**Schedule B**

| Age + Service | Vested % |
|---------------|----------|
| Less than 45  | 0%       |
| 45–46         | 50%      |
| 47–48         | 60%      |
| 49–50         | 70%      |
| 51–52         | 80%      |
| 53–54         | 90%      |
| 55 or greater | 100%     |

Benefit

Accrued benefit payable as early as age 55, reduced by 1/180 for each of the first 60 months and 1/360 for each of the next 60 months preceding normal retirement age.

**Preretirement Surviving Spouse Benefit**

Eligibility

Vested participant.

Benefit

A monthly benefit equal to 50% of the benefit the participant would have received if the participant separated from service on the date of death, survived to earliest retirement age, and elected a 50% joint and survivor annuity.

**Service**

One year of vesting service is earned for each year that a participant works 1,000 hours.

**Form of Payment**

Life annuity with payments guaranteed for 60 months for single participants. Actuarial equivalent 50% joint and survivor annuity for married participants. Participant may also elect several optional forms of payment, including a single life annuity, 50%, 75%, and 100% joint and survivor options; 120-month certain and continuous option, and a level income option.

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## Hamot Health Foundation Cash Account Pension Plan

### Eligibility

Employees hired before July 1, 2003.

Plan was merged into the UPMC Basic Retirement Plan on June 30, 2016.

### Accrued Benefit

For participants eligible for a grandfathered benefit, the greater of:

- (1) 1% of final average pay times years of credited service, plus 0.62% of final average pay in excess of Social Security covered compensation times years of credited service up to 35.

- (2) Contribution account benefit.

For participants not eligible for a grandfathered benefit, the sum of:

- (1) Accrued benefit as of June 30, 1987; plus

- (2) Contribution account benefit.

The contribution account includes pay credits based on the following tables:

#### July 1, 1987 to July 1, 1989

| Vesting Service | Below 50% Social Security Wage Base | Over 50% Social Security Wage Base |
|-----------------|-------------------------------------|------------------------------------|
| Less than 10    | 3.0%                                | 6.0%                               |
| 10 or greater   | 4.0%                                | 8.0%                               |

#### July 1, 1989 to July 1, 1999

| Vesting Service | Percentage |
|-----------------|------------|
| Less than 10    | 4.0%       |
| 10 or greater   | 6.0%       |

#### July 1, 1999 to July 1, 2003

| Vesting Service | Percentage |
|-----------------|------------|
| Less than 10    | 4.0%       |
| 6–9             | 4.5%       |
| 10 or greater   | 6.0%       |

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For non-grandfathered participants, benefit accruals were frozen effective July 1, 2003.

The contribution account accrues interest based on the lesser of:

- (1) Two-month average of rates on one-year Treasury securities for May and June preceding plan year; plus 1%.
- (2) 30-year Treasury rate for June preceding plan year.

**Normal Retirement Benefit**

Normal Retirement Date

Age 65.

Benefit

Accrued benefit.

**Early Retirement Benefit**

Eligibility

Age 55 and three years of vesting service

Benefit

For participants eligible for a grandfathered benefit, the accrued benefit is reduced by 0.0055 for each of the first 60 months and 0.0027 for each of the next 60 months preceding normal retirement age.

For participants not eligible for a grandfathered benefit, the actuarial equivalent of the contribution account.

**Disability Benefit**

Eligibility

Total and permanent disability.

Benefit

The accrued benefit is reduced by 1/15 for each of the first five years and 1/30 for each of the next five years preceding normal retirement age, and actuarially reduced for each additional year.

**Vested Termination Benefit**

Eligibility

Three years of vesting service.

Benefit

Determined from the cash balance account developed under the accrued benefit formula as of the termination date. The benefit will not be less than the value of any grandfathered benefits, if applicable.

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**Preretirement Surviving Spouse Benefit**

Eligibility

Three years of vesting service.

Benefit

If the participant dies before age 55, the greater of 100% of the benefit that would have been payable at age 55 or the account balance. If the participant dies on or after age 55, the greater of 100% of the benefit reduced for early retirement of the account balance.

**Late Retirement**

Eligibility

Retirement after age 65.

Benefit

Accrued benefit as of late retirement date.

**Vesting Service**

One year of vesting service is earned for each year that a participant works 1,000 hours.

**Credited Service**

One year of credited service is earned for each year that a participant works 1,800 hours, with a partial year of service for those who work 1,000 to 1,799 hours.

**Form of Payment**

Life annuity with payments guaranteed for 36 months for single participants. Actuarial equivalent 100% joint and survivor annuity for married participants. Participant may also elect several optional forms of payment, including a lump sum, single life annuity, 66⅔% and 100% joint and survivor options; 120-, and 180-month certain and continuous options; a full cash refund annuity, and a life annuity with an annual cost-of-living adjustment.

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Home Health Resource, Inc. Pension Plan

|                                               |                                                                                                                                                                                                                                      |
|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Eligibility</b>                            | Employees hired before July 1, 2010.<br><br>Plan was merged into the UPMC Basic Retirement Plan on December 31, 2017.                                                                                                                |
| <b>Accrued Benefit</b>                        | 1.5% of final average pay times years of service.<br><br>Benefits were frozen as of December 31, 2013.                                                                                                                               |
| <b>Normal Retirement Benefit</b>              |                                                                                                                                                                                                                                      |
| Normal Retirement Date                        | Age 65.                                                                                                                                                                                                                              |
| Benefit                                       | Accrued benefit.                                                                                                                                                                                                                     |
| <b>Early Retirement Benefit</b>               |                                                                                                                                                                                                                                      |
| Eligibility                                   | Age 55 and five years of vesting service.                                                                                                                                                                                            |
| Benefit                                       | Accrued benefit reduced by 1/180 for each of the first 60 months and 1/360 for each of the next 60 months preceding normal retirement age.                                                                                           |
| <b>Disability Benefit</b>                     |                                                                                                                                                                                                                                      |
| Eligibility                                   | Total and permanent disability.                                                                                                                                                                                                      |
| Benefit                                       | Actuarial equivalence of vested accrued benefit payable at normal retirement age.                                                                                                                                                    |
| <b>Vested Termination Benefit</b>             |                                                                                                                                                                                                                                      |
| Eligibility                                   | Five years of vesting service.                                                                                                                                                                                                       |
| Benefit                                       | Accrued benefit payable as early as age 55, reduced by 1/180 for each of the first 60 months and 1/360 for each of the next 60 months preceding normal retirement age.                                                               |
| <b>Preretirement Surviving Spouse Benefit</b> |                                                                                                                                                                                                                                      |
| Eligibility                                   | Vested participant.                                                                                                                                                                                                                  |
| Benefit                                       | A monthly benefit equal to 50% of the benefit the participant would have received if the participant separated from service on the date of death, survived to earliest retirement age, and elected a 50% joint and survivor annuity. |
| <b>Service</b>                                | One year of vesting service is earned for each year that a participant works 1,000 hours.                                                                                                                                            |
| <b>Final Average Pay</b>                      | Average of the 60 highest consecutive months of compensation within the last 120 months preceding the date of determination.                                                                                                         |

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**Form of Payment**

Life annuity with payments guaranteed for 60 months for single participants. Actuarial equivalent 50% joint and survivor annuity for married participants. Participant may also elect several optional forms of payment, including a single life annuity, 50%, 75%, and 100% joint and survivor options; and 120-month certain and continuous option.

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## Home Nursing Agency's Pension Plan

**Eligibility**

Employees hired before July 1, 2010.

Plan was merged into the UPMC Basic Retirement Plan on December 31, 2016.

**Accrued Benefit**

1.25% of final average pay times years of service (maximum 40 years).

Benefits were frozen as of December 31, 2013.

**Normal Retirement Benefit**

Normal Retirement Date

Age 65 and five years of participation.

Benefit

Accrued benefit.

**Early Retirement Benefit**

Eligibility

Age 55 and 15 years of vesting service.

Benefit

Accrued benefit reduced by  $6\frac{2}{3}\%$  for each of the first five years and  $3\frac{1}{3}\%$  for each of the next five years preceding normal retirement age.

**Vested Termination Benefit**

Eligibility

20% vested after three years of vesting service, plus 20% per year thereafter, up to 100%.

Benefit

Accrued benefit multiplied by vesting percentage, payable as early at age 65.

**Preretirement Surviving Spouse Benefit**

Eligibility

Full or partially vested participant.

Benefit

The greater of:

- (1) A monthly benefit equal to 50% of the benefit the participant would have received if the participant separated from service on the date of death, survived to earliest retirement age, and elected a 50% joint and survivor annuity..
- (2) Present value of the participant's accrued benefit (minimum \$500) payable as a lump sum.

**Final Average Pay**

Monthly average of pay for the five highest consecutive years out of all compensation years.

**Form of Payment**

Life annuity for single participants. Actuarial equivalent 50% joint and survivor annuity for married participants. Participant may also elect several optional forms of payment, including a single life annuity, 50%,  $66\frac{2}{3}\%$ , 75%, and 100% joint and survivor options; 5-, 10-, and 15-year certain and continuous option, and lump sum if the present value of the benefit is \$10,000 or less.

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Retirement Plan for Jameson Health System, Incorporated

**Eligibility**

Non-physician employees hired before November 1, 2006.  
Plan was merged into the UPMC Basic Retirement Plan on December 31, 2016.

**Accrued Benefit**

Traditional

1.25% of final average pay times years of credited service. Minimum benefit of \$10 times years of credited service. Benefits were frozen as of November 1, 2006.

Cash Accumulation

November 1, 2006 cash accumulation account credited with interest to retirement. Interest is based on the 30 year Treasury rate for November preceding each year.

**Normal Retirement Benefit**

Normal Retirement Date

Age 65 and five years of participation.

Benefit

Accrued benefit.

**Early Retirement Benefit**

Eligibility

Age 55 and five years of vesting service.

Benefit

Actuarial equivalent of frozen accrued benefit.

**Vested Termination Benefit**

Eligibility

Three years of vesting service.

Benefit

Actuarial equivalent of frozen accrued benefit payable (as early as age 55 for traditional).

**Preretirement Surviving Spouse Benefit**

Eligibility

Vested participant.

Traditional Benefit

A monthly benefit equal to 100% of the benefit the participant would have received if the participant separated from service on the date of death, survived to earliest retirement age, and elected a 100% joint and survivor annuity.

Cash Accumulation Benefit

For married participants, monthly benefit equal to the actuarial equivalence of the account balance. The spouse may elect to receive the account balance as a lump sum. For unmarried participants, the beneficiary will receive the account balance as a lump sum.

**Form of Payment**

Life annuity for single participants. Actuarial equivalent 100% joint and survivor annuity for married participants. Participant may also elect optional forms of payment, including a single life annuity, 50%, and 100% joint and survivor options; and lump sum (full benefit for cash accumulation benefit, up to \$5,000 for traditional benefit).

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Pension Plan for Employees of St. Francis Hospital of New Castle

**Eligibility**

Employees hired before October 31, 2002.

Plan was merged into the UPMC Basic Retirement Plan on December 31, 2016.

**Accrued Benefit**

0.5% of final average pay times years of service, plus 0.5% of final average pay in excess of covered compensation times years of service (maximum 35 years).

Benefits were frozen as of October 31, 2002.

**Normal Retirement Benefit**

Normal Retirement Date

Age 65.

Benefit

Accrued benefit.

**Early Retirement Benefit**

Eligibility

Age 60 and five years of vesting service.

Benefit

Actuarially reduced accrued benefit.

**Vested Termination Benefit**

Eligibility

Five years of vesting service.

Benefit

Actuarial reduced accrued benefit payable as early as age 55.

**Preretirement Surviving Spouse Benefit**

Eligibility

Vested participant.

Benefit

A monthly benefit equal to 100% of the benefit the participant would have received if the participant separated from service on the date of death, survived to earliest retirement age, and elected a 100% joint and survivor annuity.

**Form of Payment**

Life annuity with payments guaranteed for 60 months for single participants. Actuarial equivalent 100% joint and survivor annuity for married participants. Participant may also elect optional forms of payment, including a 50% joint and survivor option and a lump sum to \$5,000.

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Laurel Health System Pension Plan (Susquehanna)

**Eligibility**

Employees hired before July 1, 2005.

Plan was merged into the UPMC Basic Retirement Plan on December 31, 2017.

**Accrued Benefit**

Frozen accrued benefit as December 31, 1992, plus cash balance account earned from January 1, 1993 through December 31, 2006, converted to a single life annuity. The cash balance account is converted by crediting interest at 5% per year until normal retirement age and determining the actuarially equivalent single life annuity.

**Normal Retirement Benefit**

Normal Retirement Date

Age 65 and five years of participation.

Benefit

Accrued benefit.

**Early Retirement Benefit**

Eligibility

Age 55 and five years of vesting service.

Benefit

Accrued benefit reduced by 1/180 for each of the first 60 months and 1/360 for each of the next 60 months preceding normal retirement age.

**Disability Benefit**

Eligibility

Total and permanent disability prior to early retirement.

Benefit

Accrued benefit as disability, payable at normal retirement age.

**Vested Termination Benefit**

Eligibility

Termination prior to January 1, 2008, 100% vested with five years of vesting service.

Termination on or after January 1, 2008, 100% vested with three years of vesting service.

Benefit

Accrued benefit payable as early as age 55, reduced by 1/180 for each of the first 60 months and 1/360 for each of the next 60 months preceding normal retirement age.

**Preretirement Surviving Spouse Benefit**

Eligibility

Married participant.

Benefit

A monthly benefit equal to 100% of the benefit the participant would have received if the participant separated from service on the date of death, survived to earliest retirement age, and elected a 100% joint and survivor annuity.

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**Credited Service**

One year of credited service is earned for each year that a participant works 1,000 hours. Credited service is frozen as of December 31, 2006.

**Vesting Service**

One year of vesting service is earned for each year that a participant works 1,000 hours.

**Form of Payment**

Life annuity for single participants. Actuarial equivalent 100% joint and survivor annuity for married participants. Participant may also elect several optional forms of payment, including a single life annuity, 50%, 75%, and 100% joint and survivor options; 120-month certain and continuous option, and lump sum up to \$5,000.

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WCA Hospital Retirement Plan

**Eligibility**

Employees age 21 or older with one year of service. Plan participation was frozen as of December 31, 2004.

Plan was merged into the UPMC Basic Retirement Plan on December 31, 2017.

**Accrued Benefit**

The greater of:

- (1) Accrued benefit determined under prior plan provisions as of December 31, 1994
- (2)  $[(0.85\% \text{ times average earnings below covered compensation}) + (1.5\% \text{ times average earnings in excess of covered compensation})]$  times credited service up to 35 years; plus 1% times average earnings times credited service in excess of 35 year
- (3) Sum of (1) and (2), determined solely with respect to years of credited service after December 31, 1994

Benefits were frozen as of December 31, 2004.

**Normal Retirement Benefit**

Normal Retirement Date

Age 65 and fifth anniversary of hire date.

Benefit

Accrued benefit.

**Early Retirement Benefit**

Eligibility

Age 55 and 10 years of vesting service.

Benefit

Accrued benefit reduced by 0.3% per month prior to age 65.

**Disability Benefit**

Eligibility

Total and permanent disability.

Benefit

50% of accrued benefit, payable until earlier of death, recovery, or normal retirement age.

**Vested Termination Benefit**

Eligibility

Five years of vesting service.

Benefit

Accrued benefit payable as early as age 55, 0.3% per month prior to age 65.

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**Preretirement Surviving Spouse Benefit**

Eligibility

Vested participant.

Benefit

A monthly benefit equal to 50% of the benefit the participant would have received if the participant separated from service on the date of death, survived to earliest retirement age, and elected a 50% joint and survivor annuity.

**Vesting Service**

One year of vesting service is earned for each year that a participant works at least 750 hours.

**Credited Service**

One year of credited service is earned for each year that an employee is an active participant in the plan and works at least 750 hours.

**Average Earnings**

Average of the five highest years of compensation within the last 10 years.

**Form of Payment**

Life annuity for single participants. Actuarial equivalent 50% joint and survivor annuity for married participants. Participant may also elect several optional forms of payment, including a single life annuity, 50%, 66.6%, 75%, and 100% joint and survivor options; 5-year and 10-year certain and continuous options, and a Social Security leveling option.

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Retirement Plan for Employees of Charles Cole Memorial Hospital

**Eligibility**

Employees age 21 or older with at least 1,000 hours in a plan year. Plan participation was frozen as of December 31, 2002.

Plan was merged into the UPMC Basic Retirement Plan on December 31, 2018.

**Accrued Benefit**

1.25% times average earnings times credited service.

Benefits were frozen as of December 31, 2002.

**Normal Retirement Benefit**

Normal Retirement Date

Age 65 and five years of vesting service.

Benefit

Accrued benefit.

**Early Retirement Benefit**

Eligibility

Age 55 and age plus service at least 65, or five years of vesting service, if later.

Benefit

Accrued benefit reduced by 5/12% per month prior to age 65.

**Disability Benefit**

Eligibility

Total and permanent disability.

Benefit

Accrued benefit, payable at normal retirement age.

**Vested Termination Benefit**

Eligibility

Five years of vesting service.

Benefit

Accrued benefit payable as early as age 55, reduced 5/12% per month prior to age 65.

**Preretirement Surviving Spouse Benefit**

Eligibility

Vested participant.

Benefit

A monthly benefit equal to 50% of the benefit the participant would have received if the participant separated from service on the date of death, survived to earliest retirement age, and elected a 50% joint and survivor annuity.

**Vesting Service**

One year of vesting service is earned for each year that a participant works at least 1,000 hours.

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**Credited Service**

Elapsed time prior to 1976. From 1976 through 1982, one year of credited service is earned for each year that an employee works at least 1,000 hours. From 1983 through 2002, one year of credited service is earned for each year that an employee works at least 2,080, with partial service earned if an employee works at least 1,000 hours. No credited service is earned after 2002.

**Average Earnings**

Average of the five years of compensation preceding termination, but no later than December 31, 2002.

**Form of Payment**

Life annuity for single participants. Actuarial equivalent 50% joint and survivor annuity for married participants. Participant may also elect several optional forms of payment, including a single life annuity, 50%, 75%, and 100% joint and survivor options; and 5-year and 10-year certain and continuous options.

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Retirement Plan for Employees of Somerset Hospital

**Eligibility**

Employees age 21 or older with at least 1,000 hours in a plan year. Plan participation was frozen as of December 31, 2003.

Plan was merged into the UPMC Basic Retirement Plan on December 31, 2019.

**Accrued Benefit**

The greater of (1) and (2) [(2) only available for non-highly compensated employees]:

- (1) [2% times average monthly compensation times service up to 25 years, less 2% of Social Security benefit times service up to 25 years] times service at date of determination divided by service at normal retirement date
- (2) [1% times average monthly compensation + 0.5% times average monthly compensation in excess of covered compensation] times service up to 30 years

Benefits were frozen as of December 31, 2003 (June 30, 2005 for UFCW Dietary Union) for participants electing additional accruals in the Somerset Hospital defined contribution plan. Benefits were frozen as of June 30, 2007 for non-union participants, August 31, 2007 for PSEA Nurses Union, and June 30, 2008 for UFCW Dietary Union.

**Normal Retirement Benefit**

Normal Retirement Date

Age 65 (five years of participation if hired after age 60).

Benefit

Accrued benefit.

**Early Retirement Benefit**

Eligibility

Age 55 with five years of service.

Benefit

Accrued benefit reduced by 5/9% per month for the first 60 months prior to age 65. The benefit is reduced an additional 5/18% per month prior to age 60.

**Vested Termination Benefit**

Eligibility

Five years of service.

Benefit

Accrued benefit payable at age 65, or reduced benefit payable as early as age 55. The benefit is reduced by 5/9% per month for the first 60 months prior to age 65. The benefit is reduced an additional 5/18% per month prior to age 60.

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**Preretirement Surviving Spouse Benefit**

Eligibility

Vested participant.

Benefit

A monthly benefit equal to 50% of the benefit the participant would have received if the participant separated from service on the date of death, survived to earliest retirement age, and elected a 50% joint and survivor annuity.

**Service**

One year of service is earned for each year that a participant works at least 1,000 hours.

**Average Monthly Compensation**

Average of the 60 highest consecutive months of compensation out of the last 120 consecutive months preceding the date of determination.

**Covered Compensation**

Average of taxable wages bases for each calendar year during the 35-year period ending with the calendar year in which the participant attains Social Security retirement age.

**Form of Payment**

Five-year certain and life annuity for single participants. Actuarial equivalent 50% joint and survivor annuity for married participants. Participants may also elect several optional forms of payment, including a single life annuity, 50%, 75%, and 100% joint and survivor options; and 5-year and 10-year certain and continuous options.

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UPMC Western Maryland Retirement Plan

**Eligibility**

Employees who have completed a year of service. Employees hired or rehired after June 30, 2011 are not eligible to participate in the plan. No employee can become a participant on the plan on or after January 1, 2018.

Plan was merged into the UPMC Basic Retirement Plan on December 31, 2020.

**Accrued Benefit**

**Post-January 1, 2008 Career Average Formula**

Participants age 55 or older with at least 20 years of service as of December 31, 2017, unless eligible for Grandfathered formula:

Accrued benefit as of January 1, 2008; plus

1.05% (1.25% if service is at least 15) of compensation for each subsequent year; plus

0.50% of the excess of compensation over covered compensation for each subsequent year.

**Grandfathered Formula**

Participants who had at least 25 years of continuous service as of December 31, 2007:

1.05% of final average compensation times years of service; plus

0.50% of the excess of final average compensation over covered compensation times years of service (limited to 35 years).

Minimum annual benefit of \$180 times years of service applies to all active participants.

Benefits for actives participants not eligible for the Post January 1, 2008 Career Average formula or the Grandfathered formula were frozen as of December 31, 2007. Benefits for all other active participants were frozen as of December 31, 2020.

**Normal Retirement Benefit**

Normal Retirement Date

Age 65.

Benefit

Accrued benefit.

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**Early Retirement Benefit**

Eligibility

Age 55 and five years of service.

Benefit

Accrued benefit reduced by 5/12% for each month prior to normal retirement age. The benefit is unreduced at age 62 if the sum of age and service is at least 90.

**Disability Benefit**

Eligibility

Total and permanent disability prior to January 1, 2008. There is no disability benefit for participants who become disabled on or after January 1, 2008.

Benefit

Benefit based on projected salary and service through elected retirement date.

**Vested Termination Benefit**

Eligibility

Vesting determined based on the following schedule:

| Service      | Vested % |
|--------------|----------|
| Less than 5  | 0%       |
| 5 or greater | 100%     |

Benefit

Accrued benefit reduced by 5/12% for each month prior to normal retirement age.

**Preretirement Surviving Spouse Benefit**

Eligibility

Vested married participant.

Benefit

A monthly benefit equal to 50% of the benefit the participant would have received if the participant separated from service on the date of death, survived to earliest retirement age, and elected a 50% joint and survivor annuity.

**Service**

Effective January 1, 1999, one year of service is earned for each year that a participant works at least 832 hours. Partial service is earned in the year of hire, rehire, or termination if the employee works at a rate of 832 hours. Service prior to January 1, 1999 is determined under prior plan provisions.

**Compensation**

Total compensation subject to income tax plus pay otherwise excluded under IRC sections 125, 403(b), 457(b), and a qualified transportation plan.

**Final Average Compensation**

Average of highest five consecutive plan years of compensation during the 10 years preceding retirement. Years with less than 832 hours of service are excluded.

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**Covered Compensation**

Average of Social Security wage bases in effect for each calendar year during the 35-year period ending with the calendar year in which the participant attains Social Security retirement age.

**Form of Payment**

Life annuity for single participants. Actuarial equivalent 50% joint and survivor annuity for married participants.

Participant may also elect several optional forms of payment, including a single life annuity, 50%, 66.67%, 75%, and 100% joint and survivor options; and 60, 120, and 180-month certain and continuous options.

A lump sum is available if the present value of the benefit is less than \$5,000. Employees with a prior match account balance or employee contribution balance may elect to withdraw these balances as a lump sum.

**Early Retirement Incentive Program**

Certain participants were given the option to participate in an early retirement incentive program between August and October 2019. The following benefits were offered:

- Elimination of early retirement reduction factor, or an additional benefit equal to 3% of current base pay if eligible for unreduced early or normal retirement.
- \$300 supplemental monthly benefit payable until age 62 (minimum of three years of payments).
- \$350 supplemental monthly benefit payable from age 65 for three years. This benefit is not payable to participants reaching age 65 more than three years after their benefit commencement date.
- Lump sum equal to four month's base pay, payable as lump sum or equivalent monthly annuity.

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Cash Balance Conversion Dates

| Employer                                                                                                    | Cash Balance Introduction Date | Retirement Credit Schedule |
|-------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------|
| University of Pittsburgh Physicians (Staff Only)                                                            | January 1, 1999                | Urban Design               |
| University of Pittsburgh Physicians (Physicians Only)                                                       | January 1, 1999                | UPP Faculty                |
| Central Imaging Services, Inc.                                                                              | July 1, 1999                   | Urban Design               |
| Central Laboratory Services, Inc.                                                                           | July 1, 1999                   | Urban Design               |
| UPMC Presbyterian (not applicable to those collectively bargained employees who have not adopted the Plan)  | July 1, 1999                   | Urban Design               |
| UPMC Shadyside                                                                                              | July 1, 1999                   | Urban Design               |
| Community Care Behavioral Health Organization                                                               | July 1, 2000                   | Urban Design               |
| LSC Consulting                                                                                              | July 1, 2000                   | Urban Design               |
| Medical Archival Systems, Inc.                                                                              | July 1, 2000                   | Urban Design               |
| Monroeville Specialty Clinic, Inc.                                                                          | July 1, 2000                   | Urban Design               |
| Presbyterian Health Resource Management, Inc.                                                               | July 1, 2000                   | Urban Design               |
| Shadyside Medical Associates, PC (Staff Only) <sup>1</sup>                                                  | July 1, 2000                   | Urban Design               |
| Specialty Practice Services, PC (Staff Only) <sup>1</sup>                                                   | July 1, 2000                   | Urban Design               |
| University Family Practice Associates, Inc. (Staff Only) <sup>1</sup>                                       | July 1, 2000                   | Urban Design               |
| UPMC Beaver Valley (not applicable to those collectively bargained employees who have not adopted the Plan) | July 1, 2000                   | Community Design           |
| UPMC Braddock (not applicable to those collectively bargained employees who have not adopted the Plan)      | July 1, 2000                   | Community Design           |
| UPMC Health Plan                                                                                            | July 1, 2000                   | Urban Design               |
| UPMC Diversified Services, Inc.                                                                             | July 1, 2000                   | Urban Design               |
| UPMC Home Care Services, Inc.                                                                               | July 1, 2000                   | Urban Design               |
| UPMC McKeesport (not applicable to those collectively bargained employees who have not adopted the Plan)    | July 1, 2000                   | Community Design           |
| UPMC Overseas, Inc.                                                                                         | July 1, 2000                   | Urban Design               |
| UPMC Rehabilitation Hospital                                                                                | July 1, 2000                   | Urban Design               |
| UPMC St. Margaret                                                                                           | July 1, 2000                   | Community Design           |
| UPMC Services Organization, Inc. (Staff Only) <sup>1</sup>                                                  | July 1, 2000                   | Urban Design               |

<sup>1</sup> Effective January 1, 2001, these entities were combined with and into UPMC Community Medicine, Inc. (fka University Family Practice Associates, Inc.), a Code section 501(c)(3) not for profit organization. Employees of these entities were transferred to and became employed by UPMC Community Medicine, Inc.

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| Employer                                                               | Cash Balance Introduction Date | Retirement Credit Schedule |
|------------------------------------------------------------------------|--------------------------------|----------------------------|
| UPMC South Side                                                        | July 1, 2000                   | Community Design           |
| UPMC Work Partners                                                     | July 1, 2000                   | Urban Design               |
| UPMC Community Medicine, Inc. and Affiliates (Staff Only) <sup>1</sup> | July 1, 2000                   | Urban Design               |
| UPMCS Occupational Medicine, Inc. (Staff Only)                         | July 1, 2000                   | Urban Design               |
| UPMCS Physical Rehabilitation, Inc. (Staff Only)                       | July 1, 2000                   | Urban Design               |
| Shadyside Medical Associates, PC (Physicians Only)                     | January 1, 2001                | Urban Design               |
| UPMC Horizon                                                           | January 1, 2001                | Community Design           |
| UPMC Services Organization, Inc. (Physicians Only) <sup>1</sup>        | January 1, 2001                | Urban Design               |
| UPMC South Hills Health System Home Health L.P.                        | January 1, 2001                | Urban Design               |
| Allegheny Radiology Oncology Group                                     | January 1, 2001                | Urban Design               |
| UPMCS Emergency Medicine, Inc.                                         | February 1, 2001               | Urban Design               |
| UPMC Senior Living Corporation                                         | April 1, 2001                  | Community Design           |
| UPMC Bedford                                                           | July 1, 2001                   | Urban Design               |
| WPIC Physician Practice Corporation                                    | January 1, 2002                | Urban Design               |
| UPMC Cancer Centers (Staff Only)                                       | January 27, 2002               | Urban Design               |
| UPMC McKeesport Physicians                                             | February 1, 2002               | Community Design           |
| Chartwell                                                              | March 1, 2002                  | Urban Design               |
| UPMC Cancer Centers (Physicians)                                       | March 1, 2002                  | Urban Design               |
| UPMC Cancer Centers (Executives)                                       | April 1, 2002                  | Urban Design               |
| Askesis Development Group, Inc.                                        | May 1, 2002                    | Urban Design               |
| UPMC Braddock (Teamsters)                                              | July 1, 2002                   | Community Design           |
| Shadyside Family Health Center (Physicians)                            | July 1, 2002                   | Urban Design               |
| Cranberry Place                                                        | October 1, 2002                | Community Design           |
| UPMC Emergency Medicine, Inc.                                          | October 1, 2002                | Urban Design               |
| UPMC Passavant-Cranberry                                               | October 1, 2002                | Community Design           |
| UPMC Passavant                                                         | July 1, 2003                   | Community Design           |
| Sherwood Oaks (Non-Union)                                              | October 1, 2003                | Community Design           |
| Magee-Womens Hospital                                                  | July 1, 2004                   | Urban Design               |
| Magee-Womens MSO                                                       | July 1, 2004                   | Urban Design               |
| Oncology–Hematology Associates                                         | January 1, 2005                | Urban Design               |
| UPMC Northwest                                                         | July 1, 2005                   | Urban Design               |

Schedule SB Attachment (Form 5500) —2024 Plan Year  
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| Employer                                      | Cash Balance<br>Introduction Date | Retirement<br>Credit Schedule |
|-----------------------------------------------|-----------------------------------|-------------------------------|
| Sugarcreek Station                            | July 1, 2005                      | Urban Design                  |
| Visiting Nurses Association of Venango County | July 1, 2005                      | Urban Design                  |
| Children's Hospital of Pittsburgh             | July 1, 2006                      | Urban Design                  |
| Canterbury Place (Non-Union)                  | January 1, 2008                   | Community Design              |
| UPMC Mercy                                    | January 1, 2008                   | Urban Design                  |
| Canterbury Place (Former Union)               | January 1, 2009                   | Community Design              |
| Sherwood Oaks (Union)                         | January 1, 2009                   | Community Design              |
| Center for Emergency Medicine                 | July 1, 2009                      | Urban Design                  |
| VIA Oncology, LLC                             | August 1, 2009                    | Urban Design                  |
| UPMC Hamot                                    | January 1, 2012                   | Urban Design                  |
| Home Nursing Agency                           | January 1, 2014                   | Urban Design                  |
| Lexington Two, Inc. dba HHR                   | January 1, 2014                   | Urban Design                  |
| UPMC Altoona                                  | January 1, 2015                   | Urban Design                  |
| Blair Medical Associates, Inc.                | January 1, 2015                   | Urban Design                  |
| Lexington Anesthesia Associates               | January 1, 2015                   | Urban Design                  |
| Children's Community Pediatric                | January 1, 2017                   | Urban Design                  |
| UPMC Jameson                                  | January 1, 2017                   | Urban Design                  |
| UPMC Kane                                     | July 1, 2017                      | Urban Design                  |
| UPMC Chautauqua at WCA                        | July 1, 2017                      | Urban Design                  |
| WCA Services Corporation                      | July 1, 2017                      | Urban Design                  |
| UPMC Susquehanna                              | January 1, 2018                   | Urban Design                  |
| Asbury                                        | July 1, 2018                      | Community Design              |
| Avalon Springs/Avalon Place                   | July 1, 2018                      | Community Design              |
| HCMS                                          | July 1, 2018                      | Urban Design                  |
| UPMC Cole                                     | July 1, 2019                      | Urban Design                  |
| UPMC Pinnacle                                 | January 1, 2020                   | Urban Design                  |
| UPMC Somerset                                 | January 1, 2021                   | Urban Design                  |
| UPMC Western Maryland                         | January 1, 2021                   | Urban Design                  |

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## Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

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

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

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

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.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br>UPMC BASIC RETIREMENT PLAN                                                                                       | <b>B</b> Three-digit plan number (PN) ▶ 333                                                                                                             |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>UPMC                                                          | <b>D</b> Employer Identification Number (EIN)<br>25-1423657                                                                                             |
| <b>E</b> Type of plan: <input type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input checked="" type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                    |                            |                           |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>Part I Basic Information</b>                                                                                                                                                                    |                            |                           |                          |
| <b>1</b> Enter the valuation date: Month 01 Day 01 Year 2024                                                                                                                                       |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                   |                            |                           |                          |
| a Market value                                                                                                                                                                                     | <b>2a</b>                  | 2,847,007,950             |                          |
| b Actuarial value                                                                                                                                                                                  | <b>2b</b>                  | 2,940,706,535             |                          |
| <b>3</b> 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                                                                                                                                     | 6,881                      | 616,839,772               | 616,839,772              |
| b For terminated vested participants                                                                                                                                                               | 17,275                     | 399,074,811               | 399,074,811              |
| c For active participants                                                                                                                                                                          | 74,793                     | 1,676,048,963             | 1,693,031,556            |
| d Total                                                                                                                                                                                            | 98,949                     | 2,691,963,546             | 2,708,946,139            |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                   |                            |                           |                          |
| a Funding target disregarding prescribed at-risk assumptions                                                                                                                                       | <b>4a</b>                  |                           |                          |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | <b>4b</b>                  |                           |                          |
| <b>5</b> Effective interest rate                                                                                                                                                                   | <b>5</b>                   | 5.12%                     |                          |
| <b>6</b> Target normal cost                                                                                                                                                                        |                            |                           |                          |
| a Present value of current plan year accruals                                                                                                                                                      | <b>6a</b>                  | 168,752,677               |                          |
| b Expected plan-related expenses                                                                                                                                                                   | <b>6b</b>                  | 43,100,000                |                          |
| c Target normal cost                                                                                                                                                                               | <b>6c</b>                  | 211,852,677               |                          |

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

|                               |                |                                        |
|-------------------------------|----------------|----------------------------------------|
| <b>SIGN HERE</b>              | Jason M. Bravo | 09/22/2025                             |
| Signature of actuary          |                | Date                                   |
| JASON M. BRAVO                |                | 2305569                                |
| Type or print name of actuary |                | Most recent enrollment number          |
| AON CONSULTING, INC.          |                | 216-430-4732                           |
| Firm name                     |                | Telephone number (including area code) |
| MSC# 17854 PO BOX 7505        |                |                                        |
| FORT WASHINGTON PA 19034      |                |                                        |
| Address of the firm           |                |                                        |

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2024  
v. 240311

| Part II Beginning of Year Carryover and Prefunding Balances |                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b>                                                    | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                                      | 18,462,900            | 12,003,969             |
| <b>8</b>                                                    | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                                   | 0                     | 0                      |
| <b>9</b>                                                    | Amount remaining (line 7 minus line 8) .....                                                                                                                         | 18,462,900            | 12,003,969             |
| <b>10</b>                                                   | Interest on line 9 using prior year's actual return of <u>9.78</u> % .....                                                                                           | 1,805,672             | 1,173,988              |
| <b>11</b>                                                   | Prior year's excess contributions to be added to prefunding balance:                                                                                                 |                       |                        |
|                                                             | <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 32,919,578             |
|                                                             | <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.23</u> % ..... |                       | 1,721,694              |
|                                                             | <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
|                                                             | <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 34,641,272             |
|                                                             | <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <b>12</b>                                                   | Other reductions in balances due to elections or deemed elections .....                                                                                              | 0                     | 0                      |
| <b>13</b>                                                   | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                                   | 20,268,572            | 13,177,957             |

| Part III Funding Percentages                                                                                                                                        |             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| 14 Funding target attainment percentage .....                                                                                                                       | 14 107.32 % |
| 15 Adjusted funding target attainment percentage .....                                                                                                              | 15 108.55 % |
| 16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | 16 117.99 % |
| 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<br>(MM-DD-YYYY)                                                          | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 09/15/2025                                                                        | 125,100,000                       | 0                               |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
| <b>Totals ►</b>                                                                   |                                   |                                 | <b>18(b)</b>             | 125,100,000                       | <b>18(c)</b>                    |
|                                                                                   |                                   |                                 |                          |                                   | 0                               |

|                                                                                                                               |                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |                                                                     |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                          | 19a 0                                                               |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                            | 19b 0                                                               |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....       | 19c 114,895,519                                                     |
| 20 Quarterly contributions and liquidity shortfalls:                                                                          |                                                                     |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? .....                                                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....       | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| <b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:                               |                                                                     |

Liquidity shortfall as of end of quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---------|---------|---------|---------|
|         |         |         |         |

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

|                                                                                                                                                                                              |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.75 % | 2nd segment:<br>4.87 % | 3rd segment:<br>5.59 %                              |
|                                                                                                                                                                                              |                        |                        | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        | <b>22</b> 63                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

**Part VI Miscellaneous Items**

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

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

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

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

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6c).....                                                                                                                                           | <b>31a</b>          | 211,852,677        |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 198,313,867        |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....                                                           | <b>34</b>           | 13,538,810         |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 13,538,810          | 0                  | 13,538,810    |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   | <b>37</b>           | 114,895,519        |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36)                                                                                                                             | <b>38a</b>          | 114,895,519        |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 13,538,810         |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

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

|                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Schedule SB Attachment (Form 5500) —2024 Plan Year  
UPMC Basic Retirement Plan  
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Schedule SB, line 19 — Discounted Employer Contributions

Year applied for contributions: 2024

| Date               | Amount         | Days to Discount<br>to 1/1/2024 at<br>5.12% | Interest<br>Adjusted<br>Contribution |
|--------------------|----------------|---------------------------------------------|--------------------------------------|
| September 15, 2025 | \$ 125,100,000 | 623                                         | \$ 114,895,519                       |
| Total Contribution | \$ 125,100,000 |                                             | \$ 114,895,519                       |

Schedule SB Attachment (Form 5500) —2024 Plan Year  
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## Schedule SB, line 22 — Description of Weighted Average Retirement Age

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

| (a)              | (b)     | (c)    | (d)                        |
|------------------|---------|--------|----------------------------|
| Age              | Rate    | Weight | Product<br>(a) × (b) × (c) |
| 55               | 6.00%   | 1.0000 | 3.30                       |
| 56               | 6.00%   | 0.9400 | 3.16                       |
| 57               | 6.00%   | 0.8836 | 3.02                       |
| 58               | 6.00%   | 0.8306 | 2.89                       |
| 59               | 6.00%   | 0.7807 | 2.76                       |
| 60               | 7.00%   | 0.7339 | 3.08                       |
| 61               | 10.00%  | 0.6825 | 4.16                       |
| 62               | 12.00%  | 0.6143 | 4.57                       |
| 63               | 12.00%  | 0.5406 | 4.09                       |
| 64               | 17.00%  | 0.4757 | 5.18                       |
| 65               | 26.50%  | 0.3948 | 6.80                       |
| 66               | 25.00%  | 0.2902 | 4.79                       |
| 67               | 20.00%  | 0.2176 | 2.92                       |
| 68               | 20.00%  | 0.1741 | 2.37                       |
| 69               | 23.00%  | 0.1393 | 2.21                       |
| 70               | 100.00% | 0.1073 | 7.51                       |
| Weighted Average |         |        | 62.81                      |

Schedule SB Attachment (Form 5500) —2024 Plan Year  
UPMC Basic Retirement Plan  
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## Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

### Interest Rates for Minimum Funding Purposes

Based on segment rates with a four-month look back (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA.

|                  |       |
|------------------|-------|
| 1st Segment Rate | 4.75% |
| 2nd Segment Rate | 4.87% |
| 3rd Segment Rate | 5.59% |

### Interest Rates for Maximum Tax Purposes

Based on segment rates with a four-month look back (as of September 2023), without regard to interest rate stabilization.

|                  |       |
|------------------|-------|
| 1st Segment Rate | 3.62% |
| 2nd Segment Rate | 4.46% |
| 3rd Segment Rate | 4.52% |

### Salary Increases

|                                       |              |
|---------------------------------------|--------------|
| Minimum Funding Target Normal Cost    | See Table 1. |
| Maximum Tax Expected Benefit Increase | See Table 1. |

### Cash Balance Interest Crediting Rate

3.25% (4.00% for Lee pre-July 1, 1993 design).

### Social Security COLA Increases

4.50% per year for eligible Lee retirees and terminated vested participants.

### Optional Payment Form Election Percentage

New retirees and beneficiaries: 85% elect an immediate lump sum, and 15% elect an immediate single life annuity.

New terminated vested and disabled participants: 50% elect an immediate lump sum, 35% receive a lump sum deferred to age 62, and 15% receive a single life annuity at age 62.

Current terminated vested participants: 70% receive a lump sum at age 62, and 30% receive a single life annuity at age 62.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
UPMC Basic Retirement Plan  
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**Retirement Age**

|                                |             |
|--------------------------------|-------------|
| Active Participants            | See Table 2 |
| Terminated Vested Participants | Age 62      |

**Mortality Rates**

|                      |                                                                                            |
|----------------------|--------------------------------------------------------------------------------------------|
| Healthy and Disabled | 2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b) |
|----------------------|--------------------------------------------------------------------------------------------|

|                         |             |
|-------------------------|-------------|
| <b>Withdrawal Rates</b> | See Table 3 |
|-------------------------|-------------|

|                         |             |
|-------------------------|-------------|
| <b>Disability Rates</b> | See Table 4 |
|-------------------------|-------------|

|                         |                              |
|-------------------------|------------------------------|
| <b>Decrement Timing</b> | Beginning of year decrements |
|-------------------------|------------------------------|

|                                 |                                                                                                                                     |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| <b>Surviving Spouse Benefit</b> | It is assumed that 85% of males and 85% of females have an eligible spouse, and that males are four years older than their spouses. |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|

|                               |                                                                                        |
|-------------------------------|----------------------------------------------------------------------------------------|
| <b>Valuation Compensation</b> | 2023 Pensionable earnings rolled forward one year with the salary increase assumption. |
|-------------------------------|----------------------------------------------------------------------------------------|

|                                        |                                                                                                                                                                             |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Benefit and Compensation Limits</b> | Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the IRC section 401(a)(17) compensation limit of \$345,000. |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Valuation of Plan Assets</b> | <p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p> |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Expected Return on Assets**

|                |                         |
|----------------|-------------------------|
| 2022 Plan Year | 7.00%, limited to 5.92% |
| 2023 Plan Year | 7.00%, limited to 5.74% |
| 2024 Plan Year | 7.00%, limited to 5.59% |

|                                                      |                                                                                                               |
|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>Trust Expenses Included in Target Normal Cost</b> | \$43,100,000 based on the prior year's actual plan administrative expenses, rounded to the nearest \$100,000. |
|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

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**Actuarial Method**

Standard unit credit cost method

**Valuation Date**

January 1, 2024

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## Actuarial Assumptions and Methods

Table 1

**Salary Merit Increase Rates**

| Age | Rate  | Age | Rate  |
|-----|-------|-----|-------|
| 15  | 4.75% | 45  | 3.50% |
| 16  | 4.75% | 46  | 3.50% |
| 17  | 4.75% | 47  | 3.50% |
| 18  | 4.75% | 48  | 3.50% |
| 19  | 4.75% | 49  | 3.50% |
| 20  | 4.75% | 50  | 3.00% |
| 21  | 4.75% | 51  | 3.00% |
| 22  | 4.75% | 52  | 3.00% |
| 23  | 4.75% | 53  | 3.00% |
| 24  | 4.75% | 54  | 3.00% |
| 25  | 4.75% | 55  | 2.75% |
| 26  | 4.75% | 56  | 2.75% |
| 27  | 4.75% | 57  | 2.75% |
| 28  | 4.75% | 58  | 2.75% |
| 29  | 4.75% | 59  | 2.75% |
| 30  | 4.75% | 60+ | 2.25% |
| 31  | 4.75% |     |       |
| 32  | 4.75% |     |       |
| 33  | 4.75% |     |       |
| 34  | 4.75% |     |       |
| 35  | 4.75% |     |       |
| 36  | 4.75% |     |       |
| 37  | 4.75% |     |       |
| 38  | 4.75% |     |       |
| 39  | 4.75% |     |       |
| 40  | 4.00% |     |       |
| 41  | 4.00% |     |       |
| 42  | 4.00% |     |       |
| 43  | 4.00% |     |       |
| 44  | 4.00% |     |       |

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Table 2

**Retirement Rates**

| Age | Rate    |
|-----|---------|
| 55  | 6.00%   |
| 56  | 6.00%   |
| 57  | 6.00%   |
| 58  | 6.00%   |
| 59  | 6.00%   |
| 60  | 7.00%   |
| 61  | 10.00%  |
| 62  | 12.00%  |
| 63  | 12.00%  |
| 64  | 17.00%  |
| 65  | 26.50%  |
| 66  | 25.00%  |
| 67  | 20.00%  |
| 68  | 20.00%  |
| 69  | 23.00%  |
| 70+ | 100.00% |

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Table 3

Withdrawal Rates

| Age | Years of Service |        |        |        |
|-----|------------------|--------|--------|--------|
|     | 0                | 1      | 2      | 3+     |
| 15  | 33.33%           | 23.87% | 18.00% | 16.00% |
| 16  | 33.33%           | 23.87% | 18.00% | 16.00% |
| 17  | 33.33%           | 23.87% | 18.00% | 16.00% |
| 18  | 33.33%           | 23.87% | 18.00% | 16.00% |
| 19  | 33.33%           | 23.87% | 18.00% | 16.00% |
| 20  | 33.33%           | 23.87% | 18.00% | 16.00% |
| 21  | 24.67%           | 23.87% | 18.00% | 16.00% |
| 22  | 25.24%           | 23.87% | 18.00% | 16.00% |
| 23  | 24.00%           | 21.00% | 18.00% | 16.00% |
| 24  | 23.60%           | 21.00% | 17.73% | 16.00% |
| 25  | 20.10%           | 19.58% | 17.00% | 13.70% |
| 26  | 20.10%           | 19.35% | 17.00% | 13.40% |
| 27  | 20.08%           | 18.88% | 16.90% | 13.10% |
| 28  | 20.10%           | 18.94% | 16.80% | 12.62% |
| 29  | 20.10%           | 16.75% | 16.80% | 12.14% |
| 30  | 19.04%           | 16.70% | 15.00% | 11.16% |
| 31  | 19.00%           | 16.74% | 15.00% | 11.18% |
| 32  | 19.00%           | 16.70% | 15.00% | 10.70% |
| 33  | 18.86%           | 16.70% | 15.00% | 10.20% |
| 34  | 18.00%           | 16.40% | 15.00% | 9.70%  |
| 35  | 18.00%           | 16.40% | 13.50% | 9.20%  |
| 36  | 17.14%           | 16.40% | 13.26% | 8.70%  |
| 37  | 17.10%           | 15.50% | 12.00% | 8.20%  |
| 38  | 16.29%           | 14.10% | 12.00% | 7.96%  |
| 39  | 14.90%           | 14.08% | 12.00% | 7.72%  |

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Table 3 (continued)

Withdrawal Rates

| Age | Years of Service |        |        |       |
|-----|------------------|--------|--------|-------|
|     | 0                | 1      | 2      | 3+    |
| 40  | 14.90%           | 13.90% | 11.60% | 7.48% |
| 41  | 14.90%           | 13.90% | 11.60% | 7.24% |
| 42  | 14.90%           | 13.90% | 11.60% | 7.00% |
| 43  | 14.90%           | 13.90% | 11.60% | 6.82% |
| 44  | 14.90%           | 13.90% | 11.60% | 6.63% |
| 45  | 14.70%           | 11.60% | 10.00% | 6.46% |
| 46  | 14.70%           | 11.60% | 10.00% | 6.28% |
| 47  | 14.70%           | 11.60% | 10.00% | 6.10% |
| 48  | 14.70%           | 11.60% | 10.00% | 5.88% |
| 49  | 14.70%           | 11.60% | 10.00% | 5.66% |
| 50  | 14.30%           | 11.30% | 9.50%  | 5.94% |
| 51  | 14.30%           | 11.30% | 9.50%  | 5.72% |
| 52  | 14.30%           | 11.30% | 9.50%  | 5.50% |
| 53  | 14.30%           | 11.30% | 9.50%  | 5.50% |
| 54  | 14.30%           | 11.30% | 9.50%  | 5.50% |
| 55+ | 14.30%           | 11.00% | 9.50%  | 5.50% |

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Table 4

Disability Rates

| Age | Male  | Female | Age | Male  | Female |
|-----|-------|--------|-----|-------|--------|
| 15  | 0.03% | 0.03%  | 45  | 0.16% | 0.24%  |
| 16  | 0.03% | 0.03%  | 46  | 0.18% | 0.27%  |
| 17  | 0.03% | 0.03%  | 47  | 0.21% | 0.30%  |
| 18  | 0.03% | 0.03%  | 48  | 0.25% | 0.33%  |
| 19  | 0.03% | 0.03%  | 49  | 0.28% | 0.36%  |
| 20  | 0.03% | 0.03%  | 50  | 0.33% | 0.40%  |
| 21  | 0.03% | 0.03%  | 51  | 0.39% | 0.44%  |
| 22  | 0.03% | 0.03%  | 52  | 0.46% | 0.49%  |
| 23  | 0.03% | 0.03%  | 53  | 0.53% | 0.54%  |
| 24  | 0.03% | 0.03%  | 54  | 0.61% | 0.59%  |
| 25  | 0.03% | 0.03%  | 55  | 0.69% | 0.64%  |
| 26  | 0.03% | 0.03%  | 56  | 0.77% | 0.69%  |
| 27  | 0.03% | 0.03%  | 57  | 0.86% | 0.74%  |
| 28  | 0.03% | 0.04%  | 58  | 0.95% | 0.80%  |
| 29  | 0.03% | 0.04%  | 59  | 1.05% | 0.85%  |
| 30  | 0.03% | 0.04%  | 60  | 1.15% | 0.90%  |
| 31  | 0.03% | 0.05%  | 61  | 1.26% | 0.96%  |
| 32  | 0.03% | 0.05%  | 62  | 1.38% | 1.01%  |
| 33  | 0.03% | 0.06%  | 63  | 1.51% | 1.05%  |
| 34  | 0.03% | 0.06%  | 64  | 1.64% | 1.09%  |
| 35  | 0.04% | 0.07%  | 65+ | 0.00% | 0.00%  |
| 36  | 0.04% | 0.08%  |     |       |        |
| 37  | 0.05% | 0.09%  |     |       |        |
| 38  | 0.06% | 0.10%  |     |       |        |
| 39  | 0.07% | 0.12%  |     |       |        |
| 40  | 0.08% | 0.13%  |     |       |        |
| 41  | 0.09% | 0.15%  |     |       |        |
| 42  | 0.10% | 0.17%  |     |       |        |
| 43  | 0.12% | 0.19%  |     |       |        |
| 44  | 0.14% | 0.22%  |     |       |        |

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## Schedule SB, Part V — Summary of Plan Provisions

### UPMC — Cash Balance Groups

**Eligibility**

Attainment of age 21 and completion of 1,000 hours of service.

**Accrued Benefit**

Benefits are determined through the accumulation of an account balance. The account accrues interest based on the 30 year Treasury rate, updated quarterly. Contributions are credited based on a percentage of compensation. This percentage is determined based on the following tables:

**Urban Design Formula**

| at 12/31 of Prior Year) | Points (Age Plus Service Percentage |
|-------------------------|-------------------------------------|
| Less than 36            | 2.5%                                |
| 36–49                   | 3.0%                                |
| 50–69                   | 4.0%                                |
| 70 or greater           | 5.0%                                |

**Community Design Formula**

| Points (Age Plus Service at 12/31 of Prior Year) | Percentage |
|--------------------------------------------------|------------|
| Less than 36                                     | 3.5%       |
| 36–49                                            | 4.0%       |
| 50–69                                            | 5.0%       |
| 70 or greater                                    | 6.0%       |

Prior to July 1, 2003, contributions for University of Pittsburgh Physicians (UPP) Faculty were based on the following table:

**UPP Faculty Design Formula (prior to July 1, 2003)**

| Attained Age  | Percentage |
|---------------|------------|
| Less than 35  | 6.0%       |
| 35–44         | 7.0%       |
| 45 or greater | 9.0%       |

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The opening account balance on the cash balance conversion date was the lump sum equivalent of the accrued benefit, if any, under any of the eligible defined benefit plans sponsored by UPMC.

Some participants are also eligible to receive additional annual contributions during a transition period beginning with cash balance conversion date.

**Normal Retirement Benefit**

Normal Retirement Date

Age 65.

Benefit

Determined from the cash balance account developed under the normal retirement formula as of the normal retirement date. The benefit will not be less than the value of any grandfathered benefits, if applicable.

**Disability Benefit**

Eligibility

Total and permanent disability and qualify for Social Security disability benefits.

Benefit

Determined from the cash balance account developed under the normal retirement formula as of the date of disability. The benefit will not be less than the value of any grandfathered benefits, if applicable.

**Vested Termination Benefit**

Eligibility

Three years of service (five years of service prior to January 1, 2008).

Benefit

Determined from the cash balance account developed under the normal retirement formula as of the termination date. The benefit will not be less than the value of any grandfathered benefits, if applicable.

**Preretirement Surviving Spouse Benefit**

Eligibility

All active participants and deferred vested participants.

Benefit

A monthly benefit equal to the actuarial equivalent of 100% of the participant's cash balance account, payable as an annuity for the life of the spouse. The benefit will not be less than the value of any grandfathered benefits, if applicable.

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**Late Retirement**

Eligibility

Retirement after age 65.

Benefit

Determined from the cash balance account developed under the normal retirement formula as of the late retirement date. The benefit will not be less than the value of any grandfathered benefits, if applicable.

**Form of Payment**

Life annuity for single participants. Actuarial equivalent 50% joint and survivor annuity for married participants. Participant may also elect several optional forms of payment, including receipt of the cash balance account as a single lump sum, 50%, 66⅔%, 75%, and 100% contingent annuitant options; 36-, 60-, 120-, 180-, and 240 month certain and continuous options; an age 62 Social Security adjustment option, an immediate single life annuity, a full cash refund annuity, and a 10-year certain only annuity.

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WPIC Beaver Valley Mental Health Services

**Eligibility**

Age 21 and six months of service.

**Average Monthly Earnings**

Basic wages inclusive of overtime, bonuses, commissions, etc.

Monthly compensation averaged over the most recent 10-year period prior to August 1, 1997.

**Accrued Benefit**

The greater of the sum of (1) and (2) or (3) below:

- (1) The participant's frozen accrued benefit as of July 31, 1997; and
- (2) The participant's accrued benefit determined under the provisions of the Addendum for Beaver Valley/Aliquippa Union Retirement Income Plan after August 1, 1997, not to exceed 35 years of service, and excluding years of service earned during the period covered by the participant's frozen accrued benefit.
- (3) The participant's accrued benefit determined under the provisions of the Addendum for Beaver Valley/Aliquippa Union Retirement Income Plan, not to exceed 35 years of service.

Benefits were frozen effective January 5, 2008.

**Normal Retirement Benefit**

Normal Retirement Date

Age 65.

Benefit

Accrued benefit payable immediately.

**Early Retirement**

Eligibility

Age 55 and 10 years of service.

Benefit

Accrued benefit at date of actual retirement payable at normal retirement. Benefit may be elected immediately, reduced by 0.555% for each month prior to age 65 up to 60 months and 0.277% for each additional month prior to age 65.

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**Disability Benefit**

Eligibility

Later of age 55 and 10 years of service and either deemed permanently disabled by the employer or qualified for Social Security disability.

Benefit

Accrued benefit at date of disablement, reduced by 0.555% for each month prior to age 65 up to 60 months and 0.277% for each of the next 60 months.

**Vested Termination Benefit**

Eligibility

Five years of service.

Benefit

Accrued benefit at date of termination payable at normal retirement. If a participant has 10 years of service at termination, a reduced benefit may be paid as early as age 55, based on early retirement reduction factors.

**Preretirement Surviving Spouse Benefit**

Eligibility

Five years of service.

Benefit

A monthly benefit equal to 50% of the joint and survivor benefit payable to the participant assuming retirement or termination the day before death.

**Late Retirement**

Eligibility

Retirement after age 65.

Benefit

Greater of: (1) Benefit accrued to late retirement date or (2) actuarially increased normal retirement benefit.

**Form of Payment**

Life annuity for single participants. Actuarial equivalent 50% joint and survivor annuity for married participants. Participant may also elect several optional forms of payment, including 50%, 66⅔%, 75%, and 100% contingent annuitant options; and 60- and 120-month certain and continuous options.

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**UPMC — Non Cash Balance Groups**

**Eligibility**

Age 21 and 1,000 hours of service, and not covered by TSA program. Only certain employees of Local Union No. 95 are eligible for this benefit.

**Accrued Benefit**

Monthly benefit equals one-twelfth of 2.1% of the lesser of gross salary or the Social Security wage base for each year of service.

Benefit accruals were frozen at October 1, 2000 for participants who are represented by, and members of, Local Union No. 95.

**Normal Retirement Benefit**

Normal Retirement Date

Age 65 and five years of plan participation.

Benefit

Accrued benefit payable immediately.

**Early Retirement**

Eligibility

Age 55 and five years of service.

Benefit

Accrued benefit deferred to age 65 or reduced by 7.2% per year prior to normal retirement from age 60 to age 65 and 3.6% per year prior to age 60.

**Disability Benefit**

Eligibility

Disability incurred on or after November 1, 1989.

Benefit

Accrued benefit deferred to 65. Benefit may commence as early as age 55 reduced as for early retirement.

**Vested Termination Benefit**

Eligibility

Five years of service.

Benefit

Accrued benefit deferred to 65. Benefit may commence as early as age 55 reduced as for early retirement.

**Preretirement Surviving Spouse Benefit**

Eligibility

Five years of service.

Benefit

50% of accrued benefit, actuarially reduced for early retirement, payable no earlier than early retirement age.

**Late Retirement**

Eligibility

Retirement after normal retirement date.

Benefit

Accrued benefit determined as of late retirement date.

**Form of Payment**

Life annuity for single participants. Actuarial equivalent 50% joint and survivor annuity for married participants. Participant may also elect 50%, 66⅔%, 75%, and 100% joint and survivor options.

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Canterbury Place (Non-Union Pre-January 1, 2008; Former Union Pre-January 1, 2009)

**Participation**

Employees participate when they have completed one year of service.

Plan was merged into the UPMC Basic Retirement Plan on December 31, 2004.

**Normal Retirement Benefit**

Normal Retirement Date

Age 65.

Benefit

0.9% times average monthly compensation times years of service at normal retirement age (maximum of 25 years).

**Vested Termination Benefit**

Eligibility

Five years of service.

Benefit

Accrued benefit as of date of termination, payment beginning at age 65.

**Form of Payment**

Life annuity for single participants. Actuarial equivalent 50% joint and survivor annuity for married participants. Participant may also elect several optional forms of payment, including a single lump sum, 50%, 75%, and 100% contingent annuitant options; and 60-, 120-, and 180-month certain and continuous options.

**Definitions**

Average Monthly Compensation

The monthly total compensation of a participant averaged over the three consecutive plan years which produces the highest monthly average within the last 10 completed years of participation.

Service

1,000 hours or more in a plan year constitutes a year of service.

Accrued Benefit

Normal retirement benefit multiplied by:

$$\frac{\text{Years of Service at Date of Determination}}{\text{Years of Service at Normal Retirement Date}}$$

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UPMC Lee Regional

**Eligibility for Participation**

Attainment of age 21 and completion of 1,000 hours of service.

Plan was merged into the UPMC Basic Retirement Plan on December 31, 2010.

**Normal Retirement**

Eligibility

Age 65 (for terminations prior to July 1, 2003, age 65 with five years of participation).

Monthly Benefit

The greater of (1) and (2):

- (1) The monthly benefit derived for the cash balance account, including pay credits and interest credits.
- (2) The monthly benefit based on the sum of (a) and (b):
  - (a) 1.0% of frozen average monthly compensation times service as of June 30, 2003.
  - (b) 0.45% of frozen average monthly compensation in excess of \$575 times service as of June 30, 2003.

Benefit accruals for all participants, except Walnut Management, are frozen effective July 31, 2005. Benefit accruals for Walnut Management participants are frozen effective December 31, 2005.

**Early Retirement**

Eligibility

For benefits accrued prior to July 1, 2003, attainment of one of the following:

- (1) Age 60.
- (2) 20 years of service.
- (3) Age 55 and 15 years of service.

Monthly Benefit

Normal retirement benefit reduced 3% per year prior to age 65 until age 56, and actuarially reduced prior to age 56. For participants who terminate after June 30, 2003 whose benefit is based on the cash balance account, the early retirement benefit is the actuarial equivalent monthly benefit.

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**Disability Retirement**

|             |                                                                                                              |
|-------------|--------------------------------------------------------------------------------------------------------------|
| Eligibility | Total and permanent disability and qualify for Social Security disability benefits.                          |
| Benefit     | Determined from the cash balance developed under the normal retirement formula as of the date of disability. |

**Preretirement Survivor Benefit**

|             |                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligibility | All active participants and deferred vested participants.                                                                                                                                                                                                                                                                                                                                                                                     |
| Benefit     | A monthly benefit equal to the actuarial equivalent of 100% of the participant's cash balance account, payable as an annuity for the life of the spouse. (For terminations prior to July 1, 2003, 50% of a participant's accrued benefit, reduced for early retirement and the 50% joint and survivor option, payable to a beneficiary commencing on the later of the date the participant would have attained age 55 and the date of death.) |

**Vested Termination Benefits**

|             |                                                                                                                                                                                                                                                                                                                              |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligibility | Five years of service.                                                                                                                                                                                                                                                                                                       |
| Benefit     | Accrued benefit payable at normal retirement age, or payable at early retirement age with reductions as for early retirement. Pay credits are not granted after termination, but interest credits continue until benefit commencement. For terminations after June 30, 2003, a lump-sum benefit is available at termination. |

**Cost-of-Living Adjustment**

Retirees and terminated vested participants as of June 30, 1984 are eligible for future cost-of-living adjustments on their pension benefits. The adjustment will begin on August 31 after the benefit has been in pay status for a full plan year and continue each August 31 thereafter. The amount of the adjustment is the percentage increase in the Consumer Price Index for Urban Wage Earners and Clerical Workers, Revised Series (U.S. City Average — all items) as published by the Bureau of Labor Statistics.

**Form of Payment**

Life annuity for single participants. Actuarial equivalent 50% joint and survivor annuity for married participants. Participants with benefit accruals after July 1, 2003 may also elect several optional forms of payment, including 50%, 66⅔%, 75%, and 100% contingent annuitant options; 36-, 60-, 120-, 180-, and 240-month certain and continuous options; an age 62 Social Security adjustment option; an immediate single life annuity; a full cash refund

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annuity; and a 10 year certain only option. Other participants may elect 50%, 66⅔%, 75%, and 100% joint and survivor options.

**Lump Sum Optional Form**

A lump sum form of payment is available after July 1, 2003. The amount of the lump sum is limited to the account balance. If the present value of the accrued benefit is greater than the account balance, the excess benefit is paid in the normal form or any available optional form.

**Definitions**

Service

A year of service is credited for each calendar year during which a participant is paid for at least 1,000 hours.

Compensation

Total compensation, plus elective contributions and deferrals, less long-term bonuses, taxable fringe benefits, and severance or change in control payments.

Average Monthly Compensation

The average of the highest five consecutive calendar years out of the last 10 calendar years preceding the date of determination.

Frozen Average Monthly Compensation

Average monthly compensation as of June 30, 2003.

Pay Credits

Prior to July 1, 2003, based on service and the following table:

| Service  | Percent of Pay Allocation |
|----------|---------------------------|
| 1 to 5   | 4.0%                      |
| 6 to 10  | 5.0%                      |
| 11 to 19 | 6.0%                      |
| 20+      | 8.0%                      |

Beginning July 1, 2003, based on the sum of age and Service, as of December 31 of the prior year, and the following table:

| Age + Service | Percent of Pay Allocation |
|---------------|---------------------------|
| Less than 36  | 3.5%                      |
| 36 to 49      | 4.0%                      |
| 50 to 69      | 5.0%                      |
| 70+           | 6.0%                      |

Eligible participants also received an additional 2% pay credit per year through 2005.

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Interest Credits

The account balance accrued prior to July 1, 2003 increases each year based on the three month Treasury Bill rate as of each July 1, plus 1%. The minimum interest crediting rate is 4%.

Effective July 1, 2003, the account balance increases based on the 30-year Treasury Bond rate, updated each quarter. The rate for each quarter is determined based on the rate in effect two months prior to the beginning of each quarter.

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Retirement Plan for Employees of the Altoona Regional Health System

**Eligibility**

Employees hired before July 1, 2008.

Plan was merged into the UPMC Basic Retirement Plan on December 31, 2014.

**Accrued Benefit**

The greatest of:

- (1) 1.5% of final average pay times years of service.
- (2) \$4.00 per month times years of service as of June 30, 1997.
- (3) Accrued benefit under the prior plan as of June 30, 1987.

The benefit is increased for any net increase in the accrued benefit under the Bon Secours Holy Family Regional Health System Retirement Plan as of October 31, 2004, adjusted for post-merger pay increases.

Benefits were frozen as of December 31, 2014.

**Normal Retirement Benefit**

Normal Retirement Date

Age 65.

Benefit

Accrued benefit.

**Early Retirement Benefit**

Eligibility

Age 55.

Benefit

Accrued benefit reduced by 1/180 for each of the first 60 months and 1/360 for each of the next 60 months preceding normal retirement age.

**Disability Benefit**

Eligibility

Total and permanent disability.

Benefit

Unreduced accrued benefit payable at normal retirement age, or reduced benefit payable at early retirement age.

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**Vested Termination Benefit**

Eligibility

Vesting determined based on the greater of Schedule A and Schedule B:

**Schedule A**

| Service      | Vested % |
|--------------|----------|
| Less than 5  | 0%       |
| 5 or greater | 100%     |

**Schedule B**

| Age + Service | Vested % |
|---------------|----------|
| Less than 45  | 0%       |
| 45–46         | 50%      |
| 47–48         | 60%      |
| 49–50         | 70%      |
| 51–52         | 80%      |
| 53–54         | 90%      |
| 55 or greater | 100%     |

Benefit

Accrued benefit payable as early as age 55, reduced by 1/180 for each of the first 60 months and 1/360 for each of the next 60 months preceding normal retirement age.

**Preretirement Surviving Spouse Benefit**

Eligibility

Vested participant.

Benefit

A monthly benefit equal to 50% of the benefit the participant would have received if the participant separated from service on the date of death, survived to earliest retirement age, and elected a 50% joint and survivor annuity.

**Service**

One year of vesting service is earned for each year that a participant works 1,000 hours.

**Form of Payment**

Life annuity with payments guaranteed for 60 months for single participants. Actuarial equivalent 50% joint and survivor annuity for married participants. Participant may also elect several optional forms of payment, including a single life annuity, 50%, 75%, and 100% joint and survivor options; 120-month certain and continuous option, and a level income option.

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Hamot Health Foundation Cash Account Pension Plan

**Eligibility**

Employees hired before July 1, 2003.

Plan was merged into the UPMC Basic Retirement Plan on June 30, 2016.

**Accrued Benefit**

For participants eligible for a grandfathered benefit, the greater of:

- (1) 1% of final average pay times years of credited service, plus 0.62% of final average pay in excess of Social Security covered compensation times years of credited service up to 35.

- (2) Contribution account benefit.

For participants not eligible for a grandfathered benefit, the sum of:

- (1) Accrued benefit as of June 30, 1987; plus
- (2) Contribution account benefit.

The contribution account includes pay credits based on the following tables:

**July 1, 1987 to July 1, 1989**

| Vesting Service | Below 50% Social Security Wage Base | Over 50% Social Security Wage Base |
|-----------------|-------------------------------------|------------------------------------|
| Less than 10    | 3.0%                                | 6.0%                               |
| 10 or greater   | 4.0%                                | 8.0%                               |

**July 1, 1989 to July 1, 1999**

| Vesting Service | Percentage |
|-----------------|------------|
| Less than 10    | 4.0%       |
| 10 or greater   | 6.0%       |

**July 1, 1999 to July 1, 2003**

| Vesting Service | Percentage |
|-----------------|------------|
| Less than 10    | 4.0%       |
| 6–9             | 4.5%       |
| 10 or greater   | 6.0%       |

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For non-grandfathered participants, benefit accruals were frozen effective July 1, 2003.

The contribution account accrues interest based on the lesser of:

- (1) Two-month average of rates on one-year Treasury securities for May and June preceding plan year; plus 1%.
- (2) 30-year Treasury rate for June preceding plan year.

**Normal Retirement Benefit**

Normal Retirement Date

Age 65.

Benefit

Accrued benefit.

**Early Retirement Benefit**

Eligibility

Age 55 and three years of vesting service

Benefit

For participants eligible for a grandfathered benefit, the accrued benefit is reduced by 0.0055 for each of the first 60 months and 0.0027 for each of the next 60 months preceding normal retirement age.

For participants not eligible for a grandfathered benefit, the actuarial equivalent of the contribution account.

**Disability Benefit**

Eligibility

Total and permanent disability.

Benefit

The accrued benefit is reduced by 1/15 for each of the first five years and 1/30 for each of the next five years preceding normal retirement age, and actuarially reduced for each additional year.

**Vested Termination Benefit**

Eligibility

Three years of vesting service.

Benefit

Determined from the cash balance account developed under the accrued benefit formula as of the termination date. The benefit will not be less than the value of any grandfathered benefits, if applicable.

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**Preretirement Surviving Spouse Benefit**

Eligibility

Three years of vesting service.

Benefit

If the participant dies before age 55, the greater of 100% of the benefit that would have been payable at age 55 or the account balance. If the participant dies on or after age 55, the greater of 100% of the benefit reduced for early retirement of the account balance.

**Late Retirement**

Eligibility

Retirement after age 65.

Benefit

Accrued benefit as of late retirement date.

**Vesting Service**

One year of vesting service is earned for each year that a participant works 1,000 hours.

**Credited Service**

One year of credited service is earned for each year that a participant works 1,800 hours, with a partial year of service for those who work 1,000 to 1,799 hours.

**Form of Payment**

Life annuity with payments guaranteed for 36 months for single participants. Actuarial equivalent 100% joint and survivor annuity for married participants. Participant may also elect several optional forms of payment, including a lump sum, single life annuity, 66⅔% and 100% joint and survivor options; 120-, and 180-month certain and continuous options; a full cash refund annuity, and a life annuity with an annual cost-of-living adjustment.

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Home Health Resource, Inc. Pension Plan

|                                               |                                                                                                                                                                                                                                      |
|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Eligibility</b>                            | Employees hired before July 1, 2010.<br><br>Plan was merged into the UPMC Basic Retirement Plan on December 31, 2017.                                                                                                                |
| <b>Accrued Benefit</b>                        | 1.5% of final average pay times years of service.<br><br>Benefits were frozen as of December 31, 2013.                                                                                                                               |
| <b>Normal Retirement Benefit</b>              |                                                                                                                                                                                                                                      |
| Normal Retirement Date                        | Age 65.                                                                                                                                                                                                                              |
| Benefit                                       | Accrued benefit.                                                                                                                                                                                                                     |
| <b>Early Retirement Benefit</b>               |                                                                                                                                                                                                                                      |
| Eligibility                                   | Age 55 and five years of vesting service.                                                                                                                                                                                            |
| Benefit                                       | Accrued benefit reduced by 1/180 for each of the first 60 months and 1/360 for each of the next 60 months preceding normal retirement age.                                                                                           |
| <b>Disability Benefit</b>                     |                                                                                                                                                                                                                                      |
| Eligibility                                   | Total and permanent disability.                                                                                                                                                                                                      |
| Benefit                                       | Actuarial equivalence of vested accrued benefit payable at normal retirement age.                                                                                                                                                    |
| <b>Vested Termination Benefit</b>             |                                                                                                                                                                                                                                      |
| Eligibility                                   | Five years of vesting service.                                                                                                                                                                                                       |
| Benefit                                       | Accrued benefit payable as early as age 55, reduced by 1/180 for each of the first 60 months and 1/360 for each of the next 60 months preceding normal retirement age.                                                               |
| <b>Preretirement Surviving Spouse Benefit</b> |                                                                                                                                                                                                                                      |
| Eligibility                                   | Vested participant.                                                                                                                                                                                                                  |
| Benefit                                       | A monthly benefit equal to 50% of the benefit the participant would have received if the participant separated from service on the date of death, survived to earliest retirement age, and elected a 50% joint and survivor annuity. |
| <b>Service</b>                                | One year of vesting service is earned for each year that a participant works 1,000 hours.                                                                                                                                            |
| <b>Final Average Pay</b>                      | Average of the 60 highest consecutive months of compensation within the last 120 months preceding the date of determination.                                                                                                         |

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**Form of Payment**

Life annuity with payments guaranteed for 60 months for single participants. Actuarial equivalent 50% joint and survivor annuity for married participants. Participant may also elect several optional forms of payment, including a single life annuity, 50%, 75%, and 100% joint and survivor options; and 120-month certain and continuous option.

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## Home Nursing Agency's Pension Plan

**Eligibility**

Employees hired before July 1, 2010.

Plan was merged into the UPMC Basic Retirement Plan on December 31, 2016.

**Accrued Benefit**

1.25% of final average pay times years of service (maximum 40 years).

Benefits were frozen as of December 31, 2013.

**Normal Retirement Benefit**

Normal Retirement Date

Age 65 and five years of participation.

Benefit

Accrued benefit.

**Early Retirement Benefit**

Eligibility

Age 55 and 15 years of vesting service.

Benefit

Accrued benefit reduced by  $6\frac{2}{3}\%$  for each of the first five years and  $3\frac{1}{3}\%$  for each of the next five years preceding normal retirement age.

**Vested Termination Benefit**

Eligibility

20% vested after three years of vesting service, plus 20% per year thereafter, up to 100%.

Benefit

Accrued benefit multiplied by vesting percentage, payable as early at age 65.

**Preretirement Surviving Spouse Benefit**

Eligibility

Full or partially vested participant.

Benefit

The greater of:

- (1) A monthly benefit equal to 50% of the benefit the participant would have received if the participant separated from service on the date of death, survived to earliest retirement age, and elected a 50% joint and survivor annuity..
- (2) Present value of the participant's accrued benefit (minimum \$500) payable as a lump sum.

**Final Average Pay**

Monthly average of pay for the five highest consecutive years out of all compensation years.

**Form of Payment**

Life annuity for single participants. Actuarial equivalent 50% joint and survivor annuity for married participants. Participant may also elect several optional forms of payment, including a single life annuity, 50%,  $66\frac{2}{3}\%$ , 75%, and 100% joint and survivor options; 5-, 10-, and 15-year certain and continuous option, and lump sum if the present value of the benefit is \$10,000 or less.

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Retirement Plan for Jameson Health System, Incorporated

**Eligibility**

Non-physician employees hired before November 1, 2006.  
Plan was merged into the UPMC Basic Retirement Plan on December 31, 2016.

**Accrued Benefit**

Traditional

1.25% of final average pay times years of credited service. Minimum benefit of \$10 times years of credited service. Benefits were frozen as of November 1, 2006.

Cash Accumulation

November 1, 2006 cash accumulation account credited with interest to retirement. Interest is based on the 30 year Treasury rate for November preceding each year.

**Normal Retirement Benefit**

Normal Retirement Date

Age 65 and five years of participation.

Benefit

Accrued benefit.

**Early Retirement Benefit**

Eligibility

Age 55 and five years of vesting service.

Benefit

Actuarial equivalent of frozen accrued benefit.

**Vested Termination Benefit**

Eligibility

Three years of vesting service.

Benefit

Actuarial equivalent of frozen accrued benefit payable (as early as age 55 for traditional).

**Preretirement Surviving Spouse Benefit**

Eligibility

Vested participant.

Traditional Benefit

A monthly benefit equal to 100% of the benefit the participant would have received if the participant separated from service on the date of death, survived to earliest retirement age, and elected a 100% joint and survivor annuity.

Cash Accumulation Benefit

For married participants, monthly benefit equal to the actuarial equivalence of the account balance. The spouse may elect to receive the account balance as a lump sum. For unmarried participants, the beneficiary will receive the account balance as a lump sum.

**Form of Payment**

Life annuity for single participants. Actuarial equivalent 100% joint and survivor annuity for married participants. Participant may also elect optional forms of payment, including a single life annuity, 50%, and 100% joint and survivor options; and lump sum (full benefit for cash accumulation benefit, up to \$5,000 for traditional benefit).

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Pension Plan for Employees of St. Francis Hospital of New Castle

**Eligibility**

Employees hired before October 31, 2002.

Plan was merged into the UPMC Basic Retirement Plan on December 31, 2016.

**Accrued Benefit**

0.5% of final average pay times years of service, plus 0.5% of final average pay in excess of covered compensation times years of service (maximum 35 years).

Benefits were frozen as of October 31, 2002.

**Normal Retirement Benefit**

Normal Retirement Date

Age 65.

Benefit

Accrued benefit.

**Early Retirement Benefit**

Eligibility

Age 60 and five years of vesting service.

Benefit

Actuarially reduced accrued benefit.

**Vested Termination Benefit**

Eligibility

Five years of vesting service.

Benefit

Actuarial reduced accrued benefit payable as early as age 55.

**Preretirement Surviving Spouse Benefit**

Eligibility

Vested participant.

Benefit

A monthly benefit equal to 100% of the benefit the participant would have received if the participant separated from service on the date of death, survived to earliest retirement age, and elected a 100% joint and survivor annuity.

**Form of Payment**

Life annuity with payments guaranteed for 60 months for single participants. Actuarial equivalent 100% joint and survivor annuity for married participants. Participant may also elect optional forms of payment, including a 50% joint and survivor option and a lump sum to \$5,000.

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Laurel Health System Pension Plan (Susquehanna)

**Eligibility**

Employees hired before July 1, 2005.

Plan was merged into the UPMC Basic Retirement Plan on December 31, 2017.

**Accrued Benefit**

Frozen accrued benefit as December 31, 1992, plus cash balance account earned from January 1, 1993 through December 31, 2006, converted to a single life annuity. The cash balance account is converted by crediting interest at 5% per year until normal retirement age and determining the actuarially equivalent single life annuity.

**Normal Retirement Benefit**

Normal Retirement Date

Age 65 and five years of participation.

Benefit

Accrued benefit.

**Early Retirement Benefit**

Eligibility

Age 55 and five years of vesting service.

Benefit

Accrued benefit reduced by 1/180 for each of the first 60 months and 1/360 for each of the next 60 months preceding normal retirement age.

**Disability Benefit**

Eligibility

Total and permanent disability prior to early retirement.

Benefit

Accrued benefit as disability, payable at normal retirement age.

**Vested Termination Benefit**

Eligibility

Termination prior to January 1, 2008, 100% vested with five years of vesting service.

Termination on or after January 1, 2008, 100% vested with three years of vesting service.

Benefit

Accrued benefit payable as early as age 55, reduced by 1/180 for each of the first 60 months and 1/360 for each of the next 60 months preceding normal retirement age.

**Preretirement Surviving Spouse Benefit**

Eligibility

Married participant.

Benefit

A monthly benefit equal to 100% of the benefit the participant would have received if the participant separated from service on the date of death, survived to earliest retirement age, and elected a 100% joint and survivor annuity.

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|                         |                                                                                                                                                                                                                                                                                                                                         |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Credited Service</b> | One year of credited service is earned for each year that a participant works 1,000 hours. Credited service is frozen as of December 31, 2006.                                                                                                                                                                                          |
| <b>Vesting Service</b>  | One year of vesting service is earned for each year that a participant works 1,000 hours.                                                                                                                                                                                                                                               |
| <b>Form of Payment</b>  | Life annuity for single participants. Actuarial equivalent 100% joint and survivor annuity for married participants. Participant may also elect several optional forms of payment, including a single life annuity, 50%, 75%, and 100% joint and survivor options; 120-month certain and continuous option, and lump sum up to \$5,000. |

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WCA Hospital Retirement Plan

**Eligibility**

Employees age 21 or older with one year of service. Plan participation was frozen as of December 31, 2004.

Plan was merged into the UPMC Basic Retirement Plan on December 31, 2017.

**Accrued Benefit**

The greater of:

- (1) Accrued benefit determined under prior plan provisions as of December 31, 1994
- (2)  $[(0.85\% \text{ times average earnings below covered compensation}) + (1.5\% \text{ times average earnings in excess of covered compensation})]$  times credited service up to 35 years; plus 1% times average earnings times credited service in excess of 35 year
- (3) Sum of (1) and (2), determined solely with respect to years of credited service after December 31, 1994

Benefits were frozen as of December 31, 2004.

**Normal Retirement Benefit**

Normal Retirement Date

Age 65 and fifth anniversary of hire date.

Benefit

Accrued benefit.

**Early Retirement Benefit**

Eligibility

Age 55 and 10 years of vesting service.

Benefit

Accrued benefit reduced by 0.3% per month prior to age 65.

**Disability Benefit**

Eligibility

Total and permanent disability.

Benefit

50% of accrued benefit, payable until earlier of death, recovery, or normal retirement age.

**Vested Termination Benefit**

Eligibility

Five years of vesting service.

Benefit

Accrued benefit payable as early as age 55, 0.3% per month prior to age 65.

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**Preretirement Surviving Spouse Benefit**

|                         |                                                                                                                                                                                                                                                                                                                                                                    |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligibility             | Vested participant.                                                                                                                                                                                                                                                                                                                                                |
| Benefit                 | A monthly benefit equal to 50% of the benefit the participant would have received if the participant separated from service on the date of death, survived to earliest retirement age, and elected a 50% joint and survivor annuity.                                                                                                                               |
| <b>Vesting Service</b>  | One year of vesting service is earned for each year that a participant works at least 750 hours.                                                                                                                                                                                                                                                                   |
| <b>Credited Service</b> | One year of credited service is earned for each year that an employee is an active participant in the plan and works at least 750 hours.                                                                                                                                                                                                                           |
| <b>Average Earnings</b> | Average of the five highest years of compensation within the last 10 years.                                                                                                                                                                                                                                                                                        |
| <b>Form of Payment</b>  | Life annuity for single participants. Actuarial equivalent 50% joint and survivor annuity for married participants. Participant may also elect several optional forms of payment, including a single life annuity, 50%, 66.6%, 75%, and 100% joint and survivor options; 5-year and 10-year certain and continuous options, and a Social Security leveling option. |

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Retirement Plan for Employees of Charles Cole Memorial Hospital

**Eligibility**

Employees age 21 or older with at least 1,000 hours in a plan year. Plan participation was frozen as of December 31, 2002.

Plan was merged into the UPMC Basic Retirement Plan on December 31, 2018.

**Accrued Benefit**

1.25% times average earnings times credited service.

Benefits were frozen as of December 31, 2002.

**Normal Retirement Benefit**

Normal Retirement Date

Age 65 and five years of vesting service.

Benefit

Accrued benefit.

**Early Retirement Benefit**

Eligibility

Age 55 and age plus service at least 65, or five years of vesting service, if later.

Benefit

Accrued benefit reduced by 5/12% per month prior to age 65.

**Disability Benefit**

Eligibility

Total and permanent disability.

Benefit

Accrued benefit, payable at normal retirement age.

**Vested Termination Benefit**

Eligibility

Five years of vesting service.

Benefit

Accrued benefit payable as early as age 55, reduced 5/12% per month prior to age 65.

**Preretirement Surviving Spouse Benefit**

Eligibility

Vested participant.

Benefit

A monthly benefit equal to 50% of the benefit the participant would have received if the participant separated from service on the date of death, survived to earliest retirement age, and elected a 50% joint and survivor annuity.

**Vesting Service**

One year of vesting service is earned for each year that a participant works at least 1,000 hours.

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**Credited Service**

Elapsed time prior to 1976. From 1976 through 1982, one year of credited service is earned for each year that an employee works at least 1,000 hours. From 1983 through 2002, one year of credited service is earned for each year that an employee works at least 2,080, with partial service earned if an employee works at least 1,000 hours. No credited service is earned after 2002.

**Average Earnings**

Average of the five years of compensation preceding termination, but no later than December 31, 2002.

**Form of Payment**

Life annuity for single participants. Actuarial equivalent 50% joint and survivor annuity for married participants. Participant may also elect several optional forms of payment, including a single life annuity, 50%, 75%, and 100% joint and survivor options; and 5-year and 10-year certain and continuous options.

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Retirement Plan for Employees of Somerset Hospital

**Eligibility**

Employees age 21 or older with at least 1,000 hours in a plan year. Plan participation was frozen as of December 31, 2003.

Plan was merged into the UPMC Basic Retirement Plan on December 31, 2019.

**Accrued Benefit**

The greater of (1) and (2) [(2) only available for non-highly compensated employees]:

- (1) [2% times average monthly compensation times service up to 25 years, less 2% of Social Security benefit times service up to 25 years] times service at date of determination divided by service at normal retirement date
- (2) [1% times average monthly compensation + 0.5% times average monthly compensation in excess of covered compensation] times service up to 30 years

Benefits were frozen as of December 31, 2003 (June 30, 2005 for UFCW Dietary Union) for participants electing additional accruals in the Somerset Hospital defined contribution plan. Benefits were frozen as of June 30, 2007 for non-union participants, August 31, 2007 for PSEA Nurses Union, and June 30, 2008 for UFCW Dietary Union.

**Normal Retirement Benefit**

Normal Retirement Date

Age 65 (five years of participation if hired after age 60).

Benefit

Accrued benefit.

**Early Retirement Benefit**

Eligibility

Age 55 with five years of service.

Benefit

Accrued benefit reduced by 5/9% per month for the first 60 months prior to age 65. The benefit is reduced an additional 5/18% per month prior to age 60.

**Vested Termination Benefit**

Eligibility

Five years of service.

Benefit

Accrued benefit payable at age 65, or reduced benefit payable as early as age 55. The benefit is reduced by 5/9% per month for the first 60 months prior to age 65. The benefit is reduced an additional 5/18% per month prior to age 60.

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**Preretirement Surviving Spouse Benefit**

Eligibility

Vested participant.

Benefit

A monthly benefit equal to 50% of the benefit the participant would have received if the participant separated from service on the date of death, survived to earliest retirement age, and elected a 50% joint and survivor annuity.

**Service**

One year of service is earned for each year that a participant works at least 1,000 hours.

**Average Monthly Compensation**

Average of the 60 highest consecutive months of compensation out of the last 120 consecutive months preceding the date of determination.

**Covered Compensation**

Average of taxable wages bases for each calendar year during the 35-year period ending with the calendar year in which the participant attains Social Security retirement age.

**Form of Payment**

Five-year certain and life annuity for single participants. Actuarial equivalent 50% joint and survivor annuity for married participants. Participants may also elect several optional forms of payment, including a single life annuity, 50%, 75%, and 100% joint and survivor options; and 5-year and 10-year certain and continuous options.

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UPMC Western Maryland Retirement Plan

**Eligibility**

Employees who have completed a year of service. Employees hired or rehired after June 30, 2011 are not eligible to participate in the plan. No employee can become a participant on the plan on or after January 1, 2018.

Plan was merged into the UPMC Basic Retirement Plan on December 31, 2020.

**Accrued Benefit**

**Post-January 1, 2008 Career Average Formula**

Participants age 55 or older with at least 20 years of service as of December 31, 2017, unless eligible for Grandfathered formula:

Accrued benefit as of January 1, 2008; plus

1.05% (1.25% if service is at least 15) of compensation for each subsequent year; plus

0.50% of the excess of compensation over covered compensation for each subsequent year.

**Grandfathered Formula**

Participants who had at least 25 years of continuous service as of December 31, 2007:

1.05% of final average compensation times years of service; plus

0.50% of the excess of final average compensation over covered compensation times years of service (limited to 35 years).

Minimum annual benefit of \$180 times years of service applies to all active participants.

Benefits for active participants not eligible for the Post January 1, 2008 Career Average formula or the Grandfathered formula were frozen as of December 31, 2007. Benefits for all other active participants were frozen as of December 31, 2020.

**Normal Retirement Benefit**

Normal Retirement Date

Age 65.

Benefit

Accrued benefit.

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**Early Retirement Benefit**

Eligibility

Age 55 and five years of service.

Benefit

Accrued benefit reduced by 5/12% for each month prior to normal retirement age. The benefit is unreduced at age 62 if the sum of age and service is at least 90.

**Disability Benefit**

Eligibility

Total and permanent disability prior to January 1, 2008. There is no disability benefit for participants who become disabled on or after January 1, 2008.

Benefit

Benefit based on projected salary and service through elected retirement date.

**Vested Termination Benefit**

Eligibility

Vesting determined based on the following schedule:

| Service      | Vested % |
|--------------|----------|
| Less than 5  | 0%       |
| 5 or greater | 100%     |

Benefit

Accrued benefit reduced by 5/12% for each month prior to normal retirement age.

**Preretirement Surviving Spouse Benefit**

Eligibility

Vested married participant.

Benefit

A monthly benefit equal to 50% of the benefit the participant would have received if the participant separated from service on the date of death, survived to earliest retirement age, and elected a 50% joint and survivor annuity.

**Service**

Effective January 1, 1999, one year of service is earned for each year that a participant works at least 832 hours. Partial service is earned in the year of hire, rehire, or termination if the employee works at a rate of 832 hours. Service prior to January 1, 1999 is determined under prior plan provisions.

**Compensation**

Total compensation subject to income tax plus pay otherwise excluded under IRC sections 125, 403(b), 457(b), and a qualified transportation plan.

**Final Average Compensation**

Average of highest five consecutive plan years of compensation during the 10 years preceding retirement. Years with less than 832 hours of service are excluded.

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**Covered Compensation**

Average of Social Security wage bases in effect for each calendar year during the 35-year period ending with the calendar year in which the participant attains Social Security retirement age.

**Form of Payment**

Life annuity for single participants. Actuarial equivalent 50% joint and survivor annuity for married participants.

Participant may also elect several optional forms of payment, including a single life annuity, 50%, 66.67%, 75%, and 100% joint and survivor options; and 60, 120, and 180-month certain and continuous options.

A lump sum is available if the present value of the benefit is less than \$5,000. Employees with a prior match account balance or employee contribution balance may elect to withdraw these balances as a lump sum.

**Early Retirement Incentive Program**

Certain participants were given the option to participate in an early retirement incentive program between August and October 2019. The following benefits were offered:

- Elimination of early retirement reduction factor, or an additional benefit equal to 3% of current base pay if eligible for unreduced early or normal retirement.
- \$300 supplemental monthly benefit payable until age 62 (minimum of three years of payments).
- \$350 supplemental monthly benefit payable from age 65 for three years. This benefit is not payable to participants reaching age 65 more than three years after their benefit commencement date.
- Lump sum equal to four month's base pay, payable as lump sum or equivalent monthly annuity.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
UPMC Basic Retirement Plan  
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Cash Balance Conversion Dates

| Employer                                                                                                    | Cash Balance Introduction Date | Retirement Credit Schedule |
|-------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------|
| University of Pittsburgh Physicians (Staff Only)                                                            | January 1, 1999                | Urban Design               |
| University of Pittsburgh Physicians (Physicians Only)                                                       | January 1, 1999                | UPP Faculty                |
| Central Imaging Services, Inc.                                                                              | July 1, 1999                   | Urban Design               |
| Central Laboratory Services, Inc.                                                                           | July 1, 1999                   | Urban Design               |
| UPMC Presbyterian (not applicable to those collectively bargained employees who have not adopted the Plan)  | July 1, 1999                   | Urban Design               |
| UPMC Shadyside                                                                                              | July 1, 1999                   | Urban Design               |
| Community Care Behavioral Health Organization                                                               | July 1, 2000                   | Urban Design               |
| LSC Consulting                                                                                              | July 1, 2000                   | Urban Design               |
| Medical Archival Systems, Inc.                                                                              | July 1, 2000                   | Urban Design               |
| Monroeville Specialty Clinic, Inc.                                                                          | July 1, 2000                   | Urban Design               |
| Presbyterian Health Resource Management, Inc.                                                               | July 1, 2000                   | Urban Design               |
| Shadyside Medical Associates, PC (Staff Only) <sup>1</sup>                                                  | July 1, 2000                   | Urban Design               |
| Specialty Practice Services, PC (Staff Only) <sup>1</sup>                                                   | July 1, 2000                   | Urban Design               |
| University Family Practice Associates, Inc. (Staff Only) <sup>1</sup>                                       | July 1, 2000                   | Urban Design               |
| UPMC Beaver Valley (not applicable to those collectively bargained employees who have not adopted the Plan) | July 1, 2000                   | Community Design           |
| UPMC Braddock (not applicable to those collectively bargained employees who have not adopted the Plan)      | July 1, 2000                   | Community Design           |
| UPMC Health Plan                                                                                            | July 1, 2000                   | Urban Design               |
| UPMC Diversified Services, Inc.                                                                             | July 1, 2000                   | Urban Design               |
| UPMC Home Care Services, Inc.                                                                               | July 1, 2000                   | Urban Design               |
| UPMC McKeesport (not applicable to those collectively bargained employees who have not adopted the Plan)    | July 1, 2000                   | Community Design           |
| UPMC Overseas, Inc.                                                                                         | July 1, 2000                   | Urban Design               |
| UPMC Rehabilitation Hospital                                                                                | July 1, 2000                   | Urban Design               |
| UPMC St. Margaret                                                                                           | July 1, 2000                   | Community Design           |
| UPMC Services Organization, Inc. (Staff Only) <sup>1</sup>                                                  | July 1, 2000                   | Urban Design               |

<sup>1</sup> Effective January 1, 2001, these entities were combined with and into UPMC Community Medicine, Inc. (fka University Family Practice Associates, Inc.), a Code section 501(c)(3) not for profit organization. Employees of these entities were transferred to and became employed by UPMC Community Medicine, Inc.

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| Employer                                                               | Cash Balance<br>Introduction Date | Retirement<br>Credit Schedule |
|------------------------------------------------------------------------|-----------------------------------|-------------------------------|
| UPMC South Side                                                        | July 1, 2000                      | Community Design              |
| UPMC Work Partners                                                     | July 1, 2000                      | Urban Design                  |
| UPMC Community Medicine, Inc. and Affiliates (Staff Only) <sup>1</sup> | July 1, 2000                      | Urban Design                  |
| UPMCS Occupational Medicine, Inc. (Staff Only)                         | July 1, 2000                      | Urban Design                  |
| UPMCS Physical Rehabilitation, Inc. (Staff Only)                       | July 1, 2000                      | Urban Design                  |
| Shadyside Medical Associates, PC (Physicians Only)                     | January 1, 2001                   | Urban Design                  |
| UPMC Horizon                                                           | January 1, 2001                   | Community Design              |
| UPMC Services Organization, Inc. (Physicians Only) <sup>1</sup>        | January 1, 2001                   | Urban Design                  |
| UPMC South Hills Health System Home Health L.P.                        | January 1, 2001                   | Urban Design                  |
| Allegheny Radiology Oncology Group                                     | January 1, 2001                   | Urban Design                  |
| UPMCS Emergency Medicine, Inc.                                         | February 1, 2001                  | Urban Design                  |
| UPMC Senior Living Corporation                                         | April 1, 2001                     | Community Design              |
| UPMC Bedford                                                           | July 1, 2001                      | Urban Design                  |
| WPIC Physician Practice Corporation                                    | January 1, 2002                   | Urban Design                  |
| UPMC Cancer Centers (Staff Only)                                       | January 27, 2002                  | Urban Design                  |
| UPMC McKeesport Physicians                                             | February 1, 2002                  | Community Design              |
| Chartwell                                                              | March 1, 2002                     | Urban Design                  |
| UPMC Cancer Centers (Physicians)                                       | March 1, 2002                     | Urban Design                  |
| UPMC Cancer Centers (Executives)                                       | April 1, 2002                     | Urban Design                  |
| Askesis Development Group, Inc.                                        | May 1, 2002                       | Urban Design                  |
| UPMC Braddock (Teamsters)                                              | July 1, 2002                      | Community Design              |
| Shadyside Family Health Center (Physicians)                            | July 1, 2002                      | Urban Design                  |
| Cranberry Place                                                        | October 1, 2002                   | Community Design              |
| UPMC Emergency Medicine, Inc.                                          | October 1, 2002                   | Urban Design                  |
| UPMC Passavant-Cranberry                                               | October 1, 2002                   | Community Design              |
| UPMC Passavant                                                         | July 1, 2003                      | Community Design              |
| Sherwood Oaks (Non-Union)                                              | October 1, 2003                   | Community Design              |
| Magee-Womens Hospital                                                  | July 1, 2004                      | Urban Design                  |
| Magee-Womens MSO                                                       | July 1, 2004                      | Urban Design                  |
| Oncology–Hematology Associates                                         | January 1, 2005                   | Urban Design                  |
| UPMC Northwest                                                         | July 1, 2005                      | Urban Design                  |

Schedule SB Attachment (Form 5500) —2024 Plan Year  
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| Employer                                      | Cash Balance<br>Introduction Date | Retirement<br>Credit Schedule |
|-----------------------------------------------|-----------------------------------|-------------------------------|
| Sugarcreek Station                            | July 1, 2005                      | Urban Design                  |
| Visiting Nurses Association of Venango County | July 1, 2005                      | Urban Design                  |
| Children's Hospital of Pittsburgh             | July 1, 2006                      | Urban Design                  |
| Canterbury Place (Non-Union)                  | January 1, 2008                   | Community Design              |
| UPMC Mercy                                    | January 1, 2008                   | Urban Design                  |
| Canterbury Place (Former Union)               | January 1, 2009                   | Community Design              |
| Sherwood Oaks (Union)                         | January 1, 2009                   | Community Design              |
| Center for Emergency Medicine                 | July 1, 2009                      | Urban Design                  |
| VIA Oncology, LLC                             | August 1, 2009                    | Urban Design                  |
| UPMC Hamot                                    | January 1, 2012                   | Urban Design                  |
| Home Nursing Agency                           | January 1, 2014                   | Urban Design                  |
| Lexington Two, Inc. dba HHR                   | January 1, 2014                   | Urban Design                  |
| UPMC Altoona                                  | January 1, 2015                   | Urban Design                  |
| Blair Medical Associates, Inc.                | January 1, 2015                   | Urban Design                  |
| Lexington Anesthesia Associates               | January 1, 2015                   | Urban Design                  |
| Children's Community Pediatric                | January 1, 2017                   | Urban Design                  |
| UPMC Jameson                                  | January 1, 2017                   | Urban Design                  |
| UPMC Kane                                     | July 1, 2017                      | Urban Design                  |
| UPMC Chautauqua at WCA                        | July 1, 2017                      | Urban Design                  |
| WCA Services Corporation                      | July 1, 2017                      | Urban Design                  |
| UPMC Susquehanna                              | January 1, 2018                   | Urban Design                  |
| Asbury                                        | July 1, 2018                      | Community Design              |
| Avalon Springs/Avalon Place                   | July 1, 2018                      | Community Design              |
| HCMS                                          | July 1, 2018                      | Urban Design                  |
| UPMC Cole                                     | July 1, 2019                      | Urban Design                  |
| UPMC Pinnacle                                 | January 1, 2020                   | Urban Design                  |
| UPMC Somerset                                 | January 1, 2021                   | Urban Design                  |
| UPMC Western Maryland                         | January 1, 2021                   | Urban Design                  |

Schedule SB Attachment (Form 5500) —2024 Plan Year  
UPMC Basic Retirement Plan  
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## Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

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

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

Schedule SB Attachment (Form 5500) —2024 Plan Year  
UPMC Basic Retirement Plan  
EIN: 25-1423657 PN: 333

Schedule SB, line 26a — Schedule of Active Participant Data  
as of January 1, 2024

Number of Participants, Average Compensation and Average Cash Balance Account

| Attained<br>Age | Years of Credited Service |          |          |           |           |           |           |           |           |           |
|-----------------|---------------------------|----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
|                 | <1                        | 1-4      | 5-9      | 10-14     | 15-19     | 20-24     | 25-29     | 30-34     | 35-39     | 40+       |
| <25             | 43                        | 3,060    | 80       |           |           |           |           |           |           |           |
|                 | \$16,867                  | \$55,958 | \$50,605 |           |           |           |           |           |           |           |
|                 | \$32                      | \$1,547  | \$3,186  |           |           |           |           |           |           |           |
| 25-29           | 49                        | 6,342    | 2,372    | 46        | 1         |           |           |           |           |           |
|                 | \$12,998                  | \$60,227 | \$68,759 | \$59,070  |           |           |           |           |           |           |
|                 | \$3                       | \$2,614  | \$7,058  | \$8,157   |           |           |           |           |           |           |
| 30-34           | 58                        | 4,188    | 4,612    | 1,386     | 54        |           |           |           |           |           |
|                 | \$28,283                  | \$70,537 | \$77,501 | \$75,577  | \$63,600  |           |           |           |           |           |
|                 | \$14                      | \$2,939  | \$9,265  | \$13,997  | \$14,367  |           |           |           |           |           |
| 35-39           | 47                        | 3,164    | 3,128    | 2,450     | 971       | 38        |           |           |           |           |
|                 | \$17,217                  | \$84,633 | \$96,203 | \$95,412  | \$85,602  | \$77,829  |           |           |           |           |
|                 | \$89                      | \$4,212  | \$12,069 | \$20,448  | \$27,107  | \$24,815  |           |           |           |           |
| 40-44           | 37                        | 2,218    | 2,173    | 1,649     | 1,528     | 645       | 32        |           |           |           |
|                 | \$30,291                  | \$82,119 | \$96,553 | \$112,663 | \$105,480 | \$91,807  | \$75,731  |           |           |           |
|                 | \$20                      | \$4,214  | \$13,465 | \$26,971  | \$37,616  | \$41,204  | \$39,872  |           |           |           |
| 45-49           | 35                        | 1,740    | 1,628    | 1,269     | 1,171     | 976       | 389       | 17        |           |           |
|                 | \$38,296                  | \$77,887 | \$88,544 | \$106,065 | \$120,238 | \$103,046 | \$91,691  |           |           |           |
|                 | \$1,466                   | \$4,265  | \$13,965 | \$28,541  | \$47,714  | \$52,392  | \$53,641  |           |           |           |
| 50-54           | 40                        | 1,543    | 1,489    | 1,180     | 1,120     | 978       | 706       | 391       | 60        |           |
|                 | \$23,624                  | \$76,450 | \$83,394 | \$99,245  | \$118,896 | \$115,626 | \$99,770  | \$93,064  | \$72,591  |           |
|                 | \$10                      | \$5,087  | \$15,443 | \$29,928  | \$52,380  | \$62,539  | \$68,197  | \$72,438  | \$62,611  |           |
| 55-59           | 28                        | 1,354    | 1,316    | 1,078     | 1,040     | 961       | 716       | 693       | 637       | 46        |
|                 | \$23,195                  | \$68,948 | \$81,277 | \$87,041  | \$101,595 | \$109,392 | \$115,078 | \$98,837  | \$93,836  | \$77,784  |
|                 | \$75                      | \$5,190  | \$16,167 | \$28,855  | \$48,393  | \$63,883  | \$79,391  | \$95,441  | \$88,757  | \$61,836  |
| 60-64           | 22                        | 869      | 1,047    | 947       | 985       | 827       | 708       | 594       | 669       | 635       |
|                 | \$53,191                  | \$72,379 | \$75,811 | \$82,482  | \$88,758  | \$94,862  | \$111,507 | \$112,062 | \$102,132 | \$85,358  |
|                 | \$9                       | \$5,684  | \$15,369 | \$30,204  | \$47,708  | \$65,885  | \$85,895  | \$100,302 | \$106,596 | \$111,914 |
| 65-69           | 15                        | 308      | 419      | 426       | 416       | 451       | 280       | 263       | 275       | 447       |
|                 |                           | \$86,274 | \$81,524 | \$81,259  | \$88,926  | \$95,349  | \$110,302 | \$113,822 | \$97,861  | \$86,381  |
|                 |                           | \$7,583  | \$19,255 | \$32,214  | \$53,222  | \$70,395  | \$93,740  | \$109,408 | \$109,081 | \$113,497 |
| 70+             | 24                        | 135      | 135      | 118       | 165       | 143       | 110       | 106       | 100       | 182       |
|                 | \$65,306                  | \$61,158 | \$73,318 | \$77,328  | \$73,278  | \$83,062  | \$101,964 | \$99,579  | \$113,928 | \$104,930 |
|                 | \$0                       | \$4,969  | \$19,422 | \$35,115  | \$50,806  | \$72,992  | \$94,610  | \$114,055 | \$132,571 | \$146,620 |

N-74,793

Schedule SB Attachment (Form 5500) —2024 Plan Year  
UPMC Basic Retirement Plan  
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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      | 235,071,176         | 94,255,399                     | 62,394,407                                                | 391,720,982 |
| 2025      | 159,368,126         | 17,734,713                     | 60,712,873                                                | 237,815,712 |
| 2026      | 149,650,393         | 17,561,143                     | 58,921,836                                                | 226,133,372 |
| 2027      | 142,561,981         | 19,446,005                     | 57,109,153                                                | 219,117,139 |
| 2028      | 132,168,827         | 19,177,532                     | 55,057,592                                                | 206,403,951 |
| 2029      | 122,515,706         | 20,145,041                     | 52,894,371                                                | 195,555,118 |
| 2030      | 112,674,769         | 19,312,516                     | 50,525,929                                                | 182,513,214 |
| 2031      | 106,207,479         | 19,879,731                     | 48,073,791                                                | 174,161,001 |
| 2032      | 100,165,978         | 18,074,153                     | 45,362,137                                                | 163,602,268 |
| 2033      | 93,281,687          | 20,739,602                     | 42,461,928                                                | 156,483,217 |
| 2034      | 88,411,363          | 19,759,454                     | 40,066,767                                                | 148,237,584 |
| 2035      | 83,152,298          | 18,931,317                     | 37,901,896                                                | 139,985,511 |
| 2036      | 79,557,205          | 20,919,977                     | 35,668,180                                                | 136,145,362 |
| 2037      | 74,094,791          | 20,288,937                     | 33,410,889                                                | 127,794,617 |
| 2038      | 70,728,048          | 20,519,102                     | 31,115,039                                                | 122,362,189 |
| 2039      | 67,291,546          | 20,178,933                     | 28,788,098                                                | 116,258,577 |
| 2040      | 65,311,804          | 20,543,225                     | 26,529,354                                                | 112,384,383 |
| 2041      | 62,456,975          | 20,391,816                     | 24,259,865                                                | 107,108,656 |
| 2042      | 61,201,352          | 20,803,436                     | 22,033,399                                                | 104,038,187 |
| 2043      | 59,982,720          | 20,820,013                     | 19,855,090                                                | 100,657,823 |
| 2044      | 57,765,679          | 21,575,581                     | 17,752,535                                                | 97,093,795  |
| 2045      | 54,825,246          | 19,538,939                     | 15,741,184                                                | 90,105,369  |
| 2046      | 53,351,766          | 20,616,195                     | 13,828,118                                                | 87,796,079  |
| 2047      | 52,683,680          | 20,114,104                     | 12,028,241                                                | 84,826,025  |
| 2048      | 50,663,177          | 20,145,742                     | 10,354,592                                                | 81,163,511  |
| 2049      | 48,254,151          | 19,268,598                     | 8,817,648                                                 | 76,340,397  |
| 2050      | 46,897,228          | 18,078,241                     | 7,424,729                                                 | 72,400,198  |
| 2051      | 43,780,063          | 17,580,422                     | 6,179,560                                                 | 67,540,045  |
| 2052      | 41,719,796          | 16,655,722                     | 5,082,188                                                 | 63,457,706  |
| 2053      | 39,531,474          | 15,046,142                     | 4,129,137                                                 | 58,706,753  |
| 2054      | 36,424,026          | 13,766,920                     | 3,313,738                                                 | 53,504,684  |
| 2055      | 34,172,096          | 12,142,637                     | 2,626,724                                                 | 48,941,457  |
| 2056      | 31,861,420          | 11,534,467                     | 2,056,812                                                 | 45,452,699  |
| 2057      | 29,598,751          | 10,230,892                     | 1,591,407                                                 | 41,421,050  |
| 2058      | 26,708,393          | 8,973,691                      | 1,217,333                                                 | 36,899,417  |

Schedule SB Attachment (Form 5500) —2024 Plan Year  
UPMC Basic Retirement Plan  
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| Plan Year | Active Participants | Terminated Vested Participants | Retired Participants and Beneficiaries Receiving Payments | Total      |
|-----------|---------------------|--------------------------------|-----------------------------------------------------------|------------|
| 2059      | 24,805,183          | 7,911,548                      | 921,397                                                   | 33,638,128 |
| 2060      | 22,094,586          | 7,176,305                      | 690,929                                                   | 29,961,820 |
| 2061      | 20,081,005          | 6,546,291                      | 514,182                                                   | 27,141,478 |
| 2062      | 17,672,600          | 5,848,907                      | 380,608                                                   | 23,902,115 |
| 2063      | 15,331,082          | 5,400,636                      | 281,027                                                   | 21,012,745 |
| 2064      | 13,758,548          | 4,996,258                      | 207,688                                                   | 18,962,494 |
| 2065      | 12,622,281          | 4,624,916                      | 154,218                                                   | 17,401,415 |
| 2066      | 11,747,279          | 4,286,077                      | 115,511                                                   | 16,148,867 |
| 2067      | 10,958,920          | 3,966,431                      | 87,590                                                    | 15,012,941 |
| 2068      | 10,205,351          | 3,664,812                      | 67,434                                                    | 13,937,597 |
| 2069      | 9,510,776           | 3,407,375                      | 52,803                                                    | 12,970,954 |
| 2070      | 8,843,955           | 3,138,252                      | 42,072                                                    | 12,024,279 |
| 2071      | 8,208,222           | 2,857,670                      | 34,085                                                    | 11,099,977 |
| 2072      | 7,610,035           | 2,616,477                      | 28,032                                                    | 10,254,544 |
| 2073      | 7,038,085           | 2,388,013                      | 23,353                                                    | 9,449,451  |

Schedule SB Attachment (Form 5500) —2024 Plan Year

UPMC Basic Retirement Plan

EIN: 25-1423657 PN: 333

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      | 235,071,176         | 94,255,399                     | 62,394,407                                                | 391,720,982 |
| 2025      | 159,368,126         | 17,734,713                     | 60,712,873                                                | 237,815,712 |
| 2026      | 149,650,393         | 17,561,143                     | 58,921,836                                                | 226,133,372 |
| 2027      | 142,561,981         | 19,446,005                     | 57,109,153                                                | 219,117,139 |
| 2028      | 132,168,827         | 19,177,532                     | 55,057,592                                                | 206,403,951 |
| 2029      | 122,515,706         | 20,145,041                     | 52,894,371                                                | 195,555,118 |
| 2030      | 112,674,769         | 19,312,516                     | 50,525,929                                                | 182,513,214 |
| 2031      | 106,207,479         | 19,879,731                     | 48,073,791                                                | 174,161,001 |
| 2032      | 100,165,978         | 18,074,153                     | 45,362,137                                                | 163,602,268 |
| 2033      | 93,281,687          | 20,739,602                     | 42,461,928                                                | 156,483,217 |
| 2034      | 88,411,363          | 19,759,454                     | 40,066,767                                                | 148,237,584 |
| 2035      | 83,152,298          | 18,931,317                     | 37,901,896                                                | 139,985,511 |
| 2036      | 79,557,205          | 20,919,977                     | 35,668,180                                                | 136,145,362 |
| 2037      | 74,094,791          | 20,288,937                     | 33,410,889                                                | 127,794,617 |
| 2038      | 70,728,048          | 20,519,102                     | 31,115,039                                                | 122,362,189 |
| 2039      | 67,291,546          | 20,178,933                     | 28,788,098                                                | 116,258,577 |
| 2040      | 65,311,804          | 20,543,225                     | 26,529,354                                                | 112,384,383 |
| 2041      | 62,456,975          | 20,391,816                     | 24,259,865                                                | 107,108,656 |
| 2042      | 61,201,352          | 20,803,436                     | 22,033,399                                                | 104,038,187 |
| 2043      | 59,982,720          | 20,820,013                     | 19,855,090                                                | 100,657,823 |
| 2044      | 57,765,679          | 21,575,581                     | 17,752,535                                                | 97,093,795  |
| 2045      | 54,825,246          | 19,538,939                     | 15,741,184                                                | 90,105,369  |
| 2046      | 53,351,766          | 20,616,195                     | 13,828,118                                                | 87,796,079  |
| 2047      | 52,683,680          | 20,114,104                     | 12,028,241                                                | 84,826,025  |
| 2048      | 50,663,177          | 20,145,742                     | 10,354,592                                                | 81,163,511  |
| 2049      | 48,254,151          | 19,268,598                     | 8,817,648                                                 | 76,340,397  |
| 2050      | 46,897,228          | 18,078,241                     | 7,424,729                                                 | 72,400,198  |
| 2051      | 43,780,063          | 17,580,422                     | 6,179,560                                                 | 67,540,045  |
| 2052      | 41,719,796          | 16,655,722                     | 5,082,188                                                 | 63,457,706  |
| 2053      | 39,531,474          | 15,046,142                     | 4,129,137                                                 | 58,706,753  |
| 2054      | 36,424,026          | 13,766,920                     | 3,313,738                                                 | 53,504,684  |
| 2055      | 34,172,096          | 12,142,637                     | 2,626,724                                                 | 48,941,457  |
| 2056      | 31,861,420          | 11,534,467                     | 2,056,812                                                 | 45,452,699  |
| 2057      | 29,598,751          | 10,230,892                     | 1,591,407                                                 | 41,421,050  |
| 2058      | 26,708,393          | 8,973,691                      | 1,217,333                                                 | 36,899,417  |

Schedule SB Attachment (Form 5500) —2024 Plan Year  
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| Plan Year | Active Participants | Terminated Vested Participants | Retired Participants and Beneficiaries Receiving Payments | Total      |
|-----------|---------------------|--------------------------------|-----------------------------------------------------------|------------|
| 2059      | 24,805,183          | 7,911,548                      | 921,397                                                   | 33,638,128 |
| 2060      | 22,094,586          | 7,176,305                      | 690,929                                                   | 29,961,820 |
| 2061      | 20,081,005          | 6,546,291                      | 514,182                                                   | 27,141,478 |
| 2062      | 17,672,600          | 5,848,907                      | 380,608                                                   | 23,902,115 |
| 2063      | 15,331,082          | 5,400,636                      | 281,027                                                   | 21,012,745 |
| 2064      | 13,758,548          | 4,996,258                      | 207,688                                                   | 18,962,494 |
| 2065      | 12,622,281          | 4,624,916                      | 154,218                                                   | 17,401,415 |
| 2066      | 11,747,279          | 4,286,077                      | 115,511                                                   | 16,148,867 |
| 2067      | 10,958,920          | 3,966,431                      | 87,590                                                    | 15,012,941 |
| 2068      | 10,205,351          | 3,664,812                      | 67,434                                                    | 13,937,597 |
| 2069      | 9,510,776           | 3,407,375                      | 52,803                                                    | 12,970,954 |
| 2070      | 8,843,955           | 3,138,252                      | 42,072                                                    | 12,024,279 |
| 2071      | 8,208,222           | 2,857,670                      | 34,085                                                    | 11,099,977 |
| 2072      | 7,610,035           | 2,616,477                      | 28,032                                                    | 10,254,544 |
| 2073      | 7,038,085           | 2,388,013                      | 23,353                                                    | 9,449,451  |

Schedule SB Attachment (Form 5500) —2024 Plan Year  
UPMC Basic Retirement Plan  
EIN: 25-1423657 PN: 333

Schedule SB, line 26a — Schedule of Active Participant Data  
as of January 1, 2024

Number of Participants, Average Compensation and Average Cash Balance Account

| Attained<br>Age | Years of Credited Service |          |          |           |           |           |           |           |           |           |
|-----------------|---------------------------|----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
|                 | <1                        | 1-4      | 5-9      | 10-14     | 15-19     | 20-24     | 25-29     | 30-34     | 35-39     | 40+       |
| <25             | 43                        | 3,060    | 80       |           |           |           |           |           |           |           |
|                 | \$16,867                  | \$55,958 | \$50,605 |           |           |           |           |           |           |           |
|                 | \$32                      | \$1,547  | \$3,186  |           |           |           |           |           |           |           |
| 25-29           | 49                        | 6,342    | 2,372    | 46        | 1         |           |           |           |           |           |
|                 | \$12,998                  | \$60,227 | \$68,759 | \$59,070  |           |           |           |           |           |           |
|                 | \$3                       | \$2,614  | \$7,058  | \$8,157   |           |           |           |           |           |           |
| 30-34           | 58                        | 4,188    | 4,612    | 1,386     | 54        |           |           |           |           |           |
|                 | \$28,283                  | \$70,537 | \$77,501 | \$75,577  | \$63,600  |           |           |           |           |           |
|                 | \$14                      | \$2,939  | \$9,265  | \$13,997  | \$14,367  |           |           |           |           |           |
| 35-39           | 47                        | 3,164    | 3,128    | 2,450     | 971       | 38        |           |           |           |           |
|                 | \$17,217                  | \$84,633 | \$96,203 | \$95,412  | \$85,602  | \$77,829  |           |           |           |           |
|                 | \$89                      | \$4,212  | \$12,069 | \$20,448  | \$27,107  | \$24,815  |           |           |           |           |
| 40-44           | 37                        | 2,218    | 2,173    | 1,649     | 1,528     | 645       | 32        |           |           |           |
|                 | \$30,291                  | \$82,119 | \$96,553 | \$112,663 | \$105,480 | \$91,807  | \$75,731  |           |           |           |
|                 | \$20                      | \$4,214  | \$13,465 | \$26,971  | \$37,616  | \$41,204  | \$39,872  |           |           |           |
| 45-49           | 35                        | 1,740    | 1,628    | 1,269     | 1,171     | 976       | 389       | 17        |           |           |
|                 | \$38,296                  | \$77,887 | \$88,544 | \$106,065 | \$120,238 | \$103,046 | \$91,691  |           |           |           |
|                 | \$1,466                   | \$4,265  | \$13,965 | \$28,541  | \$47,714  | \$52,392  | \$53,641  |           |           |           |
| 50-54           | 40                        | 1,543    | 1,489    | 1,180     | 1,120     | 978       | 706       | 391       | 60        |           |
|                 | \$23,624                  | \$76,450 | \$83,394 | \$99,245  | \$118,896 | \$115,626 | \$99,770  | \$93,064  | \$72,591  |           |
|                 | \$10                      | \$5,087  | \$15,443 | \$29,928  | \$52,380  | \$62,539  | \$68,197  | \$72,438  | \$62,611  |           |
| 55-59           | 28                        | 1,354    | 1,316    | 1,078     | 1,040     | 961       | 716       | 693       | 637       | 46        |
|                 | \$23,195                  | \$68,948 | \$81,277 | \$87,041  | \$101,595 | \$109,392 | \$115,078 | \$98,837  | \$93,836  | \$77,784  |
|                 | \$75                      | \$5,190  | \$16,167 | \$28,855  | \$48,393  | \$63,883  | \$79,391  | \$95,441  | \$88,757  | \$61,836  |
| 60-64           | 22                        | 869      | 1,047    | 947       | 985       | 827       | 708       | 594       | 669       | 635       |
|                 | \$53,191                  | \$72,379 | \$75,811 | \$82,482  | \$88,758  | \$94,862  | \$111,507 | \$112,062 | \$102,132 | \$85,358  |
|                 | \$9                       | \$5,684  | \$15,369 | \$30,204  | \$47,708  | \$65,885  | \$85,895  | \$100,302 | \$106,596 | \$111,914 |
| 65-69           | 15                        | 308      | 419      | 426       | 416       | 451       | 280       | 263       | 275       | 447       |
|                 |                           | \$86,274 | \$81,524 | \$81,259  | \$88,926  | \$95,349  | \$110,302 | \$113,822 | \$97,861  | \$86,381  |
|                 |                           | \$7,583  | \$19,255 | \$32,214  | \$53,222  | \$70,395  | \$93,740  | \$109,408 | \$109,081 | \$113,497 |
| 70+             | 24                        | 135      | 135      | 118       | 165       | 143       | 110       | 106       | 100       | 182       |
|                 | \$65,306                  | \$61,158 | \$73,318 | \$77,328  | \$73,278  | \$83,062  | \$101,964 | \$99,579  | \$113,928 | \$104,930 |
|                 | \$0                       | \$4,969  | \$19,422 | \$35,115  | \$50,806  | \$72,992  | \$94,610  | \$114,055 | \$132,571 | \$146,620 |

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