

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) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan EMBLEMHEALTH SERVICES COMPANY, LLC CASH BALANCE PLAN AND TRUST FOR COLLECTIVELY BARGAINED EMPLOYEES
1b	Three-digit plan number (PN) ▶ 003
1c	Effective date of plan 01/01/2010
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) BRD OF TRUSTEES, EMBLEMHEALTH SRVC CO. CASH BAL. PLN FOR COLL BAR 55 WATER STREET, 11TH FLOOR NEW YORK, NY 10041-8190
2b	Employer Identification Number (EIN) 26-1330097
2c	Plan Sponsor's telephone number 646-447-5936
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.	09/24/2026	WILLIAM VOIGT
	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	5 144
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) 36 6a(2) 34 6b 1 6c 98 6d 133 6e 1 6f 134 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 3H

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 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 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 EMBLEMHEALTH SERVICES COMPANY, LLC CASH BALANCE PLAN AND TRUST FOR COLLECTIVELY BARGAINED EMPLOYEES	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BRD OF TRUSTEES, EMBLEMHEALTH SRVC CO. CASH BAL. PLN FOR COLL BAR	D Employer Identification Number (EIN) 26-1330097
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	812924	
b	Actuarial value	2b	812924	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	1	8285	8285
b	For terminated vested participants	107	528237	528237
c	For active participants	36	241647	242887
d	Total	144	778169	779409
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	5.44 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	109000	
c	Target normal cost	6c	109000	

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 ANDREW LAPE Type or print name of actuary GALLAGHER BENEFIT SERVICES, INC. Firm name 6200 S. SYRACUSE WAY SUITE 220 GREENWOOD VILLAGE, CO 80111 Address of the firm	09/09/2026 Date 26-08375 Most recent enrollment number 781-373-6900 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	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>5.30</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		1094
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>5.20</u> %		57
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		1151
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	0

Part III Funding Percentages

14 Funding target attainment percentage	14	104.30 %
15 Adjusted funding target attainment percentage	15	104.30 %
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	103.80 %
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
09/01/2026	84000	0			
Totals ►			18(b)	84000	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	76906

20 Quarterly contributions and liquidity shortfalls:

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
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** 59**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** 109000**b** Excess assets, if applicable, but not greater than line 31a **31b** 33515**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance Installment 0 0**b** Waiver amortization installment 0 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) **34** 75485

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

36 Additional cash requirement (line 34 minus line 35) **36** 75485**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 76906**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 1421**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 EMBLEMHEALTH SERVICES COMPANY, LLC CASH BALANCE PLAN AND TRUST FOR COLLECTIVELY BARGAINED EMPLOYEES	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 BRD OF TRUSTEES, EMBLEMHEALTH SRVC CO. CASH BAL. PLN FOR COLL BAR	D Employer Identification Number (EIN) 26-1330097	

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

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

BDO USA, P.C.

13-5381590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	37212	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GALLAGHER BENEFIT SERVICES, INC.

6200 S. SYRACUSE WAY
SUITE 220
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	26435	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AGILIS PARTNERS LLC

04-3513306

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	20795	Yes ☐ No ☒	Yes ☐ No ☐		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)

HERBERT SMITH FREEHILLS KRAMER

1177 AVENUE OF THE AMERICAS
NEW YORK, NY 10036

(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?
29 50	NONE	14868	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PITTA & GIBLIN

26-3852082

(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?
29 50	NONE	5000	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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 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 EMBLEMHEALTH SERVICES COMPANY, LLC CASH BALANCE PLAN AND TRUST FOR COLLECTIVELY BARGAINED EMPLOYEES				B Three-digit plan number (PN) ▶ 003	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BRD OF TRUSTEES, EMBLEMHEALTH SRVC CO. CASH BAL. PLN FOR COLL BAR				D Employer Identification Number (EIN) 26-1330097	
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: HIP-OPEIU LOCAL 153 GROUP TRUST					
b Name of sponsor of entity listed in (a): HIP-OPEIU LOCAL 153 GROUP TRUST					
c EIN-PN 13-2869312-007		d Entity code M		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 73246	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

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

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

SCHEDULE H (Form 5500) 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 EMBLEMHEALTH SERVICES COMPANY, LLC CASH BALANCE PLAN AND TRUST FOR COLLECTIVELY BARGAINED EMPLOYEES	B Three-digit plan number (PN) 003
C Plan sponsor's name as shown on line 2a of Form 5500 BRD OF TRUSTEES, EMBLEMHEALTH SRVC CO. CASH BAL. PLN FOR COLL BAR	D Employer Identification Number (EIN) 26-1330097	

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	156000	84000
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	2410	2025
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	633675	638968
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	90236	73246
(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)		
(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	882321	798239

Liabilities

1g Benefit claims payable	1g		
1h Operating payables	1h	35993	50465
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	28374	28374
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	64367	78839

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	817954	719400
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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)	84000	
(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)		84000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	25396	
(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)		25396
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		-16272
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		93124

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	71630	
(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)		71630
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)	10176	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	37272	
(5) Investment advisory and investment management fees	2i(5)	359	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	36997	
(8) Legal fees	2i(8)	19981	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	15263	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		120048
j Total expenses. Add all expense amounts in column (b) and enter total	2j		191678

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-98554
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: **BDO USA, P.C.**

(2) EIN: **13-5381590**

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 578049.

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 EMBLEMHEALTH SERVICES COMPANY, LLC CASH BALANCE PLAN AND TRUST FOR COLLECTIVELY BARGAINED EMPLOYEES		B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 BRD OF TRUSTEES, EMBLEMHEALTH SRVC CO. CASH BAL. PLN FOR COLL BAR		D Employer Identification Number (EIN) 26-1330097
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 13-5160382		
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 10
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: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

**EmblemHealth Services
Company, LLC
Cash Balance Plan and Trust
for Collectively Bargained Employees**

Financial Statements and
ERISA-Required Supplemental Schedule
Years Ended December 31, 2025 and 2024

The report accompanying these financial statements was issued by BDO USA, P.C., a Virginia professional corporation, and the U.S. member of BDO International Limited, a UK company limited by guarantee.



**EmblemHealth Services Company, LLC
Cash Balance Plan and Trust for
Collectively Bargained Employees**

Financial Statements and ERISA-Required Supplemental Schedule
Years Ended December 31, 2025 and 2024

EmblemHealth Services Company, LLC
Cash Balance Plan and Trust for Collectively Bargained Employees

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 Note: Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.	



Independent Auditor's Report

The Plan Administrator
EmblemHealth Services Company, LLC
Cash Balance Plan and Trust
for Collectively Bargained Employees
New York, New York

Opinion

We have audited the financial statements of EmblemHealth Services Company, LLC Cash Balance Plan and Trust for Collectively Bargained Employees (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA). 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 related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2025 and 2024 and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America (GAAP).

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 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 GAAP, 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.

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 within one year after the date that the financial statements are issued or available to be issued.



Management is responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for 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 that may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

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.

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 Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025 is presented for purposes of additional analysis and is 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 has been subjected to the 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.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying supplemental schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

BDO USA, P.C.

September 22, 2026

EmblemHealth Services Company, LLC
Cash Balance Plan and Trust for Collectively Bargained Employees

Statements of Net Assets Available for Benefits

<i>December 31,</i>	2025	2024
Assets		
Investments:		
Investment in EmblemHealth-OPEIU Local 153 Group Trust	\$ 73,246	\$ 90,236
Short-term investment fund	638,968	633,675
Total Investments	712,214	723,911
Receivables:		
Accrued investment income	2,025	2,410
Employer contributions	84,000	156,000
Total Receivables	86,025	158,410
Total Assets	798,239	882,321
Liabilities		
Accrued expenses	50,465	35,993
Due to affiliated plan	28,374	28,374
Total Liabilities	78,839	64,367
Net Assets Available for Benefits	\$ 719,400	\$ 817,954

See accompanying notes to financial statements.

EmblemHealth Services Company, LLC
Cash Balance Plan and Trust for Collectively Bargained Employees

Statements of Changes in Net Assets Available for Benefits

<i>Year ended December 31,</i>	2025	2024
Additions		
Investment income:		
Net investment (loss) income from investment in EmblemHealth-OPEIU Local 153 Group Trust	\$ (16,272)	\$ 36
Investment income in separate trust:		
Interest income	25,396	37,104
Total Investment Income	9,124	37,140
Less: investment expenses	(359)	(331)
Net Investment Income	8,765	36,809
Contributions by Plan Sponsor	84,000	156,000
Total Additions	92,765	192,809
Deductions		
Benefits paid	71,630	198,914
Actuarial fees	36,997	94,037
Professional fees	67,429	44,462
Pension Benefit Guaranty Corporation premium	15,263	18,180
Total Deductions	191,319	355,593
Net Decrease	(98,554)	(162,784)
Net Assets Available for Benefits, beginning of year	817,954	980,738
Net Assets Available for Benefits, end of year	\$ 719,400	\$ 817,954

See accompanying notes to financial statements.

EmblemHealth Services Company, LLC

Cash Balance Plan and Trust for Collectively Bargained Employees

Notes to Financial Statements

1. Description of the Plan

The following description of the EmblemHealth Services Company, LLC Cash Balance Plan and Trust for Collectively Bargained Employees (the Plan) provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General

The Plan is a single-employer defined benefit plan established on January 1, 2010, pursuant to an agreement between EmblemHealth Services Company, LLC (the EHS or the Employer) and the Office & Professional Employees International Union, Local 153, (the Union) (collectively, the Plan Sponsor), for eligible employees who were hired into the Clerical Bargaining Unit on or after November 20, 2009. The Plan was subsequently amended to extend eligibility to employees covered by the Union who were hired into the Clerical Bargaining Unit - Melville, New York on or after November 4, 2010; who were first hired into the EmblemHealth - Local 153 Marketing Bargaining Unit on or after November 3, 2011; and who were hired into the Collective Bargaining Unit of 1199 SEIU United Healthcare Workers East on or after October 1, 2012. Plan eligibility was further extended to office/clerical employees covered by the Union who were hired after December 31, 2013 and who perform services in Hollywood, Florida.

Effective March 30, 2018, the Plan was amended to freeze the accrual of future benefits for employees hired into the Clerical Bargaining Unit on or after November 20, 2009.

Effective February 22, 2019, the Plan was amended to freeze the accrual of future benefits for employees hired into the EmblemHealth - Local 153 Marketing Bargaining Unit on or after November 3, 2011.

Prior to February 1, 2019, the Plan's investments were held in a separate trust account at The Bank of New York Mellon (BNY Mellon), the custodian. Effective February 1, 2019, Plan assets and liabilities were transferred from its separate trust to the EmblemHealth-OPEIU Local 153 Group Trust (the Master Trust) with BNY Mellon. The Plan has an undivided interest in the Master Trust. The Plan is the sole owner of a short-term investment fund that is held outside of the Master Trust and in the Plan's separate trust.

The Plan was restated effective January 1, 2025 to comply with recent regulations and to incorporate all amendments to the Plan since the last restatement.

Contributions

Employer contributions to the Plan are accrued based on funding amounts actuarially determined by the consulting actuary, Gallagher. The funding method used by the actuary during the years ended January 1, 2024 and 2023 was the unit credit cost method. The Plan Sponsor's policy is to fund at least the minimum required contribution. The Plan has met the Employee Retirement Income Security Act of 1974 (ERISA) minimum funding requirements for 2025 and 2024.

Vesting

A participant will become 100% vested after three years of service.

EmblemHealth Services Company, LLC

Cash Balance Plan and Trust for Collectively Bargained Employees

Notes to Financial Statements

Pension Benefits

Participants will be credited between 4% and 9% of eligible pay based on completed years of service as of the first day of the year. As of the last day of each month, participants shall also be credited with interest credits at the applicable interest rate, which will never be less than 3.1%.

Accrued benefits under the Plan are subject to the limits under the Internal Revenue Code (the IRC). Normal retirement age is 65.

Upon termination of service due to death, disability, retirement, or separation, a vested participant may elect to receive an annuity payment under various options.

Administrative Expenses

To the extent permitted by applicable law, all expenses incurred in the administration and operation of the Plan shall be borne by the Plan.

Plan Termination

In the event of termination of the Plan, the Plan's assets shall be allocated in accordance with the priorities specified in Section 4044 of ERISA. Generally, Section 4044 provides that each participant will receive a refund of the voluntary contributions made to the Plan, if any. Following this, each participant will receive a refund of mandatory contributions (net after offsetting any amounts received prior to the Plan's termination), if any. Thereafter, the priority is (1) the lowest benefit in pay status for at least three years (or that which would have been if the participant had retired that long ago), (2) other benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. governmental agency) up to the applicable limitations, (3) other noninsured nonforfeitable benefits, and (4) all other benefits.

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

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; the disclosure of contingent assets and liabilities at the date of the financial statements; and the actuarial present value of accumulated Plan benefits at the date of the financial statements, and changes therein. Accordingly, actual results may differ from those estimates.

EmblemHealth Services Company, LLC

Cash Balance Plan and Trust for Collectively Bargained Employees

Notes to Financial Statements

Investment Valuation and Income Recognition

The investments of the Plan and the Master Trust are stated at fair value. The Plan's investment in the Master Trust has been determined based on the fair value of the underlying investments of the Master Trust. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (the exit price). See Note 5 for a discussion of fair value measurements.

The Plan presents, in the statements of changes in net assets available for benefits, its net investment income or loss from investment in the Master Trust, which includes its undivided interest in the appreciation or depreciation in the fair value of investments of the Master Trust (consisting of realized and unrealized gains or losses on investments) and interest and dividend income.

Purchases and sales of securities are recorded on a trade-date basis, interest income on the accrual basis, and dividends on the ex-dividend date.

Accumulated Present Value of Accumulated Plan Benefits

Accumulated Plan benefits are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the services that participants have rendered. Accumulated Plan benefits include benefits expected to be paid to (1) retired or terminated participants or their beneficiaries, (2) beneficiaries of participants who have died, and (3) active participants or their beneficiaries. The accumulated Plan benefits for active participants are based on their final average compensation during the highest consecutive 36 months out of the last 120 months ending on the date of termination. Benefits payable under all circumstances (i.e., 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 independent actuaries and is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money and the probability of payments between the valuation date and the expected date of payment.

Benefits Paid

Benefit payments to participants are recorded when paid.

3. Risks and Uncertainties

The Plan and the Master Trust invest in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, market, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term, and that such changes could materially affect the amounts reported in the financial statements.

Plan contributions and actuarial present value of accumulated Plan benefits are calculated 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.

EmblemHealth Services Company, LLC

Cash Balance Plan and Trust for Collectively Bargained Employees

Notes to Financial Statements

4. Actuarial Present Value of Accumulated Plan Benefits

The computations of the actuarial present value of accumulated Plan benefits were made as of January 1, 2025 and 2024. Had the valuations been performed as of December 31, there would be no material differences.

The actuarial present value of accumulated Plan benefits is as follows:

Actuarial Present Value of Accumulated Plan Benefits

Vested benefits:	
Participants currently receiving benefits	\$ 7,861
Other participants	705,056
Total Vested Benefits	712,917
Nonvested benefits	2,023
Total Actuarial Present Value of Accumulated Plan Benefits	\$ 714,940

The change in the actuarial present value of accumulated Plan is as follows:

Actuarial Present Value of Accumulated Plan Benefits, January 1, 2024	\$ 908,100
Changes during the year attributable to:	
Decrease in discount period at 5.50%	44,549
Benefits paid	(198,914)
Assumption changes	(30,421)
Additional benefits earned including gains	(8,374)
Net Decrease	(193,160)
Actuarial Present Value of Accumulated Plan Benefits, January 1, 2025	\$ 714,940

The significant assumptions underlying the 2025 actuarial computations are as follows:

Actuarial cost method	Unit credit
Assumed rate of return and discount rate	6.00% per annum (5.50% per annum in 2024)
Cash balance interest crediting rate	4.36% per annum (4.50% per annum in 2024)
Mortality basis	Pri-2012 no collar mortality rates, with separate contingent annuitant mortality rates for beneficiaries after the participant's death, projected generationally with Scale SSA-2024 (Pri-2012 no collar mortality rates, with separate contingent annuitant mortality rates for current beneficiaries, projected generationally with Scale SSA-2023 in 2024)
Retirement rates	Scale from 17.00% (age 55) to 45% (age 74); 100.00% (age 75)

EmblemHealth Services Company, LLC
Cash Balance Plan and Trust for Collectively Bargained Employees

Notes to Financial Statements

Sample ages and termination rates before retirement are as follows:

Ages	Rates (%)
25	41.40
30	28.06
35	20.01
40	13.11
45	11.59
50	12.88
55-65	10.12

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

The Plan is not considered an “at-risk plan” for the 2025 Plan year.

5. Investments, at Fair Value

Investment in Master Trust

Use of the Master Trust permits commingling of trust assets with the assets of the Plan and the EHS - Local 153 Pension Plan. The plans participating in the Master Trust have an undivided interest.

The Plan’s percentage interest in the fair value of the Master Trust was 0.09% at both December 31, 2025 and 2024. The value of the Plan’s interest in the Master Trust is based on the beginning-of-year value of the Plan’s interest in the Master Trust, plus actual contributions and allocated net investment income, less actual distributions and actual administrative expenses. The fair value as of the previous month-end is used to calculate each plan’s respective share of investment income, realized gains or losses, and unrealized appreciation or depreciation.

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EmblemHealth Services Company, LLC

Cash Balance Plan and Trust for Collectively Bargained Employees

Notes to Financial Statements

The following tables present the net assets of the Master Trust and the Plan's and the EHS - Local 153 Pension Plan's corresponding interest in the underlying investments of the Master Trust:

December 31, 2025

	Interest in Master Trust		
	EHS - Local 153 Pension Plan's Interest	Plan's Interest	Master Trust Balances
Corporate bonds and debts	\$ 41,433,079	\$ 37,936	\$ 41,471,015
Municipal bonds	3,565,151	3,265	3,568,416
U.S. Treasury notes and bills	30,274,117	27,719	30,301,836
Foreign government bonds	872,837	799	873,636
Short-term investment fund	4,054,476	3,712	4,058,188
Payables for security purchases	(203,896)	(187)	(204,083)
Unrealized appreciation on derivative contracts	4,308	2	4,310
Unrealized depreciation on derivative contracts	(2,102)	-	(2,102)
	\$ 79,997,970	\$ 73,246	\$ 80,071,216

December 31, 2024

	Interest in Master Trust		
	EHS - Local 153 Pension Plan's Interest	Plan's Interest	Master Trust Balances
Corporate bonds and debts	\$ 46,448,938	\$ 40,339	\$ 46,489,277
Municipal bonds	3,947,742	3,428	3,951,170
U.S. Treasury notes and bills	45,608,561	39,609	45,648,170
Foreign government bonds	1,077,804	936	1,078,740
Short-term investment fund	7,194,037	6,248	7,200,285
Payables for security purchases	(3,703,524)	(3,216)	(3,706,740)
Receivable for securities sold	3,327,351	2,890	3,330,241
Unrealized appreciation on derivative contracts	1,902	2	1,904
	\$ 103,902,811	\$ 90,236	\$ 103,993,047

EmblemHealth Services Company, LLC

Cash Balance Plan and Trust for Collectively Bargained Employees

Notes to Financial Statements

The following table presents the change in net assets for the Master Trust:

<i>Year ended December 31,</i>	2025	2024
Changes in Net Assets		
Investment income:		
Net appreciation (depreciation) in fair value of investments	\$ 3,329,426	\$ (3,700,710)
Interest and dividend income	4,337,945	4,385,338
Total Investment Income	7,667,371	684,628
Less: investment expenses	(261,426)	(382,560)
Net Investment Income	7,405,945	302,068
Contributions	3,559,009	6,383,410
Distributions	(33,551,406)	(8,733,331)
Administrative expenses	(1,335,379)	(1,480,039)
Net Decrease	(23,921,831)	(3,527,892)
Net Assets, beginning of year	103,993,047	107,520,939
Net Assets, end of year	\$ 80,071,216	\$ 103,993,047

Fair Value Measurement

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

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

EmblemHealth Services Company, LLC

Cash Balance Plan and Trust for Collectively Bargained Employees

Notes to Financial Statements

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. Observable inputs are inputs that reflect the assumptions market participants would use in pricing the asset or liability developed based on market data obtained from sources independent of the Plan and the Master Trust. Unobservable inputs are inputs that reflect the Plan's and the Master Trust's own assumptions about the assumptions market participants would use in pricing the asset or liability developed based on the best information available in the circumstances.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Debt Securities - Debt securities include corporate debt securities and U.S. government, agency obligations, municipal bonds, and foreign bonds. Where quoted prices are available in an active market, debt securities are classified in Level 1 of the fair value hierarchy. The Master Trust's Level 2 debt securities are comprised primarily of U.S. government and agency obligations and corporate securities. If Level 1 valuations are not available, the fair value is determined using models such as matrix pricing, which uses quoted market prices of debt securities with similar characteristics or discounted cash flows to estimate fair value. The Master Trust obtained one price for each of its Level 2 debt securities based on these inputs and did not adjust any prices at December 31, 2025 and 2024.

Futures Contracts- The Master Trust has investments in various interest rate and equity-related futures contracts traded on major exchanges (e.g., CBOT, CME). Fair value for exchange-traded positions is based on quoted market prices for identical instruments in the corresponding exchanges. Exchange-traded positions have collateral posting requirements, including daily variation margin movements. Any credit risk adjustment to the fair value of the instrument will be immaterial due to collateral requirements set by the exchange.

Short-Term Investment Fund - Fair value is based upon the net asset value (NAV) of the shares held by the Plan. NAV is based upon the fair value of the underlying investments. The fund's investment objective is to provide investors with a high level of current income, as is consistent with the preservation of capital and the maintenance of liquidity. The Plan's and the Master Trust's investment in the short-term investment fund may be redeemed daily. There are no redemption fees or notice periods and no unfunded commitments as of December 31, 2025 and 2024.

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

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EmblemHealth Services Company, LLC

Cash Balance Plan and Trust for Collectively Bargained Employees

Notes to Financial Statements

The following tables present, by level within the fair value hierarchy, the Master Trust's financial assets and liabilities that are accounted for at fair value on a recurring basis. The Master Trust's assessment of the significance of a particular input to the fair value measurement requires judgment and may affect the placement within the fair value hierarchy levels.

December 31, 2025

	Level 1	Level 2	Level 3	Total
Corporate bonds and debts	\$ -	\$ 41,471,015	\$ -	\$ 41,471,015
Municipal bonds	-	3,568,416	-	3,568,416
U.S. Treasury notes and bills	29,709,637	592,199	-	30,301,836
Foreign government bonds	-	873,636	-	873,636
Unrealized appreciation on derivative contracts	4,310	-	-	4,310
Unrealized depreciation on derivative contracts	(2,102)	-	-	(2,102)
Total Investment Assets, at fair value	\$ 29,711,845	\$ 46,505,266	\$ -	76,217,111
Short-term investment fund, measured at NAV*				4,058,188
Total Investments				80,275,299
Payables for security purchases				(204,083)
Net Assets Available to Participating Plans				\$ 80,071,216

December 31, 2024

	Level 1	Level 2	Level 3	Total
Corporate bonds and debts	\$ -	\$ 46,489,277	\$ -	\$ 46,489,277
Municipal bonds	-	3,951,170	-	3,951,170
U.S. Treasury notes and bills	45,101,146	547,024	-	45,648,170
Foreign government bonds	-	1,078,740	-	1,078,740
Unrealized appreciation on derivative contracts	1,904	-	-	1,904
Total Investment Assets, at fair value	\$ 45,103,050	\$ 52,066,211	\$ -	97,169,261
Short-term investment fund, measured at NAV*				7,200,285
Total Investments				104,369,546
Payables for security purchases				(3,706,740)
Receivable for securities sold				3,330,241
Net Assets Available to Participating Plans				\$ 103,993,047

* Certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient are not required to be and have not been categorized in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

Investments in Separate Trust

As of December 31, 2025 and 2024, the Plan's sole investment held in its separate trust is a short-term investment fund that is valued at NAV. This has not been classified in the fair value

EmblemHealth Services Company, LLC

Cash Balance Plan and Trust for Collectively Bargained Employees

Notes to Financial Statements

hierarchy, in accordance with Accounting Standards Update 2015-07, *Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*.

The Plan and the Master Trust had no assets that were measured at fair value on a nonrecurring basis as of December 31, 2025 and 2024.

Derivative Contracts

The Master Trust invests in exchange-traded futures contracts principally to manage the interest rate risk of the Plan's funded status, and not for hedging purposes. The utilization of interest rate futures contracts allows the Master Trust assets to more closely match the interest rate risk of the Master Trust liabilities across the yield curve. The use of futures contracts also provides for more frequent and precise rebalancing of the Master Trust interest rate risk changes over time.

Upon entering into an exchange-traded futures contract, the Master Trust is required to pledge to a broker an amount of cash equal to a certain percentage of the contract amount (initial margin deposit). Subsequent payments, known as "variation margin," are made or received by the Master Trust each day, depending on the daily fluctuations in the fair value of the underlying futures contract. The Master Trust recognizes an unrealized gain or loss equal to the daily variation margin once the contract is terminated. The Master Trust recognizes a realized gain or loss equal to the difference between the value of the futures contract at the time it was entered into and the time it was closed. Since all exchange-traded futures contracts are held within the investments of the Master Trust, all are included at fair value in investment in EmblemHealth-OPEIU Local 153 Group Trust in the statements of net assets available for benefits. Gains and losses related to exchange-traded futures contracts are recorded in the allocated share of the Master Trust's net investment income in the accompanying statements of changes in net assets available for benefits for the Plan.

The tables below summarize the Master Trust's exchange-trade futures contracts' aggregate notional value, fair value, and the impact to the statements of changes in net assets available for benefits:

December 31, 2025

Fair Value of the Master Trust's Derivative Instruments				
	Base Notional	Derivative Asset	Base Notional	Derivative Liability
Futures contracts	\$ 17,217,898	\$ 4,310	\$ 1,172,922	\$ 2,102

Year ended December 31, 2025

	Net Realized Gains	Net Change in Unrealized Gains	Total Net Appreciation
Futures contracts	\$ 1,406,705	\$ 304	\$ 1,407,009

EmblemHealth Services Company, LLC

Cash Balance Plan and Trust for Collectively Bargained Employees

Notes to Financial Statements

December 31, 2024

Fair Value of the Master Trust's Derivative Instruments				
	Base Notional	Derivative Asset	Base Notional	Derivative Liability
Futures contracts	\$ 20,478,338	\$ 1,904	\$ -	\$ -

Year ended December 31, 2024

	Net Realized Gains	Net Change in Unrealized Losses	Total Net Appreciation
Futures contracts	\$ 5,253,586	\$ (1,109,618)	\$ 4,143,968

6. Offsetting of Assets and Liabilities

The Master Trust's derivative contracts are subject to master netting agreements and collateral agreements with its counterparties. These agreements generally provide the Master Trust with a right of offset under master netting arrangements, including in the event of default or bankruptcy of either party to the transactions. Margin requirement for all contracts held by the Master Trust is calculated by the exchange, taking into consideration the net exposure of all derivative assets and liabilities at fair value. The Master Trust presents its assets and liabilities subject to such arrangements on a gross basis.

As of December 31, 2025 and 2024, the total gross exposures of the Master Trust's assets at fair value amounted to \$4,310 and \$1,904, respectively, and liabilities at fair value amounted to \$2,102 and \$0, respectively.

The Master Trust has pledged, as collateral, financial instruments in the amount of \$874,225 and \$719,981 for all derivative assets and liabilities, providing an overall positive net exposure in the amount of \$876,433 and \$721,885 as of December 31, 2025 and 2024, respectively.

7. Transactions with Parties in Interest

BNY Mellon is the custodian and recordkeeper for the Plan assets. The Plan pays BNY Mellon fees based on transactions processed and asset values. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

8. Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated December 13, 2017 stating that, in design, it is a qualified plan under Section 401(a) of the IRC and, therefore, the related trust qualifies as a tax-exempt trust under Section 501(a) of the IRC. The Plan has been amended and restated since receiving the determination letter. Continued qualification is dependent on operation of the Plan in accordance within ERISA and the IRC guidelines. The Plan administrator and the Plan's legal counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

EmblemHealth Services Company, LLC
Cash Balance Plan and Trust for Collectively Bargained Employees

Notes to Financial Statements

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

9. Subsequent Events

Plan management has evaluated the accompanying financial statements for subsequent events through September 22, 2026, the date the financial statements were available to be issued, and has determined that no material subsequent events have occurred that would require an adjustment to or disclosure in the accompanying financial statements.

ERISA-Required Supplemental Schedule

EmblemHealth Services Company, LLC
Cash Balance Plan and Trust for Collectively Bargained Employees

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
EIN: 30-0667521 **Plan Number: 003**

December 31, 2025

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
* EmblemHealth-OPEIU Local 153 Group Trust	Interest in trust	\$ -	\$ 73,246	
* Short-Term Investment Fund Dreyfus Government	Cash Management Fund	638,968	638,968	
Total		\$ 638,968	\$ 712,214	

* A party-in-interest, as defined by ERISA.

EIN: 26-1330097, PN: 003

EmblemHealth Services Company, LLC Cash Balance Plan and Trust for Collectively Bargained Employees

Attachment to 2025 Schedule SB

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

Years of Credited Service

	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	Total
Attained Age											
Under 25											0
25 to 29											0
30 to 34	1	1									2
35 to 39		5	1								6
40 to 44		6	3								9
45 to 49	1	4									5
50 to 54		5									5
55 to 59	2	2	2								6
60 to 64		1	1								2
65 to 69											0
70 & up		1									1
Total	4	25	7	0	0	0	0	0	0	0	36

EIN: 26-1330097, PN: 003

EmblemHealth Services Company, LLC Cash Balance Plan and Trust for Collectively Bargained Employees

Attachment to 2025 Schedule SB

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

Actuarial Methods

The actuarial methods described in this section are either required by IRC 430 or were selected from the methods permitted by IRC 430.

Measurement Date January 1, 2025

Valuation Date First day of the plan year.

Funding Method The funding target and target normal cost for minimum funding calculations are determined using the unit credit cost method as prescribed by Treasury regulation section 1.430(d)-1. The liability under the unit credit cost method is the value of the accrued benefit using service and pay as of the valuation date. The sum of the present value of the accrued benefits for all participants is the funding target liability. The normal cost is the present value of the benefits earned during the year. The target normal cost is the sum of the normal costs for all participants and the assumed administrative expenses.

The Projected Unit Credit method is used solely for development of maximum deductible contribution.

Asset Valuation Method Market value of assets.

Benefits Not Valued We are not aware of any benefits required to be valued that were not. To the best of our knowledge we have reflected all material provisions of the plan.

EIN: 26-1330097, PN: 003

EmblemHealth Services Company, LLC Cash Balance Plan and Trust for Collectively Bargained Employees

Attachment to 2025 Schedule SB

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

Economic Assumptions

Interest Rates*Maximum Deductible*

September 2024 IRS Segment Rates:

First Segment	5.07%
Second Segment	5.33%
Third Segment	5.36%
Single Effective Rate	5.35%

Minimum Funding

September 2024 IRS Segment Rates (reflecting segment rate stabilization under ARP 2021):

First Segment	5.07%
Second Segment	5.31%
Third Segment	5.50%
Single Effective Rate	5.44%

Salary Increases

Not applicable; there are no active participants accruing a benefit.

Future Increases in Social Security Wage Base

Not applicable

Future Increases in Maximum Pay and Benefits

Pay and benefits limitations set by IRC 401(a)(17) and 415(b), are not assumed to increase in the future.

Future Cost of Living Adjustments

None

Cash Balance Interest Crediting Rate

4.36% per annum in 2025 and 4.85% per annum in 2026 and later, compounded monthly

Cash Balance Conversion Basis

Not applicable

Plan-related Expenses

\$109,000 was added to the Target Normal Cost to represent plan-related expenses anticipated to be paid from the plan's assets for the plan year.

Demographic Assumptions

Healthy Mortality IRC Section 430(h)(3) prescribed generational annuitant and non-annuitant mortality tables applicable for 2025 funding valuations. These tables are based on the Pri-2012 mortality tables projected generationally with the IRS improvement scale titled “2024 Adjusted Scale MP-2021 Rates” in accordance with IRS regulation 1.430(h)(3)-1.

Disabled Mortality Same as healthy participants.

Disability Incidence The CCA 1985 Disability Class 1 table, with 100% of participants becoming disabled assumed to be eligible for Social Security disability benefits Table of sample disability incidence rates:

Attained Age	Male	Female
20	0.029%	0.030%
25	0.038%	0.047%
30	0.048%	0.080%
35	0.069%	0.136%
40	0.117%	0.211%
45	0.202%	0.323%
50	0.358%	0.533%
55	0.722%	0.952%
60	1.256%	1.159%
65	1.753%	1.358%

Retirement Sample Retirement Rates:

Attained Age	Percentage
Under 55	0%
55 - 58	17%
59 - 64	26%
65 – 74	45%
75+	100%

EIN: 26-1330097, PN: 003

EmblemHealth Services Company, LLC Cash Balance Plan and Trust for Collectively Bargained Employees

Attachment to 2025 Schedule SB

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

Demographic Assumptions (cont.)

Termination

Sample rates of termination from active employment by age and service are illustrated below:

Attained Age	Percentage
25	41.40%
30	28.06%
35	20.01%
40	13.11%
45	11.59%
50	12.88%
55 - 65	10.12%

Decrement Timing

Beginning of year decrements

Commencement Age for Cash Balance Benefits*Future deferred vested benefits*

20% commence immediately upon termination, 80% defer to age 65.

Current deferred vested benefits

If termination occurred less than one year prior to the valuation date, then 20% commence immediately and 80% defer to age 65.

If termination occurred one or more years prior to the valuation date, 100% defer to age 65.

Commencement Age for Pre-retirement Death Benefits

Immediately upon death.

Marriage

80% of all plan participants are assumed to be married. Male participants are assumed to have female beneficiaries 3 years younger. Female participants are assumed to have male beneficiaries 1 year younger.

Form of Payment

100% of Participants are assumed to take a lump sum.

New Employees

No new or rehired employees are assumed.

EIN: 26-1330097, PN: 003

EmblemHealth Services Company, LLC Cash Balance Plan and Trust for Collectively Bargained Employees

Attachment to 2025 Schedule SB

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

Sources of Data and Other Information

Sources of Data

Census data was collected as of January 1, 2025. Assets and benefit payment data was provided to Gallagher by EmblemHealth Services Company, LLC as of December 31, 2024. We have relied on this data as complete and accurate, and have made assumptions, with the concurrence of the Plan Sponsor, where data was missing. We have neither audited nor independently verified the data. Any changes to the data may result in material changes in the results provided in this report. We are not aware of any such changes in the underlying data.

Notes

Participants on long-term disability are included with inactive participants based on the assumption that they are permanently disabled.

Employees who transferred into another plan of the plan sponsor are included with inactive participants.

Employees who transferred from another business unit of the plan sponsor have been included with active participants reflecting credited service from the transfer date.

EIN: 26-1330097, PN: 003

EmblemHealth Services Company, LLC Cash Balance Plan and Trust for Collectively Bargained Employees

Attachment to 2025 Schedule SB

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

Rationale for Significant Actuarial Assumptions

Interest Rate

The lookback basis was selected from the methods permitted by IRC 430. The underlying rates are based on historical market data and are published periodically by the IRS.

Plan-related Expenses

We have estimated plan-related expenses anticipated to be paid from the plan's assets for the coming plan year. This estimate is based on the prior year expenses, adjusted for anticipated PBGC premiums, and rounded to the nearest thousand. Prior year expenses may include, but are not limited to trustee fees, actuarial fees, legal fees, and administration costs that are paid from the plan trust.

Mortality

The mortality tables and any applicable improvement projection scales used for purposes of this valuation were selected from those permitted by IRC 430. Updates are published periodically by the IRS.

Cash Balance Interest Crediting Rate

The Cash Balance interest crediting rate assumption was set based on the geometric average of 1,000 scenarios for the next 8 years of interest crediting rates. These scenarios were developed based on the following:

- The 2025 interest crediting rate is known.
- The interest crediting rates for future years will be based on future values of the 10-year US Treasury Yield, subject to a floor of 3.10%.
- A reasonable model for the 10-year US treasury yield one year in the future is to assume such yields are normally distributed, with the then-current yield as the mean and the option-market-implied volatility as the standard deviation.
- Iterating this one-year forecast seven times can provide a path-dependent scenario for the 10-year US Treasury Yields for plan years 2026-2032.
- 8 years is an appropriate period to determine an effective interest crediting rate for cash balance liability.

Disability Incidence

There is not enough experience for the plan to complete an experience study. As such, the incidence table is based on the Conference of Consulting Actuaries 1985 Pension Disability Study Class 1 rates.

EIN: 26-1330097, PN: 003

EmblemHealth Services Company, LLC Cash Balance Plan and Trust for Collectively Bargained Employees

Attachment to 2025 Schedule SB

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

Rationale for Significant Actuarial Assumptions (cont.)

Termination and Retirement

The termination and retirement rates are based on an experience study that was conducted in 2024 and the plan sponsor's expectations of future experience. Actual experience and gains and losses are periodically reviewed to identify any significant deviation from expectations.

Commencement Dates of Terminated Vested Participants

The commencement dates for current and future terminated vested participants were based on an experience study that was conducted in 2024 and the plan sponsor's expectations of future experience. Actual experience and gains and losses are periodically reviewed to identify any significant deviation from expectations.

Form of Payment

Active and deferred vested participants are assumed to commence payments with the assumed forms based on an experience study conducted in 2024 and the plan sponsor's expectations of future experience. Actual experience and gains and losses are periodically reviewed to identify any significant deviation from expectations that would materially affect the results.

Marriage Assumptions

The spousal age difference assumptions are based on an experience study conducted in 2024 and on the plan sponsor's expectations of future experience. The percentage married assumption at benefit commencement is based on actuary's experience with many plans and discussions with employer representatives.

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 EMBLEMHEALTH SERVICES COMPANY, LLC CASH BALANCE PLAN AND TRUST FOR COLLECTIVELY BARGAINED EMPLOYEES	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Brd of Trustees, EmblemHealth Srvc Co. Cash Bal. Pln for Coll Bar	D Employer Identification Number (EIN) 26-1330097
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	812,924
b Actuarial value		2b	812,924
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1	8,285	8,285
b For terminated vested participants	107	528,237	528,237
c For active participants	36	241,647	242,887
d Total	144	778,169	779,409
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	5.44%	
6 Target normal cost			
a Present value of current plan year accruals		6a	0
b Expected plan-related expenses		6b	109,000
c Target normal cost		6c	109,000

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

SIGN HERE	<i>AL</i> Andrew Lape Signature of actuary	9/9/26 Date
ANDREW LAPE Type or print name of actuary		2608375 Most recent enrollment number
GALLAGHER BENEFIT SERVICES, INC. Firm name		781-373-6900 Telephone number (including area code)
6200 S. SYRACUSE WAY SUITE 220 GREENWOOD VILLAGE CO 80111 Address of the firm		

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>5.30%</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		1,094
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>5.20%</u>		57
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		1,151
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	0

Part III Funding Percentages

14 Funding target attainment percentage	14	104.30 %
15 Adjusted funding target attainment percentage	15	104.30 %
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	103.80 %
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
09/01/2026	84,000				
Totals ▶			18(b)	84,000	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	76,906

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:			
a Segment rates:	1st segment: 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		59
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	109,000										
b Excess assets, if applicable, but not greater than line 31a	31b	33,515										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment</td> <td>0</td> <td>0</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment	0	0	b Waiver amortization installment	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment	0	0										
b Waiver amortization installment	0	0										
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33											
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	75,485										
		Carryover balance	Prefunding balance									
35 Balances elected for use to offset funding requirement		0	0									
36 Additional cash requirement (line 34 minus line 35).....	36	75,485										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	76,906										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	1,421										
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

EIN: 26-1330097, PN: 003

EmblemHealth Services Company, LLC Cash Balance Plan and Trust for Collectively Bargained Employees

Attachment to 2025 Schedule SB

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

Active participants are assumed to retire in accordance with the retirement rates in column (3). The average retirement age is developed in column (5).

(1)	(2)	(3)	(4)	(5)
			(2) * (3)	(1) * (4)
Age	Population	Retirement Rate	Assumed Retirements	Age Weight
55	100.00	0.17	17.00	935.00
56	83.00	0.17	14.11	790.16
57	68.89	0.17	11.71	667.47
58	57.18	0.17	9.72	563.76
59	47.46	0.26	12.34	728.06
60	35.12	0.26	9.13	547.80
61	25.99	0.26	6.76	412.36
62	19.23	0.26	5.00	310.00
63	14.23	0.26	3.70	233.10
64	10.53	0.26	2.74	175.36
65	7.79	0.45	3.51	228.15
66	4.28	0.45	1.93	127.38
67	2.35	0.45	1.06	71.02
68	1.29	0.45	0.58	39.44
69	0.71	0.45	0.32	22.08
70	0.39	0.45	0.18	12.60
71	0.21	0.45	0.09	6.39
72	0.12	0.45	0.05	3.60
73	0.07	0.45	0.03	2.19
74	0.04	0.45	0.02	1.48
75	0.02	1.00	0.02	1.50
Average				58.79

EIN: 26-1330097, PN: 003

EmblemHealth Services Company, LLC Cash Balance Plan and Trust for Collectively Bargained Employees

Attachment to 2025 Schedule SB

Schedule SB, Part V – Summary of Plan Provisions

Plan Provisions

Effective Date	January 1, 2010. Most recent amendment effective February 22, 2019.
Plan Year	January 1 through December 31.
Status of the Plan	Effective February 22, 2019, no one is eligible to participate or accrue benefits except 1199 Dental Bargaining Unit employees if they satisfy the eligibility requirements. Benefit accruals were frozen on March 31, 2018 for Clerical bargaining Unit employees. Benefit accruals were frozen on February 22, 2019 for Marketing bargaining Unit employees.
Covered Employee	Local 153 employees covered by: (a) the Collective Bargaining Agreement between the Office & Professional Employees International Union, Local 153, AFL-CIO, and EmblemHealth whose Employment Commencement Date is on or after November 20, 2009, or (b) the Collective Bargaining Agreement between the OPEI Union, Local 153, AFL-CIO for the Clerical Bargaining Unit – Melville, NY, and EmblemHealth whose Employment Commencement Date is on or after November 4, 2010, or (c) the Collective Bargaining Agreement between the EmblemHealth-Local 153 Marketing Bargaining Unit of the OPEI Union, Local 153, AFL-CIO and EmblemHealth, whose Employment Commencement Date is on or after November 3, 2011, or (d) the Collective Bargaining Agreement between employees who perform services Hollywood, Florida and are represented by the OPEI Union, Local 153, AFL-CIO, and EmblemHealth, whose Employment Commencement Date is on or after January 1, 2014, or (e) the Collective Bargaining Agreement between the Dental Bargaining Unit of 1199 SEIU UHW East and EmblemHealth, whose Employment Commencement Date is on or after October 1, 2012.

EIN: 26-1330097, PN: 003

EmblemHealth Services Company, LLC Cash Balance Plan and Trust for Collectively Bargained Employees

Attachment to 2025 Schedule SB

Schedule SB, Part V – Summary of Plan Provisions

Plan Provisions (cont.)

Participation

Covered employee whose Employment Commencement Date is on or after the date their respective Collective Bargaining Unit joined the plan shall become a Participant in the Plan as of the first day of the month coincident with or next following the participants Employment Commencement Date; provided, however, that the Employee whose Employment Commencement Date was on or before the date of the Collective Bargaining Unit joined the plan and who returns to employment with EHS or an Affiliate after a Period of Severance, shall only be eligible to participate in the Plan if they do not resume participation in Local 153-GHI Pension plan, the Amended and Restated HIP-Local 153 Pension Plan, or the Vytra Local 153 Pension Plan.

Effective February 22, 2019, no one is eligible to participate or accrue benefits except 1199 Dental Bargaining Unit employees if they satisfy the eligibility requirements.

Participation Service

Total number of months of service as an employee of EHS from the participant's plan participation date and the last Severance from Service date.

No Participation Service will be credited for Clerical Bargaining Unit employees after March 31, 2018.

No Participation Service will be credited to Marketing Bargaining Unit employees after February 22, 2019.

Vesting Service

Total number of years of service, and fractions thereof, rendered as an employee of EHS, HIP and/or GHI from the date the employee commenced employment with EHS, HIP and/or GHI.

Vesting

100% upon completion of three years of Vesting Service.

Pensionable Compensation

Compensation only includes base pay. Bonuses, pay for overtime or special pay, severance, short-term disability and long-term disability, including elective deferrals under IRC 402(g)(3) or Section 414(v) are excluded from the calculation of compensation.

For Clerical Bargaining Unit employees, no Pensionable Compensation will be considered after March 31, 2018.

For Marketing Bargaining Unit employees, no Pensionable Compensation will be considered after February 22, 2019.

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EmblemHealth Services Company, LLC Cash Balance Plan and Trust for Collectively Bargained Employees

Attachment to 2025 Schedule SB

Schedule SB, Part V – Summary of Plan Provisions

Plan Provisions (cont.)

Cash Balance Benefit*Pay Credits*

A percentage of pensionable compensation determined based on the years of Participation Service, payable as of the last day of each month, as follows:

Years of Participation of so the beginning of the Plan Year	Pay Credit
Less than 5	4%
At least 5 but less than 10	5%
At least 10 but less than 15	6%
At least 15 but less than 20	7%
At least 20 but less than 30	8%
30 or more	9%

As of March 31, 2018, Pay Credits no longer apply to Clerical Bargaining Unit employees.

As of February 22, 2019, Pay Credits no longer apply to Marketing Bargaining Unit employees.

Interest Credits

Cash Balance account at the beginning of each month is increased with Pay Credits and Interest Credits, and interest based on the maximum of the average 10-year Treasury Rate – constant Maturity – for the month of November preceding the first day of the Plan Year and 3.10%

Normal Retirement*Eligibility*

The first day of the month coincident with or next following the date the Participant has completed three years of Vesting Service and attained age 65.

Benefit

Participant's Cash Balance account balance or actuarially equivalent annuity.

Early Retirement*Eligibility*

Three years of Vesting Service.

Benefit

Participant's Cash Balance account balance or actuarially equivalent annuity.

Late Retirement

Participants may continue employment after their Normal Retirement Date; however, no late retirement adjustments are made other than continued Interest Credits.

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EmblemHealth Services Company, LLC Cash Balance Plan and Trust for Collectively Bargained Employees

Attachment to 2025 Schedule SB

Schedule SB, Part V – Summary of Plan Provisions

Plan Provisions (cont.)

Pre-Retirement Death Benefit

Single Participants:

Total Cash Balance Benefit payable as a lump sum as soon as administratively practicable after the Participant's death.

Married Participants:

Total Cash Balance Benefit payable as a lump sum or an actuarially equivalent annuity, payable immediately but no later than the participants Normal Retirement Date.

Normal Form of Payment

Single Participants:

Life annuity payable monthly.

Married Participants:

50% Joint and Survivor Annuity.

Optional Forms of Payment

Option 1: Life Annuity.

Option 2: 50%, 75% or 100% Joint and Survivor annuity.

Option 3: Lump sum of the Cash Balance account balance.

The benefit will be paid as a lump sum if the total Cash Balance account balance is less than \$1,000.

Optional Form Conversion Basis

Cash balance accounts are converted to annuity benefits using the published IRS 417(e)(3)(c) rates for the August preceding the calendar year for which the calculation is being performed and mortality as specified in IRC 417(e)(3)(B).

Employee Contributions

None

Maximum Pay and Benefits

Pay and benefits for any given year must not exceed the limitations set by IRC 401(a)(17) and 415(b), respectively. The plan is administered in compliance with these limits and increase them automatically as published by the IRS.

EmblemHealth Services Company, LLC
Cash Balance Plan and Trust for Collectively Bargained Employees

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
EIN: 30-0667521 **Plan Number: 003**

December 31, 2025

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
* EmblemHealth-OPEIU Local 153 Group Trust	Interest in trust	\$ -	\$ 73,246	
* Short-Term Investment Fund Dreyfus Government	Cash Management Fund	638,968	638,968	
Total		\$ 638,968	\$ 712,214	

* A party-in-interest, as defined by ERISA.

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EmblemHealth Services Company, LLC Cash Balance Plan and Trust for Collectively Bargained Employees

Attachment to 2025 Schedule SB

Schedule SB, Line 24 – Change in Actuarial Assumptions

- The Target Normal Cost load for estimated plan-related expenses was updated to \$109,000.
- The assumed Cash Balance interest crediting rate was updated to 4.36% in 2025 and 4.85% in 2026 and later, compounded monthly.
- Retirement rates, commencement age and beneficiary age difference assumptions have been updated based on the results of an experience study performed in 2024.