

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>ELEVANCE HEALTH CASH BALANCE PLAN B</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>004</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ATH HOLDING COMPANY LLC</u></p> <p><u>220 VIRGINIA AVENUE</u> <u>INDIANAPOLIS, IN 46204</u></p>	<p>1c Effective date of plan <u>01/01/2011</u></p> <p>2b Employer Identification Number (EIN) <u>11-3713086</u></p> <p>2c Plan Sponsor's telephone number <u>844-203-3255</u></p> <p>2d Business code (see instructions) <u>524140</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	KELSEY SWITZER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor RETIREMENT COMMITTEE OF ATH HOLDING COMPANY, LLC 220 VIRGINIA AVENUE INDIANAPOLIS, IN 46204		3b Administrator's EIN 11-3713086	
		3c Administrator's telephone number 844-203-3255	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN	
		4d PN	
5 Total number of participants at the beginning of the plan year	5	2126	
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).			
6a(1) Total number of active participants at the beginning of the plan year	6a(1)	519	
6a(2) Total number of active participants at the end of the plan year	6a(2)	402	
b Retired or separated participants receiving benefits.....	6b	1189	
c Other retired or separated participants entitled to future benefits	6c	355	
d Subtotal. Add lines 6a(2), 6b, and 6c.....	6d	1946	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	50	
f Total. Add lines 6d and 6e.....	6f	1996	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)		
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)		
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7		

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1C 1E 1I 3H

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

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

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

a Pension Schedules		b General Schedules	
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)	(2) <input type="checkbox"/> I (Financial Information – Small Plan)	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(4) <input checked="" type="checkbox"/> C (Service Provider Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)	(6) <input type="checkbox"/> G (Financial Transaction Schedules)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary			
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____			
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)			

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

<p>A Name of plan ELEVANCE HEALTH CASH BALANCE PLAN B</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>004</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 ATH HOLDING COMPANY LLC</p>	<p>D Employer Identification Number (EIN) 11-3713086</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	522240	0	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	28506256
5	Current value of plan's interest under this contract in separate accounts at year end.....	
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ FLEXIBLE PENSION INVESTMENTS	
b	Balance at the end of the previous year	7b 29575007
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 952469
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶ CHANGE IN PRESENT VALUE	7c(5) 821889
	(6) Total additions	7c(6) 1774358
d	Total of balance and additions (add lines 7b and 7c(6))	7d 31349365
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 2820345
	(2) Administration charge made by carrier.....	7e(2) 22764
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions	7e(5) 2843109	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 28506256

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

A Name of plan <u>ELEVANCE HEALTH CASH BALANCE PLAN B</u>	B Three-digit plan number (PN) ▶	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ATH HOLDING COMPANY LLC</u>	D Employer Identification Number (EIN) <u>11-3713086</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>
2 Assets:			
a Market value	2a	<u>494627223</u>	
b Actuarial value	2b	<u>505526209</u>	
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	<u>1209</u>	<u>157753774</u>	<u>157753774</u>
b For terminated vested participants	<u>398</u>	<u>50617866</u>	<u>50617866</u>
c For active participants	<u>519</u>	<u>98640437</u>	<u>100068035</u>
d Total	<u>2126</u>	<u>307012077</u>	<u>308439675</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>5.06 %</u>	
6 Target normal cost			
a Present value of current plan year accruals	6a	<u>0</u>	
b Expected plan-related expenses	6b	<u>540000</u>	
c Target normal cost	6c	<u>540000</u>	

Statement by Enrolled Actuary

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

SIGN HERE		
	Signature of actuary	<u>09/26/2025</u> Date
	<u>MARIA E. SIMMERS</u> Type or print name of actuary	<u>23-08849</u> Most recent enrollment number
	<u>BUCK GLOBAL, LLC</u> Firm name	<u>610-647-6400</u> Telephone number (including area code)
	<u>1205 WESTLAKES DRIVE SUITE 290 BERWYN, PA 19312</u> Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	147508180	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	147508180	0
10	Interest on line 9 using prior year's actual return of <u>13.76</u> %	20297126	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.12</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	167805306	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	109.49 %
15	Adjusted funding target attainment percentage	15	163.89 %
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	156.28 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
	b Contributions made to avoid restrictions adjusted to valuation date	19b 0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	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
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
(4) 4th		

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code) **21b** 0

22 Weighted average retirement age **22** 67

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	31a	540000
b Excess assets, if applicable, but not greater than line 31a	31b	540000

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

40 Unpaid minimum required contributions for all years..... **40** 0

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

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

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

A Name of plan ELEVANCE HEALTH CASH BALANCE PLAN B	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 ATH HOLDING COMPANY LLC	D Employer Identification Number (EIN) 11-3713086	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

JPMORGAN CHASE BANK N.A.

13-4994650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 28	INVESTMENT MANAGEMENT	646948	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

KAYNE ANDERSON CORE REAL ESTATE ADV

1800 AVENUE OF THE STARS THIRD FL
LOS ANGELES, CA 90067

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGER	600507	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)

ARTHUR J GALLAGHER & CO

36-2102482

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 65	ACTUARY	86411	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)

ELEVANCE HEALTH, INC.

35-2145715

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	ADMINISTRATION	67379	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)

MERCER

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	CONSULTANT	52942	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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50 64	CONTRACT ADMINISTRATOR	22764	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

AON CONSULTING INC

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	CONSULTANT	13333	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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input 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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <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 (see instructions)	(c) Enter amount of indirect compensation
JPMORGAN CHASE BANK N.A.	52	0
(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.	
J.P. MORGAN FUTURES, INC. 13-3072111	REVENUE SHARE ON FUTURES AND OPTIONS CLEARING	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JPMORGAN CHASE BANK N.A.	71	0
(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.	
J.P. MORGAN SECURITIES LLC 13-3379014	REVENUE SHARE OF BROKERAGE COMMISSIONS EARNED ON COMMON SHARE TRADE EXECUTIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN CHASE BANK, N.A.	52	0
(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.	
J.P. MORGAN FUTURES, INC. 13-3072111	REVENUE SHARE ON FUTURES AND OPTIONS CLEARING	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN CHASE BANK, N.A.	71	0
(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.	
J.P. MORGAN SECURITIES LLC 13-3379014	REVENUE SHARE OF BROKERAGE COMMISSION EARNED ON COMMON SHARE TRADE EXECUTIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>ELEVANCE HEALTH CASH BALANCE PLAN B</u>	B Three-digit plan number (PN)	<u>004</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ATH HOLDING COMPANY LLC</u>	D Employer Identification Number (EIN) <u>11-3713086</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ELEVANCE HEALTH MASTER TRUST</u>		
b Name of sponsor of entity listed in (a): <u>ATH HOLDING COMPANY, LLC</u>		
c EIN-PN <u>13-6957744-001</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>472112789</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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)

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan ELEVANCE HEALTH CASH BALANCE PLAN B	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 ATH HOLDING COMPANY LLC	D Employer Identification Number (EIN) 11-3713086

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	485113723
(12) Value of interest in 103-12 investment entities	1c(12)	472112789
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	29575007
(15) Other.....	1c(15)	28506256

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	514688730	500619045
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	514688730	500619045

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	952469	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		952469
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		29541756
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		799675
d Total income. Add all income amounts in column (b) and enter total.....	2d		31293900

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	43680789	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		43680789
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	67379	
(2) Contract administrator fees	2i(2)	22764	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	1101143	
(6) Bank or trust company trustee/custodial fees	2i(6)	146312	
(7) Actuarial fees	2i(7)	86411	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	258787	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1682796
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		45363585

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-14069685
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

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

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

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

(1) Name: CROWE LLP

(2) EIN: 35-0921680

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 543090.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>ELEVANCE HEALTH CASH BALANCE PLAN B</u>	B Three-digit plan number (PN) ▶	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ATH HOLDING COMPANY LLC</u>	D Employer Identification Number (EIN) <u>11-3713086</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 13-4994650 42-0127290

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		106
---	--	-----

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

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

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

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:

Public Equity: 29.0 % Private Equity: 2.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 55.0 %
 High-Yield Debt: 0.0 % Real Assets: 12.0 % Cash or Cash Equivalents: 2.0 % Other: _____ %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

Yes.

No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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 _____.

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

Elevance Health Cash Balance Plan B

As of December 31, 2024 and 2023 and for the years then ended

with Independent Auditor's Report

Elevance Health Cash Balance Plan B

Financial Statements and Supplemental Schedules

As of December 31, 2024 and 2023
and for the years then ended

Contents

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INDEPENDENT AUDITOR'S REPORT

Retirement Committee
ATH Holding Company, LLC
Indianapolis, Indiana

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

We have performed audits of the financial statements of Elevance Health Cash Balance Plan B (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 to the financial statements.

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

Management has obtained certifications from qualified institutions as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matter – Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule H, Line 4j – Schedule of Reportable Transactions for the year then ended are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

Crowe LLP
Crowe LLP

Oakbrook Terrace, Illinois
October 15, 2025

Elevance Health Cash Balance Plan B

Statements of Net Assets Available for Benefits

	December 31,	
	2024	2023
Assets		
Investments at fair value:		
Plan interest in Elevance Health Master Trust	\$ 454,319,554	\$ 465,112,539
Investment contract – Principal General Investment Account	28,506,256	29,575,007
401(h) account interest in Elevance Health Master Trust	<u>17,793,235</u>	<u>20,001,184</u>
Total assets	500,619,045	514,688,730
Liabilities		
Amounts related to obligations of 401(h) account	<u>17,793,235</u>	<u>20,001,184</u>
Net assets available for benefits	<u>\$ 482,825,810</u>	<u>\$ 494,687,546</u>

See accompanying notes.

Elevance Health Cash Balance Plan B

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31,	
	2024	2023
Investment gains		
Plan interest in net investment gains of Elevance Health Master Trust	\$ 28,851,434	\$ 58,968,943
Principal General Investment Account		
Unrealized appreciation in fair value	799,675	610,285
Interest income	952,469	1,030,993
Total investment gains	30,603,578	60,610,221
Benefit payments	(40,828,135)	(41,922,710)
Administrative expenses	(1,637,179)	(1,434,627)
Net change	(11,861,736)	17,252,884
Net assets available for benefits at beginning of year	494,687,546	477,434,662
Net assets available for benefits at end of year	\$ 482,825,810	\$ 494,687,546

See accompanying notes.

Elevance Health Cash Balance Plan B

Notes to Financial Statements

December 31, 2024 and 2023

1. Description of the Plan

General

The Elevance Health Cash Balance Plan B (the “Plan”) is a noncontributory defined benefit pension plan, which accrues benefits for participants, generally in the form of individual hypothetical account balances. The Plan provides benefits for eligible employees of Elevance Health, Inc. and certain of its subsidiaries (which are defined by the Plan as “participating employers”). ATH Holding Company, LLC is the Plan Sponsor. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

ATH Holding Company, LLC established the Plan effective as of January 1, 2011. The Plan was created as a result of the spin out of assets and liabilities relating to certain participants in the WellPoint Cash Balance Pension Plan (the “Predecessor Plan”) who were (i) actively employed on January 1, 2011 and accruing benefits under the Predecessor Plan, or (ii) previously determined disabled under the applicable provisions of the Predecessor Plan and continue to be disabled on January 1, 2011 and accruing benefits under the Predecessor Plan.

Plan Status

The Predecessor Plan was generally frozen effective January 1, 2006. New hires or rehires on or after January 1, 2006 not covered under a collective bargaining agreement and new hires or rehires on or after January 1, 2009 covered under a collective bargaining agreement are not eligible to participate in the Predecessor Plan or in the Plan.

Certain participants have special benefits based on age and years of service or participation in previously merged plans. These participants’ cash balance accounts were increased by a percentage of the participant’s compensation through December 31, 2018, however beginning January 1, 2019, participants no longer accrue additional pension credits. Participants with cash balance accounts continue to earn only an interest credit allocated daily and compounded quarterly.

Vesting

Participants generally became 100% vested after three consecutive years of service. If employment was terminated prior to the required consecutive years of vesting service, the benefits were forfeited. Participants in former plans of acquired companies may be subject to separate vesting schedules.

Elevance Health Cash Balance Plan B

Notes to Financial Statements (continued)

Contributions

The Plan Sponsor intends to contribute, at a minimum, amounts necessary to provide the Plan with sufficient assets to meet or exceed the minimum funding requirement under ERISA. Plan Sponsor contributions, if any, made for the plan years ended December 31, 2024 and 2023, met or exceeded the ERISA minimum funding requirements.

Payment of Benefits

Upon retirement at normal retirement age, benefits may be distributed as a lump sum amount with no further benefits due, or may be paid in monthly installments for the life of the retiree. The Plan permits early retirement, under certain conditions, at a reduced amount, and also provides optional forms of payment. The Plan also provides for distribution of benefits at death or disability as described in the Plan document, which is available from the plan administrator.

Plan Termination

Although it has not expressed any intent to do so, the Plan Sponsor has the right to terminate the Plan, subject to the Plan's terms and the provisions of ERISA. Should the Plan terminate at some future time, its net assets will be allocated to pay vested benefits under the Plan in accordance with Title IV of ERISA. In the event net assets at termination are insufficient to pay vested benefits, benefits will be paid as guaranteed by the Pension Benefit Guarantee Corporation, subject to applicable limits.

2. Significant Accounting Policies

Basis of Presentation

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting and are in conformity with U.S. generally accepted accounting principles ("GAAP"). Accordingly, Plan expenses are recognized when incurred. Benefit payments to participants are recorded when distributed.

Use of Estimates

The preparation of financial statements in accordance with GAAP requires the use of estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results may differ from those estimates.

Elevance Health Cash Balance Plan B
Notes to Financial Statements (continued)

Investment Valuation and Income Recognition

Investments of the Plan are recorded 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. The fair value of the Plan's interest in the Elevance Health Master Trust (the "Master Trust") reflects the Plan's interest in the fair value of the underlying net assets of the Master Trust. See Note 6 for further discussion of fair value measurements.

The Plan interest in the net investment gains of the Master Trust consists of the Plan's allocation of realized gains and losses on investments that were sold during the period, unrealized appreciation and depreciation of the underlying investments held at year end, and dividend and investment income, based upon the total of the Plan's share of the Master Trust investment account assets.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Realized gains and losses are recognized as they occur.

401(h) Account

The Plan includes a 401(h) account used to fund a portion of the postretirement health and welfare obligations for certain retired Plan participants and their beneficiaries in accordance with Section 401(h) of the Internal Revenue Code (the "Code"). On July 24, 2024, the Plan Sponsor, via written consent, acted to amend the Plan, contingent upon obtaining a favorable private letter ruling ("PLR") from the Internal Revenue Service. This amendment allows use of the 401(h) account to support active health and welfare obligations of Plan participants eligible for a distribution from the Plan; see Note 11, "Subsequent Events", for a discussion of the PLR and associated Plan amendment in 2025. Although assets in the 401(h) account are included in the Master Trust with assets that are available to pay pension benefits, separate accounting for the changes in net assets related to the 401(h) account are maintained. The 401(h) account interest in the Master Trust is shown separately in the statements of net assets available for benefits. In accordance with the Code and the plan document, the Plan's investments in the 401(h) account may not be used for, or diverted to, any purpose other than providing health and welfare benefits for certain retirees and their beneficiaries. Investments in the 401(h) account are based on the long-term characteristics of individual investment classes and the long-term obligations of the health and welfare plan reflecting, among other factors, the age and credited service of participants in the health and welfare plan.

The related obligations for health benefits are not included in the Plan's accumulated benefit obligations but are reflected in the financial statements of the health and welfare benefit plan. Plan participants do not contribute to the 401(h) account. The Plan Sponsor may request reimbursement for health benefits paid on behalf of eligible participants at any time.

Elevance Health Cash Balance Plan B

Notes to Financial Statements (continued)

Administrative Expenses

The Plan's trustee fees and certain administrative expenses are paid by the Plan and are reflected in the financial statements as administrative expenses of the Plan. The Plan Sponsor also pays certain expenses on behalf of the Plan.

Risks and Uncertainties

The Plan and Master Trust hold various investments. Investments are exposed to various risks such as interest rate, liquidity, and credit risks. Investments are also subject to market risks which include global risks such as pandemics. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits. In addition investments such as interest bearing cash are subject to the Federal Deposit Insurance Corporation ("FDIC") federally insured limits.

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

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, attributable to services rendered by the current Plan participants through the valuation date. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries, and (b) present employees or their beneficiaries. Benefits may be based on a cash balance formula, years of service times a dollar amount, or a percentage of final compensation, depending on the eligible group and dates of service for the participant. Benefits payable under all circumstances (retirement, death, disability and termination of employment) are included, to the extent they are deemed attributable to employee service rendered through the valuation date. In accordance with GAAP, the actuarial present value of accumulated plan benefits is not shown as a liability on the statement of net assets available for benefits.

3. Certified Investments

As of December 31, 2024 and 2023, and for the years then ended, the Plan's investments consist of its divided share of the investments in the Master Trust which is managed by J.P. Morgan Chase Bank, N.A. ("JPM"), the Trustee of the Plan, and other investments held outside of the Master Trust in accounts managed separately by Principal Life Insurance Company ("Principal").

Elevance Health Cash Balance Plan B

Notes to Financial Statements (continued)

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments held at December 31, 2024 and 2023, the Plan's interest in the net investment gains of the Master Trust and unrealized appreciation in fair value and investment income of the Principal investment contract for the years ended December 31, 2024 and 2023, was obtained by management and agreed to or derived from information certified as complete and accurate by JPM and Principal.

4. Investment Contract with Principal Life Insurance Company

As of December 31, 2024 and 2023, certain investments were held outside of the Master Trust in an investment contract managed by Principal. The investment contract managed by Principal consists of assets held in the General Investment Account (“GIA”) of Principal. The GIA invests primarily in intermediate-term fixed income investments such as public and private corporate bonds, commercial and residential mortgages, asset-backed securities, and U.S. government and agency-backed securities. The Plan participates in the returns, after investment expenses, earned by the GIA.

In accordance with the provisions of the Plan’s group annuity contract with Principal, a minimum amount of assets sufficient to purchase annuities for certain participants must be held in certain investment funds approved by Principal. The Plan shares fully in the investment and mortality experience of these funds and any gain or loss is borne by the Plan. The amount required to be on deposit with Principal in accordance with the group annuity contract was approximately \$26 million and \$28 million at December 31, 2024 and 2023, respectively. If the amount held on deposit is less than the Plan’s proportionate share of the fair value of the underlying investments of the GIA, the Principal investment contract is funded from the Master Trust assets.

5. Interest in Master Trust

Master Trust assets are managed by various investment managers in separate investment accounts. The Plan has a divided interest in the net assets of the Master Trust investment accounts in which the Plan has invested.

The Plan does not participate equally in all investment accounts of the Master Trust. The Plan’s share of the investment accounts in which the Master Trust invests, in accordance with the investment policy adopted by the plan administrator, is based on the long-term characteristics of individual investment classes and the long-term obligations of the Plan reflecting, among other factors, the age and credited service of Plan participants.

Elevance Health Cash Balance Plan B

Notes to Financial Statements (continued)

The Master Trust's interest and dividends, net appreciation (depreciation) and account specific investment fees relating to transactions in portfolio investments are allocated to the participating plans based on the respective plan's share of the Master Trust investment account's assets. Administrative expenses incurred at the Master Trust level, including consulting and investment management fees, are allocated to the participating plans based on the respective plan's share of the Master Trust's assets. For the years ended December 31, 2024 and 2023, the Plan and the Elevance Health Cash Balance Plan A participated in the Master Trust.

The net assets held in the Master Trust and the Plan and 401(h) account's interest in the Master Trust net assets as of December 31, 2024 are summarized below:

Investments at fair value:	Master Trust Balances	Plan's Interest in Master Trust Balances	401(h)'s Interest in Master Trust Balances
Corporate and other fixed maturity securities	\$ 539,450,961	\$ 143,597,122	\$ —
Domestic common and preferred stocks	313,966,817	71,297,693	6,608,809
U.S. government securities	77,852,101	21,892,849	—
Foreign common and preferred stocks	72,533,106	16,252,669	1,510,452
Interest-bearing cash and cash equivalents	31,749,790	15,844,115	198,248
Asset-backed securities	2,957,780	1,375,650	—
Securities lending collateral			
Repurchase agreements	73,218,673	20,855,313	816,790
Cash and cash equivalents	19,003,142	5,412,779	211,989
U.S. government securities	6,819,438	1,942,421	76,074
Commercial paper	997,078	284,004	11,123
U.S. government asset-backed securities	858,119	244,423	9,573
Collective investment trusts	420,614,310	107,788,813	8,089,250
Commingled fund	70,218,470	14,309,795	1,368,901
Partnership investments	61,310,119	61,310,119	—
Total investments of the Master Trust	\$1,691,549,904	\$ 482,407,765	\$ 18,901,209
Securities lending payable	(100,891,591)	(28,737,557)	(1,125,494)
Due to brokers, net	(3,736,703)	(1,257,212)	(424)
Accrued interest and dividends	8,099,977	1,906,558	17,944
Net assets of the Master Trust	<u>\$1,595,021,587</u>	<u>\$ 454,319,554</u>	<u>\$ 17,793,235</u>

Elevance Health Cash Balance Plan B

Notes to Financial Statements (continued)

The net assets held in the Master Trust and the Plan and 401(h) account's interest in the Master Trust net assets as of December 31, 2023 are summarized below:

Investments at fair value	Master Trust Balances	Plan's interest in Master Trust Balances	401(h)'s Interest in Master Trust Balances
Corporate and other fixed maturity securities	\$ 521,662,122	\$ 112,836,294	\$ —
Domestic common and preferred stocks	397,580,662	100,275,756	7,088,122
Foreign common and preferred stocks	96,177,533	24,047,398	1,700,575
U.S. government securities	69,889,333	17,007,113	—
Interest-bearing cash and cash equivalents	36,903,517	8,792,583	397,186
Asset-backed securities	1,850,457	1,850,457	—
Securities lending collateral			
Repurchase agreements	71,589,866	20,186,587	868,082
Cash and cash equivalents	38,006,870	10,717,006	460,862
U.S. government securities	11,894,089	3,353,841	144,225
Commercial paper	3,984,136	1,123,428	48,311
U.S. government asset-backed securities	522,669	147,380	6,338
Collective investment trusts	354,902,072	107,881,212	9,191,781
Commingled fund	85,945,435	20,731,185	1,494,078
Partnership investments	67,533,291	67,533,291	—
Total investments of the Master Trust	<u>\$ 1,758,442,052</u>	<u>\$ 496,483,531</u>	<u>\$ 21,399,560</u>
Securities lending payable	(117,656,535)	(33,176,259)	(1,426,675)
Due to brokers, net	(769,127)	(255,920)	(13,299)
Accrued interest and dividends	9,462,223	2,061,187	41,598
Net assets of the Master Trust	<u><u>\$ 1,649,478,613</u></u>	<u><u>\$ 465,112,539</u></u>	<u><u>\$ 20,001,184</u></u>

Elevance Health Cash Balance Plan B

Notes to Financial Statements (continued)

During 2024 and 2023 the Master Trust participated in a securities lending program whereby marketable securities in the investment portfolio are transferred to independent brokers or dealers based on, among other things, their creditworthiness in exchange for collateral initially equal to at least 102% of the value of the securities on loan and is thereafter maintained at a minimum of 100% of the market value of the securities loaned (calculated as the ratio of initial market value of the cash and non-cash collateral to current market value of the securities on loan). Accordingly, the market value of securities on loan to each borrower is monitored daily and the borrower is required to deliver additional collateral if the market value of the securities on loan exceeds the cash collateral delivered plus the market value of non-cash collateral still held. In the event of default by the borrower, the Trustee shall indemnify the Plan by purchasing replacement securities identical to the unreturned loaned securities using proceeds from the liquidation of the collateral held in connection with the loan. To the extent that such proceeds are insufficient or the collateral is unavailable, the purchase of replacement securities shall be made at the Trustee's expense or, if replacement securities are not able to be purchased, the Trustee shall credit the Plan for the market value of the unreturned securities.

The fair value of the initial collateral amounted to \$100,891,591 and \$117,656,535, which represented 102% of the market value of the securities on loan as of December 31, 2024 and 2023. Cash collateral received may be invested to further increase investment income. The fair value of invested cash collateral was \$93,218,893 and \$113,580,872 as of December 31, 2024 and 2023, respectively. The fair value of non-cash collateral was \$7,677,557 and \$12,416,758 as of December 31, 2024 and 2023, respectively. Under the applicable FASB guidance, the Master Trust recognizes the collateral as an asset, which is disclosed above as "securities lending collateral" and the Master Trust recognizes a corresponding liability for the obligation to return the collateral to the borrower, which is disclosed above as "securities lending payable." The securities on loan are reported in the applicable investment category.

Net investment gains (losses) of the Master Trust for the years ended December 31, 2024 and 2023 was as follows:

	<u>2024</u>	<u>2023</u>
Net realized and unrealized appreciation in fair value of investments	\$ 29,371,116	\$ 156,831,738
Interest income	32,686,757	27,749,451
Dividend and securities lending income	8,746,235	12,759,133
Net investment gains of the Master Trust	<u>\$ 70,804,108</u>	<u>\$ 197,340,322</u>

Elevance Health Cash Balance Plan B
Notes to Financial Statements (continued)

6. Fair Value of Investments

Investments recorded at fair value in the statements of net assets available for benefits are categorized based on the level of judgment associated with the inputs used to measure their fair value. Level inputs, as defined by FASB guidance, are as follows:

<u>Level Input:</u>	<u>Input Definition:</u>
Level I	Inputs are unadjusted, quoted prices for identical assets or liabilities in active markets at the measurement date.
Level II	Inputs other than quoted prices included in Level I which are observable for the asset or liability through corroboration with market data at the measurement date.
Level III	Unobservable inputs that reflect management's best estimate of what market participants would use in pricing the asset or liability at the measurement date.

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

The following methods and assumptions were used to determine the fair value of investments held directly by the Plan and those held as underlying investments of the Master Trust recorded at fair value in the statements of net assets available for benefits.

Interest bearing cash and cash equivalents: The carrying amount reported for interest bearing cash and cash equivalents in investments of the Master Trust approximates fair value due to the short term nature of the assets. Interest bearing cash is maintained for liquidity for benefit payments and other plan transactions and receives daily interest from JPM. Interest bearing cash is designated Level II. Investments with maturities of less than three months, such as treasury bills and certificates of deposits, are included as cash equivalents and are designated Level I.

Common and preferred stocks: Valued at the quoted market price reported on the active market on which the individual securities are traded on the last business day of the plan year. The majority of common and preferred stocks are designated Level I.

Elevance Health Cash Balance Plan B

Notes to Financial Statements (continued)

Corporate and other fixed maturity, U.S. government asset-backed, asset-backed, and U.S. government securities: Valued at quoted market prices, where available. These fair values are obtained by the Trustee primarily from third party pricing services, which generally use Level I or Level II inputs for the determination of fair value in accordance with FASB guidance. Third party pricing services normally derive the security prices through recently reported trades for identical or similar securities making adjustments through the reporting date based upon available market observable information. Level II securities primarily include U.S. government securities, corporate securities, securities from states and municipalities, asset-backed and mortgage backed securities. For securities not actively traded, the third party pricing services may use quoted market prices of comparable instruments or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include, but are not limited to, broker quotes, benchmark yields, credit spreads, default rates and prepayment speeds. The Plan Sponsor is responsible for the determination of fair value and performs analyses on the prices received from third parties to determine whether the prices are reasonable estimates of fair value. The analyses include a comparison of pricing services' valuations to other pricing services' valuations for the identical security.

Repurchase agreements: Fair value is estimated to approximate cost due to their short duration, generally overnight. Repurchase agreements are designated Level II.

Commercial paper: Fair value is estimated to approximate cost plus amortized discount. Commercial paper is designated Level II.

Investment contract: Valued by Principal at the Plan's proportionate share of the fair value of the underlying investments of the GIA as reported in Principal's annual fund statement. The Principal investment contract is designated Level III. For the year ended December 31, 2024, purchases of this investment were \$1,366 and sales were \$2,822,261. For the year ended December 31, 2023, purchases of this investment were \$14,571 and sales were \$2,983,350.

Elevance Health Cash Balance Plan B

Notes to Financial Statements (continued)

The following investments are classified as Alternative investments in the fair value hierarchy table. They are measured at fair value using the net asset value per share as a practical expedient and have not been classified in the fair value hierarchy in accordance with FASB guidance.

Commingled fund: Fair value is based on NAV per fund share. The fund primarily invests in publicly traded equity securities of issuers within the fund's benchmark. The objective of the fund is to produce returns in excess of the relevant benchmark over rolling five-year periods.

Collective investment trusts ("CITs"): Fair values are based on the NAV of the units held by the plan at year end. The CITs are passive index funds that seek investment results that generally correspond to the performance of the Bloomberg U.S. Long Treasury Index or the Bloomberg U.S. Intermediate Treasury Index.

Partnership investments: Fair values are estimated based on the plan's ownership share of the partnerships' net assets, as reported in their periodic capital statements. The partnerships primarily consist of a real estate investment fund which acquires investments in real estate entities, and an energy fund which invests in public and private oil and gas companies principally through privately issued securities.

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

Elevance Health Cash Balance Plan B
Notes to Financial Statements (continued)

Fair Value of Investments in Master Trust

The following table summarizes fair value measurements by level for assets and liabilities in the Master Trust measured at fair value on a recurring basis as of December 31, 2024:

December 31, 2024	Total	Level I	Level II	Level III
Interest bearing cash and cash equivalents	\$ 50,752,932	\$ 35,008,733	\$ 15,744,199	\$ —
Domestic common and preferred stocks	313,966,817	313,966,817	—	—
Foreign common and preferred stocks	72,533,106	72,533,106	—	—
Corporate and other fixed maturity securities	539,450,961	—	539,450,961	—
U.S. government securities	84,671,539	—	84,671,539	—
Repurchase agreements	73,218,673	—	73,218,673	—
Asset-backed securities	2,957,780	—	2,957,780	—
Commercial paper	997,078	—	997,078	—
U.S. government asset-backed securities	858,119	—	858,119	—
Investments at fair value	<u>\$1,139,407,005</u>	<u>\$421,508,656</u>	<u>\$717,898,349</u>	<u>\$ —</u>
Alternative investments	<u>552,142,899</u>			
Total investments	<u><u>\$1,691,549,904</u></u>			

Elevance Health Cash Balance Plan B

Notes to Financial Statements (continued)

The following table summarizes fair value measurements by level for assets and liabilities in the Master Trust measured at fair value on a recurring basis as of December 31, 2023:

December 31, 2023	Total	Level I	Level II	Level III
Interest bearing cash and cash equivalents	\$ 74,910,387	\$ 39,812,897	\$ 35,097,490	\$ —
Domestic common and preferred stocks	397,580,662	397,580,662	—	—
Foreign common and preferred stocks	96,177,533	96,177,533	—	—
Corporate and other fixed maturity securities	521,662,122	—	521,662,122	—
U.S. government securities	81,783,422	—	81,783,422	—
Repurchase agreements	71,589,866	—	71,589,866	—
Commercial paper	3,984,136	—	3,984,136	—
Asset-backed securities	1,850,457	—	1,850,457	—
U.S. government asset-backed securities	522,669	—	522,669	—
Investments at fair value	<u>\$ 1,250,061,254</u>	<u>\$ 533,571,092</u>	<u>\$ 716,490,162</u>	<u>\$ —</u>
Alternative investments	<u>508,380,798</u>			
Total investments	<u><u>\$ 1,758,442,052</u></u>			

In accordance with FASB guidance, certain alternative investments that are measured at fair value using the NAV per share as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented are intended to permit reconciliation of the fair value hierarchy to the total investments. The following table provides additional information on these investments:

	Fair Value as of		Unfunded Commitment as of	Redemption Frequency	Redemption Notice Period
	12/31/24	12/31/23	12/31/24		
Collective investment trusts	\$420,614,310	\$354,902,072	\$—	Daily	2 days
Commingled fund	70,218,470	85,945,435	—	1st and 15th of the month	7 business days
Partnership investments	61,310,119	67,533,291	582,500	Quarterly ⁽¹⁾	45 days prior to quarter-end ⁽¹⁾
Total alternative investments	<u>\$552,142,899</u>	<u>\$508,380,798</u>	<u>\$ 582,500</u>		

⁽¹⁾ This applies solely to the real estate investment fund. No redemption provisions exist for the other partnership investments.

Elevance Health Cash Balance Plan B

Notes to Financial Statements (continued)

7. Accumulated Plan Benefits - Actuarial Valuations

The Plan employs an enrolled consulting actuary to estimate the actuarial present value of accumulated plan benefits ("PVAPB"), 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.

A summary of the actuarial valuation information provided by the Plan's actuary is provided below for informational purposes. The December 31, 2024 actuarial valuation was completed prior to the date the financial statements were available to be issued and has not been audited by independent auditors.

The accumulated plan benefit information is as follows:

	December 31, 2024 (unaudited)	December 31, 2023 (audited)
Vested benefits:		
Participants currently receiving payments	\$155,098,032	\$140,172,624
Other participants	116,142,332	135,309,140
	271,240,364	275,481,764
Nonvested benefits	1,194,594	1,561,703
Actuarial PVAPB	\$272,434,958	\$277,043,467

The following changes occurred in the actuarial PVAPB:

	December 31, 2024 (unaudited)	December 31, 2023 (audited)
Actuarial PVAPB, beginning of year	\$277,043,467	\$295,265,984
Benefit payments	(40,828,135)	(41,922,710)
Increase for interest due to passage of time	17,549,414	19,226,140
Assumption changes	15,853,875	2,552,184
Benefits accumulated and other	2,816,337	1,921,869
Net change	(4,608,509)	(18,222,517)
Actuarial PVAPB, end of year	\$272,434,958	\$277,043,467

Elevance Health Cash Balance Plan B

Notes to Financial Statements (continued)

The more significant assumptions underlying the actuarial computations are as follows:

	2024 (unaudited)	2023 (audited)	2022 (audited)
Investment rate of return	5.86%	6.83%	7.00%
Mortality basis	Pri-2012 Total Employee and Retiree Mortality tables (base year 2012) and projected with mortality improvement scale MP-2021		
Interest crediting rate	3.85% for 2025	4.38% for 2024	3.85% for 2023
	4.50% for 2026 and later	4.50% for 2025 and later	4.25% for 2024 and later
	<small>*Certain participants terminating prior to July 1, 2006 receive a different interest crediting rate</small>		
Retirement rates	Retirement rates for all participants range from 7.5% at age 55 to 100% at age 72+		Retirement rates for all participants range from 7.5% at age 55 to 100% at age 70

The most impactful assumption changes, leading to an increase in the PVAPB for both time periods, are as follows:

Time period	Assumption change with most impact on PVAPB
2022 to 2023 (audited)	Decrease in investment rate of return
2023 to 2024 (unaudited)	Decrease in investment rate of return

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.

8. Reconciliation to Form 5500

The following is a reconciliation of net assets available for benefits as reported in the financial statements to the Form 5500:

	December 31,	
	2024	2023
Net assets available for benefits as reported in the financial statements	\$482,825,810	\$494,687,546
Plus 401(h) account net assets included as assets in Form 5500	17,793,235	20,001,184
Net assets available for benefits per the Form 5500	\$500,619,045	\$514,688,730

Elevance Health Cash Balance Plan B

Notes to Financial Statements (continued)

The net assets of the 401(h) account reported in the Form 5500 with net assets available for benefits are not available to pay pension benefits but can only be used to pay retiree health and welfare benefits.

The following is a reconciliation of the changes in net assets as reported in the financial statements to the Form 5500 for the year ended December 31, 2024:

	Financial Statements	401(h) Account	Form 5500
Interest in net investment gains of Master Trust	\$ 28,851,434	690,322	\$ 29,541,756
Benefit payments	\$ 40,828,135	2,852,654	\$ 43,680,789
Administrative expenses	\$ 1,637,179	45,617	\$ 1,682,796

9. Exempt Party-In-Interest Transactions

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. The Master Trust in which the Plan has a beneficial interest holds investments managed by JPM. These transactions and the Plan's payment of fees to JPM qualify as exempt party-in-interest transactions. The Plan also holds an investment account with Principal. This investment and the Plan's payment of fees to Principal qualify as exempt party-in-interest transactions.

Certain administrative functions are performed by officers and employees of the Plan Sponsor or affiliates of the Plan Sponsor. The Plan Sponsor is reimbursed by the Plan for a portion of certain costs as permitted by ERISA. In addition, the plan administrator, which is also a party-in-interest, provides certain administrative services to the Plan directly or through delegations of authority. Third-party service providers to whom the plan administrator has delegated certain responsibilities include Gallagher which provides certain actuarial and administrative services to the Plan, and Mercer, LLC, which serves as investment consultant to the plan administrator. These transactions all qualify as exempt party-in-interest transactions.

10. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service ("IRS") dated January 5, 2021, stating that the Plan is qualified under Section 401(a) of the Code and, therefore, the related trust is exempt from taxation. Subsequent to the issuance of the favorable determination letter, the Plan has been amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan Sponsor 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 trust is tax-exempt.

Elevance Health Cash Balance Plan B

Notes to Financial Statements (continued)

GAAP requires plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2024 and 2023, there are no uncertain tax positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

11. Subsequent Events

The Plan Sponsor has evaluated the impact of subsequent events through October 15, 2025, the date the financial statements were available to be issued. The following subsequent event was noted.

Effective May 5, 2025 (the date as of which the IRS issued a favorable PLR), the Plan Sponsor adopted an amendment detailing how 401(h) Account assets may be used to reimburse the Plan Sponsor for active health benefits (medical, dental and vision) on behalf of Plan participants and their eligible beneficiaries, even if the participant has not separated from employment, provided the participant is eligible for in-service distributions under the Plan. As stated in the PLR, this amendment does not adversely affect the qualified status of the Plan under the Code section 401(a) or the related Trust's tax-exempt status under Code section 501(a).

No other subsequent events have been recognized or required additional disclosure in the financial statements.

Supplemental Schedules

Elevance Health Cash Balance Plan B

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

Plan Sponsor: ATH Holding Company, LLC EIN: #11-3713086 Plan: #004

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
*	Principal Life Insurance Company Contract no. 5-22240 - General Investment Account	\$ 29,711,857	\$ 28,506,256	
	Total investments	<u>\$ 29,711,857</u>	<u>\$ 28,506,256</u>	

* Indicates party-in-interest to the Plan

See Independent Auditor's Report

Elevance Health Cash Balance Plan B

Schedule H, Line 4j - Schedule of Reportable Transactions

Plan Sponsor: ATH Holding Company, LLC EIN: #11-3713086 Plan: #004

Year Ended December 31, 2024

(a)	(b)	(c)	(d)	(g)	(h)	(j)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Fair Value of Asset on Transaction Date	Net Gain (Loss)
Category (iii)						
Principal Life Insurance Company						
	Contract no. 5-22240 - General Investment Account	\$1,366	\$—	\$1,366	\$1,366	\$—
	Contract no. 5-22240 - General Investment Account	—	2,822,261	2,822,261	2,822,261	—

Category:

- (i) Single transactions in excess of 5% of plan assets - None
- (ii) Series of transactions other than securities transactions - None
- (iii) Series of securities transactions
- (iv) Transactions with or in conjunction with a person if any single transaction with that person was in excess of 5% - None

See Independent Auditor's Report

Elevance Health Cash Balance Plan B
EIN No. 11-3713086 Plan No. 004
Attachment to 2024 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Prescribed Funding/PBGC Assumptions and Methods

The following assumptions and methods are prescribed by ERISA, as currently amended.

Interest rates

	2024 Plan Year	2023 Plan Year
Funding Rates – Constrained*		
First Segment Rate	4.75%	4.75%
Second Segment Rate	4.96%	5.00%
Third Segment Rate	5.59%	5.74%
Effective Interest Rate	5.06%	5.12%
Funding Rates – Unconstrained**		
First Segment Rate	4.37%	2.13%
Second Segment Rate	4.96%	3.62%
Third Segment Rate	4.95%	3.93%
Effective Interest Rate	4.88%	3.51%
PBGC Premium Funding Target Rates		
First Segment Rate	5.01%	4.84%
Second Segment Rate	5.13%	5.15%
Third Segment Rate	5.15%	4.85%
Effective Interest Rate	5.12%	5.04%

* Used for minimum funding and benefit restriction purposes.

** Used for maximum tax-deduction and ERISA 4010 reporting purposes.

The interest rates used for funding purposes are the Segment Rates with no lookback, constrained in accordance with relevant legislation.

Elevance Health Cash Balance Plan B
EIN No. 11-3713086 Plan No. 004
Attachment to 2024 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Prescribed Funding/PBGC Assumptions and Methods (continued)

Mortality

Mortality tables mandated by applicable law and regulation as specified in IRS Regulation 1.430(h)(3)-1, as amended in the Federal Register on October 20, 2023, in TD 9983, 88 FR 72357, applied on a fully generational basis using the IRS 2024 Adjusted Scale MP-2021 Rates mortality improvement scale.

Lump Sum interest and mortality:

Interest Rate:	Forward rates implied by the funding interest rates (annuity substitution rule)
Mortality:	2024 IRC 417(e) Applicable Mortality table, as amended by IRS Notice 2023-73

Actuarial cost method

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan administrative related expenses to be paid from plan assets during the year.

Elevance Health Cash Balance Plan B
EIN No. 11-3713086 Plan No. 004
Attachment to 2024 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Non-Prescribed Funding Assumptions and Methods

Funding assumptions selection and rationale

The following assumptions were selected by the plan's enrolled actuary. The asset valuation method was selected by the plan sponsor with the actuary's advice.

The material demographic assumptions are mortality, termination rates, retirement rates, assumed form of payment and marital assumptions. The mortality assumption used in this Funding valuation reflects the mortality tables mandated by applicable law and regulation specified in IRS Regulation 1.430(h)(3)-1, as amended in the Federal Register on October 20, 2023, in TD 9983, 88 FR 72357, applied on a static basis. The other material assumptions were based on an Actuarial Assumption Experience Study dated October 30, 2020. We reviewed with the plan sponsor the assumptions for termination rates, retirement rates, form of payment and marital assumptions along with recent experience and agreed that no change was needed for the current measurement. Other assumptions such as disability rates are not significant to these plans.

The material economic assumptions are the discount rate, the expected rate of return, interest crediting rate, and the lump sum conversion basis. The discount rate used for Funding purposes, along with the lump sum conversion interest rates are determined in accordance with the requirements of the Internal Revenue Code and associated regulations. The expected rate of return is determined based on a Buck analysis of compound projected average returns presented for the portfolio over periods ranging in length from one to thirty years. These returns were generated by the GEMS® Economic Scenario Generator from Conning & Company. GEMS uses a multifactor model to create internally consistent, realistic economic scenarios (paths) that reflect the current economic environment as a starting point. Asset class correlations may vary from year to year (just as in the real world), as well as from path to path. The model generates results that are not normally distributed, with fatter tails, and should therefore estimate the probabilities of rare events more realistically than a pure mean-variance model. Elevance Health, Inc. uses this analysis to determine a reasonable expected rate of return. Based on the analysis, including consistency with other assumptions used in the valuation, and the percentiles generated as described above, we believe the expected return on assets is reasonable for the purpose of the measurement. The interest crediting rate is based on 10-year Treasury Securities with a minimum rate of 3.85%. For 2024, we are using the actual interest crediting rate for the plan year of 4.38%. For 2025 and later, we are using 4.50% based on the same analysis from the GEMS model used to determine the expected return on assets. We believe these rates are reasonable for the purpose of the measurement.

Elevance Health Cash Balance Plan B
EIN No. 11-3713086 Plan No. 004
Attachment to 2024 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Non-Prescribed Funding Assumptions and Methods (continued)

Salary increases

Current and Future Years:	N/A
Prior Year:	N/A

Cost-of-living¹

Current and Future Years:	3.00%
Prior Year:	3.00%

Social Security

Annual increase in maximum wage base:	N/A
---------------------------------------	-----

Cash Balance interest crediting rate

Current Year:	
For 2024:	4.38%
For 2025 and later:	4.50%
Prior Year:	
For 2024:	3.85%
For 2025 and later:	4.25%

Expenses

Current Year Target Normal Cost Expense Load:	\$ 540,000
Prior Year Target Normal Cost Expense Load:	\$ 600,000

¹ Not included in experience study. Based on recent history and actuary/plan sponsor expectation.

Elevance Health Cash Balance Plan B
 EIN No. 11-3713086 Plan No. 004
 Attachment to 2024 Form 5500
 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Non-Prescribed Funding Assumptions and Methods (continued)

Frequency of optional payment forms

The following rates apply to **active** participants eligible to receive a lump sum:

Payment Form	Frequency with Termination Prior to Age 55	Frequency with Termination After Age 55-61	Frequency with Termination After Age 62
1. Lump sum immediate	80%	50%	45%
2. Annuity immediate	0%	20%	45%
3. Lump sum deferred to age 62	10%	15%	0%
4. Annuity deferred to age 62	10%	15%	0%
5. Lump Sum deferred to age 65	0%	0%	10%

The following rates apply to **deferred vested** participants eligible to receive a lump sum:

Payment Form	Frequency for Deferred Vesteds Under Age 55	Frequency for Deferred Vesteds Age 55-64	Frequency for Deferred Vesteds Age 65 and Over
1. Lump sum immediate	95%	60%	50%
2. Annuity immediate	5%	40%	50%

Marital percentage

100% of participants are assumed to be married at death. Husbands are assumed to be 2 years older than their wives.

Retirement rates

Active participants are assumed to retire in accordance with the following schedule:

Age	Assumption
55	7.50%
56	7.50%
57	7.50%
58	7.50%
59	10.00%
60	10.00%
61	15.00%
62	15.00%
63	20.00%
64	20.00%
65	30.00%
66	30.00%
67	30.00%
68	30.00%
69	30.00%
70	100.00%

The calculation of late retirement benefits reflects actuarial equivalence procedures used in plan administration.

Elevance Health Cash Balance Plan B
EIN No. 11-3713086 Plan No. 004
Attachment to 2024 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Non-Prescribed Funding Assumptions and Methods (continued)

Commencement rates

Terminated vested participants are assumed to commence receiving benefits in accordance with the following schedule:

Age	Rate
20-54	2.50%
54-59	10.00%
60-63	17.50%
64	25.00%
65	40.00%
66	27.50%
67	25.00%
68	20.00%
69	27.50%
70	100.00%

The calculation of late retirement benefits reflects actuarial equivalence procedures used in plan administration.

Disability rates

None.

Withdrawal rates for active participants not eligible for retirement

Sample rates as follows:

Age	Rate
20	6.00%
25	6.00%
30	6.00%
35	5.00%
40	5.00%
45	5.00%
50	5.00%
54	6.00%

Elevance Health Cash Balance Plan B
EIN No. 11-3713086 Plan No. 004
Attachment to 2024 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Non-Prescribed Funding Assumptions and Methods (continued)

Asset valuation method

The Actuarial Value of Assets is market value as of the valuation date, including the discounted value of accrued contributions, reduced by 2/3 of the gain/(loss) for the immediately preceding plan year and reduced by 1/3 of the gain/(loss) for the plan year before that. The gain/(loss) for each period is determined as the actual return on market value during the period less the expected return on market value based on an assumed earnings rate chosen by the actuary but required by current law and regulation to be not greater than the applicable third Segment Rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value, including discounted receivable contributions.

	Actuary's Assumption	Third Segment Rate	Reflecting Limit
2024 Expected Return	6.83%	5.59%	5.59%
2023 Expected Return	7.00%	5.74%	5.74%
2022 Expected Return	5.50%	5.92%	5.50%

Future actuarial measurements

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the actuarial assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report.

Use of Models

Actuarial Standard of Practice No. 56 ("ASOP 56") provides guidance to actuaries when performing actuarial services with respect to designing, developing, selecting, modifying, using, reviewing, or evaluating models. Buck uses third-party software in the performance of annual actuarial valuations and projections. The model is intended to calculate the liabilities associated with the provisions of the plan using data and assumptions as of the measurement date under the funding rules and/or accounting standards specified in this report. Further, the model applies those funding rules and/or accounting standards to the liabilities derived and other inputs, such as plan assets and contributions, to generate many of the exhibits found in this report. Buck has an extensive review process whereby the results of the liability calculations are checked using detailed sample output, changes from year to year are summarized by source, and significant deviations from expectations are investigated. Other funding and/or accounting outputs are similarly reviewed in detail and at a high level for accuracy, reasonability and consistency with prior results. Buck also reviews the model when significant changes are made to the software. The review is performed by experts within the company who are familiar with applicable funding and/or accounting rules as well as the manner in which the model generates its output.

Elevance Health Cash Balance Plan B
EIN No. 11-3713086 Plan No. 004
Attachment to 2024 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Summary of Changes from the January 1, 2023 Valuation

- The mortality tables and interest rates were updated according to current legislation.
- The change in mortality table decreased the Funding Target and increased the AFTAP.
- The change in interest rates increased the Funding Target and decreased the AFTAP.
- The change in lump sum mortality increased the Funding Target and decreased the AFTAP.
- The change in interest crediting rate increased the Funding Target and decreased the AFTAP.
- The expected return on plan assets was changed from 7.00% to 6.83% based on an analysis of the expected nominal return for each of the asset classes in the portfolio.
- In aggregate, the assumption changes decreased the Funding Target by \$1,968,000.
- Expected plan expenses added to normal cost decreased from \$600,000 to \$540,000 to reflect actual experience.

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

Complete all entries in accordance with the instructions to the Form 5500.

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [x] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [x] Form 5558 [] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here...

Part II Basic Plan Information—enter all requested information

1a Name of plan: ELEVANCE HEALTH CASH BALANCE PLAN B
1b Three-digit plan number (PN): 004
1c Effective date of plan: 01/01/2011
2a Plan sponsor's name: ATH Holding Company LLC
2b Employer Identification Number (EIN): 11-3713086
2c Plan Sponsor's telephone number: 844-203-3255
2d Business code: 524140

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Row 1: Kelsey M. Switzer, 10/15/2025, Kelsey Switzer. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor. Row 3: Signature of DFE, Date, Enter name of individual signing as DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor RETIREMENT COMMITTEE OF ATH HOLDING COMPANY, LLC 220 VIRGINIA AVENUE INDIANAPOLIS IN 46204	3b Administrator's EIN 11-3713086 3c Administrator's telephone number 844-203-3255
---	---

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
--	-----------------------------------

5 Total number of participants at the beginning of the plan year	5		2,126
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year	6a(1)	519	
a(2) Total number of active participants at the end of the plan year	6a(2)	402	
b Retired or separated participants receiving benefits	6b	1,189	
c Other retired or separated participants entitled to future benefits	6c	355	
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	1,946	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	50	
f Total. Add lines 6d and 6e	6f	1,996	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)		
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)		
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7		
--	----------	--	--

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1A 1C 1E 1I 3H

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

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

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

a Pension Schedules

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

b General Schedules

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

Elevance Health Cash Balance Plan B

Schedule H, Line 4j - Schedule of Reportable Transactions

Plan Sponsor: ATH Holding Company, LLC EIN: #11-3713086 Plan: #004

Year Ended December 31, 2024

(a)	(b)	(c)	(d)	(g)	(h)	(j)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Fair Value of Asset on Transaction Date	Net Gain (Loss)
Category (iii)						
Principal Life Insurance Company						
	Contract no. 5-22240 - General Investment Account	\$1,366	\$—	\$1,366	\$1,366	\$—
	Contract no. 5-22240 - General Investment Account	—	2,822,261	2,822,261	2,822,261	—

Category:

- (i) Single transactions in excess of 5% of plan assets - None
- (ii) Series of transactions other than securities transactions - None
- (iii) Series of securities transactions
- (iv) Transactions with or in conjunction with a person if any single transaction with that person was in excess of 5% - None

See Independent Auditor's Report

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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 Elevance Health Cash Balance Pension Plan B		B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ATH Holding Company LLC		D Employer Identification Number (EIN) 11-3713086	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	494,627,223	
b Actuarial value	2b	505,526,209	
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	1,209	157,753,774	157,753,774
b For terminated vested participants	398	50,617,866	50,617,866
c For active participants	519	98,640,437	100,068,035
d Total	2,126	307,012,077	308,439,675
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	5.06%	
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	540,000	
c Target normal cost	6c	540,000	

Statement by Enrolled Actuary

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

SIGN HERE		<u>9/26/2025</u>
	Signature of actuary	Date
<u>Maria E. Simmers</u>	Type or print name of actuary	<u>2308849</u>
		Most recent enrollment number
<u>Buck Global, LLC</u>	Firm name	<u>610-647-6400</u>
		Telephone number (including area code)
<u>1205 Westlakes Drive</u> <u>Suite 290</u> <u>Berwyn PA 19312</u>	Address of the firm	

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

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
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	147,508,180	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	147,508,180	0
10	Interest on line 9 using prior year's actual return of <u>13.76%</u>	20,297,126	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.12%</u>		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	167,805,306	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	109.49%
15	Adjusted funding target attainment percentage	15	163.89%
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	156.28%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

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

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

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....			21b 0
22 Weighted average retirement age			22 67
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute		

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

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

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	540,000	
b Excess assets, if applicable, but not greater than line 31a	31b	540,000	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....			36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			37 0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....			39 0
40 Unpaid minimum required contributions for all years			40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)			
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021			

Elevance Health Cash Balance Plan B
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 Attachment to 2024 Form 5500
 Schedule SB, Line 22 – Description of Weighted Average Retirement Age

The weighted average retirement age for the plan is calculated below, based on all active participants of the plan:

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	26.7210	0.0982	2.6246	144.3530
56	28.0531	0.0975	2.7364	153.2411
57	30.2675	0.0979	2.9632	168.8998
58	31.2457	0.0973	3.0409	176.3701
59	38.1394	0.1204	4.5902	270.8190
60	50.4622	0.1164	5.8736	352.4169
61	69.4617	0.1374	9.5474	582.3920
62	109.7242	0.1585	17.3940	1,078.4300
63	162.0092	0.1945	31.5080	1,985.0069
64	189.9829	0.2052	38.9810	2,494.7833
65	211.3542	0.2958	62.5219	4,063.9250
66	185.0603	0.3000	55.5181	3,664.1940
67	161.7998	0.2939	47.5526	3,186.0269
68	134.5304	0.2883	38.7872	2,637.5317
69	114.0841	0.2945	33.6004	2,318.4274
70	97.8622	1.0000	97.8622	6,850.3566
71	10.0000	1.0000	10.0000	710.0000
72	8.0000	1.0000	8.0000	576.0000
73	9.0000	1.0000	9.0000	657.0000
74	4.0000	1.0000	4.0000	296.0000
75	8.0000	1.0000	8.0000	600.0000
76	3.0000	1.0000	3.0000	228.0000
77	2.0000	1.0000	2.0000	154.0000
78	1.0000	1.0000	1.0000	78.0000
79	1.0000	1.0000	1.0000	79.0000
80	3.0000	1.0000	3.0000	240.0000
81	1.0000	1.0000	1.0000	81.0000
82	0.0000	1.0000	0.0000	0.0000
83	1.0000	1.0000	1.0000	83.0000
84	1.0000	1.0000	1.0000	84.0000
Total			507.1018	33,993.1737
Average				67.03
Rounded Weighted Average Retirement Age				67

Note to Column 2: The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.

Note to Column 3: At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.

General note: The table presents values rounded to fewer significant digits than used in the calculation.

Elevance Health Cash Balance Plan B
 EIN No. 11-3713086 Plan No. 004
 Attachment to 2024 Form 5500
 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	21,390,681	12,864,429	16,285,768	50,540,878
2025	12,649,580	5,449,848	15,441,937	33,541,365
2026	11,541,957	5,223,089	14,484,109	31,249,155
2027	10,218,860	4,649,641	13,838,290	28,706,791
2028	8,433,484	3,714,629	13,159,997	25,308,110
2029	7,415,500	2,965,678	12,664,303	23,045,481
2030	6,276,992	2,643,822	12,321,842	21,242,656
2031	5,547,632	2,562,524	11,958,390	20,068,546
2032	4,754,634	2,316,550	11,553,353	18,624,537
2033	4,197,395	2,268,477	11,113,728	17,579,600
2034	3,895,022	2,154,056	10,640,021	16,689,099
2035	3,679,662	2,037,394	10,161,750	15,878,806
2036	3,534,749	1,953,283	9,664,796	15,152,828
2037	3,406,983	1,888,769	9,137,342	14,433,094
2038	3,274,399	1,808,184	8,578,041	13,660,624
2039	3,137,412	2,015,857	8,004,642	13,157,911
2040	3,002,942	1,648,205	7,407,937	12,059,084
2041	2,863,898	1,643,982	6,817,424	11,325,304
2042	2,702,877	1,472,140	6,222,090	10,397,107
2043	2,548,236	1,859,006	5,624,210	10,031,452
2044	2,389,075	1,579,203	5,024,885	8,993,163
2045	2,228,454	1,205,869	4,466,709	7,901,032
2046	2,062,835	1,104,642	3,930,910	7,098,387
2047	1,895,501	1,011,285	3,423,268	6,330,054
2048	1,728,533	914,999	2,948,826	5,592,358
2049	1,560,313	819,453	2,511,694	4,891,460
2050	1,395,506	730,112	2,114,886	4,240,504
2051	1,234,648	643,753	1,760,136	3,638,537
2052	1,079,806	564,370	1,447,905	3,092,081
2053	933,045	490,678	1,177,423	2,601,146
2054	795,518	423,514	946,831	2,165,863
2055	669,419	363,013	753,396	1,785,828
2056	555,533	309,253	593,727	1,458,513
2057	454,459	262,119	464,034	1,180,612
2058	366,344	221,328	360,349	948,021
2059	290,907	186,447	278,740	756,094
2060	227,494	156,944	215,459	599,897
2061	175,183	132,222	167,058	474,463
2062	132,857	111,660	130,477	374,994
2063	99,277	94,640	103,082	296,999
2064	73,162	80,581	82,681	236,424
2065	53,247	68,946	67,505	189,698
2066	38,348	59,262	56,158	153,768
2067	27,399	51,127	47,574	126,100
2068	19,480	44,210	40,953	104,643
2069	13,828	38,247	35,712	87,787
2070	9,834	33,032	31,436	74,302
2071	7,025	28,416	27,837	63,278
2072	5,051	24,301	24,722	54,074
2073	3,659	20,623	21,963	46,245

Elevance Health Cash Balance Plan B
EIN No. 11-3713086 Plan No. 004
Attachment to 2024 Form 5500
Schedule SB, Notes for the Plan Year Beginning 1/1/2024

In preparing this Schedule SB, the actuary relied on other parties for, and applied reasonability tests to, information on assets, contributions, plan provisions and data on people covered by the plan.

Elevance Health Cash Balance Plan B
EIN No. 11-3713086 Plan No. 004
Attachment to 2024 Form 5500
Schedule SB, Part V – Summary of Plan Provisions

Effective Date	Restated effective January 1, 2020, as amended June 29, 2022.
Eligible Employees (closed group)	All eligible employees became participants as defined under the plan or the prior plan. There are no new entrants in the plan.
Definitions	
Actuarial Equivalence	<p>The factors used for converting a participant's Cash Balance Account to a single life annuity are derived from the following:</p> <p>(a) Interest shall be the applicable interest rate set forth in Section 417(e)(3) for November of the Plan Year immediately preceding the Plan Year in which the distribution is made.</p> <p>(b) Mortality is determined using the applicable mortality table under Section 417(e)(3) that is prescribed by Revenue Ruling 2007-67 and by subsequent guidance issued by the Department of Treasury.</p> <p>1984 Unisex Pension Mortality Table (ages set back 1-1/2 years) and 6.00% are used for converting the single life annuity attributable to the Cash Balance Account to an optional form of benefit. For prior plans merged into the Elevance Health Plan the determination of the optional forms for a minimum benefit if applicable will be based on the greater of the prior plan's actuarial equivalence definition or this one.</p>
Cash Balance Account	<p>The sum of the participant's:</p> <p>(a) Initial Cash Balance Account as defined under prior plan (if any)</p> <p>(b) Pay Credits</p> <p>(c) Transition Credits (if any)</p> <p>(d) Interest Credits</p> <p>(e) Rule of 80 subsidy (if any)</p>
Compensation	Compensation, as defined by the plan, is provided by Elevance Health. Effective December 31, 2018, compensation is frozen for purposes of calculating benefits.
Interest Credits	Interest Credits are the product of the Cash Balance Account and the Interest Crediting Rate.
Interest Crediting Rate	<p>In general, the Interest Crediting Rate for any plan year is the greater of (a) the average of the yields for 10-year U.S. Treasury Security Constant Maturities for the month of September (October for certain participants who terminated before July 1, 2006) immediately preceding the plan year and (b) 3.85% (3.00% for certain participants who terminated before July 1, 2006).</p>

Elevance Health Cash Balance Plan B
EIN No. 11-3713086 Plan No. 004
Attachment to 2024 Form 5500
Schedule SB, Part V – Summary of Plan Provisions

Minimum Accrued Benefit	<p>Certain participants identified by Elevance Health have an accrued benefit attributable to service earned while participating in certain prior plans. The greater of the minimum and the Cash Balance Account is paid to the participant upon benefit commencement date.</p>
Normal Retirement Date (NRD)	<p>The first of the month coincident with or next following the participant's 65th birthday or if later 5th anniversary of the Participation Date or five years of service.</p> <p>For legacy PAP participants, the first of the month coincident with or next following the participant's 65th birthday.</p> <p>For legacy WellChoice participants, the first of the month following the later of age 65 and 5th anniversary of the Participant Commencement Date.</p> <p>For some Prior Plan Benefits, NRD is based on the definition in effect at the earlier of the participant's date of termination or the date the benefit was frozen.</p>
Pay Credits	<p>Rule of 65 participants identified in the data by Elevance Health receive a pay credit to the Cash Balance Account equal to:</p> <ul style="list-style-type: none">(a) 3% of Compensation, plus(b) An additional 1% if participant has 5 or more years of service at year-end, plus(c) An additional 1% if participant has 10 or more years of service at year-end, plus(d) An additional 1% if participant has 20 or more years of service at year-end <p>Rule of 65 legacy PAP, legacy WellChoice, and legacy DeCare (effective January 1, 2015) participants identified in the data by Elevance Health receive a pay credit to the Cash Balance Account equal to:</p> <ul style="list-style-type: none">(a) 3% of Compensation, plus(b) An additional 1% if participant has 10 or more years of benefit service at year-end, plus(c) An additional 1% if participant has 20 or more years of benefit service at year-end. <p>The definition of service utilized for determining pay credits is provided by Elevance Health. Effective December 31, 2018, participants are no longer accruing pay credits.</p>
Prior Plan Accrued Benefit	<p>Certain participants identified by Elevance Health in prior plans Missouri, Georgia and Connecticut have an accrued benefit attributable to service earned while participating in prior plans. The benefit attributable to their prior service in these plans is paid in addition to their Cash Balance Account.</p>

Elevance Health Cash Balance Plan B
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Schedule SB, Part V – Summary of Plan Provisions

Rule of 65	Participants in prior plan DeCare will no longer earn benefits under the DeCare formula effective December 31, 2014 (“Frozen Benefit”). Rule of 65 DeCare participants start earning a benefit under the cash balance formula on or after January 1, 2015. A benefit transition adjustment is applied to the DeCare Frozen Benefit after December 31, 2014 and is paid in addition to the Cash Balance Account. Effective December 31, 2018, all benefits are frozen.
Rule of 65	Certain participants identified by Elevance Health who accrue pay credits in the Cash Balance Account. Effective December 31, 2018, participants are no longer accruing pay credits.
Rule of 80 Subsidy	Certain participants identified by Elevance Health who were participants in the previous Indiana plan will have their Cash Balance Account increased by the early retirement subsidy that would apply to the base benefit accrual under the prior Indiana plan on or after meeting the definition of early retirement and the Rule of 80.
Transition Credits	<p>Certain legacy Cobalt and WellChoice participants identified by Elevance Health receive additional credits to their Cash Balance Accounts based on a percentage of Compensation provided by Elevance Health.</p> <p>Transition Credits for these legacy groups will end the earlier of termination of employment with the Company or December 31, 2011.</p>
Years of Service	In general years of service are based on the elapsed time method from date of hire. Years of service as of the valuation date are provided by Elevance Health and may include years of service based on prior plan definitions of service.
Eligibility for benefits	
Normal Retirement	Retirement on NRD
Early Retirement	<p>In general, retirement before NRD and on or after both attaining age 55 and completing five years of vesting service.</p> <p>For legacy PAP Cobalt union participants, retirement before NRD and on or after both attaining age 55 and completing 15 years of vesting service. For legacy PAP Cobalt non-union participants, retirement before NRD occurs after completing three years of vesting service.</p> <p>For some Prior Plan Accrued Benefits, early retirement is based on the provisions of the plan in effect at the earlier of the participant’s date of termination or the date the benefit was frozen.</p>
Deferred Retirement	Retirement before NRD after completing three years of vesting service but prior to attaining age 55 with five years of vesting service.
Postponed Retirement	Retirement after NRD.
Death benefit	Death while actively employed, regardless of vested status, or terminated with a deferred vested benefit in the plan. Special rules apply to union participants.

Elevance Health Cash Balance Plan B
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Attachment to 2024 Form 5500
Schedule SB, Part V – Summary of Plan Provisions

Benefits paid on the following events

For Normal Retirement, Early Retirement, Deferred Retirement and Postponed Retirement the following rules apply

The single life annuity payable beginning on a participant's benefit commencement date will be the greater of (a) or (b) plus (c):

- (a) The participant's Cash Balance Account converted to an actuarial equivalent single life annuity,
- (b) The participant's Minimum Accrued Benefit, if applicable,

Plus:

- (c) The participant's Prior Plan Accrued Benefit converted to a single life annuity, if applicable

Death

In general, the participant's beneficiary is eligible for death benefit from the plan. Active and terminated vested participants will be paid 100% of the deceased participant's benefit as either a single life annuity or a lump sum.

Form of Payment

Accrued benefits are paid as a lump sum or as an actuarially Equivalent monthly annuity as follows:

- (a) Single Life Annuity
- (b) 5 Year Level Monthly Installments
- (c) 50% Joint & Survivor
- (d) 75% Joint & Survivor
- (e) 10 Year Certain & Life
- (f) 20 Year Certain & Life
- (g) Level Income Options

Additionally,

- (a) Previous Virginia plan participants are also eligible to receive a Single Life Annuity with an Account Balance Guaranty.
- (b) Legacy PAP participants are also eligible to receive a 100% Joint & Survivor Annuity.
- (c) Legacy WellChoice participants are also eligible to receive a 5 Year Certain & Life Annuity.
- (d) Additional optional forms are also available to a select group of legacy WellChoice participants.

Summary of Changes from the January 1, 2023 Valuation

None.

Elevance Health Cash Balance Plan B

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

Plan Sponsor: ATH Holding Company, LLC EIN: #11-3713086 Plan: #004

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
*	Principal Life Insurance Company Contract no. 5-22240 - General Investment Account	\$ 29,711,857	\$ 28,506,256	
	Total investments	<u>\$ 29,711,857</u>	<u>\$ 28,506,256</u>	

* Indicates party-in-interest to the Plan

See Independent Auditor's Report

Elevance Health Cash Balance Plan B
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Attachment to 2024 Form 5500
Schedule SB, Line 24 – Changes in Non-Prescribed Actuarial Assumptions

The expected return on plan assets was changed from 7.00% to 6.83% based on an analysis of the expected nominal return for each of the asset classes in the portfolio.

Expected plan expenses added to normal cost decreased from \$600,000 to \$540,000.

The cash balance interest crediting rate for future years was changed from 4.25% to 4.50%.