

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
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) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

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

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/17/2026	DANIELLE BARONE-DIPROSPERO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 2294
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 1227 6a(2) 1035 6b 606 6c 530 6d 2171 6e 42 6f 2213 6g(1) 6g(2) 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

1A 1C 1L

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan AMERIHEALTH CARITAS PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 AMERIHEALTH CARITAS SERVICES, LLC	D Employer Identification Number (EIN) 45-5415725	

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

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	030475		01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end	5	3004330

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.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b****0****c** Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3)

(4) Transferred from separate account

7c(4)

(5) Other (specify below)

7c(5)

▶

(6) Total additions

7c(6)**0****d** Total of balance and additions (add lines **7b** and **7c(6)**)**7d****0****e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

(2) Administration charge made by carrier

7e(2)

(3) Transferred to separate account

7e(3)

(4) Other (specify below)

7e(4)

▶

(5) Total deductions

7e(5)**0****f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f****0**

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

NUMBER OF PARTICIPANTS COVERED NOT PROVIDED

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan AMERIHEALTH CARITAS PENSION PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF AMERIHEALTH CARITAS SERVICES, LLC	D Employer Identification Number (EIN) 45-5415725
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2025			
2	Assets:			
a	Market value	2a	187826739	
b	Actuarial value	2b	179794436	
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	613	48875152	48875152
b	For terminated vested participants	461	21205674	21205674
c	For active participants	1227	99666213	99666213
d	Total	2301	169747039	169747039
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.36 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	7106200	
b	Expected plan-related expenses	6b	1800000	
c	Target normal cost	6c	8906200	

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 WILLIAM M DEGOTHSEIR Type or print name of actuary WILLIS TOWERS WATSON US LLC Firm name PO BOX 674401 HOUSTON, TX 77267 Address of the firm	08/13/2026 Date 26-07985 Most recent enrollment number 215-246-6000 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	24350312
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	4724496
9 Amount remaining (line 7 minus line 8)	0	19625816
10 Interest on line 9 using prior year's actual return of <u>7.82</u> %	0	1534739
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>5.17</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	21160555

Part III Funding Percentages

14 Funding target attainment percentage	14	93.45 %
15 Adjusted funding target attainment percentage	15	105.91 %
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	95.20 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/15/2026	1000000	0			
Totals ►			18(b)	1000000	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	947202

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
5.07 %2nd segment:
5.31 %3rd segment:
5.50 %☐ N/A, full yield curve used**b** Applicable month (enter code) **21b** 4**22** Weighted average retirement age **22** 64**23** Mortality table(s) (see instructions) ☐ 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** 8906200**b** Excess assets, if applicable, but not greater than line 31a **31b** 0

	Outstanding Balance	Installment
32 Amortization installments:		
a Net shortfall amortization installment	11113158	1070334
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** 9976534

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	9029332	9029332

36 Additional cash requirement (line 34 minus line 35) **36** 947202**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 947202**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 0**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)****41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan AMERIHEALTH CARITAS PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 AMERIHEALTH CARITAS SERVICES, LLC	D Employer Identification Number (EIN) 45-5415725	

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BLACKROCK FUND ADVISORS
94-3112180

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
COHEN & STEERS CAPITAL MGMT
14-1904657

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
HARDING LOEVNER LP
27-0684167

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
INVESCO INVESTMENT SERVICES, INC
98-0557567

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

NORTHERN TRUST INVESTMENTS, INC.

36-1561860

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

PERPETUAL AMERICAS FUNDS

20-8312318

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

PRINCIPAL GLOBAL INVESTORS

42-1479618

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

STATE STREET GLOBAL ADVISORS

81-4017137

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

THE VANGUARD GROUP

23-1945930

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

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

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

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

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

WILLIS TOWERS WATSON LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50	NONE	811430	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FAF ADVISORS

1801 N MAIN STREET
LOS ANGELES, CA 90031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50 70	NONE	105767	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERCER TRUST COMPANY

36-2668272

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	93918	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

NORTHERN TRUST

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	BANK/CUSTODIAN	27769	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRUDENTIAL INSURANCE CO. OF AMER

22-1211670

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23 28 51	NONE	13617	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2025 This Form is Open to Public Inspection.	
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025					
A Name of plan AMERIHEALTH CARITAS PENSION PLAN				B Three-digit plan number (PN) ▶ 002	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 AMERIHEALTH CARITAS SERVICES, LLC				D Employer Identification Number (EIN) 45-5415725	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: PRISA					
b Name of sponsor of entity listed in (a): PRUDENTIAL INSURANCE CO.					
c EIN-PN 22-1211670-038		d Entity code P		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3004330	
a Name of MTIA, CCT, PSA, or 103-12 IE: NORTHERN TR COLLECTIVE GOV ST INV F					
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.					
c EIN-PN 45-6138589-068		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3724491	
a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER ACTIVE INTER CR FIXED INCOME					
b Name of sponsor of entity listed in (a): MERCER TRUST COMPANY LLC					
c EIN-PN 85-2621954-048		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27045287	
a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER ACTIVE LONG CORP INV PORTFOL					
b Name of sponsor of entity listed in (a): MERCER TRUST COMPANY LLC					
c EIN-PN 45-6178743-004		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 72660192	
a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER EMERGING MARKETS EQUITY					
b Name of sponsor of entity listed in (a): MERCER TRUST COMPANY LLC					
c EIN-PN 32-6219484-017		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3053538	
a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER LONG DURATION PASSIVE FIXED					
b Name of sponsor of entity listed in (a): MERCER TRUST COMPANY LLC					
c EIN-PN 26-6700496-016		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 45895663	
a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER LONG STRIPS FIXED INCOME					
b Name of sponsor of entity listed in (a): MERCER TRUST COMPANY LLC					
c EIN-PN 80-6243236-019		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4091315	
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.					
Schedule D (Form 5500) 2025 v. 250312					

a Name of MTIA, CCT, PSA, or 103-12 IE: **MERCER NON-US CORE EQ**

b Name of sponsor of entity listed in (a): **MERCER TRUST COMPANY LLC**

c EIN-PN 03-0566617-009	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7436142
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MERCER OPP FIXED INCOME PORT**

b Name of sponsor of entity listed in (a): **MERCER TRUST COMPANY LLC**

c EIN-PN 36-7630030-020	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8849491
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MERCER US LARGE CAP PASSIVE EQ**

b Name of sponsor of entity listed in (a): **MERCER TRUST COMPANY LLC**

c EIN-PN 03-0566613-005	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15549234
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MERCER US SMID CAP EQ**

b Name of sponsor of entity listed in (a): **MERCER TRUST COMPANY LLC**

c EIN-PN 04-6691601-014	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1874573
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II**Information on Participating Plans (to be completed by DFEs, other than DCGs)**

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
	For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
	A Name of plan AMERIHEALTH CARITAS PENSION PLAN	B Three-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500 AMERIHEALTH CARITAS SERVICES, LLC	D Employer Identification Number (EIN) 45-5415725	

Part I	Asset and Liability Statement		
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	0	1756257
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	5000000	1000000
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	66148	9805
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)	3863784	186455436
(10) Value of interest in pooled separate accounts	1c(10)	3659599	3004330
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	175288384	3724491
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	187877915	195950319

Liabilities

1g Benefit claims payable	1g		
1h Operating payables	1h	127513	68412
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	127513	68412

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	187750402	195881907
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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)	1000000	
(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)		1000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	49008	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		49008
(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)	1048329	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1048329
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	843113	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	831950	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		11163
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	37583	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		37583

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		28966465
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		139099
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-13080759
c Other income	2c		221458
d Total income. Add all income amounts in column (b) and enter total	2d		18392346

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9023747	
(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)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	16388	
(3) Recordkeeping fees	2i(3)	661360	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	142097	
(6) Bank or trust company trustee/custodial fees	2i(6)	33768	
(7) Actuarial fees	2i(7)	139787	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	243694	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1237094
j Total expenses. Add all expense amounts in column (b) and enter total	2j		10260841

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8131505
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **DELOITTE & TOUCHE LLP**

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

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 583607.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan AMERIHEALTH CARITAS PENSION PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 AMERIHEALTH CARITAS SERVICES, LLC		D Employer Identification Number (EIN) 45-5415725
Part I	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): 25-1211909 36-1561860		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3 53
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☒ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2025 v. 250312		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 14.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 75.0 %

High-Yield Debt: 6.0 % Real Assets: 1.0 % Cash or Cash Equivalents: 4.0 % Other: 0.0 %

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number_____.

AMERIHEALTH CARITAS PENSION PLAN

EIN 45-5415725, PN 002

Financial Statements and Supplemental Schedules

December 31, 2025 and 2024

(With Independent Auditor's Report Thereon)

AMERIHEALTH CARITAS PENSION PLAN

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

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of the
AmeriHealth Caritas Pension Plan:

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

We have performed audits of the financial statements of AmeriHealth Caritas Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the statement of accumulated plan benefits as of December 31, 2024, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

Other Matter—Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) as of December 31, 2025 and of reportable transactions for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Deloitte & Touche LLP

August 14, 2026

AMERIHEALTH CARITAS PENSION PLAN

Statements of Net Assets Available for Benefits

	December 31,	
	2025	2024
Assets:		
Investments:		
Mutual funds	\$ —	\$ 175,288,384
Common collective trust	186,455,435	3,863,784
PRISA Prudential Separate Account	3,004,330	3,659,599
Cash equivalents	3,724,491	—
Cash	1,756,257	—
Receivables:		
Accrued interest and dividends	9,805	66,148
Employer contributions	1,000,000	5,000,000
Total assets	195,950,318	187,877,915
Liabilities:		
Administrative fees payable	68,411	127,513
Net assets available for benefits	<u>\$ 195,881,907</u>	<u>\$ 187,750,402</u>

See accompanying notes to financial statements.

AMERIHEALTH CARITAS PENSION PLAN

Statements of Changes in Net Assets Available for Benefits

	Year ended December 31,	
	2025	2024
Investment income:		
Net appreciation in fair value of investments	\$ 16,138,732	\$ 9,162,545
Interest and dividend income	1,253,614	4,740,024
Total investment income	17,392,346	13,902,569
Employer contributions	1,000,000	5,000,000
Deductions from net assets available for benefits attributed to:		
Benefits paid to participants	9,023,747	4,083,801
Lump sum window paid to participants	—	11,366,715
Administrative expenses	1,237,094	1,708,180
Total deductions	10,260,841	17,158,696
Increase in net assets available for benefits	8,131,505	1,743,873
Net assets available for benefits:		
Beginning of year	187,750,402	186,006,529
End of year	\$ 195,881,907	\$ 187,750,402

See accompanying notes to financial statements.

AMERIHEALTH CARITAS PENSION PLAN

Statement of Accumulated Plan Benefits

	December 31, 2024
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Active participants	\$ 93,873,998
Participants with deferred benefits	20,048,018
Participants receiving benefits	47,616,804
Total vested benefits	161,538,820
Nonvested benefits	20,643
Total actuarial present value of accumulated plan benefits	<u>\$ 161,559,463</u>

See accompanying notes to financial statements.

AMERIHEALTH CARITAS PENSION PLAN

Statement of Changes in Accumulated Plan Benefits

	Year ended December 31, 2024
Actuarial present value of accumulated plan benefits at beginning of year	\$ 158,885,845
Increase (decrease) attributable to:	
Benefits accumulated	6,914,254
Actuarial losses	1,282,962
Benefits paid to participants	(15,450,516)
Decrease in the discount period	9,484,490
Change in actuarial assumptions	(1,200,209)
Plan amendments	1,642,637
Net change in accumulated plan benefits	2,673,618
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 161,559,463</u></u>

See accompanying notes to financial statements.

AMERIHEALTH CARITAS PENSION PLAN

Notes to Financial Statements

December 31, 2025 and 2024

(1) Description of the Plan

General

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

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

Pension Benefits

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

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

Monthly retirement benefits are calculated as follows:

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

- For Normal Retirement Benefits, participants are entitled to the greater of:
 - 1/12 of the product of 1% of the employee's average plan compensation and years of credited service up to a maximum of 20 years or, if higher, the benefit as provided for participants hired between 1981 and 2001 (as shown below).
- For Early Retirement Benefits, participants are entitled to:
 - Accrued benefit at the date of actual retirement, reduced by 0.5% for each month that benefit payment precedes the normal retirement date.

AMERIHEALTH CARITAS PENSION PLAN

Notes to Financial Statements

December 31, 2025 and 2024

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

- For Normal Retirement Benefits, participants are entitled to:

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

- For Early Retirement Benefits, participants are entitled to:

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

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

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

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

Years of credited service:

0, but less than 5	3 %
5, but less than 10	4
10, but less than 20	5
20 or more	6

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

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

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

AMERIHEALTH CARITAS PENSION PLAN

Notes to Financial Statements

December 31, 2025 and 2024

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

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

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

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

Effective December 31, 2025, the Company amended the Plan to freeze future benefit accruals for all participants. As a result, participants in the Plan will not earn any additional benefits based on future years of service or compensation increases. All pension benefits accrued by participants up to the freeze date remain fully intact and will be paid out according to the Plan's terms at the time of retirement. The Plan's assets will continue to be held in trust to pay existing and future liabilities.

The Company will continue to administer the Plan and fund it in accordance with applicable regulations to ensure the payment of all accrued benefits. The Plan remains subject to the disclosure and reporting requirements of the Employee Retirement Income Security Act (ERISA) and other regulatory bodies.

(2) Summary of Significant Accounting Policies

Basis of Accounting and Use of Estimates

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

Cash Equivalents

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

AMERIHEALTH CARITAS PENSION PLAN

Notes to Financial Statements

December 31, 2025 and 2024

Investments

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

Administrative Expenses

Certain costs and expenses related to the administration and management of the Plan, including PBGC premiums and compensation of the actuary, trustees, investment managers and investment adviser, are paid by the Plan. All other administrative expenses related to the Plan are paid for by the Company. As discussed in Note 3, from time to time, the Company may elect to make accelerated contributions to reduce or eliminate the Plan's PBGC variable-rate premiums, which in turn reduces the Plan's projected administrative expenses for the impacted plan years.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Actuarial Present Value of Accumulated Plan Benefits

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

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

Significant actuarial assumptions used in the valuation of accumulated plan benefits as of December 31, 2024 and 2023 included but were not limited to:

- Discount rate of 6.00%
- Life expectancy of participants based on Pri-2012 sex-distinct mortality tables with white collar adjustments and increased by 1% at all ages and with generational projection using Scale MP-2020.

AMERIHEALTH CARITAS PENSION PLAN

Notes to Financial Statements

December 31, 2025 and 2024

- % of participants retiring as follows:

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

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

(3) Funding Policy and Accelerated Contributions

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

(4) Plan Termination

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

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

(5) Certified Investment Information

All investment information disclosed in the Statements of Net Assets Available for Benefits, Statements of Changes in Net Assets Available for Benefits, supplemental schedules, and Note 6, including investments,

AMERIHEALTH CARITAS PENSION PLAN

Notes to Financial Statements

December 31, 2025 and 2024

cash equivalents, Net appreciation in fair value of investments, Interest and dividend income, and purchases and sales of investments for the years then ended, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the trustees, the Northern Trust Company (Northern Trust), as of December 31, 2025 and December 31, 2024 and for the period April 1, 2024 through December 31, 2025, and PNC Bank for the period January 1, 2024 through March 31, 2024.

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

(6) Fair Value Measurements

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

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

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

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

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

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

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

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

AMERIHEALTH CARITAS PENSION PLAN

Notes to Financial Statements

December 31, 2025 and 2024

monthly. As of December 31, 2025 and 2024, the Plan's investment in both the PRISA Prudential separate account and the collective trusts are measured and disclosed in accordance with the requirements for investments to which the net asset value practical expedient is applied.

The fair value of the Plan's cash equivalents approximate their carrying values as of December 31, 2025 and 2024, because of the relative short maturities of such items, and are classified as Level 1 within the fair value hierarchy as of December 31, 2025 and 2024.

The following is a summary of the fair value measurements of the Plan's investments by level within the fair value hierarchy as of December 31, 2025 and 2024:

December 31, 2025				
	Level 1	Level 2	Level 3	Total
Cash equivalents	\$ 3,724,491	\$ —	\$ —	\$ 3,724,491
Total investments in the fair value hierarchy	3,724,491	—	—	3,724,491
Investments measured at net asset value:				
PRISA Prudential Separate Account	—	—	—	3,004,330
Common Collective Trust	—	—	—	186,455,435
Total investments at fair value	<u>\$ 3,724,491</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 193,184,256</u>
December 31, 2024				
	Level 1	Level 2	Level 3	Total
Mutual funds	175,288,384	—	—	175,288,384
Total investments in the fair value hierarchy	175,288,384	—	—	175,288,384
Investments measured at net asset value:				
PRISA Prudential Separate Account	—	—	—	3,659,599
Common Collective Trust	—	—	—	3,863,784
Total investments at fair value	<u>\$ 175,288,384</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 182,811,767</u>

(7) Related-Party Transactions

Certain plan investments are managed by Northern Trust, a trustee, as defined by the Plan. Transactions in such investments qualify as party-in-interest transactions that are exempt from the prohibited transactions rules. Fees paid by the Plan for management services related to these investments amounted to \$27,769 and \$0 for the years ended December 31, 2025 and 2024, respectively.

AMERIHEALTH CARITAS PENSION PLAN

Notes to Financial Statements

December 31, 2025 and 2024

(8) Tax Status of the Plan

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

(9) Risks and Uncertainties

Investment securities are exposed to various risks such as interest rate, market, and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the accompanying Statements of Net Assets Available for Benefits.

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

(10) Subsequent Events

The Plan has evaluated events and transactions occurring subsequent to the financial statements date through August 14, 2026, the date the financial statements were available to be issued, for potential recognition and disclosure. No events or transactions meet the definition of a recognized or nonrecognized subsequent event within the scope of ASC 855, *Subsequent Events*.

AMERIHEALTH CARITAS PENSION PLAN

EIN 45-5415725, PN 002

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

December 31, 2025

Identity and description of investment	Cost	Fair value
Common Collective Trust:		
CF MERCER US LARGE CAP PASSIVE EQ 410	\$ 11,395,723	\$ 15,549,234
CF MERCER US SMID CAP EQ 310	1,479,793	1,874,573
CF MERCER NON-US CORE EQ 330	5,281,895	7,436,142
CF MERCER EMERGING MARKETS EQUITY 425	2,202,868	3,053,538
CF MERCER OPP FIXED INCOME PORT 640	8,055,727	8,849,491
CF MERCER ACTIVE INTER CR FIXED INCOME PORT 350	26,512,136	27,045,287
CF MERCER ACTIVE LONG CORP INV PORTFOLIO 600	70,692,232	72,660,192
CF MERCER LONG DURATION PASSIVE FIXED INC CT 420	44,788,892	45,895,663
CF MERCER LONG STRIPS FIXED INCOME 630	4,169,817	4,091,315
	<u>174,579,083</u>	<u>186,455,435</u>
PRISA Prudential contract #30475	2,350,566	3,004,330
Cash equivalents		
*MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	3,724,491	3,724,491
Cash		
United States dollar	1,756,257	1,756,257
	<u>5,480,748</u>	<u>5,480,748</u>
Total investments, cash equivalents and cash	<u><u>\$ 182,410,397</u></u>	<u><u>\$ 194,940,513</u></u>

*Represents a party-in-interest to the Plan.

See accompanying Independent Auditor's Report.

AMERIHEALTH CARITAS PENSION PLAN

Schedule H, Line 4j - Schedule of Reportable Transactions

Year ended December 31, 2025

(a) Identity of party involved	(b) Description of asset, including interest rate and maturity in case of loan	(c) Quantity	(d) Purchase price	(e) Selling price	(f) Net gain (loss)
Category (i) Single transactions in excess of 5%:					
*NT Collective GOVT Short Term INVT FD					
	Sales				
	Cash equivalents	11,885,587	\$ —	\$ 11,885,587	\$ —
Category (i) Single transactions in excess of 5%:					
	Purchases				
CF Mercer Active Long Corp Inv Portfolio	Common Collective Trust	3,953,633	\$ 72,430,554	\$ —	\$ —
CF Mercer US Large Cap Passive Equity	Common Collective Trust	801,856	\$ 48,400,000	\$ —	\$ —
CF Mercer Long Duration Passive Fixed Income	Common Collective Trust	2,405,132	\$ 45,745,613	\$ —	\$ —
CF Mercer Non-US Core Equity	Common Collective Trust	808,157	\$ 21,400,000	\$ —	\$ —
CF Mercer Opportunistic Fixed Income Portfolio 640	Common Collective Trust	2,288,274	\$ 28,100,000	\$ —	\$ —
CF Mercer Active Inter CR Fixed Income	Common Collective Trust	2,439,209	\$ 26,684,941	\$ —	\$ —
CF Mercer Long Strips Fixed Income	Common Collective Trust	4,168,317	\$ 42,100,000	\$ —	\$ —
	Sales				
JOHCM International Select I	Mutual Funds	445,693	\$ —	\$ 9,074,303	\$ (2,531,909)
Vanguard Developed Market Index Fund Instl Class	Mutual Funds	1,007,167	\$ —	\$ 14,885,927	\$ 1,492,716
CF Mercer Non-US Core Equity	Mutual Funds	579,925	\$ —	\$ 20,111,800	\$ 4,755,385
Vanguard Index Fund	Mutual Funds	453,540	\$ —	\$ 54,692,400	\$ 30,775,691
SPDR S&P 500 ETF	Mutual Funds	26,992	\$ —	\$ 13,613,037	\$ 2,859,588
CF Mercer Opp Fixed Income Port 640	Common Collective Trust	1,632,270	\$ —	\$ 21,431,703	\$ 1,387,429
iShares 10–20 Year Treasury ETF	Mutual Funds	110,410	\$ —	\$ 11,355,353	\$ (724,583)
Vanguard Extended Duration Treasury ETF	Mutual Funds	601,410	\$ —	\$ 41,478,094	\$ (4,193,240)
CF Mercer Long Strips Fixed Income	Common Collective Trust	4,922,522	\$ —	\$ 46,960,860	\$ (2,305,804)
CF Mercer US Large Cap Passive Eq 410	Common Collective Trust	547,115	\$ —	\$ 44,373,356	\$ 9,719,768

*Represents a party-in-interest to the Plan.

See accompanying Independent Auditor's Report.

AMERIHEALTH CARITAS PENSION PLAN

Schedule H, Line 4j - Schedule of Reportable Transactions

Year ended December 31, 2025

(a) Identity of party involved	(b) Description of asset, including interest rate and maturity in case of loan	(c) Quantity	(d) Purchase price	(e) Selling price	(f) Net gain (loss)
Category (iii) Series of transactions in excess of 5%: - Cash Equivalents:					
*NT Collective GOVT Short Term INVT FD	Money market:				
	Purchases	11,091,816	\$ 11,091,816	\$ —	—
	Sales	14,955,601	\$ —	\$ 14,955,601	—
*MFB Northern INSTL FDS TREAS Portfolio	Money market:				
	Purchases	10,326,841	\$ 10,326,841	\$ —	—
	Sales	6,602,350	\$ —	\$ 6,602,350	—
Category (iii) Series of transactions in excess of 5%:					
	Purchases				
CF Mercer US Large Cap Passive Equity	Common Collective Trust	801,856	\$ 48,400,000	\$ —	—
CF Mercer Non-US Core Equity	Common Collective Trust	808,157	\$ 21,400,000	\$ —	—
CF Mercer Long Strips Fixed Income	Common Collective Trust	5,424,465	\$ 54,290,323	\$ —	—
	Sales				
CF Mercer Non-US Core Equity	Mutual Funds	608,690	\$ —	\$ 21,030,833	\$ 4,912,728
CF Mercer Long Strips Fixed Income	Common Collective Trust	5,007,834	\$ —	\$ 44,373,356	\$ (2,305,786)
CF Mercer US Large Cap Passive Eq 410	Common Collective Trust	613,060	\$ —	\$ 47,144,646	\$ 10,140,369

*Represents a party-in-interest to the Plan.
See accompanying Independent Auditor's Report.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a - Schedule of Active Participant Data as of January 1, 2025

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

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
Avg. Comp.	-	-	-	-	-	-	-	-	-	-	-
25-29	0	0	0	0	0	0	0	0	0	0	0
Avg. Comp.	-	-	-	-	-	-	-	-	-	-	-
30-34	0	0	0	5	0	0	0	0	0	0	5
Avg. Comp.	-	-	-	-	-	-	-	-	-	-	-
35-39	0	3	7	60	29	1	0	0	0	0	100
Avg. Comp.	-	-	-	85,672	90,023	-	-	-	-	-	87,250
40-44	0	4	4	72	58	7	1	0	0	0	146
Avg. Comp.	-	-	-	90,392	107,684	-	-	-	-	-	98,206
45-49	0	2	8	78	96	26	11	0	0	0	221
Avg. Comp.	-	-	-	97,249	106,580	114,081	-	-	-	-	102,400
50-54	0	3	6	71	67	30	32	2	0	0	211
Avg. Comp.	-	-	-	93,967	109,782	107,083	131,757	-	-	-	108,421
55-59	0	1	4	66	72	45	37	25	2	0	252
Avg. Comp.	-	-	-	105,639	105,482	105,734	109,422	135,843	-	-	109,465
60-64	0	1	4	51	59	25	30	8	2	1	181
Avg. Comp.	-	-	-	111,186	109,831	110,651	109,827	-	-	-	111,105
65-69	0	3	1	23	29	7	13	5	0	0	81
Avg. Comp.	-	-	-	116,378	103,836	-	-	-	-	-	110,238
70 & over	0	0	0	11	9	3	6	1	0	0	30
Avg. Comp.	-	-	-	-	-	-	-	-	-	-	79,580
Total	0	17	34	437	419	144	130	41	4	1	1,227
Avg. Comp.	-	-	95,168	96,722	105,921	108,854	111,104	134,757	-	-	104,250

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

Plan Name: AmeriHealth Caritas Pension Plan
 EIN / PN: 45-5415725/002
 Plan Sponsor: AmeriHealth Caritas
 Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a - Schedule of Active Participant Data for Frozen Plans as of January 1, 2025 Number and average account balance distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service ²										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
Avg. Bal.	-	-	-	-	-	-	-	-	-	-	-
25-29	0	0	0	0	0	0	0	0	0	0	0
Avg. Bal.	-	-	-	-	-	-	-	-	-	-	-
30-34	0	0	0	5	0	0	0	0	0	0	5
Avg. Bal.	-	-	-	-	-	-	-	-	-	-	-
35-39	0	3	7	60	29	1	0	0	0	0	100
Avg. Bal.	-	-	-	36,682	50,375	-	-	-	-	-	38,352
40-44	0	4	4	72	58	7	0	0	0	0	145
Avg. Bal.	-	-	-	39,949	66,969	-	-	-	-	-	50,793
45-49	0	2	6	78	96	25	0	0	0	0	207
Avg. Bal.	-	-	-	43,087	67,690	98,953	-	-	-	-	59,992
50-54	0	3	6	71	65	26	1	0	0	0	172
Avg. Bal.	-	-	-	44,207	74,351	95,726	-	-	-	-	62,682
55-59	0	1	1	63	71	34	1	4	0	0	175
Avg. Bal.	-	-	-	52,223	72,340	85,850	-	-	-	-	68,700
60-64	0	1	1	51	57	19	2	0	0	0	131
Avg. Bal.	-	-	-	54,449	80,155	-	-	-	-	-	74,458
65-69	0	3	1	23	28	7	0	0	0	0	62
Avg. Bal.	-	-	-	58,334	79,466	-	-	-	-	-	75,096
70 & over	0	0	0	11	9	2	0	0	0	0	22
Avg. Bal.	-	-	-	-	-	-	-	-	-	-	53,852
Total	0	17	26	434	413	121	4	4	0	0	1,019
Avg. Bal.	-	-	18,049	44,870	70,945	97,545	-	-	-	-	60,998

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

Plan Name: AmeriHealth Caritas Pension Plan
 EIN / PN: 45-5415725/002
 Plan Sponsor: AmeriHealth Caritas
 Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

■ Applicable month	September
■ Interest rate basis	Segment Rates

Interest rates:

	Reflecting Stabilization	Not Reflecting Stabilization
■ First segment rate	5.07%	5.07%
■ Second segment rate	5.31%	5.33%
■ Third segment rate	5.50%	5.36%
■ Effective interest rate	5.36%	5.33%

Annual rates of increase

	Age	Rate
■ Compensation	Under 40	6.00%
	40-49	4.50%
	50-59	4.00%
	60-64	3.00%
	65 and over	2.50%
- Weighted Average		3.99%
■ Future Social Security wage bases		4.00%
■ Statutory Limits on Compensation		3.50%
■ Cash Balance Interest Crediting Rate		4.75%

Plan-related expenses

The amount included this year for plan-related expenses is \$1,800,000.

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

Plan Name: AmeriHealth Caritas Pension Plan
EIN / PN: 45-5415725/002
Plan Sponsor: AmeriHealth Caritas
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

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

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

Mortality:

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

- **Disabled** Same as Healthy mortality

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

Representative Termination Rates

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

Disability None.

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

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

Plan Name: AmeriHealth Caritas Pension Plan
EIN / PN: 45-5415725/002
Plan Sponsor: AmeriHealth Caritas
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Benefit commencement dates:

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

Form of payment

Cash Balance Participants:

- 75% of participants elect a lump sum and 25% elect an annuity (35% of male and 60% of female participants assumed to elect an annuity are assumed to elect a single life annuity; 65% of male and 40% of female participants are assumed to elect a joint and survivor annuity).

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

Final Average Earnings Participants:

- 50% of participants elect a lump sum and 50% elect an annuity (35% of male and 60% of female participants assumed to elect an annuity are assumed to elect a single life annuity; 65% of male and 40% of female participants are assumed to elect a joint and survivor annuity).

Lump sums were valued using the substitution of annuity form under IRS Regulation §1.430(d)-1(f)(4).

Percent married

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

Spouse age

Wife three years younger than husband.

Covered pay

Actual gross earnings plus any overtime earnings and commission earnings during the prior year provided by the employer, increased with a full year's assumed salary increase.

Plan Name: AmeriHealth Caritas Pension Plan
EIN / PN: 45-5415725/002
Plan Sponsor: AmeriHealth Caritas
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Loads Liabilities for active employees have been increased by \$400,000 as an estimate of the impact of actuarial increases required for cash balance participants beyond age 65. Liabilities for participants with deferred benefits have been increased by \$600,000 as an estimate of the impact of actuarial increases required for participants beyond age 65.

Timing of benefit payments Annuity benefit payments are assumed to be made uniformly throughout the year and, on average, at mid-year.

Methods

Valuation date First day of plan year.

Funding target Present value of accrued benefits as required by regulations under IRC §430.

Target normal cost Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

Decrement timing The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements, the age is generally the participant's rounded age at the middle of the year.

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

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

Benefits not valued

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

Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2025. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. In consultation with AmeriHealth Caritas, assumptions were made for missing or apparently inconsistent data elements under separate cover.

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

Plan Name: AmeriHealth Caritas Pension Plan
EIN / PN: 45-5415725/002
Plan Sponsor: AmeriHealth Caritas
Valuation Date: January 1, 2025

Plan Name	Amerihealth Caritas Pension Plan
Plan Sponsor EIN	45-5415725
ERISA Plan #	002
Plan Year Ending	December 31, 2025

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

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

SCHEDULE SB (Form 5500) 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 2025 This Form is Open to Public Inspection
--	---	--

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

► Round off amounts to nearest dollar.

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

A Name of plan AMERIHEALTH CARITAS PENSION PLAN	B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF AMERIHEALTH CARITAS SERVICES, LLC	D Employer Identification Number (EIN) 45-5415725
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month 01 Day 01 Year 2025	
2 Assets:	
a Market value	2a 187,826,739
b Actuarial value	2b 179,794,436
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants 613 (2) Vested Funding Target 48,875,152 (3) Total Funding Target 48,875,152
b For terminated vested participants	461 21,205,674 21,205,674
c For active participants	1,227 99,666,213 99,666,213
d Total	2,301 169,747,039 169,747,039
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 5.36%
6 Target normal cost	
a Present value of current plan year accruals	6a 7,106,200
b Expected plan-related expenses	6b 1,800,000
c Target normal cost	6c 8,906,200

Statement by Enrolled Actuary

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

SIGN HERE William M DeGothseir Signature of actuary William M DeGothseir Type or print name of actuary Willis Towers Watson US LLC Firm name PO Box 674401 Houston TX 77267 Address of the firm	WMD 8/13/2026 Date 2607985 Most recent enrollment number 215-246-6000 Telephone number (including area code)
--	---

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) 2025
v. 250312

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	24,350,312
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	4,724,496
9	Amount remaining (line 7 minus line 8)	0	19,625,816
10	Interest on line 9 using prior year's actual return of <u>7.82</u> %	0	1,534,739
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>5.17</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance.....		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	21,160,555

Part III | Funding Percentages

14	Funding target attainment percentage.....	14	93.45 %
15	Adjusted funding target attainment percentage.....	15	105.91 %
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	95.20 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
01/15/2026	1,000,000	0					
			Totals ►	18(b)	1,000,000	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	947,202

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2025

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

Average age at retirement 63.803916

Rounded for Schedule SB item 22 64

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Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

■ Applicable month	September
■ Interest rate basis	Segment Rates

Interest rates:

	Reflecting Stabilization	Not Reflecting Stabilization
■ First segment rate	5.07%	5.07%
■ Second segment rate	5.31%	5.33%
■ Third segment rate	5.50%	5.36%
■ Effective interest rate	5.36%	5.33%

Annual rates of increase

	Age	Rate
■ Compensation	Under 40	6.00%
	40-49	4.50%
	50-59	4.00%
	60-64	3.00%
	65 and over	2.50%
- Weighted Average		3.99%
■ Future Social Security wage bases		4.00%
■ Statutory Limits on Compensation		3.50%
■ Cash Balance Interest Crediting Rate		4.75%

Plan-related expenses

The amount included this year for plan-related expenses is \$1,800,000.

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

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SCHEDULE SB ATTACHMENTS

Demographic Assumptions

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

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

Mortality:

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

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

Representative Termination Rates

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

Disability None.

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

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

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SCHEDULE SB ATTACHMENTS

Benefit commencement dates:

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

Form of payment

Cash Balance Participants:

- 75% of participants elect a lump sum and 25% elect an annuity (35% of male and 60% of female participants assumed to elect an annuity are assumed to elect a single life annuity; 65% of male and 40% of female participants are assumed to elect a joint and survivor annuity).

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

Final Average Earnings Participants:

- 50% of participants elect a lump sum and 50% elect an annuity (35% of male and 60% of female participants assumed to elect an annuity are assumed to elect a single life annuity; 65% of male and 40% of female participants are assumed to elect a joint and survivor annuity).

Lump sums were valued using the substitution of annuity form under IRS Regulation §1.430(d)-1(f)(4).

Percent married

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

Spouse age

Wife three years younger than husband.

Covered pay

Actual gross earnings plus any overtime earnings and commission earnings during the prior year provided by the employer, increased with a full year's assumed salary increase.

Loads

Liabilities for active employees have been increased by \$400,000 as an estimate of the impact of actuarial increases required for cash balance participants beyond age 65. Liabilities for participants with deferred benefits have been increased by

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\$600,000 as an estimate of the impact of actuarial increases required for participants beyond age 65.

Timing of benefit payments

Annuity benefit payments are assumed to be made uniformly throughout the year and, on average, at mid-year.

Methods

Valuation date

First day of plan year.

Funding target

Present value of accrued benefits as required by regulations under IRC §430.

Target normal cost

Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

Decrement timing

The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements, the age is generally the participant's rounded age at the middle of the year.

Actuarial value of assets for determining minimum required contributions

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

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market

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value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits not valued

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

Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2025. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. In consultation with AmeriHealth Caritas, assumptions were made for missing or apparently inconsistent data elements under separate cover.

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

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Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The plan was originally effective January 1, 2001. The plan was amended in 2024 to provide a one-time lump sum offering to certain terminated vested participants in July 2024 and to include an ongoing lump sum form of payment option to all retirement eligible participants, effective January 1, 2025.

Covered employees

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

Participation date

Date of becoming a covered employee.

Definitions

Vesting service

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

Pension service

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

Plan Compensation

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

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Average Plan Compensation

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

Social Security Covered Compensation

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

Normal retirement date (NRD)

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

Monthly pension benefit

Benefit Formula for Participants Hired on or after January 1, 2001:

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

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

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

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

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

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

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

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

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

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

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

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

Minimum benefit

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

Normal form of benefit

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

Eligibility for Benefits

Normal retirement

Retirement on NRD

Early retirement

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

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

Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit determined as of NRD
Early retirement	The Final Average Compensation Benefit is the Accrued Benefit calculated at the normal retirement date reduced by $\frac{1}{2}\%$ for each month that the Annuity start date precedes the Participant's normal retirement date. Cash Balance Benefits are the better of the Cash Balance Account at Early Retirement converted into an actuarially equivalent annuity and the Cash Balance Account projected to normal retirement age using the current crediting rate, converted to an actuarial equivalent annuity and reduced $\frac{1}{2}\%$ for each month that the Annuity start date precedes the Participant's normal retirement date.
Postponed retirement	The Late Retirement Benefit is the greater of the Participant's Accrued Benefit calculated as of normal retirement date,

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actuarially increased to his late retirement date and the accrued benefit recalculated as of late retirement date.

Deferred vested termination

If vested, Participants are entitled to the Accrued Benefit calculated at the date of termination. This benefit is payable at Normal Retirement Date. If the participant is eligible for Early Retirement, the pension may commence as early as age 55.

Disablement

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

Preretirement death

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

Other Plan Provisions

Forms of payment

In lieu of the Normal Form of benefit, a retiring Participant may elect to receive his benefit in an optional payment form of equivalent actuarial value. Available optional forms are: Single Life Annuity; 50%, 75%, or 100% Joint and Survivor Annuity; 5, 10, or 15 year Certain & Continuous Annuity; Single Lump Sum Payment (for Cash Balance Participants, the lump sum amount is equal to the Cash Balance Account as of benefit commencement date; for all other Participants, it is the lump sum which is actuarially equivalent (PPA basis) to the Single Life Annuity payable at benefit commencement date, including early retirement subsidies).

Pension Increases

None

Plan participants' contributions

None

Maximum limits on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal

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Revenue Code. The plan provides for increasing the dollar limits automatically as such changes take effect.

Future Plan Changes

No future plan changes were recognized in determining funding requirements. WTW is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

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

Plan Name: AmeriHealth Caritas Pension Plan
EIN / PN: 45-5415725/002
Plan Sponsor: AmeriHealth Caritas
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

The form of payment assumptions were updated to account for the new lump sum option as of January 1, 2025.

Plan Name: AmeriHealth Caritas Pension Plan
EIN / PN: 45-5415725/002
Plan Sponsor: AmeriHealth Caritas
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a - Schedule of Active Participant Data as of January 1, 2025

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

Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
Avg. Comp.	-	-	-	-	-	-	-	-	-	-	-
25-29	0	0	0	0	0	0	0	0	0	0	0
Avg. Comp.	-	-	-	-	-	-	-	-	-	-	-
30-34	0	0	0	5	0	0	0	0	0	0	5
Avg. Comp.	-	-	-	-	-	-	-	-	-	-	-
35-39	0	3	7	60	29	1	0	0	0	0	100
Avg. Comp.	-	-	-	85,672	90,023	-	-	-	-	-	87,250
40-44	0	4	4	72	58	7	1	0	0	0	146
Avg. Comp.	-	-	-	90,392	107,684	-	-	-	-	-	98,206
45-49	0	2	8	78	96	26	11	0	0	0	221
Avg. Comp.	-	-	-	97,249	106,580	114,081	-	-	-	-	102,400
50-54	0	3	6	71	67	30	32	2	0	0	211
Avg. Comp.	-	-	-	93,967	109,782	107,083	131,757	-	-	-	108,421
55-59	0	1	4	66	72	45	37	25	2	0	252
Avg. Comp.	-	-	-	105,639	105,482	105,734	109,422	135,843	-	-	109,465
60-64	0	1	4	51	59	25	30	8	2	1	181
Avg. Comp.	-	-	-	111,186	109,831	110,651	109,827	-	-	-	111,105
65-69	0	3	1	23	29	7	13	5	0	0	81
Avg. Comp.	-	-	-	116,378	103,836	-	-	-	-	-	110,238
70 & over	0	0	0	11	9	3	6	1	0	0	30
Avg. Comp.	-	-	-	-	-	-	-	-	-	-	79,580
Total	0	17	34	437	419	144	130	41	4	1	1,227
Avg. Comp.	-	-	95,168	96,722	105,921	108,854	111,104	134,757	-	-	104,250

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

Plan Name: AmeriHealth Caritas Pension Plan

EIN / PN: 45-5415725/002

Plan Sponsor: AmeriHealth Caritas

Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a - Schedule of Active Participant Data for Frozen Plans as of January 1, 2025

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

Attained Age	Attained Years of Credited Service ²										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
Avg. Bal.	-	-	-	-	-	-	-	-	-	-	-
25-29	0	0	0	0	0	0	0	0	0	0	0
Avg. Bal.	-	-	-	-	-	-	-	-	-	-	-
30-34	0	0	0	5	0	0	0	0	0	0	5
Avg. Bal.	-	-	-	-	-	-	-	-	-	-	-
35-39	0	3	7	60	29	1	0	0	0	0	100
Avg. Bal.	-	-	-	36,682	50,375	-	-	-	-	-	38,352
40-44	0	4	4	72	58	7	0	0	0	0	145
Avg. Bal.	-	-	-	39,949	66,969	-	-	-	-	-	50,793
45-49	0	2	6	78	96	25	0	0	0	0	207
Avg. Bal.	-	-	-	43,087	67,690	98,953	-	-	-	-	59,992
50-54	0	3	6	71	65	26	1	0	0	0	172
Avg. Bal.	-	-	-	44,207	74,351	95,726	-	-	-	-	62,682
55-59	0	1	1	63	71	34	1	4	0	0	175
Avg. Bal.	-	-	-	52,223	72,340	85,850	-	-	-	-	68,700
60-64	0	1	1	51	57	19	2	0	0	0	131
Avg. Bal.	-	-	-	54,449	80,155	-	-	-	-	-	74,458
65-69	0	3	1	23	28	7	0	0	0	0	62
Avg. Bal.	-	-	-	58,334	79,466	-	-	-	-	-	75,096
70 & over	0	0	0	11	9	2	0	0	0	0	22
Avg. Bal.	-	-	-	-	-	-	-	-	-	-	53,852
Total	0	17	26	434	413	121	4	4	0	0	1,019
Avg. Bal.	-	-	18,049	44,870	70,945	97,545	-	-	-	-	60,998

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

Plan Name: AmeriHealth Caritas Pension Plan

EIN / PN: 45-5415725/002

Plan Sponsor: AmeriHealth Caritas

Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

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
2025	4,652,958	1,839,695	4,956,882	11,449,535
2026	3,772,334	1,022,185	4,279,650	9,074,169
2027	4,531,991	546,603	4,213,666	9,292,260
2028	4,808,905	834,642	4,142,180	9,785,727
2029	4,867,023	1,422,735	4,064,072	10,353,830
2030	5,324,357	1,024,843	3,980,053	10,329,253
2031	5,617,791	1,203,823	3,889,208	10,710,822
2032	5,956,248	1,037,219	3,786,553	10,780,020
2033	6,351,683	1,524,502	3,675,031	11,551,216
2034	6,676,831	1,356,570	3,552,556	11,585,957
2035	6,793,649	1,272,044	3,424,209	11,489,902
2036	7,101,135	1,422,601	3,287,770	11,811,506
2037	7,446,856	1,205,519	3,138,232	11,790,607
2038	7,822,172	1,491,261	2,986,353	12,299,786
2039	7,890,841	1,769,293	2,830,597	12,490,731
2040	7,727,759	1,299,295	2,671,081	11,698,135
2041	8,117,098	1,657,437	2,508,043	12,282,578
2042	7,696,800	1,426,523	2,340,668	11,463,991
2043	7,736,200	1,326,970	2,170,048	11,233,218
2044	7,671,608	1,889,559	1,997,484	11,558,651
2045	7,856,987	1,253,979	1,824,458	10,935,424
2046	7,340,410	1,714,346	1,652,589	10,707,345
2047	6,994,244	1,390,126	1,483,630	9,868,000
2048	6,748,696	1,538,919	1,319,447	9,607,062
2049	6,702,506	1,418,765	1,161,955	9,283,226
2050	6,252,229	1,219,423	1,012,981	8,484,633
2051	6,003,253	1,576,531	874,099	8,453,883
2052	5,761,085	1,020,878	746,553	7,528,516
2053	5,379,044	865,846	631,202	6,876,092
2054	4,892,045	839,103	528,479	6,259,627
2055	4,717,530	826,635	438,401	5,982,566
2056	4,263,591	662,289	360,586	5,286,466
2057	3,869,575	619,741	294,330	4,783,646
2058	3,527,620	577,470	238,686	4,343,776
2059	3,250,420	535,825	192,538	3,978,783
2060	2,939,098	495,120	154,697	3,588,915
2061	2,689,403	455,638	123,974	3,269,015

Plan Name: AmeriHealth Caritas Pension Plan
EIN / PN: 45-5415725/002
Plan Sponsor: AmeriHealth Caritas
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2062	2,445,308	417,614	99,243	2,962,165
2063	2,226,827	381,245	79,473	2,687,545
2064	2,010,710	346,683	63,742	2,421,135
2065	1,812,582	314,041	51,267	2,177,890
2066	1,627,766	283,392	41,390	1,952,548
2067	1,456,474	254,769	33,575	1,744,818
2068	1,298,603	228,178	27,389	1,554,170
2069	1,153,789	203,590	22,483	1,379,862
2070	1,021,492	180,948	18,583	1,221,023
2071	901,021	160,182	15,479	1,076,682
2072	791,609	141,196	13,006	945,811
2073	692,476	123,894	11,035	827,405
2074	602,844	108,179	9,463	720,486

Plan Name: AmeriHealth Caritas Pension Plan
EIN / PN: 45-5415725/002
Plan Sponsor: AmeriHealth Caritas
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2025

	Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1	Shortfall	01/01/2025	3,377,126	15.00000	3,377,126	314,885
2	Shortfall	01/01/2024	8,303,432	14.00000	7,736,032	755,449
	Total				11,113,158	1,070,334

Plan Name: AmeriHealth Caritas Pension Plan
EIN / PN: 45-5415725/002
Plan Sponsor: AmeriHealth Caritas
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2025

x	q_x^r	l_x	${}_{x-55}P_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	0.05	1,000	1.000000	0.050000	2.750000
56	0.05	950	0.950000	0.047500	2.660000
57	0.05	903	0.902500	0.045125	2.572125
58	0.05	857	0.857375	0.042869	2.486388
59	0.05	815	0.814506	0.040725	2.402793
60	0.05	774	0.773781	0.038689	2.321343
61	0.05	735	0.735092	0.036755	2.242030
62	0.10	698	0.698337	0.069834	4.329691
63	0.10	629	0.628504	0.062850	3.959572
64	0.10	566	0.565653	0.056565	3.620181
65	0.20	509	0.509088	0.101818	6.618143
66	0.20	407	0.407270	0.081454	5.375968
67	0.20	326	0.325816	0.065163	4.365938
68	0.20	261	0.260653	0.052131	3.544881
69	0.20	209	0.208522	0.041704	2.877609
70	1.00	167	0.166818	0.166818	11.677254
Average age at retirement					63.803916
Rounded for Schedule SB item 22					64

Plan Name: AmeriHealth Caritas Pension Plan
 EIN / PN: 45-5415725/002
 Plan Sponsor: AmeriHealth Caritas
 Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

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
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2027	4,531,991	546,603	4,213,666	9,292,260
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2029	4,867,023	1,422,735	4,064,072	10,353,830
2030	5,324,357	1,024,843	3,980,053	10,329,253
2031	5,617,791	1,203,823	3,889,208	10,710,822
2032	5,956,248	1,037,219	3,786,553	10,780,020
2033	6,351,683	1,524,502	3,675,031	11,551,216
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2036	7,101,135	1,422,601	3,287,770	11,811,506
2037	7,446,856	1,205,519	3,138,232	11,790,607
2038	7,822,172	1,491,261	2,986,353	12,299,786
2039	7,890,841	1,769,293	2,830,597	12,490,731
2040	7,727,759	1,299,295	2,671,081	11,698,135
2041	8,117,098	1,657,437	2,508,043	12,282,578
2042	7,696,800	1,426,523	2,340,668	11,463,991
2043	7,736,200	1,326,970	2,170,048	11,233,218
2044	7,671,608	1,889,559	1,997,484	11,558,651
2045	7,856,987	1,253,979	1,824,458	10,935,424
2046	7,340,410	1,714,346	1,652,589	10,707,345
2047	6,994,244	1,390,126	1,483,630	9,868,000
2048	6,748,696	1,538,919	1,319,447	9,607,062
2049	6,702,506	1,418,765	1,161,955	9,283,226
2050	6,252,229	1,219,423	1,012,981	8,484,633
2051	6,003,253	1,576,531	874,099	8,453,883
2052	5,761,085	1,020,878	746,553	7,528,516
2053	5,379,044	865,846	631,202	6,876,092
2054	4,892,045	839,103	528,479	6,259,627
2055	4,717,530	826,635	438,401	5,982,566
2056	4,263,591	662,289	360,586	5,286,466
2057	3,869,575	619,741	294,330	4,783,646
2058	3,527,620	577,470	238,686	4,343,776
2059	3,250,420	535,825	192,538	3,978,783
2060	2,939,098	495,120	154,697	3,588,915
2061	2,689,403	455,638	123,974	3,269,015

Plan Name: AmeriHealth Caritas Pension Plan
EIN / PN: 45-5415725/002
Plan Sponsor: AmeriHealth Caritas
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2062	2,445,308	417,614	99,243	2,962,165
2063	2,226,827	381,245	79,473	2,687,545
2064	2,010,710	346,683	63,742	2,421,135
2065	1,812,582	314,041	51,267	2,177,890
2066	1,627,766	283,392	41,390	1,952,548
2067	1,456,474	254,769	33,575	1,744,818
2068	1,298,603	228,178	27,389	1,554,170
2069	1,153,789	203,590	22,483	1,379,862
2070	1,021,492	180,948	18,583	1,221,023
2071	901,021	160,182	15,479	1,076,682
2072	791,609	141,196	13,006	945,811
2073	692,476	123,894	11,035	827,405
2074	602,844	108,179	9,463	720,486

Plan Name: AmeriHealth Caritas Pension Plan
EIN / PN: 45-5415725/002
Plan Sponsor: AmeriHealth Caritas
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The plan was originally effective January 1, 2001. The plan was amended in 2024 to provide a one-time lump sum offering to certain terminated vested participants in July 2024 and to include an ongoing lump sum form of payment option to all retirement eligible participants, effective January 1, 2025.

Covered employees

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

Participation date

Date of becoming a covered employee.

Definitions

Vesting service

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

Pension service

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

Plan Compensation

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

Plan Name: AmeriHealth Caritas Pension Plan
EIN / PN: 45-5415725/002
Plan Sponsor: AmeriHealth Caritas
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Average Plan Compensation	A Participant's Average Plan Compensation is the average of his Plan Compensation during the highest five consecutive years of his employment prior to termination.										
Social Security Covered Compensation	Social Security Covered Compensation is the average of the Social Security taxable wage base for the 35 years ending in the year the Participant attains Social Security Retirement Age. The Social Security Wage Base is assumed to remain constant from date of termination to Social Security Retirement Age.										
Normal retirement date (NRD)	The first of the month coincident with or next following his 65th birthday or, if later, the 5th anniversary of the date he became a Participant.										
Monthly pension benefit	<u>Benefit Formula for Participants Hired on or after January 1, 2001:</u> A Participant who is credited with an Hour of Service on or after January 1, 2001 and was not employed by an Employer on or before December 31, 2000 is eligible to participate in a Cash Balance Account. This account increases each calendar quarter as follows: For all Active Participants, an employer credit of a percentage of Compensation paid in the calendar quarter is made at the end of each calendar quarter, with the percentage based on Credited Service at the beginning of the calendar quarter according to the following schedule: <table><tr><th>Years of Credited Service</th><th>Percentage of Compensation</th></tr><tr><td>At least 0, but less than 5</td><td>3%</td></tr><tr><td>At least 5, but less than 10</td><td>4%</td></tr><tr><td>At least 10, but less than 20</td><td>5%</td></tr><tr><td>20 or more</td><td>6%</td></tr></table> Supplemental employer credits are made according to the schedule above for Compensation paid in the calendar quarter in excess of one-fourth (1/4) the Taxable Wage Base in effect during the Plan Year. An interest credit is credited on the last day of each calendar quarter. The amount of the interest credit is the Cash Balance Account balance as of the beginning of the calendar quarter, multiplied by one-fourth (1/4) of the average interest rate in one-year Treasury Bills for the month of November preceding the Plan year, with a minimum annual rate of 3.8%.	Years of Credited Service	Percentage of Compensation	At least 0, but less than 5	3%	At least 5, but less than 10	4%	At least 10, but less than 20	5%	20 or more	6%
Years of Credited Service	Percentage of Compensation										
At least 0, but less than 5	3%										
At least 5, but less than 10	4%										
At least 10, but less than 20	5%										
20 or more	6%										

Plan Name:	AmeriHealth Caritas Pension Plan
EIN / PN:	45-5415725/002
Plan Sponsor:	AmeriHealth Caritas
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

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

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

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

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

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

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

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

Minimum benefit

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

Normal form of benefit

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

Eligibility for Benefits

Normal retirement

Retirement on NRD

Early retirement

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

Plan Name: AmeriHealth Caritas Pension Plan
EIN / PN: 45-5415725/002
Plan Sponsor: AmeriHealth Caritas
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

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

Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit determined as of NRD
Early retirement	The Final Average Compensation Benefit is the Accrued Benefit calculated at the normal retirement date reduced by $\frac{1}{2}\%$ for each month that the Annuity start date precedes the Participant's normal retirement date. Cash Balance Benefits are the better of the Cash Balance Account at Early Retirement converted into an actuarially equivalent annuity and the Cash Balance Account projected to normal retirement age using the current crediting rate, converted to an actuarial equivalent annuity and reduced $\frac{1}{2}\%$ for each month that the Annuity start date precedes the Participant's normal retirement date.

Plan Name:	AmeriHealth Caritas Pension Plan
EIN / PN:	45-5415725/002
Plan Sponsor:	AmeriHealth Caritas
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Postponed retirement	The Late Retirement Benefit is the greater of the Participant's Accrued Benefit calculated as of normal retirement date, actuarially increased to his late retirement date and the accrued benefit recalculated as of late retirement date.
Deferred vested termination	If vested, Participants are entitled to the Accrued Benefit calculated at the date of termination. This benefit is payable at Normal Retirement Date. If the participant is eligible for Early Retirement, the pension may commence as early as age 55.
Disablement	The Disability Retirement Pension is the amount of the Normal or Early Retirement Benefit to which the participant is entitled on the Annuity Starting Date based on his years of Credited Service, which continue to accrue up to the Annuity Starting Date while the Participant remains on disability.
Preretirement death	The amount of the Death Benefit is equal to the benefit the spouse would have received if the participant had terminated on his date of death, survived to his Annuity Starting Date, elected a 100% Joint & Survivor Annuity, and died the following day.

Other Plan Provisions

Forms of payment	In lieu of the Normal Form of benefit, a retiring Participant may elect to receive his benefit in an optional payment form of equivalent actuarial value. Available optional forms are: Single Life Annuity; 50%, 75%, or 100% Joint and Survivor Annuity; 5, 10, or 15 year Certain & Continuous Annuity; Single Lump Sum Payment (for Cash Balance Participants, the lump sum amount is equal to the Cash Balance Account as of benefit commencement date; for all other Participants, it is the lump sum which is actuarially equivalent (PPA basis) to the Single Life Annuity payable at benefit commencement date, including early retirement subsidies).
Pension Increases	None
Plan participants' contributions	None

Plan Name:	AmeriHealth Caritas Pension Plan
EIN / PN:	45-5415725/002
Plan Sponsor:	AmeriHealth Caritas
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Maximum limits on benefits and pay

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

Future Plan Changes

No future plan changes were recognized in determining funding requirements. WTW is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

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

Plan Name: AmeriHealth Caritas Pension Plan
EIN / PN: 45-5415725/002
Plan Sponsor: AmeriHealth Caritas
Valuation Date: January 1, 2025

Plan Name	Amerihealth Caritas Pension Plan
Plan Sponsor EIN	45-5415725
ERISA Plan #	002
Plan Year Ending	December 31, 2025

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2025

	Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1	Shortfall	01/01/2025	3,377,126	15.00000	3,377,126	314,885
2	Shortfall	01/01/2024	8,303,432	14.00000	7,736,032	755,449
Total					11,113,158	1,070,334

Plan Name: AmeriHealth Caritas Pension Plan
EIN / PN: 45-5415725/002
Plan Sponsor: AmeriHealth Caritas
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

The form of payment assumptions were updated to account for the new lump sum option as of January 1, 2025.

Plan Name: AmeriHealth Caritas Pension Plan
EIN / PN: 45-5415725/002
Plan Sponsor: AmeriHealth Caritas
Valuation Date: January 1, 2025